Guidance on Infection Control at The Children's Lodge (Childcare Setting)

GOOD HYGIENE PRACTICE :

Hand washing: is one of the most important ways to prevent the spread of infectious diseases, especially those that cause diarrhoea and vomiting, and respiratory illness. The best method is to use liquid soap, warm water and disposable paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread respiratory illness. Encourage all adults and children to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues.

Personal protective clothing (PPC): Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons when there is a risk of getting blood or urine, faeces and vomit onto skin or clothing (for example during nappy changing). Wear goggles if there is a risk of splashing to the face, for example when diluting or handling cleaning chemicals.

Environmental cleaning: Clean the environment, toys and equipment frequently, and thoroughly. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPC.

Cleaning of blood and body fluid spillages: Clean up spillages of blood, faeces, and vomit immediately. Wear gloves and a plastic apron. Always follow the manufacturer's instructions when using chemical disinfectants and ensure the disinfectant you use is effective against bacteria and viruses and is suitable for use on affected surfaces. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard into a closed waste bin. Ensure a spillage kit is available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Wash soiled linen separately at the hottest wash the fabric will tolerate. Wear disposable gloves and a plastic apron when handling soiled linen. Place childrens soiled clothing in a plastic bag before sending it home; do not rinse soiled clothing by hand.

Waste: Recycle waste in accordance with local authority policy. Store used nappies/pads in leak proof, easy to clean airtight containers. Discard gloves, aprons and soiled dressings in black bags in foot-operated pedal bins. Waste bins should be no more than two-thirds full and stored in a dedicated, secure area while awaiting collection.

SHARPS INJURIES AND BITES :

If skin is broken, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local DPH for advice, if unsure.

ANIMALS:

Animals may carry infections, so wash hands after handling animals.

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

Visits to farms. Please contact your local environmental health department who will provide you with help and advice when you are planning to visit a farm or similar establishment. For more information see Chapter 8 of the main document.

VULNERABLE CHILDREN :

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and child minders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles, and if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunizations, for example pneumococcal and influenza. HSE Management of Infectious Disease in Childcare Facilities and Other Childcare Settings -77-

FEMALE STAFF* - PREGNANCY :

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- **Chickenpox** can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so 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 rubella she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

• **Slapped cheek disease** (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
• **Measles** during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation. • All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

*The above advice also applies to pregnant students IMMUNISATIONS Immunisation status should always be checked at entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organized through the child's GP. The most up-to-date immunisation advice is available on www.immunisation.ie.

Part 2:
Infectious Disease Exclusion Recommendations for the Childcare Setting

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

Please contact your local Department of Public Health (DPH) on.....021 - 4927601.....

Or visit www.hpsc.ie If you would like any further advice or information, including the latest guidance.

Common Rashes and Skin Infections	Recommended period to be kept away from creche	Comments
Chickenpox	Until scabs are dry, usually 5-7 days from onset of rash	*SEE: Vulnerable Children and Female Staff - Pregnancy*
German measles (rubella)	Seven days from onset of rash	Preventable by immunization (MMR x 2) *SEE: Female Staff - Pregnancy*
Hand, foot and mouth	None, once child is well	Contact your local DPH if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 24 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	Four days from onset of rash	Preventable by vaccination (MMR x 2) *SEE: Vulnerable Children and Female Staff - Pregnancy*
Ringworm	Exclusion not usually required	Treatment is required
Scabies	Children can return after first treatment	Household and close contacts require treatment
Scarlet fever	Child can return 24 hours after commencing antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None	*SEE: Female Staff - Pregnancy*
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. *SEE: Vulnerable Children and Female Staff - Pregnancy*

Diarrhoea and Vomiting Illness	Recommended period to be kept away from crèche	Comments
Diarrhoea and/or vomiting	48 hours from the last episode of diarrhoea or vomiting	
E. coli O157 VTEC	Further exclusion required - cases excluded until 2 negative stool specimens taken at least 48h apart	This guidance may also apply to some contacts who may require microbiological clearance Public Health will provide advice
Typhoid [and paratyphoid] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance Public Health will provide advice
Shigella (dysentery)	Further exclusion may be required for certain types of Shigella infections	Please consult your local DPH for further advice
Cryptosporidiosis	Exclude for 48 hours from last episode of diarrhoea	Exclusion from swimming pools is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from crèche	Comments
Flu (influenza)	Until recovered	*SEE: Vulnerable children*
Tuberculosis	Always consult your local DPH	Requires prolonged close contact for spread
Whooping cough (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.

Other infections	Recommended period to be kept away from crèche	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local DPH
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local DPH will advise on control measures
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills *SEE: Chapter 3 in main document*
Meningococcal meningitis/ septicaemia	Until recovered	Meningococcal C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local DPH will advise on any action needed
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local DPH will advise on any action needed

Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimize any danger of spread. If further information is required, contact your local DPH
Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis/Pharyngitis	None in most cases If caused by streptococcal (bacterial) infection child can return 24 hours after commencing antibiotic treatment	There are many causes, but most cases are due to viruses and do not need an antibiotic

Outbreaks: if a childcare facility suspects an outbreak of infectious disease, they should inform their local DPH.

The Children's Lodge, Montessori School,

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
086-2471820 Sinead Personal Mobile ***(Emergency Only)***

Re: RUBELLA (GERMAN MEASLES)

Dear Parent or Guardian,

There has been a case of Rubella within your child's pre-school and your child may have been exposed. MMR (measles, mumps, rubella) vaccine is given at 12 months of age and as a preschool booster at 4-5 years. If your child received the MMR vaccine when he/she was 12 months of age or older, the chance of him/her developing Rubella is extremely low. If, however, your child has not been vaccinated then it is quite possible that he/she might get Rubella.

What is Rubella? Rubella is a mild viral illness that causes little problem for children. In childhood it causes a mild flu like illness with mild swelling of the glands, particularly those at the back of the neck and a fine pinkish red rash. In addition adults can develop painful joints (arthritis). Why should I be concerned about Rubella? If a pregnant woman develops Rubella in the early stages of pregnancy her unborn baby may also be infected and the consequences can be devastating. Rubella infection in the unborn can cause severe mental retardation, eye defects, heart problems and a wide variety of other congenital abnormalities.

Who gets Rubella? Anyone who is not immune to it and who has contact with someone with Rubella can get Rubella. People who have either received Rubella vaccine (part of the MMR) or who have had Rubella should be immune. A simple blood test can tell whether or not you are immune to it. As many viral illnesses are similar to Rubella, and are often mistaken for it, you cannot consider yourself immune unless you have had the blood test or been vaccinated.

What should I do now? If you and your child have received Rubella vaccine or you have been tested and know that you are immune, there is no need for concern. If your child is 12 months or older and has not received the vaccine, bring them to your family doctor for vaccination. The vaccine will not protect them if they have been exposed this time, but it will protect them from future exposures. If you are pregnant or likely to become pregnant, please contact your doctor and find out whether or not you are immune to Rubella. If you are not immune (and are not pregnant), then contact your doctor and arrange to get the vaccine.

What should I do if I think my child has Rubella? If your child develops a flu-like illness, with a fine red rash and swelling of the glands behind the ears, arrange for your doctor to see the child. He will be able to tell you if it looks like Rubella and will advise you what to do. If you suspect Rubella, do not bring the child into a crowded surgery waiting room, as this may only spread the infection further. There is no treatment for Rubella and symptoms resolve over a few days.

Can my child stay in preschool? Children with rubella must stay at home until at least seven days after the appearance of the rash. Thank you for giving this your attention. Your family doctor will be able to answer any further questions that you might have about rubella and the MMR vaccine.
Yours sincerely,

Sinéad Brady (Supervisor/Owner)

The Children's Lodge, Montessori School

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
086-2471820 Sinead Personal Mobile ***(Emergency Only)***

Re: Ringworm

Dear Parent or Guardian,

There has been a case of Ringworm within your child's pre-school and your child may have been exposed.

What is ringworm? Ringworm is a fungal infection of the skin that can affect different parts of the body. How it looks depends on where it is. On the skin it presents as a roughly circular scaly itchy rash. Sometimes there may be small blisters and even pus filled spots. It can involve the nails causing them to thicken and discolour. On the scalp it often starts as a small bump, gradually spreading outwards and is associated with hair loss. On the feet there may be cracking between the toes.

What should I do now? As Ringworm spreads through skin contact or through contact with infectious skin flakes shed into clothes or the environment, it can easily spread within a preschool. It is important that you check your child's skin and hair for the presence of any suspicious lesion.

What should I do if I think my child has Ringworm? If you see any suspicious areas on your child's skin or scalp, bring the child to your family doctor. He will be able to decide, either by looking at it directly, by examining it with special light or by examining some skin cells under the microscope whether or not it is Ringworm. Once the diagnosis is made treatment can be given. It is important that the rest of the family are checked for ringworm. Also check and treat symptomatic pets.

Can my child stay in preschool? Yes. However, to prevent the spread of infection to others it is important that the affected child receive appropriate treatment.

Thank you for giving this your attention. Your family doctor will be able to answer any further questions that you might have about Ringworm.

Yours sincerely,

Sinéad Brady
(Supervisor/Owner)

The Children's Lodge, Montessori School

New Road, Bandon, Co.Cork.
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Re: Chickenpox

Dear Parent or Guardian,

There has been a case of Chickenpox within your child's preschool and your child may have been exposed. If your child has not had Chickenpox before it is quite likely that he/she will catch it.

What is Chickenpox? Chickenpox is a common childhood illness. Fever and cold symptoms are often the first signs of illness and are followed by the appearance of the typical rash. The rash starts as small pink bumps, often around the neck, ears, back and stomach. These develop a little water blister, which in turn becomes yellow and oozy and ultimately crusty as it dries. The rash spreads outwards to involve the whole body finally involving the lower arms and legs. People may have only a few spots or may be virtually covered with them. In children it is usually a relatively mild illness however occasionally complications develop.

Why should I be concerned about Chickenpox? Chickenpox can be a devastating infection in people with a seriously weakened immune system (e.g. patients with leukaemia or after organ transplantation). In adults, Chickenpox is a much more significant illness than in children and there is a greater risk of complications developing. Chickenpox in pregnancy may cause severe illness and, in the early stages of pregnancy, may result in abnormalities in the baby.

What should I do now? If your child is normally healthy, Chickenpox is likely to be a relatively mild illness and no specific precautions are necessary. Symptoms usually develop 10 to 21 days after exposure. The infected person can spread infection for up to three days before the rash appears and until the last pox is crusted and dry. If your child has a weakened immune system, please contact your Doctor and let then know that they may have been exposed.

What should I do if I think my child has Chickenpox? If you suspect Chickenpox, do not bring the child into a crowded surgery waiting room, as this may only spread the infection further. Contact your doctor to confirm the diagnosis. Do not use Aspirin or any products that contain aspirin to control fever if your child has Chickenpox, as this has been associated with the development of a rare disease called Reye's syndrome.

Can my child stay in preschool? Many children with Chickenpox are too sick to attend pre-school and are more comfortable at home. Children can spread the infection to others as long as there are any spots, which are not crusted and dried. Children with chickenpox or shingles should be excluded from school until scabs are dry this is usually five-seven days after the appearance of the rash. Children with spots that are crusted and dried can safely attend school.

Thank you for giving this your attention. Your family doctor will be able to answer any further questions that you might have about Chickenpox.

Yours sincerely,

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Sinéad Brady (Supervisor/Owner)

The Children's Lodge, Montessori School,

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
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Re: Handfoot and Mouth Disease

Dear Parent or Guardian,

There has been a case of Hand Foot and Mouth Disease within your child's crèche/pre-school and your child may have been exposed.

What is Hand, Foot and Mouth Disease? This is a disease caused by a group of viruses which usually affects young children. It causes blisters on hands and feet, and mouth ulcers inside the cheeks and on the tongue. Also they may have a sore throat and high temperature. These symptoms last for 7–10 days.

Is it dangerous? No. Complete recovery is the rule. **Is it the same as foot and mouth disease in cows?** No. A completely different virus causes Foot and Mouth disease in cows.

How is it spread? The virus is spread by coughs and sneezes, and is also found in the faeces of infected children. Some children infected with the virus do not have symptoms but can still pass it to others.

Is there any treatment? There is no specific treatment for Hand, Foot and Mouth Disease – it is usually a mild and self-limiting illness. If a child feels unwell paracetamol (such as Calpol or Disprol) may help. Antibiotics and creams or ointments for the blisters are not effective. Children recover just as quickly without them.

What is the incubation period? Symptoms start 3-5 days after exposure to the virus.

How long are children infectious? Children who are ill are infectious. They can carry the virus in their faeces for many weeks after they have recovered and so may continue to pass it on.

How long should children stay away from preschool? Children who are unwell should be kept off school until they are feeling better. Keeping children off school for longer than this is unlikely to stop the virus spreading. There may be other children in the school who appear well but are spreading the virus.

How can spread be prevented? Since the virus is found in faeces, scrupulous attention must always be paid to hand washing after using the toilet.

Can you catch it more than once? Yes, but children who are ill during an outbreak at school or nursery are unlikely to get it again during the same outbreak.

Thank you for giving this your attention. Your family doctor will be able to answer any further questions that you might have about hand, foot and mouth disease.
Yours sincerely,

Sinéad Brady (Supervisor/Owner)

The Children's Lodge, Montessori School,

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
086-2471820 Sinead Personal Mobile ***(Emergency Only)***

Re: Headlice/Nits

Dear Parent or Guardian,

There has been a case of Headlice within your child's pre-school and your child may have been exposed.

What are Headlice/Nits? Headlice are little insects with moving legs. They live on, or very close, to the scalp and don't wander far down the hair shaft for very long. They can only live on humans; you cannot catch them from animals. What are Nits? Nits are not the same thing as lice. Nits are egg cases laid by lice, stuck on to hair shafts; they are smaller than a pin head and pearly white. If you have nits it doesn't always mean that you have head lice. When you get rid of all the lice, the nits will stay stuck to the hair until it grows out.

How are they spread? Yes, they are most common among children as they often put heads together during play allowing the lice walk from one head to the next. They are just as willing to live in clean or dirty hair.

Can you stop them? The best way is for families to learn how to check their own heads. They can then treat them and stop them being passed round the family. The way to check head is called "detection combing". This should be done regularly and in the case of a confirmed infection in one family member, the other members of the household should carry out "detection combing" twice weekly for one week.

How do I do detection combing? You need a plastic detection comb, good lighting and an ordinary comb. • Wash the hair well, then dry it with a towel. The hair should be damp, not dripping. • Make sure there is good light, daylight is best. • Comb the hair with an ordinary comb. • Start with the teeth of the detection comb touching the skin of the scalp at the top of the head. • Draw the comb carefully towards the edge of the hair. • Look carefully at the teeth of the comb in good light. • Do this over and over again from the top of the head to the edge of the hair all directions, working round the head. • Do this for several minutes. It takes 10 to 15 minutes to do it properly forreach head. • If there are headlice, you will find one or more lice on the comb.

Who needs treatment? Only treat those who have living, moving lice. If more than one family member have lice treat all those at the same them.

How do I treat them? A headlice lotion (not shampoo) should be used. Ask your local chemist, public health nurse or family doctor which lotion to use, and how long to leave it on. • Put the lotion on to dry hair. • Use the lotion in a well ventilated room or in the open air. • Part the hair near the top of the head, put a few drops on to the scalp and rub it in. Part the hair a bit further down the scalp and do the same again. Do this over and over again until the whole scalp is wet. • You don't need to put lotion down long hair any further than where you would put a pony-tail band. • Keep the lotion out of the eyes and off the face. • Let the lotion dry on the hair. Treat all of them again seven days later in the same way with the same lotion. • Check all the heads a day or two after the second treatment. If you still find living, moving lice, ask your public health nurse or family doctor for advice.

Yours sincerely,

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Sinéad Brady (Supervisor/Owner)

The Children's Lodge, Montessori School

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
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Re: Impetigo

Dear Parent or Guardian,

There has been a suspected case of Impetigo in your child's preeschool and your child may have been exposed. Although impetigo is not usually a serious condition, it is very infectious, and if not treated promptly, complications can occur (e.g. kidney disease).

What is Impetigo? Impetigo is a bacterial infection of the skin caused by the same bacteria that commonly cause sore throats i.e. group A streptococci, although it can also be caused by Staphylococcus aureus or a mixture of the two. It can cause small blisters on the skin which break and become covered with a yellow crust. Impetigo commonly affects the hands and face although it can spread to other parts of the body especially if the skin is broken.
Who catches Impetigo? Anyone can catch impetigo, but most cases occur in children and babies and in crowded environments e.g. schools and nurseries. How is Impetigo spread? Impetigo is usually spread by direct contact with someone who is infected or indirectly by sharing towels; face cloths, clothes or toys that have been used by someone who is infected. The bacteria are present in the skin lesions. Secretions from the sores/lesions are infectious. Hands that touch the rash/sores can become contaminated and can pass the infection to other body sites or other people.

How is Impetigo diagnosed? Impetigo can usually be diagnosed by simply looking at it. If you suspect your child has Impetigo, you should attend your GP for confirmation and treatment. How is Impetigo treated? Your GP will usually prescribe an antibiotic ointment. Sometimes, if the rash is more extensive or is spreading rapidly, an oral antibiotic will be needed.

Should children with Impetigo be excluded from preschool? Children diagnosed with Impetigo should remain out of the pre-school until the sores have stopped blistering or crusting, or until lesions are crusted and healed, or 24 hours after commencing antibiotics.

How can you stop the spread of Impetigo? • All cases of Impetigo should be treated appropriately and promptly. • Good personal hygiene is important in preventing infection. Children and household members should be encouraged to wash their hands frequently especially after touching the rash/sores or applying skin ointment. Fingernails should be kept short. • Children with Impetigo should be discouraged from touching the sores/rash to prevent further spread. • Cuts and scratches should be kept clean and any conditions that involve broken skin i.e. nappy rash, eczema should be treated promptly. • Sheets, towels and face cloths should not be shared Your Family Doctor/Chemist will be able to answer any further questions you may have on Impetigo.

Yours sincerely,

Sinéad Brady
(Supervisor/Owner)

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086-0120398 School Mobile
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Re: SLAPPED CHEEK SYNDROME (PARVOVIRUS)

Dear Parent or Guardian,

There has been a case of Slapped Cheek Syndrome (caused by parvovirus B19 and sometimes called Fifth Disease) within your child's pre-school and your child may have been exposed.

What is "Slapped Cheek Syndrome"? It is a mild rash illness that occurs most commonly in children. The ill child typically has a "slapped-cheek" rash on the face and a lacy red rash on the trunk and limbs. Occasionally, the rash may itch. An ill child may have a low-grade fever, malaise, or a "cold" a few days before the rash breaks out. The child is usually not very ill, and the rash resolves in 7 to 10 days.

Can adults get Parvovirus B19 infection? Yes, they can. An adult who is not immune can be infected with parvovirus B19 and either have no symptoms or develop the typical rash of slapped cheek syndrome, joint pain or swelling, or both.

Is parvovirus B19 infectious? Yes. A person infected with parvovirus B19 is infectious during the early part of the illness, before the rash appears. By the time a child has the characteristic "slapped cheek" rash he/she is probably no longer contagious and may return to school preschool.

How does someone get infected with parvovirus B19? Parvovirus B19 has been found in the respiratory secretions (e.g., saliva, sputum, or nasal mucus) of infected persons before the onset of rash, when they appear to "just have a cold." The virus is probably spread from person to person by direct contact with those secretions, such as sharing drinking cups or utensils.

Thank you for giving this your attention. Your family doctor or chemist will be able to answer any further question that you might have concerning scabies and the preparations available to treat it.

Yours sincerely,

Sinéad Brady
(Supervisor/Owner)

The Children's Lodge,
Montessori School,

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
086-2471820 Sinead Personal Mobile ***(Emergency Only)***

Re: Scabies

Dear Parent or Guardian,

There has been a case of scabies within your child's pre-school and your child may have been exposed. We are bringing this to your attention because scabies can spread rapidly unless all affected children are promptly treated.

What is scabies? Scabies is an infestation of the skin with a tiny mite smaller than a pinhead. The mites burrow anywhere in the skin, mostly on hands, and cannot be seen. The rash is caused by the body's reaction the mite and the scratching that occurs.

How could my child get scabies? Anyone can get Scabies. The mite passes from person to person through skin contact. Scabies is unlikely to be caught by short contact such as shaking hands. Longer contact is needed but could be as little as 5 to 10 minutes. Children playing together are especially likely to pass it from one to the other. The itching may occur anytime from two to eight weeks after catching the mites, so mites can pass to someone else before the rash appears.

How will I know if my child has scabies? If your child develops an itchy rash bring the child to their doctor.

What should I do if my child has scabies? A variety of special lotions and creams that kill mites are available at the chemist. It is best to see your doctor first to be sure that it is scabies. It is important to follow the instructions that come with the lotion carefully, as there are a number of different preparations available. As spread within households is common, it is a good idea to treat all family members at the same time ever if there are no symptoms. A person with scabies should get two treatments one week apart.

Thank you for giving this your attention. Your family doctor or chemist will be able to answer any further question that you might have concerning scabies and the preparations available to treat it.

Yours sincerely,

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Sinéad Brady
(Supervisor/Owner)

The Children's Lodge,
Montessori School,

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
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Re: SCARLET FEVER

Dear Parent or Guardian,

There has been a case of Scarlet Fever within your child's pre-school and your child may have been exposed.

What is Scarlet Fever? Scarlet fever is a scattered red rash and high temperature caused by bacteria (Group A streptococci). Occasionally these bacteria can cause kidney or heart complications. Prompt treatment with an antibiotic usually prevents these complications. Treatment will also prevent spread to others.

What are the symptoms of Scarlet Fever? A scattered red rash that is often most marked in the creases of the joints and over the stomach. It usually blanches (goes white) when pressed on. The skin may feel rough to the touch, sometimes described as feeling like sandpaper. Someone with Scarlet Fever will have evidence of a Streptococcal infection somewhere, usually in the throat or sometimes in the skin.

What should I do if I think my child has it? If your child develops any of these symptoms bring him/her to your doctor for examination. Tell the doctor that another child in the crèche/preschool has Scarlet Fever.

If my child has Scarlet Fever what should I do then? The doctor will prescribe an antibiotic for your child. It is important that the child takes the full course of medicine.

Can my child stay in crèche/preschool? Your child can return to crèche/preschool when he/she is well and has finished 1 full day of antibiotic.

What can I do to prevent spread of infection at home? The bacteria are spread through contact with nose and mouth secretions so: • Wash hands thoroughly after wiping nose. • Wash hands thoroughly before preparing food. • Wash dishes well in hot soapy water. • Do not share cups, straws, spoons, eating utensils etc. • Do not share toothbrushes.

Thank you for giving this your attention. Your family doctor will be able to answer any further questions that you might have concerning scarlet fever.

Yours sincerely,

Sinéad Brady
(Supervisor/Owner)

The Children's Lodge, Montessori School

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
086-2471820 Sinead Personal Mobile ***(Emergency Only)***

Re: THREADWORMS

Dear Parent or Guardian,

A child in your child's pre-school has been diagnosed with worms. We are bringing this to your attention because worms can spread rapidly among children unless all affected children are promptly treated.

What are threadworms? The threadworm is a common parasite, which at some time will cause infection in almost every child.

How could my child get worms? Anyone can become infected with threadworms. Furthermore people can become infected on several different occasions. The worms live in the intestine. The adult female worm leaves the intestine at night to lay her eggs on the skin surrounding the anus. Children irritated by the presence of the worms scratch their bottoms, picking up the eggs onto their hands in the process. These eggs are then carried to the mouth, swallowed, and once in the intestine they can hatch and mature into the adult worm. In a similar fashion the child may, by putting their fingers into another mouth or by touching food, pass the eggs to their classmates and to other family members. Eggs can also be transferred indirectly as they can get onto bedding and clothes and survive for up to two weeks.

What should if do if my child has worms? A variety of agents are available to treat worms including some, which are available without prescription at the chemist. Threadworms are easily passed on to other members of a family so it is a good idea to treat all family members at the same time even if there are no symptoms. The treatment should be repeated after two weeks to make sure it has worked. After treatment all bedding and underwear should be washed in the hot cycle in the washing machine to destroy any eggs present.

Thank you for giving this your attention. Your family doctor or chemist will be able to answer any further questions that you might have concerning worms and the preparations available to treat them.

Yours sincerely,

Sinéad Brady
(Supervisor/Owner)

The Children's Lodge, Montessori School

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
086-2471820 Sinead Personal Mobile ***(Emergency Only)***

Re: ***Norovirus (Winter Vomiting Disease)***

Dear Parent or Guardian,

There has been a case of Norovirus (winter vomiting disease) within your child's pre-school and your child may have been exposed.

What is Winter Vomiting Disease? A virus known as norovirus causes winter vomiting disease. The virus usually causes short-lasting outbreaks but can be very contagious.

What are the symptoms of Winter Vomiting Disease?
Symptoms include: • Nausea (often sudden onset). • Vomiting (often projectile). • Watery diarrhoea. Some people may have a raised temperature, chills, muscle aches and symptoms begin around 12 to 48 hours after becoming infected. The illness is usually brief, with symptoms lasting only about one or two days. Most people make a full recovery within one to two days, however some people (usually the very young or elderly may become very dehydrated and require hospital treatment).

How is Winter Vomiting Disease spread? People can become infected with the virus in several ways, including: • Contact with an infected person, especially contact with vomitus or stools. • Contact with contaminated surfaces or objects and then touching mucous membranes. • Consuming contaminated food or water.

What can be done to prevent infection? It is often impossible to prevent infection; however, taking good hygiene measures around someone who is infected can decrease your chance of getting infected. • Frequent hand-washing including before eating or preparing food and after toilet use/nappy changing. • Thoroughly clean and disinfect contaminated surfaces immediately after episode of illness by using a bleach-based household cleaner. • Flush or discard any vomit and/or faeces in the toilet and make sure that the surrounding area is kept clean.

Are Noroviruses contagious? Noroviruses are very contagious and can spread easily from person to person. Both faeces and vomit of an infected person contain the virus and are infectious. People infected with norovirus are contagious from the moment they begin feeling ill to two to three days after recovery. Some people may be contagious for as long as two weeks after recovery. It is important for people to use good hand-washing and other hygienic practices after they have recently recovered from norovirus illness. In addition, noroviruses are very resilient and can survive in the environment (on surfaces etc.) for a number of weeks.

Can my child stay in school? It is extremely important that children who have been ill with vomiting or diarrhoea should remain **out of school for two full days** after their symptoms have stopped. This advice particularly applies to children and staff.

Thank you for giving this your attention. Your family doctor will be able to answer any further questions that you might have about winter vomiting disease.
Yours sincerely,
Sinéad Brady (Supervisor/Owner)

The Children's Lodge, Montessori School,

New Road, Bandon, Co.Cork.
086-0120398 School Mobile
086-2471820 Sinead Personal Mobile ***(Emergency Only)***

Re: Meticillin-Resistant Staphylococcus aureus (MRSA)

Factsheet

What is MRSA? Staphylococcus aureus is a type of bacteria (germ) that is often found on the skin and in the nose of healthy people. Most people who carry staphylococcus on their skin or in their nose (about one in three people) will not suffer any ill effects. People who carry these bacteria on their skin or in their nose without showing any signs or symptoms of infection are described as being "colonised".

Meticillin Resistant Staphylococcus aureus (MRSA) is a specific type of staphylococcus that no longer responds to many commonly used antibiotics such as penicillin.

Occasionally these bacteria cause infections (e.g. impetigo, boils, abscesses or infected wounds) if they enter the body through a break in the skin due to a cut, sore or surgical incision. This is most likely to occur in people who are already ill. A few people however, may develop more serious infections such as septicaemia also known as "bloodstream infections," especially people who are already ill in hospital or have long term health problems.

Staphylococci (including MRSA) are usually spread from person to person on unwashed hands, particularly after having direct contact with a draining wound (e.g. cut or sore) but it can also be spread by touching items used by an infected person e.g. soiled dressings. The main ways to prevent infection are to wash your hands and care for wounds properly.

Exclusion: Children/infants known to carry Staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the childcare setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from a childcare setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.

How to limit spread: • Hand washing with soap and running water is the most effective way to prevent the spread of infection. • Keep cuts and scrapes clean and covered until healed; watch for signs of infection, such as pus, redness, warmth and swelling. • Do not share personal items e.g. towels, facecloths, flannels, bedding and clothes. • Cover infected wounds with clean dressings • If a dressing needs to be changed in the child care setting, gloves should be worn by the care giver and hands should be washed before and after changing the dressing • Discard soiled items (e.g. dressings) in a sealed plastic bag before placing it in a domestic waste bin

Resources: Useful information on MRSA can be found at http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobialResistanceSurveillanceSystemEARSS/ReferenceandEducationalResourceMaterial/SaureusMRSA/

Yours sincerely,

Sinéad Brady (Supervisor/Owner)

Cleaning Schedules for The Children's Lodge

The following areas within our childcare facility require routine cleaning: Walls, floors, windows, window-sills, ceilings, light fittings and covers, doors, including handles, toilets, wash hand basins, cupboards, shelving, radiator and radiator covers, refrigerator, food storage facilities, sinks, tables, (including underside and legs), work and play surfaces, chairs, crockery, cutlery, toys etc. The tables below outline the cleaning methods and frequencies required for the main areas within a childcare facility that need cleaning.

General Environment Cleaning Program		
Area/Item	**Method**	**Frequency/Comments**
Tables/ window sills / door and cabinet handles	Clean with neutral detergent warm water and clean cloth	Daily and immediately if soiled i.e. if soiled with blood or body fluids following cleaning
Chairs/dining tables	Clean with neutral detergent, warm water and clean cloth and dry with disposable paper towels	Before and after use; if soiled with blood or body fluids, following cleaning, disinfect, rinse and dry
Washable floor covering.	Wash with detergent, warm water and clean utensils Vacuum clean to remove dirt when children are not present	Daily and immediately if soiled e.g. spillage Vacuum daily
Carpets	Clean with an approved carpet cleaning method. Vacuum Daily	Clean carpets only when children will not be present to ensure the carpet is dry before next use Clean carpets at least monthly in infant areas, at least every 3 months in other areas or immediately when soiled
Walls/Ceilings	Clean with warm water and general purpose detergent. If soiled with blood or body fluids, following cleaning, disinfect	Routine cleaning not required except in areas of frequent hand contact, such as lower wall/door frames in areas occupied by toddlers
Waste bins	Empty Clean with neutral detergent and warm water	Daily Weekly and immediately if soiled
Mops and cleaning cloths	Mop heads should be washed in warm water and detergent, rinsed and air dried Reusable cloths must be laundered daily on a hot wash cycle (at least 60o C) in a washing machine and then tumble dried	After daily use

Toilet Area Cleaning Program		
Area	**Item**	**Frequency/Comments**
Wash hand basins, taps, surrounding counters, soap dispensers	Clean with detergent and warm water.	At least daily and immediately if soiled. If soiled with blood or body fluids, following cleaning, disinfect, rinse and dry.
Both sides of toilet seat, toilet handles, door knobs or cubicle handles.	Clean with detergent and warm water.	At least daily and immediately if soiled. If soiled with blood or body fluids, following cleaning, disinfect, rinse and dry.
Toilet Bowls	Use toilet cleaner as per manufacturers instructions.	At least daily and immediately if soiled.

Toy Cleaning Program		
Item	**Method**	**Frequency/Comments**
Soft toys – if shared.	Machine washed in a hot cycle according to manufacturers instructions.	Daily. If soiled, take out of use immediately
Hard toys/items that go into the mouth or have been in contact with salvia or other body fluids.	Clean with warm water and detergent, rinsed and dried thoroughly. Alternatively, they may be washed in a dishwasher.	After each child's use.
Other hard toys e.g. dolls house, climbing frame.	Clean with warm water and detergent, rinsed and dried thoroughly.	Weekly or immediately if soiled.
Dress-up clothes	Machine wash to manufacturers instructions	Weekly/Monthly according to usage or more frequently if required.
Outdoor cars/toys	Wash with warm soapy water	Weekly/Monthly or more frequency if required.

STANDARD 1

Hands will be washed correctly, using a cleaning agent, at the facilities available, to reduce the risk of cross infection.

		Please highlight correct answer by marking a 1 in the relevant box below		
	Hand Hygiene	**Yes**	**No**	**N/A**
1	Liquid hand soap dispenser at all staff/ children's hand wash sinks /toilet areas	✓		
2	All areas are free of bar soap	✓		
3	Paper towels dispenser at all staff/ children's hand wash sinks /toilet areas	✓		
4	All sinks are free from nail brushes	✓		
5	Hot & cold running water is available at sinks (preferably via mixer taps).The hot water from sinks used by children are thermostatically controlled to a maximum of 43ºC	✓		
6	Wash hand sinks in non rest areas are free from tea cups and drinking facilities	✓		
7	Sinks are kept clear e.g. no equipment soaking in the sinks and are easily accessible	✓		
8	There is a foot operated bin for waste towels in close proximity to hand washing sinks	✓		
9	The above bins are fully operational	✓		
10	There is a hand washing message/technique poster on display by hand washing area/s	✓		
11	There are separate toilet facilities for staff with separate hand washing facilities	✓		
12	There are separate, dedicated hand washing sinks for staff and children to use in toilet/ nappy changing areas. Sinks are readily accessible in or near playrooms	✓		
13	Children are taught /supervised in hand washing and hand drying techniques	✓		
14	Children wash their hands after using the toilet, after handling animals, before eating	✓		
	Total	**0**	**0**	**0**

Percentage compliance for Standard 1 = **0%**

Findings/
Comments:

updated
S Brad
2/9/2019

STANDARD 2

The Preschool will demonstrate adherence to the Child Care (Pre-school) Regulations 2006 and will reflect best practice to reduce the risk of cross infection to children/staff visitors, while providing appropriate protection to staff

		Please highlight correct answer by marking a 1 in the relevant box below		
	Protective Clothing	**Yes**	**No**	**N/A**
1	Non powdered,non sterile latex/vinyl/synthetic gloves CE approved	✓		
2	Disposable plastic aprons			✓

	Procedures	**Yes**	**No**	**N/A**
3	Staff are aware of the procedure for dealing with blood spillage (ask one randomly)	✓		
4	Staff members seen are wearing/using (or not using) protective clothing appropriately?			✓
5	Records are kept regarding children's vaccination history & sickness episodes	✓		
6	Nappy changing protocol is available	✓		
7	Disposable paper towel is used to protect nappy changing mat	Yes	No	N/A ✓

	The Availability of Policies/Records on the Following:	**Yes**	**No**	**N/A**
7	Handwashing	✓		
8	Cleaning policy (inc. frequency rota/protocol, use of disinfectants, equipment use and storage)	✓		
9	Outbreak recognition and management	✓		
10	Management of general waste	✓		
11	Management of blood/ body fluid spillages	✓		
12	Use of protective clothing			✓
13	Care of toys and play equipment (including cleaning)	✓		
14	Laundry and management of linen/soiled clothing	✓		
15	Product material safety data sheet- detergents/disinfectants	✓		
16	Zoo/farm visits +/- pets management. Pet visits to pre-school	✓		
17	First Aid	✓		
18	Training of staff in infection control	✓		
19	Staff health and illness exclusion policy	✓		
21	Child illness exclusion policy	✓		
22	Child and staff illness log book (to be kept on the premises)	✓		
21	The policies are regularly reviewed/up to date (i.e. yearly)	✓		
22	Access to current copy of poster of "Guidance on Infection Control in Childcare settings 2012"	✓		
	Total	**0**	**0**	**0**

Percentage compliance for Standard 2 = **0%**

S Beady 2/9/19

Findings/ Comments:

STANDARD 3

The pre-school environment will be appropriately maintained to reduce the risk of cross infection

		Please highlight correct answer by marking a 1 in the relevant box below		
	Environment, cleaning and toys	**Yes**	**No**	**N/A**
1	All general areas are clean and uncluttered	✓		
2	There is a documented, regular cleaning programme in operation	✓		
3	There is limited use of carpet (restricted to reading area)		✓	
4	Carpet areas are vacuumed daily and steam cleaned routinely every 2 to 3 months or as needed	✓		
5	Surfaces (e.g. chairs/tables/floors and walls) are impervious with wipeable surfaces	✓		
6	Equipment/furniture is in a good state of repair	✓		
7	There is a robust repair/replacement system in place	✓		
8	Mops are clean and stored inverted/hung to dry between use	✓		
9	Buckets are clean, dry & inverted after use	✓		
10	Separate cleaning equipment is used to clean the toilets, the kitchen and the playroom	✓		
11	Cleaning cloths are single use and non-shedding	✓		
12	Kitchen cleaning equipment and toilet/bathroom mops/buckets are stored separately	✓		
13	High chairs/chairs/ tables/cots are cleaned after use	✓		
14	Water play pools are emptied daily, washed with detergent/hot water and left dry overnight			✓
15	Sandpits have fitted lids when not in use and sand is kept clean and dry. Sand is renewed regularly	✓		
16	Toys are all of a washable material	✓		
17	All hard toys are washed weekly routinely, unless contaminated	✓		
18	All soft toys are washed after use (on hot wash)	✓		
19	Playdough replaced regularly	✓		
20	Sleep mattresses are in a good state of repair and waterproof			✓
21	Sleep mattresses are cleaned between use and stored dry			✓
22	Bed linen is clean and either changed after each child's use or stored separately for an individual child's use over a set period			✓

S Brady 2/9/19

	Environment, toilets/nappy changing	Yes	No	N/A
23	Toilet fixtures and fittings are intact	✓		
24	Toilet seats/ changing mats are clean	✓		
25	Changing mats are intact	✓		
26	Changing mats are covered with paper towels before each use	✓		
27	Changing mats are on a flat surface for baby changing	✓		
28	Cleaning materials are available for use by staff to clean toilets/potties	✓		
29	There are separate toilet and hand washing facilities for staff	✓		
30	Does the sanitary accomodation/nappy changing area/lobby area communicate with any occupied room	✓		
	Are the sanitary facilities/nappy changing area/lobby area adequately ventilated	✓		
31	Toilets/urinals/hand wash basins are at a low level for the children using them or hop ups are available	✓		
32	All toilet rolls are on holders/in dispensers	✓		
33	Creams /lotions/wipes are for one childs use only	✓		
34	Are potties provided and are the potties washed and stored appropriately			✓
	Total	0	0	0

Percentage compliance for Standard 3 = 0%

Findings/ Comments:

updated by SBeady 2/9/2019