Last Updated: August 2015
Next Update: August 2018

North City
A Sure Start Children's Centre

Communicable Disease Policy

Gastroenteritis (Diarrhoea and Vomiting), including Norovirus:

- Is easily spread and may lead to an outbreak (two or more cases)
- Outbreaks can be due to food poisoning or the spread or a virus/ bacteria from person to person
- If North City Children's Centre suspects an outbreak the following must take place:
  1. Inform your local Environment Health Department Immediately. Recording the names and addresses of affected cases and date of onset
  2. Those affected must not return to the centre until 48 hours after no further diarrhoea or vomiting
  3. Bodily fluids spilt at the centre should be cleaned up immediately using an appropriate disinfectant. Bleach may be used when children are not present
  4. Strict attention should be paid to hand hygiene
  5. NORSE (Cleaner) should be contacted by the Manager or Deputy Manager to ensure touch points are deep cleaned

Meningitis and Invasive Meningococcal Disease (IMD)

- Meningitis is the inflammation of the lining of the breain.
- It can be caused by a number of bacteria or viruses
- The following actions should be taken if there is a reported case:

  1. The Manager should contact the Anglia Health Protection Team and be advised on actions the centre needs to take
  2. 'Risk Contacts'- those who have lived and/or slept in the same household as the case and/or had mouth to mouth contact seven days prior to the onset of the illness need to contact their GP Surgery and are likely to be prescribed antibiotics. They do not pose a public health risk and can attend the centre as normal
  3. 'Social Contacts'- any other contact with the individual does not require consultation with the GP and can attend the centre as normal

Concerned parents should be advised to ring the following 24 hour telephone national helplines if they require further advice, support or information:-

- The Meningitis Research Foundation: **0808 8003344**
- The National Meningitis Trust: **0845 6000 800**
- NHS Direct: **0845 4647**

- A single channel of communication with the media should be agreed between involved agencies to avoid conflicting information etc. and panic in the public arena
- If two or more linked cases of IMD occur within a school setting, AHPT will advise the Children's Centre Manager about any necessary public health action at the school

- Invasive Hib disease is now very rare in children over 4 years of age and is dealt with on a case by case basis by AHPT

- Viral forms of meningitis do not require any public health action in the school setting

Tuberculosis (TB)

- In some circumstances cases with infectious TB may pose a threat to children, families, staff, students and volunteers at the centre

- All diagnosed cases and their 'risk contacts' in Norfolk are routinely identified and followed up by specialist contact tracing teams, who will take all the necessary action to protect the health of staff, students, volunteers, children and families at the centre

- The Children's Centre Manager may liaise with AHPT if they have queries about tuberculosis.

Chickenpox/shingles

Chickenpox and shingles may pose a potential threat to immunosuppressed persons and non-immune pregnant women in the children's centre.

- Chickenpox is infectious up to 4 days before (usually 2 days), and 5 days after, the appearance of the rash. Those with chickenpox should be kept away from the children's centre for at least 5 days after the spots first appear or until the rash becomes dry and crusts over.
- Shingles is due to a reactivation of the virus in nerve endings in those who have previously had chickenpox. Although more common in the elderly, it can also occur in children. Those with shingles should not attend the children's centre for at least a week after the spots first appear or until they become dry and crust over.
- Pregnant women should be made aware so that they can consult their doctor for advice if they are not immune to chickenpox.

In any case, persons with a rash who are unwell should not attend the children's centre.

Head lice

- Head lice are a nuisance rather than a serious threat to health
- The DfEE/DoH guidelines for infection control in schools and nurseries indicate that there is no need for a child who has head lice to stay away from the children's centre

- Parents/guardians should regularly check the heads of their children for head lice and if they find them should take the necessary action to treat them and any affected close contacts
- Treatment for head lice infestation can easily be obtained by the public from a pharmacist or GP surgery
- If families are unable to afford the cost of treatment then parents/ carers should speak to a member of staff at North City Children's Centre

The Media:

- If an outbreak of illness or disease occurs at the children's centre, the children's centre manager should consult with the Head Teacher regarding media attention and contact.

Cleaning Programmes:

- If one of the above illness/ diseases occur at the centre the cleaning procedures in appendix a should be followed.

Appendix A- Cleaning Procedure for the Communicable Disease Policy

Note: Disinfection requires a clean surface with no visible dirt, an appropriate agent and sufficient contact time (at least 2 minutes).

Before the children's centre is aware of any cases of Norovirus or Gastroenteritis

Try to minimise contact with schools/settings/ children's centres and professionals with current outbreaks.

Strongly encourage hand washing before and after eating and after going to the toilet, and where hands are contaminated (e.g. by touching contaminated areas).

Disinfect all hard surfaces if visibly contaminated (e.g. vomit / faeces) using bleach at the higher concentration (5000ppm) or other norovirus approved disinfectant

During a confirmed outbreak of gastroenteritis (in addition to measures in (1))

At least daily disinfection of all hard surfaces in the toilet area using bleach at the standard concentration (1000ppm), with particular attention to frequently touched areas such as door handles. Where surfaces would be damaged by bleach, another norovirus approved disinfectant may be used instead.

Make liquid soap and hand towels available in toilets and ensure hand washing before and after eating and toilet visits. Bar soap is not acceptable.

Daily disinfection of dining tables, using bleach at the standard concentration or another norovirus approved disinfectant (wipe down afterward if bleach used).

Pupils should avoid food sharing or preparation of food for others.

Children ill with D&V should remain absent until 48 hours following their last symptom (e.g. last vomiting or diarrhoea episode).

Anyone who has been affected by this illness should NOT visit relatives in hospital or care homes as they may start a new outbreak.

Vomiting or diarrhoea episodes require **IMMEDIATE ACTION:**

- Alert staff with access to cleaning materials.
- Cover with paper towels or absorbent granules.
- Cordon off the area.
- Gloves, mask and disposable apron should be worn during initial cleaning.
- Clear visible debris using paper towels or absorbent granules; towels/adsorbent granules and debris should be bagged and sealed before disposal. Clean with a detergent and hot water using disposable cloths.
- Next, disinfect the area previously covered by the debris using disposable cloths or mops using bleach at the higher concentration (5000ppm).
- All nearby surfaces not visibly soiled should be disinfected using disposable cloths and bleach at the standard concentration of 1000ppm, or another norovirus approved disinfectant).
- Soft furnishings which are visibly soiled, or close enough to the area of soiling that they are likely to have been contaminated, should also be disinfected using bleach (if bleach-resistant) or heat treatment (e.g. steam cleaning) as soon as reasonably possible.
- Where vomiting or diarrhoea has been contained in a toilet bowl, cleaning and disinfection of the surrounding surfaces and cubicle should occur before the toilet is used by others.

Once the outbreak is over (or school holiday/half term - whichever is sooner)

The children's centre should thoroughly clean and disinfect the children's centre environment; including disinfection of all hard surfaces using bleach at the standard concentration or another norovirus approved disinfectant, toilet surfaces disinfection with bleach, and steam cleaning of soft furnishings.

10. Guidance on norovirus disinfection for persons responsible for the children's centre environment

Please note that this guidance is not suitable for contamination by blood or other fluids where there is a risk of blood-borne viruses. Please consult your guidance on cleaning for possible blood-borne virus contamination.

10.1 Environmental contamination with norovirus

The environment can be contaminated with norovirus by several means:

- Direct soiling with faeces or vomit from someone with norovirus infection

- Airborne particles formed an episode of diarrhoea or vomiting can settle on nearby surfaces
- Someone with norovirus infection contaminates their hands after a toilet visit and then touches a surface
- Someone without norovirus infection touches a contaminated surface, picking up the virus, then touches another surface which becomes contaminated. The virus can be transmitted from contaminated hands to several surfaces sequentially so contaminated hands can make many surfaces potentially infectious.

Areas of particular risk are those where direct soiling occurs (e.g. toilets and areas where cases have vomited); surfaces frequently touched by children or staff; and areas where people consume food (and therefore put their fingers in their mouth).

10.2 General Disinfection advice

Disinfection is the step following cleaning which kills germs. It requires:

- A clean surface (pre-cleaned, with no visible dirt)
- A suitable disinfectant at the correct concentration
- Adequate contact time (it takes time for the disinfectant to kill the germs).

Visibly soiled areas should be cleaned with detergent before disinfectant is applied, as organic matter will inactivate a disinfectant. Disinfection will not work if there is visible dirt.

If a combined cleaning/disinfection agent is used, it should be applied twice (once to clean, once to disinfect) to visibly dirty areas.

When cleaning environmental surfaces that are visibly soiled with faeces or vomit, masks, gloves and a disposable apron should be worn.

10.3 Norovirus disinfection

Most disinfectants currently in use do not work against norovirus. The “gold standard” for surface cleaning for norovirus inactivation is hypochlorite (bleach). In some circumstances, such as where surfaces may be damaged by bleach, other norovirus approved agents may be used (see 3.2 below). Table 1 shows the agents and concentrations to be used in specific circumstances.

Table 1: Norovirus disinfection in different settings during an outbreak

Situation	Agent and concentration	Notes
Visible vomiting or diarrhoea	Hypochlorite (bleach) at 5000 ppm or other norovirus approved disinfectant	Remove soiling and clean first, wearing PPE
Hard surfaces around area of visible soiling by diarrhoea/vomiting	Hypochlorite (bleach) at 1000 ppm or other norovirus approved disinfectant	Vomiting may spread virus widely around the room

Soft furnishings likely to have been contaminated by diarrhoea/vomiting	Hypochlorite (bleach) at 5000 ppm or steam cleaning (at least 60 degrees)	Contract cleaner should provide steam cleaner if none in school Other NAD may be used on surfaces which would be damaged by bleach
Toilet hard surfaces (daily disinfection)	Hypochlorite (bleach) at 1000 ppm	Other NAD may be used on surfaces which would be damaged by bleach
Dining tables (daily disinfection)	Hypochlorite (bleach) at 1000 ppm or other NAD	Rinse afterward with cloth soaked in water to remove disinfectant

10.3.1 Bleach/hypochlorite

Chlorine releasing agents (e.g. hypochlorite bleach) are corrosive to metals and some other surfaces, and dilute solutions lose their activity quite rapidly. They should **NEVER** be used on large spills of acidic substances (e.g. urine), or following use of ammonium compounds, because of the possible release of harmful chlorine gas. The two main concentrations used are:

- Standard concentration: 1000 parts per millions available chorine (1000 ppm) – (1:50 dilution of a 5% (50,000 ppm) solution)
- Higher concentration: 5000 parts per million available chlorine (5000 ppm) – (1:10 dilution of a 5% (50,000 ppm) solution)

The manufacturer's instructions should be consulted to check the dilution needed to produce the above concentrations. Contact your ETCS Technical Adviser (where applicable) for advice. Cleaning staff should use appropriate PPE (e.g. gloves, goggles and apron) when mixing or using hypochlorite (bleach) solutions.

10.3.2 Other norovirus approved disinfectants (NADs)

These are non-hypochlorite agents that have both (a) evidence of activity against norovirus as set out below and (b) a satisfactory safety profile.

Before inclusion in this category, evidence of anti-norovirus activity must be assessed and approved by the Anglia Health Protection Team in conjunction with Norfolk County Council. Schools wishing to use non-hypochlorite disinfectants as specified in the above guidance should consult the county council or your Norse Technical Adviser (01603 894274) to check which products are approved.

10.3.3 Non-chemical methods (e.g. steam cleaning)

Where chemical agents are not appropriate, such as for soft furnishings, heat treatment through use of a steam cleaner or similar device can be used. Temperatures of at least 60 degrees are required to inactivate the virus.

This document will be reviewed and updated at least every three years or when new guidance is issued

Agreed as a procedural working document:

Date: **Signature:**

Agreed by the Children's Centre Nominated Governor

Date: **Signature:**

Agreed in Full Governors meeting:

Date: