



Infection Control Guidelines for Child Care Settings

Preface

Infectious illnesses have and always will always be part of our lives. Nowadays despite, and perhaps because of, the sophistication and complexity of modern living, infectious illnesses retain a high profile in society - globally, nationally, locally and in the everyday lives of families and individuals.

In recognition of this, and the fact that little written information specifically dedicated to childcare was available across the Trust, “Infection Control Guidelines for Childcare Settings” was developed, so that childcare providers in the Western Trust area could access standardised infection control advice dedicated to the needs of their client group.

The document was written by a group comprising those with expertise in the management of Social care provision for children, Environmental Health services, Infection control and Health Protection. The group’s aim was to develop a document that would provide a “one-stop” concise and authoritative document, covering practical infection control advice, applicable to the childcare setting and which would be accessible to all providers.

General guidance on the day-to-day implementation of good infection control practices, as well as specific actions to take in respect of outbreaks of infection and certain infectious diseases are included. Contact details for further advice and information are also given.

It is hoped that this will prove a useful resource to all.

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1. Introduction

In recent years, a number of outbreaks that have occurred within childcare settings, some involving fatalities, have attracted a high level of publicity. Infectious illnesses can spread easily in these settings, where large numbers of children, who are vulnerable to infection, come into close contact.

Infection control in childcare settings is, therefore, a matter of great concern to:

- parents, who want to be assured that the care their children receive is being provided in a clean and safe environment;
- staff looking after children, who may themselves be at risk of infection; and
- providers of childcare, who have legal responsibilities to ensure the health and safety of their staff and the children they care for.

These guidelines are intended as a practical guide to controlling infection for everyone looking after children in childcare settings currently registered by Western Health and Social Care Trust's Early Years Team. They apply to playgroups, day nurseries, crèches and out of school groups. These guidelines are also commended to childminders as best practice that should be adopted as far as is reasonably practicable.

The guidance outlines how infections are spread within childcare settings before going on to consider relevant management issues and sensible controls, such as hand hygiene, that can be applied to prevent infection. It also offers advice on the measures that should be taken to control infections and outbreaks should they occur and provides direction regarding when and where to seek further advice.

A number of sources of advice were referred to and a consensus view has been used in the compilation of the document.

It should be remembered that infections are only one of the hazards that children and staff may be exposed to within childcare settings. For advice on other health and safety hazards you should contact the environmental health department of your local council.

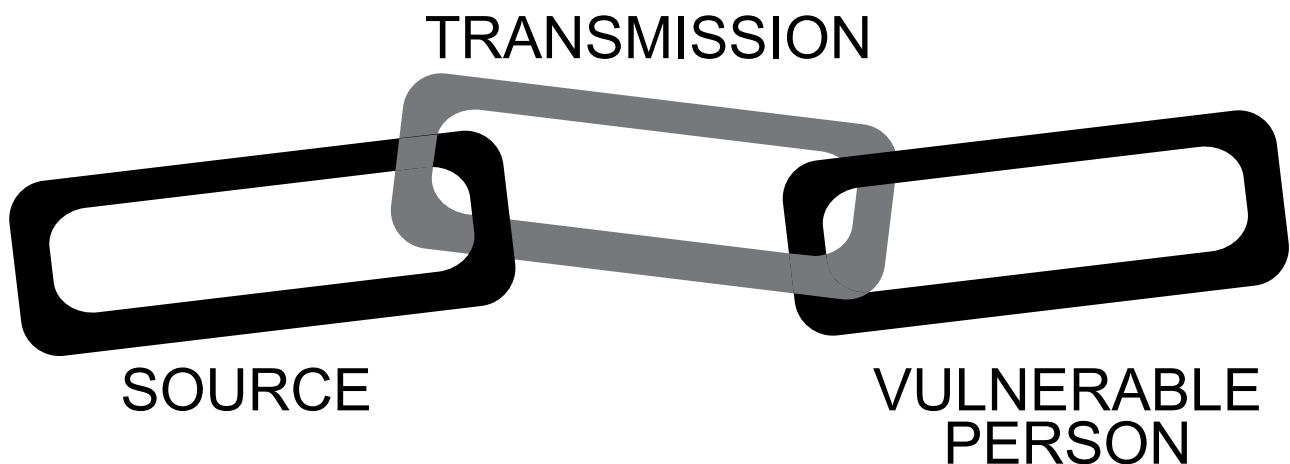
2. The cause of infection

Infections are caused by microorganisms, including bacteria, fungi and viruses. There are many types of microorganisms. They are found everywhere and most are harmless. However, certain microorganisms, called “pathogens”, can cause harm in those vulnerable to infection. Children and those who care for them may be exposed to these harmful microorganisms within childcare settings.

The good news, however, is that controlling the risk of infection is relatively straightforward usually, simple measures, such as regular hand washing, are sufficient.

3. Controlling the risk of infection

The process of infection can be represented as a chain, along which microorganisms are transmitted from a source to a vulnerable person.



Breaking a link in this chain at any point will control the risk of infection. This can be achieved by:

- removing the sources of infection
- preventing the transmission of microorganisms
- reducing the vulnerability of the person

3a. Removing the sources of infection

There are four main sources of infection that you need to consider in the childcare setting:

- People
- The environment
- Food and water
- Animals

(i) People

The human body may act as a source of infection. The skin, faeces, vomit and respiratory secretions of infected persons may be implicated in the spread of infection. People suffering from certain infections should, therefore, be excluded from the childcare setting.

See Exclusion of staff
 Exclusion of children
 Head lice
 Sample letter

(ii) The environment

The environment includes both the physical structure of the premises and the equipment provided for use, including toys. It can be contaminated by micro organisms in a variety of ways and these can then be picked up and spread throughout the premises. The environment must be maintained in a clean condition and surfaces should be capable of being effectively cleaned and, where necessary, disinfected. Procedures should be in place to clean up contamination and a cleaning schedule adhered to.

See Toys
 Toileting and nappy changing
 Body fluid spillages
 Oral hygiene
 Soiled, children's clothes
 Laundry
 Pets/farm visits
 Cleaning and disinfection

(iii) Food and water

Contaminated food is often a source of infection in childcare settings. High standards of food hygiene are essential, especially where high risk foods, such as milk and milk products, are kept or prepared. Water used for drinking must be potable and any water used for play activities must also be clean.

See Food hygiene
Exclusion of staff

(iv) Animals

Birds and animals, including pets, can carry many pathogenic microorganisms. Pests must be kept out of the premises and care also needs to be taken in relation to excluding animals from outside play areas such as sand pits. Children should not be brought to farms and zoos unless the proper precautions are taken.

See Pets
Farm visits

3b. Preventing the transmission of microorganisms

For infection to occur, microorganisms have to get from the source to a vulnerable person by some means. However, microorganisms cannot move on their own; they require a vehicle to transfer them from the source to the person. Coughs and sneezes are a delivery vehicle for respiratory infections. However, the most common vehicles are our hands. Whenever, we touch a source of contamination we pick up microorganisms on our hands. Regular hand washing is, therefore, the most effective means of preventing the spread of infection.

See Hand washing

3c. Reducing the vulnerability of the person

Once microorganisms have reached a person, they must be able to enter the body. Unbroken skin and the lining of the mouth, throat, gut and airways all serve to provide a barrier to infection. The cells of these linings and the substances they produce are the body's first line of defence. Cuts and breaks in the skin should be covered with a waterproof dressing.

If a microorganism does manage to cross this barrier, the next line of defence is the immune system. Whether or not an infection occurs depends on the outcome of a contest between the microorganism and the immune system. The outward signs and symptoms of disease such as fevers or rashes are a result of this contest.

People who have not been immunised and have not previously had the infection are most at risk. Immunisation is a safe and effective way of reducing the vulnerability of staff and children to infection.

See Immunisation

4. Training

It is important that all members of staff have a clear understanding of their role in preventing the spread of infection. Staff must receive appropriate training and supervision. They must be familiar with the policies and procedures that are in place to control infection in the childcare setting. It is important that they receive instruction in the guidelines and it is recommended that a record of such training / instruction is kept. To facilitate this, a training record sheet is included, which staff can sign to indicate that they are familiar with these guidelines.

See training record sheet (Appendix 9)

5. Exclusion of staff

Staff with infections can place children and others at risk, therefore staff suffering from particular conditions must be excluded from their work in accordance with Health Protection Agency guidelines (see appendix 1).

- Any member of staff who handles food and becomes sick with diarrhoea, vomiting or infected skin problems such as wounds or boils must report this to their supervisor.
- Those with diarrhoea or vomiting should be excluded from work until at least 48 hours after symptoms have stopped. They should seek medical advice. Staff with infected wounds or skin infections on exposed parts of their bodies should be similarly excluded until the lesions are healed or they have been advised that it is safe to return to work by the GP.
- Staff with other conditions which could spread infections, such as the common cold, should take sensible precautions. Staff should inform their supervisor.

6. Exclusion of children

Infections are common among children, and childcare settings often present ideal situations for infections to spread. It is important, therefore, that an exclusion policy is in place.

There are some general rules about excluding children from childcare settings:

- Children who are ill should not attend childcare. If a child becomes ill while in childcare a parent or guardian should be asked to take the child home as soon as possible.
- Children with diarrhoea or vomiting illnesses should not be in childcare settings. Contact GP for advice regarding the child's illness and possible need for collection of samples. The exclusion period should last until at least 48 hours after the last episode of diarrhoea or vomiting.
- Parents should be advised if there are known cases of infection within the childcare setting. It is particularly important that the parents of children whose immunity may be impaired due to illness or treatment (eg leukaemia, HIV) are given this information. (See sample letter to parents in Appendix 3) It is also important that mothers who are pregnant are made aware of the following infections: chicken pox/shingles, rubella, slapped cheek syndrome and measles.
- It is good practice that if a child requires antibiotics that they do not come into the child care setting for 48 hours after they have begun treatment. This is so that the child's condition has an opportunity to improve, and that in the unlikely event of a reaction to antibiotics, that the parent/guardian can be with the child and is able to seek further help or advice from the GP. It is possible that some infections may take the child much longer to recover from and feel well enough to attend childcare. Other infections are subject to specific exclusions advice.

The table in Appendix 1 gives general guidance on exclusion from childcare settings for the more common or important infections. Further advice on these and other infections can be obtained from the Consultant in Communicable Disease Control (CCDC) or the Health Protection Nurse (Public Health Agency) or the Infection Control Nurse (WHSCT). See Appendix 8 for list of local contacts.

7. Toys and Play Equipment

Toys are very important for the social and educational development of a child. However, they can become contaminated with germs from unwashed hands, body fluids and by children placing them into their mouths and these germs can survive on the surface of the toys in sufficient numbers to produce a potential risk of infection.

- It is important that childcare settings have a written schedule for cleaning toys, explaining when and how they are cleaned and what cleaning products are required.
- Ensure that all toys used in the childcare setting can be easily cleaned.
- Soft toys are not suitable unless they can be machine washed and dried.
- Ideally toys should be washed between children's play but this may be impractical; therefore, toys should be kept hygienically clean, i.e, there should be no obvious signs of soiling.
- Hard/plastic toys should be washed using warm soapy water. They must be thoroughly rinsed and dried afterward, using disposable paper towels.
- For cleaning of electrical / mechanical toys, refer to the manufacturer's guidelines and ensure that these are disconnected from the power source before cleaning.
- Disinfectants are normally not required and should only be used when there is a risk of infection.
- Toys which are visibly soiled should be removed from the play area and cleaned immediately.
- Toys which are contaminated by blood/body fluids must be immediately removed and cleaned and disinfected or disposed of.
- Toys should be stored away, clean and in plastic washable containers.
- Water play pools should be emptied after use and washed with warm soapy water, and dried.
- When not in use sandpits, both indoors and outdoors, must be covered for protection. The sand should be cleaned regularly by sieving the sand and replaced often or as necessary.
- All play equipment used for communal play activities needs to be washed or replaced regularly.

- Sensory impairment toys, such as optical displays, water beds, ball pools and soft foam bean bags, should be cleaned using warm soapy water and dried. The manufacturer's instructions should always be followed.

REMEMBER!

Hands should be washed before and after playing with sand, water, play dough.

Children should not take toys into the toilet area.

Keep animals/pets out of the play area.

Follow the manufacturer's instructions when washing toys.

Discourage children from putting shared toys into their mouths – wash hands correctly after touching any contaminated toys.

A written record of cleaning of toys should be kept on display. This should include the date, toy cleaned and signature of the person who cleaned the toy.

8. Toileting and nappy changing

Contact with contaminated surfaces, such as toilet seats, taps and door handles pose the greatest risk of transmission of germs in toilet areas.

- Toilet areas, including door handles, taps and flush handles, should be cleaned daily and checked regularly throughout the day.
- Children should be prevented from playing in the toilet area. If toys are used in the toilet area during nappy changing or potty training, staff must ensure that the toys are decontaminated after use.
- Children should be instructed to wash their hands after using the toilets.
- Potties should always be kept in the toilet area and not allowed in the play area.
- After use, the contents in the potty should be emptied down the toilet.
- The potties then should be washed with warm soapy water and dried thoroughly. They should be stored separately and not stacked inside one another.
- Potties should not be washed in wash hand basins.

- Potties which are cracked or damaged should be removed from use.
- Named potties do cut down the risk of spread of infection to other children.

Hygienic nappy changing is vital in reducing the opportunity for germs to be transmitted between babies and from baby to staff and also to the surrounding environment.

- **Hands must be washed before and after each nappy change.** (See section 17 and Appendix 7 for hand washing technique.)
- Wearing of gloves and apron.
- The nappy changing area must be in a separate area away from play facilities and away from food preparation areas or from where food is consumed.
- Changing mats should be plastic and frequently checked for cracks or tears. If tears or cracks are found the mat should be discarded.
- The mat should be cleaned, after each baby use, with warm soapy water and dried. Disposable towels should be placed on top of the mat for added protection. These disposable towels must be changed after each nappy change.
- Clean nappies should be stored in a dry place.
- Soiled nappies should be placed in a 'nappy sack' or 'nappy san' bin. All contents of bins need to be regularly emptied and placed outside for disposal.
- Each child should have their own creams and lotions. These will be supplied by the parents and should be clearly labelled. When applying a cream for rashes a gloved hand or spatula should be used.
- Ensure you have all the equipment you need and access to water before you begin each nappy change.
- Never leave a child alone on a nappy changing table.

9. Body fluid spillages

Body fluid spillages may pose a health risk to staff and children and, therefore, all body fluid spillages must be cleaned up immediately.

- It is advisable to have a spillage kit available in one container to use immediately when required. These kits should contain:
 - Plastic bags
 - Latex free gloves
 - Disposable aprons
 - Disposable cloths
 - Paper towels
- Develop a procedure for dealing with spillages if they occur. It is recommended that the following procedure be adopted:
 - Put on gloves and apron.
 - Use paper towels (or newspapers) to mop up excess and dispose of in plastic bag.
 - Do not use a mop to clean up spillages.
 - Wash area with warm soapy water and a disposable cloth and dry using paper towels.
 - Discard apron and gloves into disposable bag and dispose of appropriately in a bin.
 - Wash and dry hands thoroughly afterwards.
- If staff clothing is contaminated by body fluid spillages, clothes should be changed as soon as possible and placed in a plastic bag and sealed. These clothes should be washed at the highest temperature possible for the item. Correct hand washing and drying is essential after touching the clothes.

Personal protective equipment (PPE)

It is recommended that a new disposable plastic apron and gloves are worn during nappy changing.

Gloves are single-use items.

A new pair of gloves and apron should be used for each child.

Put gloves on immediately before the task (eg changing nappies or cleaning body fluid spillages) and remove as soon as the task is complete.

Always wash your hands after removing gloves and aprons.

Gloves should be non-powdered, latex free or vinyl and should be CE marked.

Gloves are not a substitute for appropriate hand hygiene.

10. Soiled, children's clothes

- Do not manually rinse, soak or wash soiled, children's clothes.
- Flush any faeces or vomit into the toilet.
- Place the soiled items into a plastic bag and seal. Bags should be stored in a place where they do not present a risk of contamination and kept away from food preparation and eating areas. Bags containing soiled items should not be placed along with other items in the child's bag.
- Always wash hands correctly after handling soiled clothing.
- Explain to the parents that washing the clothes in childcare settings can expose children and staff to germs, which can cause infections and advise parents that while receiving soiled clothes is unpleasant, this policy protects the health of both staff and children.

Appendix 2 provides a sample letter that can be used to inform parents of your policy regarding soiled, children's clothing.

11. Laundry

Linen and clothing can be a potential source of infection.

- Laundry should be dealt with in a separate dedicated facility.
- Do not locate washing machines in food preparation or children's play areas.
- There should be enough space in order that clean and dirty linen are kept apart.
- There should be adequate drying facilities – a tumble dryer is preferable.
- Sheets used for sleeping mats and cots should be laundered each day or dedicated for an individual child for a week.
- If linen is soiled / infected it must be placed directly into the washing machine.
- Water-soluble bags are available which prevent unnecessary manual handling of soiled linen.
- The laundry operator should wear protective clothing (gloves and apron) and should wash hands correctly afterwards. Where reasonably practicable, a wash hand basin should be provided within the laundry area for this purpose.

12. Cleaning and disinfection

- A clean environment is essential to prevent the spread of infection. Microorganisms that cause infection cannot multiply on clean dry surfaces.

Prepare a written cleaning schedule that details:

- what has to be cleaned
 - when it has to be cleaned
 - how it has to be cleaned and
 - who is responsible for cleaning
- **Practice a “clean as you go” policy.** i.e. clear away spillages, etc as they occur
 - Detergent¹ and warm water are adequate for most cleaning. However, occasionally disinfection is also required.
 - Disinfection² is required for food contact surfaces such as chopping boards. It will also be required if there has been an outbreak of infectious illness. To be effective surfaces that are to be disinfected must be thoroughly cleaned first. Disinfectants must be applied for the correct period of time (contact time) and in the correct strength (concentration). Check the label for the manufacturer’s instructions.
 - Floors generally present a low risk of infection. While it is important that they are maintained in a clean condition throughout the day, disinfection will usually only be required if they are contaminated with microorganisms by blood, vomit or faeces. However, floors where young children crawl and play may present a higher risk of infection and require more regular cleaning and disinfection.
 - Carpeted areas should be vacuum cleaned regularly and periodically steam cleaned.
 - In order to prevent cross-contamination, use separate cleaning equipment for toilets, hand wash areas and food preparation / service areas. A standard colour coding system is a useful way of achieving this.
 - In the event of children vomiting or having diarrhoea, it is important to clean and disinfect the affected area, toilet seats, flush handles, taps and toilet door handles.
 - Cloths used for cleaning may become vehicles for contamination and should be disposable. They should be thrown away at the end of each day.
 - If non-disposable cloths are used these should be machine washed on a hot cycle at the end of each day.

¹ A detergent is a chemical that breaks down dirt and grease and facilitates cleaning.

² Disinfection is the process of reducing microorganisms to a safe level. Disinfectant chemicals or warm water may be used for this purpose.

A sanitiser is a product that combines cleaning and disinfection.

- All mop heads should be detachable and replaced regularly. Never use a mop to clean up a spillage of blood or body fluids. Use disposable materials instead. They should be washed in warm soapy water after use, rinsed and wrung out as much as possible. Never wash mops in sinks used for food preparation. The mop should then be inverted to dry thoroughly. Never leave a mop in a bucket of water.

High chairs should be maintained in a clean condition. Normally warm soapy water will suffice for this purpose.

13. Oral hygiene

It is important to encourage correct tooth brushing but staff must be aware that a toothbrush may be a source of infection.

- Toothbrushes must not be shared, but placed in individual named containers.
- After use, the brush should be rinsed and left to air dry.

14. Food hygiene

Food preparation areas in the childcare setting must meet food safety requirements. To help avoid food poisoning it is important to make sure the food you make for yourself and for other people is safe to eat. Premises must register with the Environmental Health Department and its officers should be consulted for detailed guidance on food hygiene.

All childminders are now required to register as a food business with their local Environmental Health Department.

Registration is free and cannot be refused. All you need to do is to complete and return a food registration form available from your local Environmental Health Department.

This means that you are required to comply with the requirements of the Food Hygiene Regulations (NI) 2006 and Regulation (EC) No. 852/2004. Your local Council's Food Safety Officers may, at any reasonable time, inspect the parts of your premises/home used to store or prepare food.

- Staff who handle or prepare food must be trained to an appropriate level in food hygiene. **Your local Environmental Health Officer can advise on training requirements.**
- **It is strongly recommended that staff involved in food preparation should not be involved in toileting duties or cleaning of toilet and nappy changing areas. If this is not practical, a change of protective clothing and thorough hand washing practices should be implemented.**

- **Always** wash hands before handling food, after using the toilet and between handling raw and cooked food.
 - **Children must be encouraged to wash their hands before eating food.** Supervision of hand washing should be provided, when appropriate, taking into account the child's competence.
 - Separate utensils should be used for raw and cooked food. If this is not possible then thoroughly clean and sanitise (clean and disinfect) the equipment between uses.
 - Temperature control of food is vital to food safety. If parents bring in packed lunches or bottles of infant milk, there should be adequate refrigeration space available for these items.
 - If adequate refrigeration is not available, parents should be advised and informed which foods can be stored safely.
 - Fridges should be maintained between +1⁰c and +5⁰c, and freezers at –18⁰c or below. Thermometers should be provided to monitor these temperatures and a written record of temperature checks maintained.
 - Staff must report diarrhoea, vomiting and skin lesions to their supervisor and should not return to work until advised to do so.
 - Washing machines should ideally not be sited in a kitchen due to the risks of introducing cross-contamination from soiled items.
- Before preparing a feed, it is very important to clean work surfaces and wash your hands. Remember that you need to “sterilise” bottles and teats before use.
 - Steam sterilisation is recommended. Steam sterilisers must be used in accordance with the manufacturer's instructions.
 - If chemical sterilisers are used it is important to immerse all of the items in a prepared sterilising solution of the correct concentration for the recommended contact time. The solution should be changed daily and whenever it has been contaminated.
 - Whichever method of sterilisation is used, items should be thoroughly washed beforehand and hands must be washed before removing the items.
 - To make up a feed using powdered infant formula, boil fresh tap water and leave it to cool for no more than half an hour. Always follow the formula manufacturer's instructions about how to make it up.

Test the temperature of the formula milk on the inside of your wrist. If it feels too hot, put the cap over the teat and hold the bottle under cold running water.

You should make up formula milk freshly for each feed and use it immediately. Prepared bottles can be stored in the fridge for up to 24 hours. However, if there is any milk left in the bottle after a feed, throw this away.

Once opened keep containers of ready-to-feed or liquid formula in the fridge and discard in accordance with the manufacturer's instructions

Whenever you cook or reheat food, whether it's for a baby or an older child to eat, you should make sure that it's piping hot all the way through. As long as food is thoroughly reheated, it should be safe. You can leave it to cool a bit (say for five to 10 minutes) so it's not too hot for a child to eat, but don't leave food standing out at room temperature for hours because that can allow bacteria to grow.

Recommendations for cooling, chilling, freezing and reheating of food:

- Frozen food should be covered and defrosted in the bottom tray of the fridge. Ensure it is properly defrosted before use.
- Cook food thoroughly ensuring that it reaches an internal temperature of above 75°C.
- Cool food as quickly as possible ideally within two hours and immediately store in a fridge or freezer. (Dividing food into smaller portions and placing it in a shallow tray can speed up the cooling process.)
- Reheat food so it is piping hot all the way through. **Do not reheat food more than once.**

Food Poisoning

Staff must take great care to prevent germs from raw food transferring to cooked and ready to eat food. You can reduce the risk of cross-contamination by:

- using different colour-coded chopping boards and knives for raw and ready-to-eat foods
- washing hands and disinfecting surfaces immediately after contact with raw food
- using disposable cleaning cloths
- keeping raw meat and defrosting food covered
- storing raw meat in a covered container at the bottom of the fridge so that juices cannot drip onto cooked and ready to eat food.

15. Pets

Childcare settings may keep small pets or allow visits from animals. While children can derive much pleasure and educational benefit from these animals, they are a potential source of infection. Not all animals are suitable as pets; reptile species carry Salmonellae organisms and are unsuitable as pets. It is important, therefore, that appropriate hygiene practices are followed.

- Give someone responsibility for looking after pets, including cleaning up after them and ensuring they receive appropriate veterinary care. This responsibility should not be given to a food handler.
- If pets appear unwell, do not allow children to play with them and seek veterinary advice.
- Maintain pets' living areas in a clean condition.
- Do not permit animals to foul children's play areas.
- Wash your hands well after feeding and handling pets or their equipment.
- Always supervise children when they are with the animals.
- Ensure children are aware that animals carry germs and that they always wash their hands after any contact with pets.
- Discourage children from kissing animals and allowing pets to lick their faces.
- Keep pets out of the kitchen and away from all surfaces where food is prepared or consumed.
- Animal food **must not be stored** with food intended for human consumption.

16. Farm visits

Visits to farms and zoos are both educational and enjoyable for children, but it should be borne in mind that animals carry many different infectious diseases, many of which can be passed to people. It is essential, therefore, that adequate hygiene precautions are taken during and after such visits, based on a full risk assessment of the premises.

- Before the visit make sure that appropriate clothing, including wellingtons, will be worn.
- The availability of hand washing facilities should be explored before the visit to the farm. However, it is a good idea to bring a plentiful supply of moistened wipes or hand gels / foams on farm visits to use in case running water and paper towels are not supplied.

While gels and foams are not a substitute for soap and water, they do offer a practical alternative for hand washing where soap and water or a wash hand basin is not available³.

- Make sure cuts and grazes are covered with waterproof dressings.
- Discourage children from kissing animals or allowing them to lick their faces.
- Remind children to refrain from putting fingers in their mouths and from picking things up from the ground. Adequate supervision will be required.
- Ensure children wash and dry their hands thoroughly after any contact with the animals, before eating or drinking and finally before leaving the farm.
- Do not allow the children to eat anything, including sweets, when they are with the animals or in the animal area.
- Children should not be allowed to drink raw (unpasteurised) milk or ice cream made from raw milk, drink from farm taps or eat any animal foodstuffs.
- Remove any soiled clothing after the visit.
- Pregnant women should not visit farms during the lambing season.

³ Due to the build up of emollients hands need to be washed with soap and water after 5 applications of gel or foam.

17. Hand washing

Hand washing is the single most important procedure for preventing the transmission of infection.

The importance of correct hand washing must be taught and reinforced to all staff and children. Fingernails, in between fingers, thumbs and wrists are the most frequently missed areas of the hand. The seven steps to correct hand washing are illustrated in Appendix 7. It is recommended that a copy of this illustration is displayed at wash hand basins.

When should hands be washed?

On arrival at work.

Whenever visibly dirty.

After using the toilet.

Before preparing, serving and eating food.

After touching any potentially contaminated surfaces, e.g. drains, equipment.

After sneezing or blowing nose.

After handling pets.

Before and after messy play.

After handling soiled clothing.

After dealing with waste.

After handling any body fluids.

Before and after nappy changing.

At the end of the working day.

After removing personal protective equipment.

Suitable and sufficient washing facilities must be provided for effective hand washing. There should be a designated hand wash basin, not a sink used for food preparation. Effective hand drying is just as important as washing because wet hands and surfaces transfer germs more easily than dry ones.

- Wash hand basins must be provided in the immediate vicinity of every sanitary convenience and within food preparation areas, nappy changing areas and laundries.
- They must be supplied with warm water, soap and a suitable means of drying eg paper towels.
- Liquid soap is preferable to a bar of soap because it is less likely to become contaminated. Anti bacterial soap is not required.
- Soap dispensers should be wall mounted and have individual replacement cartridges that are discarded when empty.

- Soap dispensers should be cleaned regularly, paying particular attention to the nozzle and lever.
- Disposable paper towels are the most effective way of drying hands and the preferred method. They should be stored in a dispenser to avoid contamination. Cloth and cotton towels should not be used as they allow the spread of germs.

Staff should receive instruction in maintaining personal hygiene, including the need to:

- Keep abrasions and cuts covered with a waterproof dressing
- Keep fingernails short and neat
- Avoid false nails
- Keep jewellery to a minimum, as it can harbour germs.

Children need to be encouraged to wash their hands, especially before eating and after visiting the toilet. They will require supervision, appropriate to their stage of development, to ensure good practice.

- Sinks, soap and paper towels need to be at a suitable height for children.
- Do not use a single bowl of water to wash more than one child's hands in.
- Communal cloths should not be used; paper towels are the preferred choice.

18. Immunisation

Immunity is the ability of the body to protect itself from infectious diseases.

Initially a baby receives some immunity in the form of antibodies which pass from mother to baby during pregnancy. This type of immunity is short-lived, lasting only weeks or months. This is why the routine childhood immunisations start when the baby is two months old. Vaccines induce active immunity, which gives long term protection.

Immunisation is a safe and effective way of protecting children from serious infectious diseases. Staff should ensure they are up to date with immunisations. Staff should be advised to check that they have had two doses of MMR vaccine.

Things to do ...

- Check that children are registered with a GP and have received their scheduled vaccines.
- Explain that immunisation stops the diseases which children are immunised against spreading in childcare settings.
- Some infectious diseases may pose a risk to pregnant women e.g. Rubella, Parvovirus (Slapped Cheek Syndrome or Fifth disease), chickenpox, measles and occasionally other infectious agents. Pregnant women including staff, who develop any of these infectious diseases/rashes or are exposed to these diseases/rashes should contact their GP, Obstetrician or Midwife urgently for advice and further management.
- Staff should be encouraged to keep up-to-date with their own immunisations. Advise them to check with their GP.

The table below illustrates the routine UK childhood immunisation schedule.

Age	Vaccines given
2 months (2 injections)	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib) Pneumococcal (PCV)
3 months (2 injections)	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib) Meningitis C (MenC)
4 months (3 injections)	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (DTaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (MenC)
12 months (1 injection)	Haemophilus influenzae type b, and Meningitis C (Hib/MenC) combined
15 months (2 injections)	Measles, mumps and rubella (MMR) Pneumococcal (PCV)
3 years 4 months to 5 years old (2 injections)	Diphtheria, tetanus, pertussis, and polio (dTaP/IPV or DTaP/IPV) Measles, mumps and rubella (MMR)
14 – 18 years old	Tetanus, diphtheria and polio (Td/IPV)

N.B. Human Papilloma Virus (HPV) vaccine has been introduced into the childhood immunisation programme for girls 12 - 18 years old.

19. Outbreak control measures

What constitutes an outbreak?

An outbreak is where there are two or more confirmed cases of the same infection within the childcare setting at the same time. This includes both staff and children (eg one staff member and one child). In some instances, only one case may prompt outbreak control and public health measures eg diphtheria.

Reporting

Although there is no statutory requirement for childcare providers to do so, childcare providers are advised to telephone the Consultant in Communicable Disease Control (CCDC) if they suspect cases of infection. The statutory responsibility for notifying infectious diseases lies with the attending doctor. However, as delays may occur in the doctor's notification system, it is helpful if childcare owners/managers telephone the CCDC to report any serious or unusual illnesses that are likely to need discussion and advice, as soon as possible.

Examples of when this would be appropriate are:

- 1. A sudden increase in the number of absent children or staff with diarrhoea and/or vomiting.**
- 2. More than one parent advising the childcare setting that their child has diarrhoea or vomiting.**
- 3. More than one staff member advising the childcare setting that they have diarrhoea or vomiting.**
- 4. More than one child or staff member exhibiting similar symptoms eg rashes.**

Action

The Consultant in Communicable Disease Control or Public Health Doctor or Health Protection Nurse will advise on the situation and initiate any Public Health actions.

The importance of records is recognised particularly in an outbreak. It is recommended that the manager completes the log sheets (see appendices 4 & 5) of both staff and child cases as soon as possible, fax to Dr Smithson (CCDC) without delay (fax no 028 71860311) or after 5 pm Public Health Doctor on call, via Altnagelvin switchboard (Tel no 028 71345171).

It may also be helpful to have determined any movements in and out of the building eg children attending parties or visiting parks/zoos or the use of temporary staff.

If the outbreak is suspected to be food related then the local Environmental Health Officer will also undertake a joint investigation.

Good hygiene is important at all times. However, during an outbreak, the CCDC or EHO may recommend more stringent hygiene procedures that will help to prevent further cases. This may include:

- Tracing and destroying contaminated food
- Using an alcohol disinfectant solution to decontaminate hands
- More frequent and rigorous disinfection of surfaces and equipment
- Discontinuing cooking activities, water and sand play
- Notifying all parents/carers of the outbreak
- And possibly temporary closure of the childcare setting to prevent further spread of infection.



Infection Control Guidelines for Child Care Settings

Appendices



Appendix 1: Exclusions table and infection control guidance

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly hand washing, and maintaining a clean environment.

Please contact The Consultant in Communicable Disease Control (CCDC) or one of the Health Protection staff on 028 71860086 for further advice or information.

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).	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
E. coli 0157 VTEC	Exclusion is important for some children. Always consult with CCDC.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local CCDC will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Typhoid* [and paratyphoid*] (enteric fever)	Exclusion is important for some children. Always consult with CCDC.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local CCDC will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary.	Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Local CCDC will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.

Appendix 1

Respiratory Infections	Recommended period to be kept away from school, nursery, or childminders	Comments
'Flu' (influenza)	Until recovered.	SEE: vulnerable children.
Tuberculosis*	Always consult with CCDC.	Not usually spread from children. Requires quite 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. CCDC will organise any contact tracing necessary.
Rashes/Skin	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	5 days from 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 a mild self-limiting disease.
German measles (rubella)*	5 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). SEE: female staff - pregnancy.
Hand, foot & mouth	None.	Contact CCDC if a large number of children are affected. Exclusion may be considered in some circumstances.

Appendix 1

Impetigo	Until lesions are crusted or healed.	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles*	5 days from onset of rash.	Preventable by vaccination (MMR x 2). SEE: vulnerable children and female staff – pregnancy.
Molluscum contagiosum	None.	A self limiting condition.
Ringworm	Until treatment commenced.	Treatment is important and is available from pharmacist. N.B. For ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have one treatment; include the entire household and any other very close contacts. If further information is required contact your local CCDC.
Scarlet fever*	5 days after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped cheek/fifth disease Parvovirus B19	None	SEE: vulnerable children and female staff – pregnancy.

Appendix 1

Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chicken pox in those who are not immune i.e. have not had chicken pox. It is spread by very close contact and touch. If further information is required contact your local CCDC. SEE: vulnerable children and female staff – pregnancy.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Other Infections	Recommended period to be kept away from school, nursery, or childminders	Comments
Conjunctivitis	None.	If an outbreak / cluster occurs consult CCDC.
Diphtheria *	Exclusion is important. Always consult with CCDC.	Preventable by vaccination. CCDC 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 contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.

Appendix 1

Other Infections	Recommended period to be kept away from school, nursery, or childminders	Comments
Hepatitis A*	Exclusion may be necessary. Always consult with CCDC.	Good personal and environmental hygiene will minimise any possible danger of spread of hepatitis A. SEE: cleaning up body fluid spills and PPE information.
Hepatitis B* and C*	None.	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C. SEE: cleaning up body fluid spills and PPE information.
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. SEE: cleaning up body fluid spills and PPE information.
Meningococcal meningitis* / septicaemia*	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The CCDC will give advice on any action needed and identify contacts requiring antibiotics.

Appendix 1

Other Infections	Recommended period to be kept away from school, nursery, or childminders	Comments
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 CCDC 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 contact your local CCDC.
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.

* denotes a notifiable disease. It is a statutory requirement that Doctors report a notifiable disease to the proper officer of the Local Authority i.e. the CCDC. In addition childcare providers may inform their local CCDC's office. Childcare regulatory and Education bodies may also wish to be informed e.g. Trust Early Years Team's.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease they should inform their local CCDC's office. Advice can also be sought from the school health service.

Appendix 1

Vulnerable Children**

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these may include: those being treated for leukaemia or other cancers, on high dose steroids and with conditions which seriously reduce immunity. Schools, nurseries and childminders are usually made aware of such children. They are particularly vulnerable to some infections eg chickenpox and measles, and if exposed to either of these the parent/carer should be informed immediately and further advice sought from the GP and CCDC. Some of these children may require additional pneumococcal and influenza vaccinations.

N.B. Shingles is caused by the same virus as chickenpox, anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Female Staff and pregnancy**

If a pregnant woman develops a rash or is in contact with someone with a potentially infectious rash this should be investigated by a doctor. Pregnant women are at risk from such infections from their own children at home as well as in the workplace.

- Chickenpox may affect the pregnancy if a woman has not already had chickenpox. If exposed early in pregnancy (first 20 weeks) or very late (the last 3 weeks), the GP and antenatal carers should be informed so that investigations and any treatment that may be indicated can be initiated, e.g. a blood sample may be taken to check immunity.

N.B. Shingles is caused by the same virus as chickenpox, anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

- Rubella (German Measles) If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carers immediately so that investigations and treatment can be initiated. This infection may affect the developing baby if a non-immune woman is exposed in early pregnancy.
- Slapped Cheek Syndrome (Parvovirus B19 / Fifth disease) can occasionally affect the baby. If exposed on the first 20 weeks of pregnancy, inform GP and antenatal carers immediately for investigation and management.
- Measles if a pregnant woman is exposed to measles she should immediately contact her GP and antenatal carers for investigation and treatment.

Female staff should ensure they are immune to measles, mumps and rubella.

**Adapted from Guidance on Infection Control In Schools and other Childcare Settings. (2006) Health Protection Agency.

Appendix 2: 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

Appendix 3: 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

* Refer to exclusion of children section for relevant period.

Appendix 4: Outbreak log sheet (Staff)

NOTIFICATION OF AN OUTBREAK IN A CHILD CARE SETTING											
<u>Staff Cases</u>											
Surname (Print)	First Name	Staff Title	Room & Location	GP Details	Sex	Date of onset	Symptoms	Excluded YES/NO	Duration of symptoms	Stool sample date	Outcome

Sheet No - _____

Any additional information eg recent farm visit or outing:

Appendix 5: Outbreak log sheet (Children)

NOTIFICATION OF AN OUTBREAK IN A CHILD CARE SETTING											
<u>Child Cases</u>											
Surname (Print)	First Name	DOB	Room & Location	GP Details	Sex	Date of onset	Symptoms	Excluded YES/NO	Duration of symptoms	Stool sample date	Outcome

Sheet No - _____

Any additional information eg recent farm visit or outing:

Appendix 6: Head Lice

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.

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.

Appendix 6

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 re-infect 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. 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.

Appendix 6

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 SCHOOL NURSES CHECK CHILDREN'S HEADS?

No. School 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, school nurses are available to give help and advice about head lice to parents.

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.

Produced by: Department of Health, Social Services and Public Safety (DHSSPS), Castle Buildings, Stormont, Belfast BT4 3SJ, on behalf of the Health and Social Services Boards.
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February 2003
ref 161/2002

Appendix 8: List of contacts

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Western Trust Early Years Team

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genevieve.mcwilliams@derrycity.gov.uk
karen.phillips@derrycity.gov.uk

Environmental Health Department Food Safety / Health & Safety

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7 Connell Street
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BT49 0HA

T: 02877760302 E: ehealth@limavady.gov.uk

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Environmental Health Department Food Safety / Health & Safety

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BT82 8DY

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Environmental Health Department Food Safety / Health & Safety

Omagh District Council
Lisnamallard House
Old Mountfield Road
Omagh
BT79 7EG

T: 02882256202 E: ehealth@omagh.gov.uk

Environmental Health Department Food Safety / Health & Safety

Fermanagh District Council
Town Hall
Enniskillen
BT74 7BA

T: 02866321805 E: envhealth@fermanagh.gov.uk

Infection Control Western Trust

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Appendix 8

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Mary Loughrey, Health Protection Nurse

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Health Promotion Department

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