



Public Health
England

North East & North Central London

**Guidelines on Prevention and
Management of Outbreaks of
Diarrhoea and Vomiting in Schools,
Nurseries and other Childcare Settings**

April 2013

**North East & North Central London Health Protection
Team (NENCL)**

Telephone:	020 7811 7100
Fax:	020 7811 7756
Reviewed	October 2012
For review:	October 2014

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1.0 Introduction

1.1 Aim

The purpose of this guidance is to provide an aide memoir for schools, nurseries and other childcare settings (hereinafter referred to as “institution”) in the event of an outbreak of diarrhoea and vomiting (D&V). It should be used in conjunction with the Health Protection Agency poster ‘Guidance on Infection Control in Schools and other Child Care Settings’ (2010)¹ and subsequent versions. Although this resource reflects national guidance, it is important that institutions have their own policies and procedures formulated on evidence-based guidelines for infection control and outbreak management.

1.2 Background

D&V can be caused by infectious or non-infectious agents, however all cases of D&V should be regarded as infectious unless good evidence suggests otherwise².

Norovirus, also known as Norwalk-like virus (NLV), small round structured virus (SRSV) or ‘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 in England every year³. There is a peak incidence of the disease in winter months, hence the term ‘Winter Vomiting Disease’, although cases occur throughout the year³. The illness often starts with severe and dramatic vomiting, known as ‘projectile’ vomiting. Some people also develop diarrhoea.

1.3 Outbreak definition and recognition

An outbreak may be defined as having more linked cases with similar symptoms (or a notifiable disease) than would normally be expected. This usually relates to having two or more people affected in number. In some instances, only one case may prompt outbreak control and public health measures (e.g. diphtheria)⁴.

Norovirus is highly infectious and infection can be spread within any establishment very easily. By using infection control policies and procedures and prompt notification, the necessary action can be taken which will minimise the spread of infection and reduce the risk of admission to hospital. Once an outbreak has been recognised, the institution’s outbreak control plan/policy should be initiated/ followed and the outbreak should be reported to the Health Protection Team (HPT).

1.4 Duty of Care

1.4.1 Head Teacher/Manager’s responsibility

The Head Teacher/Manager has a duty of care to protect staff and children. An infection control policy/procedure must be in place for staff to implement during an outbreak of infection and the Head Teacher/Manager is responsible for ensuring that all staff are aware of this and comply. When the Head Teacher/Manager is not on duty, the person in charge or designated person must take responsibility.

Head Teachers/Managers are also responsible for ensuring that adequate supplies of equipment, particularly consumables (e.g. gloves, paper hand towels, liquid soap) are provided for all staff and children, to enable compliance with this guidance.

1.4.2 Staff responsibility

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

1.5 Confidentiality

Health protection staff process information and are required to treat personal details in strict confidence. They have the same duty to maintain confidentiality as all health care professionals and deliberate or negligent breaches are disciplinary offences. Individual case reports are shared **only** with health care professionals caring for the individual/patient, or those investigating the source of an outbreak, such as local environmental health officers. For further information on confidentiality and how information is

used can be obtained by visiting the confidentiality page on the Health Protection Agency's website: <http://www.hpa.org.uk/confidentiality/default.htm>

2.0 Action

2.1 Reporting

As soon as an outbreak is suspected within the institution, the Head Teacher/Manager or person in charge should contact the Health Protection Team (HPT) on-call team on 020 7811 7100 (during office hours - 9am – 5pm)

Prompt notification and reporting of cases of suspected infectious diseases to the HPT 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 local Environmental Health Officers (EHOs) will also undertake a joint investigation.

2.2 Management

The HP on-call team will decide whether there is an outbreak and will initiate and co-ordinate any necessary action with the Head Teacher/Manager/or person in charge (see Appendix 1). This checklist can be used by the Head Teacher/Manager or person in charge as a record of the action taken within the institution on a daily basis during the outbreak. The precautions in Table 1 (page 5) and actions in 5.0 (page 6) should be followed in the event of a single case, or outbreak of D&V.

2.3 Investigation and specimen collection

The HPT will advise if specimen collection is necessary (e.g. if staff/children have been hospitalised, symptoms are severe/prolonged, if food related etc. – see Appendix 9). This would usually be co-ordinated by the HPT with the child's parent/guardian or staff member via the EHOs.

2.4 Record keeping

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 births, symptoms, dates of onset of illness, location/class of the ill person(s) are essential, along with GP details where known.

The Head Teacher/Manager or person in charge should complete the log sheets of child and staff cases (see Appendices 2 and 3) as soon as possible after telephoning the HPT and fax these back to the HPT without delay (Fax: 020 7811 7756).

This helps HPT staff to get a full picture of events and to liaise effectively with hospital laboratories regarding any specimen collections that may be necessary.

It is also very useful to record and report to the HPT any school/nursery/centre trips or events (e.g. staff/children attending parties, visiting parks, zoos, breakfast or after school clubs (or other activities that are carried out on the premises) and the use of intermittent staff (e.g. bank, agency or supply staff).

Table 1: Precautions to be followed in the event of a single case or outbreak of diarrhoea and vomiting

<ul style="list-style-type: none"> ▪ All affected staff, children and visitors should be excluded until 48 hours after the diarrhoea/vomiting has stopped
<ul style="list-style-type: none"> ▪ Affected persons should not prepare or handle food for other people until they have been symptom-free for 48 hours
<ul style="list-style-type: none"> ▪ Thorough hand washing with liquid soap and water is essential. Disposable paper hand towels and foot operated bins should be provided ▪ Staff and children should wash their hands after using the toilet and before meals.
<ul style="list-style-type: none"> ▪ Disposable gloves and aprons should be available and used for: contact with any person with diarrhoea and/or vomiting; environmental cleaning; clearing up spills of diarrhoea and/or vomiting; handling body fluids, clinical waste and/or soiled linen. Hands should be washed with soap and water after removal and disposal of the gloves and aprons.
<ul style="list-style-type: none"> ▪ Care should be taken when clearing up after someone who has been vomiting or had diarrhoea. Paper towels or disposable cloths should be used for cleaning up any spills of diarrhoea and/or vomit. The contaminated surface should then be washed with detergent and water, disinfected, rinsed and allowed to dry.
<ul style="list-style-type: none"> ▪ Toilet bowls, seats, flushes, door handles and taps should be cleaned and then disinfected (e.g. with household bleach) twice daily and as required.
<ul style="list-style-type: none"> ▪ Where possible, soiled clothing should be placed in a sealed bag and taken home by the owner (or parent if it is a child's clothing) to be washed in a hot wash, separately to other items. Items should not be hand washed. ▪ If items have to be washed and there is a dedicated laundry on the premises, soiled laundry items should be segregated and placed in red dissolvable bags, which then go directly into the washing machine, to avoid further handling of soiled items. Manual soaking/slucing must never be carried out. All soiled items should be washed at the highest temperature that the item can withstand using the pre-wash/slucing cycle - ideally in a cycle that reaches 65°C for at least 10 minutes or 71°C for at least 3 minutes. ▪ Any soiled item which needs to be washed at lower temperatures (e.g. clothing) should be machine washed with a pre-wash cycle selected, at the highest temperature the item can stand, along with an appropriate disinfectant (e.g. oxygen releasing or bleaching agent) added to the washing process, if tolerated by the fabric.
<ul style="list-style-type: none"> ▪ Personal hygiene and hygienic preparation and serving of food should be emphasised.

Adapted from Hawker *et al*, 2005⁴, Department of Health (2006)⁸ and SWL HPU (2003)¹⁰

3.0 Practical management

The germs responsible for D&V outbreaks are usually either bacterial or viral. The important part in controlling an outbreak is preventing the spread of infection and protection of the unaffected children, staff and visitors. Infectious disease can be introduced to the institution by people being in close contact with a person who is ill with symptoms and can be spread between people within the institution due to poor infection control practices. It is also worth being aware that it is not always possible to identify staff or children suffering with, or incubating a disease. Ensuring robust infection control practices are in place at all times is therefore important. The poster in Appendix 6 shows 'Standard Principles of Infection Control' which should be followed as everyday practice.

Germs, which cause outbreaks of D&V, can be transmitted (spread) by either one or more than one of the following routes: food, hand to mouth (faecal-oral) and airborne. Symptoms will vary depending on the germ causing the illness and may be either just diarrhoea or vomiting or both.

4.0 Norovirus

Norovirus can be spread by:

- Direct contact with vomit or diarrhoea from an infected person
- Eating food that has been contaminated with the virus from an infected person e.g. salads, fruit, sandwiches
- Eating food that has been contaminated at source e.g. shellfish, oysters (which feed in faecally contaminated water)
- From items (e.g. equipment, toys) and environmental surfaces (e.g. toilets, furniture) that have been contaminated with the virus
- Breathing in and then ingesting (swallowing) the air around someone who has the virus and has vomited

5.0 D&V Outbreak Actions

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

- ▶ Effective hand washing with soap and water
- ▶ Prompt exclusion of affected children and staff
- ▶ Enhanced cleaning of the environment and equipment

5.1 Effective hand hygiene – Refer to local hand hygiene policy

Effective hand hygiene (i.e. hand washing) is vital to prevent transmission of infection and must be actively encouraged in all staff and children (and supervised if necessary in children). Head Teachers /Managers must ensure that all staff are trained in, and children taught correct, hand washing technique (Appendix 4) and that they have 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; antiseptic agents e.g. ‘Hibiscrub’ are not required for routine hand hygiene, even during an outbreak. Bar soap and roller towels are not recommended as they can become contaminated⁵.

Hands should be washed thoroughly with soap and water:

- Before and after contact with any individual who is ill
- After contact with bodily fluids (e.g. after toileting, pad changing, clearing up spills of vomit/diarrhoea)
- After contact with the ill person’s equipment, clothing and their immediate environment
- After dealing with waste
- After removal of gloves and aprons
- After using the toilet
- Before preparing, serving and eating food

See Appendix 11 for a poster that can be displayed to encourage hand washing.

It is also important that the toilet and hand hygiene of young children and those with learning disabilities is supervised.

Alcohol hand rubs (70% alcohol content plus emollient) are **not effective** (currently) against Norovirus but can be used in addition to soap and water for hand decontamination routinely or during outbreaks of infection as an extra measure. Alcohol hand rubs can only be used on hands that are visibly clean. Alcohol hand rubs can be obtained by contacting suppliers – e.g. Gojo (01908 588444) or Adams healthcare (Ecolab) (0113 2320066) and asking for customer services. Alternatively, the local pharmacy or supplier may be able to source alcohol hand rub.

5.2 Prompt exclusion of affected staff, children and visitors

Exclusion is vital for **any** symptomatic (ill) staff, children or visitors. They should not return to the institution until 48 hours after normal bowel habits have returned and/or vomiting has stopped. This 48 hour exclusion rule for ill persons also applies to bank, agency and supply staff as well as visitors. It is the responsibility of the person in charge to check incoming people's health.

Any staff member who becomes unwell at the institution must be sent home immediately. Any child that becomes unwell must also be sent home as soon as possible (the child should be cared for in a separate area whilst awaiting collection). Any toilet that the ill person uses before going home must be dedicated to them, or washed and disinfected after each use (see section 8.0 for cleaning and disinfection advice). Refer to local pad/nappy changing policies for guidance for anyone that has diarrhoea on the premises, prior to going home. Of particular importance is the use of disposable gloves and aprons; correct disposal of the pad/nappy; cleaning and disinfecting the changing area after each nappy/pad change and careful hand washing.

If a food handler is affected, contact HPT as they may need to have negative stool samples before returning to work.

Any new children planning to join the institution should be delayed until the outbreak is over and reasons explained to the parents.

A poster for display during the outbreak regarding exclusion is available in Appendix 5

5.2.1 Exclusion from swimming

Exclusion from swimming should be for 2 weeks following the last episode of diarrhoea. All institutions with swimming pools should have policies and procedures in place for pool management (including infection control, maintaining good pool water quality, and a policy in the event of faecal or vomit contamination incidents).

5.3 Communication with visitors during an outbreak

All visitors to the institution should be advised about the outbreak and non-essential visitors restricted/discouraged from visiting for the duration of the outbreak. Any essential visitors should be advised about the need for thorough hand washing and requested to wash their hands upon entering and leaving the building, as well as after using the toilet and before eating. (See Appendix 7 for visitor information poster which can be displayed at the premises).

5.4 Planned institution events during an outbreak

Any planned events (e.g. functions, meetings, plays, parties etc) should be discussed with the HPT as to whether it is safe for them to go ahead, or if any precautions are needed.

5.5 Cleaning and disinfection of the environment and equipment

It is essential that there is a robust cleaning regime within the institution. Cleaning and disinfection should be done **twice** daily as a minimum during an outbreak of D&V (and as necessary) using clean, disposable cloths and dedicated mops/ mop buckets for toilet areas following national colour codes (Appendix 8). The cleaning guidance within this document must be shown to, and followed by, all staff involved in cleaning (including dedicated cleaning staff/contractors). It may be necessary to contact the Local Education Authority or person responsible for the cleaning contract for the institution to ensure that extra cleaning can be carried out as recommended.

Disinfection is a process that reduces the number of germs to a level at which they are not harmful, but is only effective if the surfaces and equipment are cleaned thoroughly with detergent and water beforehand. Warm water and detergent should be used to clean hard surfaces, especially toilet areas, followed by disinfection with a 1000ppm (0.1%) hypochlorite solution (e.g. bleach or 'Milton' solution). Bleach or Milton is the recommended disinfectant (at 1000ppm), as this will kill both bacteria and viruses, but if bleach (or 'Milton') is not available/ suitable, a disinfectant that has BOTH antibacterial AND antiviral properties must be used.

All disinfectants must be used in accordance with manufacturers' instructions and diluted (if necessary) as advised for environmental cleaning. Ready-to-use products should be used rather than those

requiring dilution, and should be used in all areas with particular attention to toilet seats, toilet flush handles, sink taps, door handles, light switches, push plates on doors, stair hand rails and other frequently touched areas. In special schools/other settings, particular attention should also be made to cleaning and disinfecting soft play areas, changing areas, water therapy areas and special equipment including mobility aids.

It is important to follow COSHH guidance (Control of Substances Hazardous to Health, 2002) on correct product use/ storage. COSHH risk assessments may be required for certain products as they may be unsuitable for cleaning certain surfaces e.g. bleach cannot be used on carpets/ soft furnishings. Carpets should be steam cleaned and soft furnishings should be machine washed.

This may be a good time to review general cleaning procedures in the institution. Please see Appendix 10 for best practice recommendations and top tips for general cleaning.

5.5.1 Guidance on toys/equipment/activities during the outbreak

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 during an outbreak (e.g. plastic or hard toys/equipment) and these should be washed daily with detergent and water, rinsed and then disinfected (e.g. with bleach or Milton at 1000ppm), rinsed and dried.

Any hard toys/equipment that become contaminated with diarrhoea and/or vomit should be removed, then cleaned and disinfected (or discarded if this is not possible). Soft toys should not be used during an outbreak. Any soft toys that may have been contaminated at the start of the outbreak should be immediately removed and washed at high temperatures in a washing machine (or discarded).

Cookery activities for the children as well as sand, play dough and water play activities should be suspended for the duration of the outbreak⁵

5.5.2 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 metres² as virus particles in the vomit can contaminate surfaces and put others at risk of infection.

Refer to local spillage of blood and body fluids policy, or follow instructions below (these precautions should be used by individuals who clean up vomit or faeces in order to minimise the risk of cross-infection).

1. Spillages of body fluids should be cleared up immediately.
2. Wear disposable gloves and apron.
3. Use paper towels to soak up gross spillage. Transfer these and any solid matter directly into a clinical waste bag.
4. Clean the soiled area with detergent and hot water, using a disposable cloth.
5. Disinfect the area with freshly made 1000ppm (0.1%) hypochlorite solution. **Note:** hypochlorite is corrosive and may bleach furnishings and fabrics. (See below for dealing with carpets, soft furnishings and clothing.)
6. Dispose of gloves, apron and cloths into the clinical waste bag.
7. Wash hands thoroughly using soap and water and dry them. Alcohol hand rub should not be used as a substitute for hand washing after clearing up vomit or faeces.

Contaminated carpets should be cleaned with detergent and hot water and then either disinfected with hypochlorite (if bleach-resistant); otherwise, they should be steam-cleaned. Contaminated soft furnishings should be machine washed on a hot wash at temperatures/methods stated in 5.5.3.

5.5.3 Guidance on clothing/linen contaminated with body fluids (e.g. diarrhoea/vomit)^{5, 8, 9}

Manual soaking/sluicing/hand washing of contaminated items **must not** be carried out. Flush any solid material (e.g. vomit/faeces) into the toilet, avoiding splashing, or dispose of into a clinical waste bag.

Clothing contaminated with body fluids should be placed in a sealed plastic bag and taken home by the owner (or parent if it is a child's clothing) to be washed in a hot wash, separately to other items.

If linen (or other items) must be washed on the institution premises (this is not recommended) then any solid waste matter should be flushed away or disposed of into a clinical waste bag, as before. Items should then be placed carefully into laundry bags appropriate to guidelines for infected linen (soluble alginate bags with a colour coded outer bag) without generating further aerosols. Any soiled linen/items should be washed using the pre-wash/sluice cycle and at the highest temperature the item can withstand - preferably in a cycle that reaches 65°C for at least 10 minutes or 71°C for at least 3 minutes. Any soiled item which needs to be washed at lower temperatures (e.g. clothing) should be machine washed with a pre-wash cycle selected, at the highest temperature the item can stand, along with an appropriate disinfectant (e.g. oxygen releasing or bleaching agent) added to the washing process, if tolerated by the fabric^{8,10}

All clinical waste and soiled linen must be handled with care and staff must ensure that they wear the appropriate protective clothing. The protective clothing must be disposed of in the correct waste stream and hands washed. Refer to local Waste and Laundry Management Policies.

6.0 During the outbreak and declaring the outbreak over

During the outbreak, the HP on-call team will regularly telephone the institution to monitor the situation and to offer support where needed. Advice will also be given by the HPT as to when the outbreak can be considered over (at which time the institution can carry out a deep clean before returning to pre-outbreak procedures and cleaning routines).

Deep cleaning after the outbreak (usually 72 hours after last symptoms)¹¹

- Clean all hard surfaces thoroughly, using detergent and hot water, followed by 1000ppm (0.1%) hypochlorite solution.
- Use a steam cleaner with a hot drying cycle for soft surfaces including curtains, in any room or area that was contaminated. Or if tolerated, removable soft furnishings (e.g. cushions, covers) can be machine washed at temperatures/methods stated in 5.5.3.
- Ensure (as with cleaning during the outbreak) that cloths are disposed of and non-disposable mop heads are laundered in hot wash (65°C or above) once deep cleaning is complete.

The HP on-call team are always available during office hours (9am – 5pm) if there are any concerns or queries from staff or parents.

References

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10. South West London Health Protection Unit (2003) *Guidelines for the Control of Infection and Communicable Disease in Nurseries and other Institutional Early Years Settings in South West London Sector*. London: South West London Health Protection Unit.
11. North West London Health Protection Unit (2007) *Guidance on cleaning during a norovirus outbreak in a care home*. London: North West London Health Protection Unit.

APPENDIX 1 D & V OUTBREAK – SCHOOLS, NURSERIES AND OTHER CHILDCARE SETTINGS MANAGEMENT ACTION CHECKLIST

Date Completed:			
Checklist Completed By (Print Name):			
Name & Tel No of Institution:			
Name of Head Teacher/Manager:			
ADVICE GIVEN BY NENCLHPU REGARDING ANY FURTHER ACTION REQUIRED:			
	Yes	No	Comments:
▪ Deploy 48 hour exclusion rule for ill children and staff			
▪ Liquid soap and paper hand towels available			
▪ Staff to check/encourage/supervise hand washing in children			
▪ Check that deep cleaning, i.e. twice daily (min) cleaning and follow through with bleach/Milton/ appropriate disinfectant is being carried out, (especially toilets, frequently touched surfaces e.g. handles and taps and including any special equipment and play areas). Ensure that all staff/contractors involved in cleaning are aware of, and are following, the guidance			
▪ Disposable protective clothing available (i.e. non-powdered latex/synthetic vinyl gloves & aprons)			
▪ Appropriate waste disposal systems in place for infectious waste			
▪ Advice given on cleaning of vomit (including steam cleaning carpets/furniture or machine hot washing of soft furnishings)			
▪ Clean and disinfect hard toys daily (with detergent and water followed by bleach/Milton). Limit and stock rotate toys			
▪ Suspend use of soft toys plus water/sand play and cookery activities during outbreak			
▪ Segregate infected linen (and use dissolvable laundry bags where possible)			
▪ Visitors restricted. Essential visitors informed of outbreak and advised on hand washing			
▪ New children joining institution suspended			
▪ Keep staff working in dedicated areas (restrict food handling if possible). Inform HPT of any affected food handlers.			
▪ Check if staff work elsewhere (restrict) and that all staff are well (including agency). Exclude if unwell (see above re 48 hour rule)			
▪ HPT informed of any planned events at the institution			
▪ Inform School Nurse and discuss about informing OFSTED, if applicable.			
ACTION FOR NENCLHP ON-CALL TEAM			
▪ D&V outbreak guidance faxed/posted to institution			
▪ Request that a list of cases is faxed to NENCL HPT as soon as possible – separate for children and staff (see Appendix 2 and 3)			
▪ Inform EHOs			
▪ Criteria for faecal sampling checklist completed and documented (Appendix 9) and specimen collection agreed with EHOs			
▪ NENCL HPT norovirus alert discussed with Head Teacher/Manager			

Appendix 2

D & V OUTBREAK – SCHOOLS, NURSERIES AND OTHER CHILDCARE SETTINGS MANAGEMENT LOG SHEET – CHILD CASES

Name of Institution: _____

Date: _____

SURNAME (Print)	FIRST NAME	DOB	SEX	CLASSROOM / LOCATION	GP DETAILS	SYMPTOMS	DATE OF ONSET	EXCLUDED Y/N	DURATION OF SYMPTOMS	STOOL SAMPLE DATE	OUTCOME

SHEET NO: _____

Appendix 3

D & V OUTBREAK – SCHOOLS, NURSERIES AND OTHER CHILDCARE SETTINGS MANAGEMENT LOG SHEET – CHILD CASES

Name of Institution: _____

Date: _____

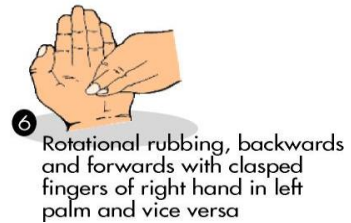
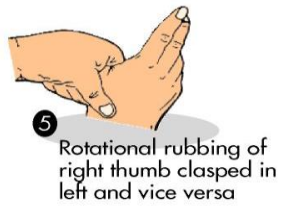
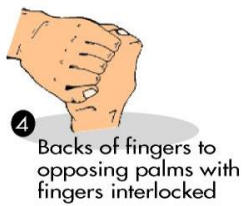
SURNAME (Print)	FIRST NAME	DOB	SEX	CLASSROOM / LOCATION	GP DETAILS	SYMPTOMS	DATE OF ONSET	EXCLUDED Y/N	DURATION OF SYMPTOMS	STOOL SAMPLE DATE	OUTCOME

SHEET NO: _____

Appendix 4



Public Health
England



North East & North Central London Health Protection Team
Telephone: 020 7811 7100

Reference: Ayliffe GAJ, et al (1992) Control of hospital infection; A practical handbook.
Third edition, Chapman and Hall, London.

Appendix 5



Give the bug the boot! Help us to stop tummy bugs spreading!



If your child is unwell with sickness or diarrhoea they should not return to school, nursery or other childcare setting

for 48 HOURS AFTER

normal bowel habits have returned and/or vomiting has stopped.

Please help us to make sure tummy bugs don't spread in school.

North East & North Central London Health Protection Team Telephone: 020 7811 7100

Acknowledgements: South West London Health Protection Unit

2013



Standard Principles of Infection Control for Schools, Nurseries and other Childcare Settings

Handwashing—Wash hands:

- Whenever they are likely to be dirty/contaminated (e.g. after nappy/ pad changing, caring for a sick child, cleaning, contact with blood/body fluids)
- Before putting gloves and aprons on and after taking them off
- After using the toilet
- Before and after handling food or eating



Protective clothing

- Wear disposable gloves for direct contact with blood/ body fluids
- Wear disposable plastic apron to protect clothing
- Change between each child
- Change between each procedure
- Wear eye protection and mask when risk of splashing/ aerosol formation is possible

Use and dispose of sharps safely

- Dispose of all sharps directly into a sharps bin at the point of use
- **NEVER RESHEATH NEEDLES**
- Never fill sharps bin more than $\frac{3}{4}$ full
- Store bin above knee and below shoulder level
- Store sharps bins safely— i.e. out of reach of public and children
- Close sharps bin securely before disposal
- Ensure staff immunisations are up to date



Spillage of blood/body fluids

- Wear disposable gloves and apron
- If spillage is large, soak up excess with disposable paper towels and dispose of as clinical waste
- Cover spillage of blood/ blood stained body fluids with chlorine releasing agent on hard surfaces only. Clean up with paper towels after 2 minutes
- For other body fluids, e.g. urine, vomit, use soapy water to clean, followed by disinfectant
- Wash area with warm soapy water and dry
- Dispose of all waste as clinical waste
- Wash hands thoroughly

Waste disposal

- Use clinical waste bags for disposal of clinical waste **ONLY**
- Ensure bags are no more than $\frac{3}{4}$ full when secured
- Ensure bags are secured properly and labelled before disposal
- Keep waste storage area inaccessible to children



Keep cuts covered

- Cover all cuts and grazes with a waterproof dressing

Laundry—if applicable

- Ideally, soiled items should be placed in a sealed plastic bag to be taken home by owner and machine washed at a high temperature
- If laundry facilities are available, soiled linen must be placed directly into a (red alginate) water soluble bag, sealed then placed into laundry bag
- Do not manually rinse, soak or hand wash soiled items





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Appendix 7

Visitor Information Poster

Diarrhoea & Vomiting

Diarrhoea and/or vomiting can easily and rapidly spread through schools

If there is an outbreak of diarrhoea and/or vomiting please follow staff instructions on hand hygiene

ALWAYS wash your hands upon entering and leaving the school

If you have had diarrhoea and/or vomiting please DO NOT VISIT until your symptoms have been gone for 48 hours

This will help to avoid spreading the germs

Thank you

North East & North Central London Health Protection Team 2013
Acknowledgements: South West London Health Protection Unit

National Colour Coding Scheme



The North East & North Central London HPT recommends that where there is an existing colour code for cleaning, and the school/nursery staff and cleaning staff are aware of it, there is no need to change. However, if there is no established cleaning colour code, we recommend the above colours are adopted.

Poster adapted from NHS National Patient Safety Agency (2007) Safer practice notice 15: Colour coding hospital cleaning materials and equipment

Appendix 9

Criteria for Faecal Sampling in Schools, Nurseries and other Childcare Settings

The North East & North Central London Health Protection Team, in consultation with Environmental Health Officers, will use the following criteria to inform the decision on sampling and will advise on any action required.

Criteria for Faecal Sampling in Schools	Yes	No	Unsure
A child or staff member's symptoms warrant hospitalisation or there has been a death related to the incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In addition to gastro-intestinal symptoms, blood has been found in the child/member of staff's stool.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child/staff member has a fever in association with gastro-intestinal symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration of gastro intestinal symptoms in individuals is > 48 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence which suggests a symptomatic food handler or food supplied in the institution may be a source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 10

North East and North Central London Health Protection Team Advice: Best Practice Recommendations for General Cleaning

The school, nursery or other childcare setting (hereinafter referred to as “institution”) environment should be appropriately maintained to reduce the risk of cross infection. Appropriate cleaning methods and frequencies should be in place to minimise cross infection.

The contractor is to provide a daily cleansing service to ensure that the institution premises (especially toilet areas) are kept clean, safe and hygienic. Frequency of cleaning will depend on what extended services the institution provides (e.g. breakfast clubs, after school clubs etc). It is advisable for toilets to be cleaned at least twice daily, including a lunch time clean.

A documented, regular cleaning programme must be in operation and colour coded systems should be used for all cleaning equipment (e.g. the national system recommends red for toilets, blue for general areas, green for kitchens etc.)

All chemicals should be handled and stored in accordance with manufacturer’s instructions and product safety data sheets. Any staff who handle chemical cleaners should be given instructions on their safe use, including the first aid measures required in the event of accidental ingestion, inhalation or contact with skin or eyes. Contractors should be aware of the requirements of Control of Substances Hazardous to Health (COSHH, 2002) Regulations.

A separate policy (including cleaning schedule) should be available in the event of an outbreak of infectious disease (most commonly an outbreak of diarrhoea and vomiting), and reporting mechanisms in place to enable prompt reporting to the relevant agencies (e.g. Health Protection Team)

Cleaning contracts should include additional cleaning requested by North East and North Central London Health Protection Team (NENCLHPT) in response to particular outbreaks of infection on the institution premises.

Contractor should provide (in addition to routine cleaning):

A regular deep cleaning programme (e.g. during each school holiday, or approximately 5 times a year)

Regular steam cleaning (e.g. every 6 months or every 2-3 months for high risk areas and as necessary)

Ability to increase cleaning frequency and employ correct methods, as requested, in response to an infectious disease outbreak.

The institution must provide suitable cleaning facilities:

Designated cleaners sink should be available for cleaning activities (e.g. emptying dirty water from mop buckets/cleaning dirty equipment).

Suitable cleaning room/large cupboard with enough storage and shelving to enable safe, hygienic storage of equipment. Kitchen cleaning equipment should always be kept separate from the toilet cleaning equipment.

Where there is blood or body fluid contamination (e.g. spills of vomit or faecal material), equipment must be available to enable spills to be disinfected and cleared immediately by dedicated staff (not cleaning staff) and any contaminated surfaces cleaned and disinfected. Spill kits are available commercially.

Cleaning materials must be available for staff to use if needed outside of contractor’s times - including kits for dealing with blood and body fluid spillage appropriately. Staff should be trained appropriately.

Environmental surfaces and floors that are impervious to water and easy to clean should be in place. Carpeted areas should be kept to a minimum.

Top Tips for Cleaning

- Overall, premises should be clean and well ventilated. All areas should be cleaned regularly as part of a documented cleaning policy and rota. Toilets and hand contact sites, such as toilet handles, taps and doorknobs are likely to be contaminated with germs and have a high risk of transferring infection. It is therefore essential to clean and disinfect these sites as frequently as is practical and especially when visibly dirty.
- Surfaces such as floors, walls and furniture generally offer a low risk of contamination and a low risk of germ transfer. To maintain this low risk, these surfaces should be regularly cleaned (e.g. daily), kept dry and well maintained.
- Any carpeted areas should be vacuumed daily as well as steam cleaned on a regular basis (e.g. every 6 months or more regularly if required).
- Environmental cleaning cloths should be non-shredding, ideally disposable, and used within a colour coded system. If reusable cloths have to be used they must be decontaminated after each use and at least once a day, and be routinely replaced. Cloths can be decontaminated by hot machine washing (at least 60°C) and then drying them as rapidly as possible either flat or hanging. If cloths cannot be decontaminated in this way they should be disposable and disposed of at the end of the session/day. Cloths/mops used to clean the toilet area must not be used in other areas.
- Ideally mops with removable heads should be used and arrangements made to have them washed at high temperatures in the washing machine (at least 60°C) at the end of each day. If not possible, mop heads should be cleaned using detergent and warm water, then rinsed with a disinfectant solution. The mop should then be wrung out until as dry as possible, then dried quickly (head-up) and stored with the mop head facing upwards (inverted or hanging). Mops should not be cleaned in a sink that is used for food preparation nor should they be left soaking in dirty water. All mop buckets should be easily cleanable (e.g. plastic) and cleaned, disinfected and dried after each use.
- It is important that the correct type of cleaning agent in the correct concentration is used for the type of decontamination/cleaning required, as per manufacturers' instructions. Manufactured detergent/disinfectant product containers with spray nozzles should ideally be purchased for easy use. Commercial brands are advocated over 'home made' squeezable bottles or containers with spray nozzles which can readily become contaminated during the 'topping up' process. If the latter are used they must be labelled with the safety instructions and hazard warnings that appear on the original container and fresh solutions used daily. These spray bottles should also be washed and dried daily. Always clean an area after removal of disinfectant with a freshly prepared solution of detergent and water.



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Keep the bugs at bay
Clean your hands
the soapy way!



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