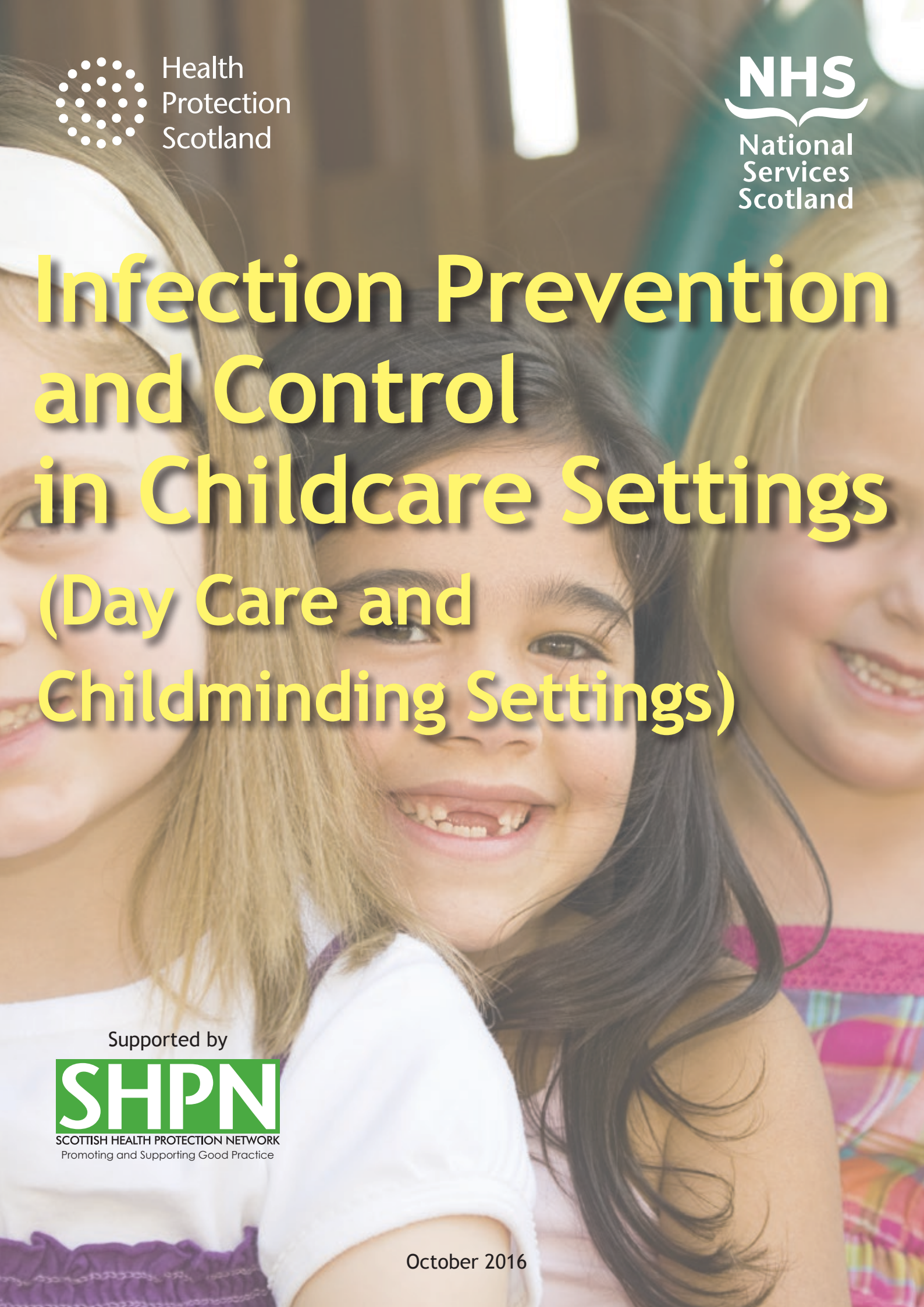

Health Protection Scotland

NHS National Services Scotland

Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)

Supported by

SHPN
SCOTTISH HEALTH PROTECTION NETWORK
Promoting and Supporting Good Practice

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Abbreviations

BS	British Standard
BSI	British Standards Institution
CE	The initials 'CE' do not stand for any specific words but are a declaration by the manufacturer that this product meets the requirements of the relevant European directives.
COSHH	Control of Substances Hazardous to Health
EHS	Environmental Health Services
HACCP	Hazard Analysis Critical Control Point
HPS	Health Protection Scotland
HPT	Health Protection Team
MSDS	Material Safety Data Sheets
NCS	National Care Standards
NHS	National Health Service
PHE	Public Health England
NSS	National Services Scotland
PPE	Personal Protective Equipment
SCMA	Scottish Childminding Association
SICPs	Standard Infection Control Precautions

Glossary

Blood and body fluids	Blood and body fluids such as urine, faeces (bowel movements), vomit or diarrhoea can all cause infection. You should only handle them when wearing personal protective equipment (PPE) (for example, disposable gloves).
Chain of infection	A series of steps that describes how infection spreads.
Childcare settings	Any setting, except schools, where children are cared for, for example nurseries, day-care centres and children's centres, playgroups, crèches, childminders, pre-school, after-school care.
Children vulnerable to infection	Some medical conditions make children more vulnerable to infections that would not usually be serious in most children. Children vulnerable to infection include those being treated for leukaemia or other cancers, on high doses of steroids by mouth, and with conditions which seriously reduce their immunity.
Communicable disease	A disease that can be spread from one person to another.
COSHH Regulations	Using chemicals or other hazardous substances at work can put people's health at risk. By law, employers must have controls in place to prevent their staff from becoming exposed to hazardous substances, including infectious agents (for example, germs). See www.hse.gov.uk/coshh.
Diarrhoea	Three or more loose or liquid bowel movements in 24 hours or more often than is normal for the individual (usually at least three times in a 24-hour period).
Disinfectant	A chemical that will reduce the numbers of germs to a level at which they are not harmful.
Enforcement role	The responsibility for using legal powers (including gathering evidence of offences, serving notices, taking samples and, where appropriate, reporting offences to the Procurator Fiscal) to protect the public health.
Exclusion period	The period of time that a person with an infectious disease must be excluded from, for example childcare settings, to limit the risk of the infection being passed on to other people.
Food business	Any business, whether for profit or not and whether public or private, that carries out any of the activities related to any stage of producing, processing and distributing food. Food also includes drinks, chewing gum and any substance, including water, intentionally included in the food when it is made, prepared or treated.
Food handler	Someone who directly touches food or surfaces that will come into direct contact with food.
GP	This stands for 'General Practitioner' (your family doctor).
HACCP	Hazard Analysis and Critical Control Point (HACCP) is a system used to identify and remove risks from food processing to protect those who eat the food.

Hand hygiene	The process of cleaning your hands by washing them thoroughly with liquid soap and warm water and then drying them thoroughly or using alcohol based hand-rub solutions.
Health Protection Team (HPT)	The team of health professionals whose role it is to protect the health of the local population — including staff and children in childcare settings — and limit the risk of them becoming exposed to infection and environmental dangers. Every NHS board has a HPT.
Outbreak	When there are two or more linked cases of the same illness or when there are more cases than the number expected. Outbreaks can happen anywhere, including in nurseries, in hospitals, on cruise ships and so on.
Personal Protective Equipment (PPE)	Equipment a person wears to protect themselves against one or more risks to their health or safety, including exposure to infections. In a nursery setting this would include single-use disposable gloves and disposable aprons.
Respiratory droplets	Small particles of fluids expelled during coughing, talking, sneezing etc. Germs for example flu, can be transferred from one person to another by droplets travelling small distances and landing on the mouth, nose or eyes of others or in their environment.
Standard Infection Control Precautions (SICPs)	A set of control measures which are designed to reduce or remove the spread of germs to people or within the environment. They include effective hand hygiene, using PPE, how to clean the environment and equipment, how to clean up spills of blood and body fluids and how to deal with waste and linen safely.

1. About this Document

This document provides guidance on infection prevention and control for staff working within nurseries, day-care centres, playgroups, crèches, children's centres, childminders, after-school clubs and holiday clubs. This guidance should also be used by these staff involved in all outdoor activities for children. Staff working with children in childcare settings have a 'duty of care' to provide a safe environment for children. Social Care and Social Work Improvement Scotland (known as the Care Inspectorate) was set up under the Scottish Public Services Reform (Scotland) Act 2010 ('the Act') to register and inspect all services regulated under the Act and replaced the Care Commission on 1 April 2011.
The Care Inspectorate must take account of the National Care Standards, 'Early education and childcare up to the age of 16 (revised September 2009)' when registering and regulating these service types (see section 7).

For further information on Care Inspectorate please visit www.careinspectorate.com

See Appendix 1 — Using this guidance as local policy for using this document as your local policy

Members of the Guidance Development Group

This document was developed by a working group led by Scottish Health Protection Network Guidance Group (SHPN-GG) and formed by representatives from Health Protection Scotland (HPS), the health protection community in Scotland, Scottish Childminding Association and Education Scotland, stakeholders and key users, who considered current scientific evidence and expert opinion (see Appendix 12 — Membership of the Guideline Review Group (2015)). The HPS Infection Control team retains the evidence notes on which this document is based. The working group also secured public involvement through consultation with parents whose children attend childcare day settings. The Scottish Health Protection Network Guidance Group (SHPN – GG) has facilitated and coordinated the final stages of its development, its adherence to agreed criteria of validation, and its completion.

2. Introduction

2.1 Risk Assessment

Infection prevention and control in childcare settings involves carrying out risk assessments and putting measures in place to manage any risks identified these should be reviewed and updated regularly (see Section 2.2). For more information on risk assessments, visit www.hse.gov.uk/pubns/raindex.htm.

The Health & Safety at Work Act 1974 legislates that employers must provide adequate protection against the risks associated with the task undertaken (for example, Personal Protective Equipment (PPE) must be provided for dealing with blood or bodily fluids). For details of this visit www.hse.gov.uk/legislation/hswa.htm.

2.2 Infection Risk

Infection risk in the childcare setting can be reduced by;

- Training all staff in Standard Infection Control Precautions (SICPs)
- Supervising children when exposed to pets. Pets must be clean and healthy. Exotic (non-domestic and unusual) animals, such as reptiles should not be kept as nursery pets due to high risk of salmonella which they carry. Rodents are also not recommended (if in a childminding setting, they should be excluded from the area children are cared for). Pet living quarters must be kept clean and away from food areas.
- Planning ahead when arranging special days out or activities e.g. see Appendix 2 — Farm visits or contact with animals
- Ensuring Staff and/or children with symptoms of an infectious disease do not attend the childcare setting.
- Seeking advice from your local HPT on infection prevention and control issues e.g. exclusion criteria if an outbreak of infection is suspected.

Excluding a child from a childcare setting when not necessary can be a burden on parents or guardians. However, failing to exclude a child (with signs or symptoms of infection) could lead to an outbreak of infection in the childcare setting (see Section 6).

Guidance on exclusion criteria is available via the HPS website see Appendix 3 — Exclusion criteria for childcare and childminding settings.
Exclusion criteria
http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/exclusion-criteria-childcare-A3-2011-12.pdf
Local NHS Board Health Protection Teams (HPTs) will also advise on exclusion criteria.

2.3 Actions to prevent spread of infection

It is important that you know the children in your care and whether they are at greater risk of getting or spreading an infection. Some medical conditions place children at higher risk of infection that would not usually be serious in most children.

It is therefore important that you ask parents/guardians whether their children have any specific health issues and record this appropriately and sensitively within the child's care plan or record. An example of a letter you can send to parents/guardians when a child joins your childcare setting, is included at Appendix 4 — Sample letter to parents when their child joins childcare setting.

Children at higher risk of infection include those being treated for leukaemia or cancer, on high doses of steroids, and with conditions which seriously reduce their immunity. They are particularly vulnerable to infections such as chickenpox or measles. If a child is exposed to either of these, tell the parent or carer quickly so they can get medical advice.

Providing posters and leaflets promoting immunisation will help give parents/guardians and staff information. See: http://www.immunisationscotland.org.uk for more information on immunisation.
If a pregnant staff member comes into contact with a child or adult in the childcare setting who has an infectious disease (such as chickenpox, measles, slap cheek (parvovirus) or German measles), or if they develop an unexplained rash, they should contact their midwife or GP as soon as possible.

3. Spread of infection

3.1 How germs spread

It is very important that you know how germs can spread so you can help stop children and staff becoming sick. Children should be taught how germs spread and how to stop this e.g. by washing their hands.

Useful information, posters and DVD appropriate for children are available at:
http://www.washyourhandsofthem.com/the-campaign/childrens-pack.aspx.
http://www.educationscotland.gov.uk/learningandteaching/curriculumareas/healthandwellbeing/eandos/index.asp.
www.e-bug.eu is a European wide free educational resource website that can be used by children of school age as a fun way to learn about micro-organisms and prevention and treatment of infection.

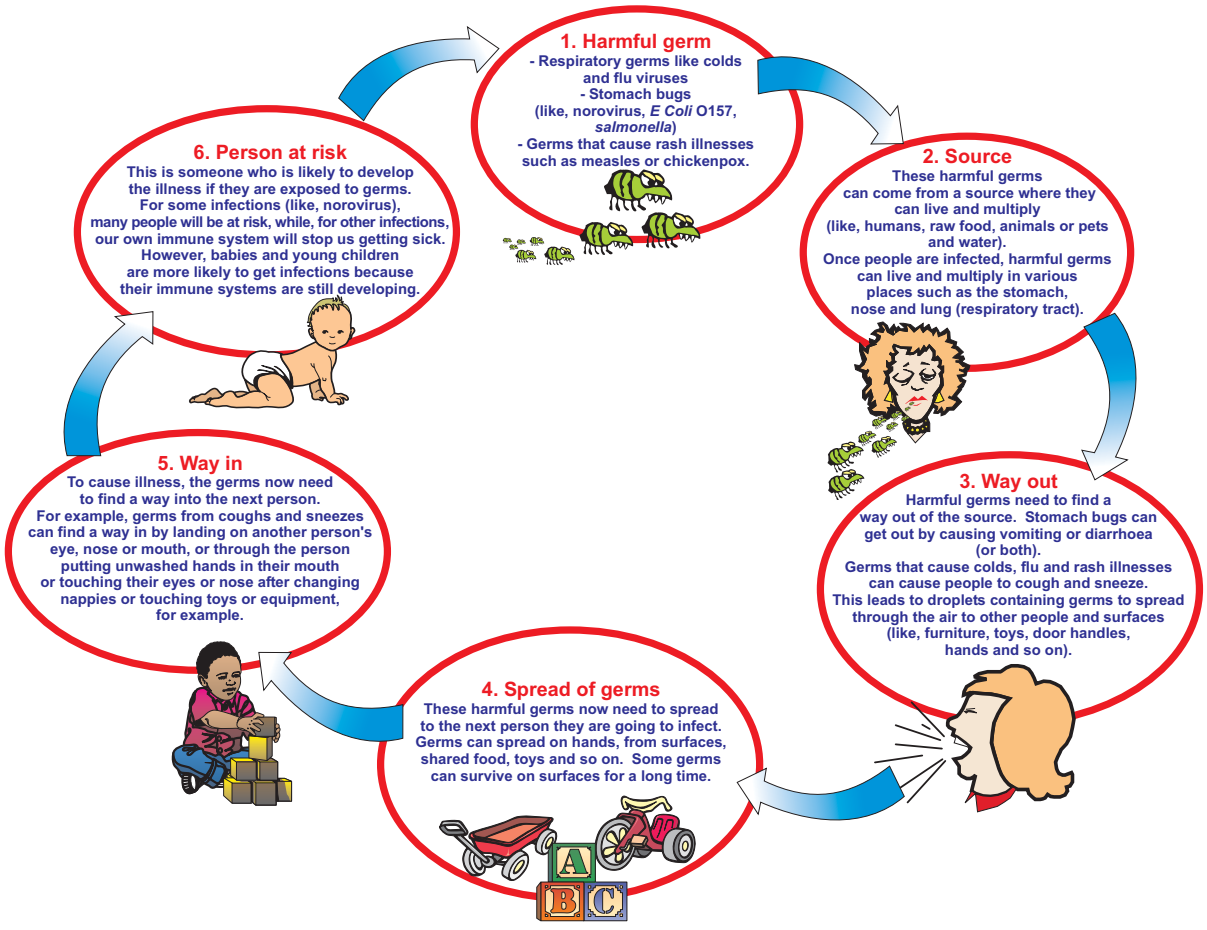
3.2 Some basic facts about germs

- Not all germs are harmful
- Most germs live harmlessly on us and in us and help us to digest food and stop other more harmful germs from making us ill
- Some harmful germs can grow quickly on surfaces that are not kept clean and dry.

The chain of infection can be broken in a number of ways e.g. excluding children with symptoms of an infection from your childcare setting, effective hand hygiene and environmental cleaning. The following sections provide more information.

Diagram 1. How do germs spread?

For germs to cause disease, six steps in a chain must all happen. This is called a 'chain of infection'.

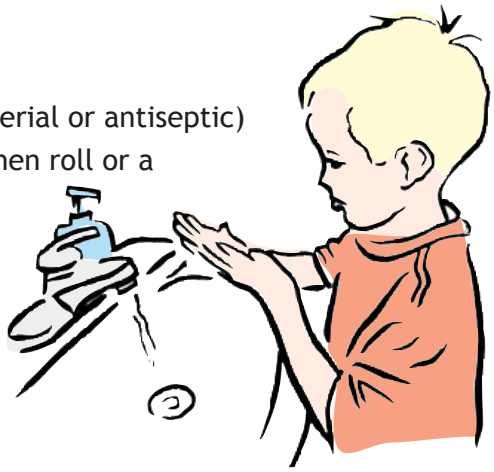


4. Standard Infection Control Precautions (SICPs)

4.1 Hand hygiene

Washing hands thoroughly, at the right time, using appropriate facilities and products will help prevent the spread of common infections such as colds, flu, thread worms and stomach bugs.
Children need to understand why it is important to wash their hands and be taught how to wash, rinse and dry their hands correctly.
Scotland's National Hand Hygiene Campaign has a pack designed specifically for children between the ages of three and six. The contents of the pack are available to view and to download for use at http://www.washyourhandsofthem.com/the-campaign/childrens-pack.aspx.
For school age children educational resources for teaching hand hygiene are also available at http://www.e-bug.eu

Good hand hygiene practice:



- Use warm water
- Never share water in a communal bowl when washing hands
- Use liquid soap (there is no need to use soaps advertised as antibacterial or antiseptic)
- Dry hands thoroughly using paper towels (childminders may use kitchen roll or a designated hand towel, which should be washed every day or more often if visibly dirty). A designated, lined bin that the children can operate easily should be provided for disposal of hand towels
- When away from the childcare facility, and if there is no running water available, hand wipes may be used (children and staff should wash their hands at the first available opportunity)
- All visible cuts and abrasions should be covered with a water proof dressing
- Alcohol hand rub should be available for use by staff (hands should be washed with liquid soap and water if visibly soiled).

The wearing of wrist jewellery (including watches), false nails and nail products are not recommended for staff performing hand hygiene.

TABLE 1: When should you wash your hands?

Children and adults should wash their hands:
• Before and after eating or handling food or drink
• After using the toilet, potty or changing a nappy
• After blowing your nose, coughing or sneezing
• After touching animals/pets or animal/pet waste, equipment or bedding
• After contact with contaminated surfaces (e.g. food-contaminated surfaces, rubbish bins, cleaning cloths).
• When returning from outside play or breaks e.g. playing with sand.

See Appendix 7 — How hands should be washed

4.2 Respiratory and Cough Hygiene

To stop respiratory germs spreading, children and adults should cover their mouth and nose with a tissue when coughing and sneezing; putting their tissue in the bin immediately after use and then washing hands.

4.3 Personal Protective Equipment (PPE)

The term 'PPE' includes single-use disposable gloves and single-use disposable plastic aprons. Gloves should be marked as single use and meet British Standard EN 455 (European Normalisation).

TABLE 2: When should PPE be worn?

Level of contact with blood and body fluids.	PPE recommended
No contact (for example, playing with child).	None
Possible contact e.g. cleaning toys & equipment.	Household gloves e.g. marigolds
Risk of splashing (for example, nose bleeds, cleaning up spillages of body fluids e.g. blood, vomit, urine).	Disposable non-plastic gloves and disposable apron.

- Consider face protection i.e. surgical mask and goggles if spraying/splashing of bodily fluids is considered a risk (for example, if a child is vomiting).
- Always wash your hands before putting on and after taking off PPE.

See Appendix 13 - Putting on and removing PPE

4.4 Cleaning of the Environment

There are many areas in childcare settings with a high risk of germs being present e.g. toilets, nappy changing areas, food areas and kitchens. To minimise the spread of germs, the environment must be kept as clean and dry as possible and staff must understand their responsibilities in ensuring the environment and equipment are safe, clean and ready for use.

TABLE 3: Cleaning of the environment

1. All childcare settings should have a cleaning schedule/or procedure (Scottish Childminding Association (SCMA)) which:
• lists each room in the building used to provide the care service • has a signed and dated record of cleaning • records who is responsible for the cleaning • states how and when the environment, fixtures and fittings should be cleaned • includes areas that are cleaned less often than each day and states when they are to be cleaned
2. Areas where nappies are changed or potties are used must be separate from where food is prepared or eaten, and where children play. For a full description of how to clean nappies changing areas, potties and toilets see Appendix 8 – Toilet, potty and nappy changing.
3. Do a cleanliness check every day before the children arrive
4. Check and clean areas that are touched often (for example, toilets, hand-wash basins, taps, door handles)
5. Encourage staff and parents to raise their concerns about cleanliness
6. Have a procedure for what to do if fixtures / fittings break or can no longer be cleaned

See Appendix 9 – Example of a cleaning schedule

Routine environmental cleaning

- Use of a general-purpose detergent and hand-hot water (prepared according to the manufacturers' instructions) is usually enough to make sure the environment is clean and safe.
- Disinfectants should not be used as part of your routine cleaning (with the exception of toilets and food preparation areas) disinfection may be required during an outbreak of infection, as directed by your HPT.
- Keep all cleaning equipment well maintained e.g. check and change vacuum cleaner filters regularly.

4.5 Equipment cleanliness

All toys and equipment must be safe for use and well maintained to reduce the risk of spreading harmful germs. All toys must carry a BS, BSI or CE mark. Where possible buy toys and equipment that can be easily cleaned. Store toys in a clean container and don't let children take toys into toilet areas.
N.B. Reusable equipment that has been cleaned but is not in use should be stored separately from used equipment and away from where equipment cleaning takes place.

Equipment must be cleaned;

- Between use
- After blood and/body fluid contamination
- At regular intervals as part of an equipment cleaning schedule
- Before servicing and repair

See Appendix 10 — Keeping toys and equipment clean for advice on keeping toys and equipment clean.

4.6 Dealing with spillages of blood and body fluids

All staff must be trained in how to safely clean up spillages of blood and body fluids. Staff must;

- Deal with blood and body fluid spillages as quickly as possible
- Keep the children away from the spill
- Put on PPE (i.e. disposable gloves and disposable apron)
- Prepare a solution of:
  - general-purpose neutral detergent; and
  - a solution of chloride based disinfectant (prepared in accordance with the manufacturer's instructions)
- Place paper towels (or kitchen roll) over the spill, to soak up the spillage. Then carefully place these into a disposable, leak proof plastic bag
- Use the disinfectant solution to clean the remainder of the spillage
- Then wipe down the area with paper towels (or kitchen roll) soaked in detergent solution.
- Wipe area dry with paper towels (or kitchen roll)
- Remove PPE and put into the plastic bag, secure and seal the bag then place it in the waste bin
- Wash their hands with liquid soap and running water

N.B. Do not use chlorine-based disinfectants e.g. household bleach directly onto spills of urine spillages (as this can release a chlorine gas). **Soak up urine first with paper towels before using a disinfectant solution**.

Always check that disinfectants are suitable for use on carpets and other soft furnishings as they may cause damage or discolouration. In these circumstances clean with a neutral detergent and hand hot water then leave the area to dry.
All cleaning products must be used and stored in compliance with COSHH sheets, material safety data sheets (MSDS) and manufacturers' instructions.
All staff should be trained in the use of all cleaning products and have easy access to COSHH sheets, material safety data sheets (MSDS) and manufacturers' instructions to make sure all cleaning products are used and stored safely.

4.7 Management of waste

Waste created at your childcare setting should be managed as follows:

- Ensure that that there are lined pedal bins in each of the areas where waste is produced e.g. food areas, nappy changing areas.
- Open lidded waste bins in indoor play areas can be used for non hazardous waste only.
- Ensure waste bins are never overfilled i.e. once three-quarters full, tie them up and put into the main waste bin.
- Have a schedule for emptying the bins at the end of the day, and during the day if needed.
- Keep the main waste bin in a secure area away from play areas (ensure animals cannot get into this area).
- All bins should be cleaned according to the specified cleaning schedule.
- When collecting waste and emptying bins, wear PPE (i.e. disposable gloves and disposable apron).
- When you are finished, remove PPE and wash your hands with liquid soap and running water.

If you use sharp objects ('sharps') i.e. needles within your childcare settings, you must:

- Dispose of them in an approved sharps container, made to UN3291 standards.
- Make special arrangements for having this kind of waste collected (discuss local arrangements with your Environmental Health Officer or HPT) or return to the parents, if appropriate
- Keep sharps containers in a safe and secure place away from children and visitors.

4.8 Linen/Laundry

If staff have uniforms and/or use cotton tabards, they should change them every day and wash them using normal washing detergent at the hottest temperature specified on the garment.
If the childcare setting uses linen then:

- Ensure that bedding is washed at least weekly and when visibly dirty. Bedding should be allocated to a named child.
- Launder face flannels after each use
- Remove dirty and used linen from areas that are accessible to children
- Carefully dispose of any soiling (faeces) found on clothing / linen into the toilet e.g. from reusable nappies
- Wash all linen at the hottest temperatures specified on the fabric.
- Keep fresh linen in a clean, dry area separate from used linen

N.B. Do not rinse soiled clothing by hand including reusable nappies. Put it directly into a named, plastic bag/container and seal to prevent further handling, prior to the child's parent or guardian collecting. Tell the parent or guardian that the clothing is dirty and should be washed at the highest possible temperature for the fabric.

4.9 Exposure injuries and bites

An exposure is;

- An injury from a used needle or a bite which breaks the skin;
- And/or exposure of blood and body fluids onto broken skin
- And/or exposure of blood and bodily fluids onto the eyes, nose or mouth

If an injury occurs to a child or adult refer to Appendix 11 — Exposure injury or bite.

5. Food and kitchen hygiene

When considering the risks involved in producing food for children, you should make full use of the free expertise of your local environmental health department. Environmental Health Officers (EHOs) and Food Safety Officers (FSOs) will be able to advise you on how to comply with the food safety legislation. They can also provide you with advice on implemmenting food safety management procedures (based on the principle of HACCP) and on food safety and hygiene training for you and your staff which are both legal requirements.

5.1 HACCP based Food Safety Management System

Hazard Analysis Critical Control Point (HACCP) focuses on identifying all the steps in a process where food safety hazards exist and how these hazards can be removed or controlled. Food safety hazards can be microbiological, chemical or physical in nature and you must take all reasonable steps to ensure that the food that you store, prepare and serve is safe to eat. There is substantial free guidance available which will assist you in identifying the food safety hazards in your business and how to control or removed the risk of causing harm; however you are strongly advised to speak to your local environmental health department in the first instance. For information can be found at:
https://myhaccp.food.gov.uk/

5.2 Training

It is a legal requirement that all food handlers are supervised and instructed and/or trained in food hygiene matters commensurate with their work activity. There is a variety of different training courses available relating to food hygiene and safety, and you are strongly advised to speak to your local environmental health department for advice before commencing with any training. Further information can be found at:
http://www.foodstandards.gov.scot/
http://www.rehis.com/community-training

Information on Food safety and hygiene, and food allergy can be found at:
http://www.foodstandards.gov.scot/food-safety-standards/food-safety-hygiene
http://www.foodstandards.gov.scot/food-safety-standards/advice-business-and-industry/childminders
http://www.foodstandards.gov.scot/allergen-advice-registered-childminders

Further information can be found at:
http://www.foodstandards.gov.scot/food-safety-standards

Food Standards Scotland website: http://www.foodstandards.gov.scot/

CookSafe — Information: http://www.foodstandards.gov.scot/cooksafe
Hard copies of CookSafe (ISBN 978 011 708149 9) can be purchased from The Stationery Office via the TSO website or their sales hotline on 0870 600 5522. - See more at:
http://www.foodstandards.gov.scot/cooksafe#sthash.gffAhHfh.dpuf

Information on the tools available to put food-safety management procedures in place:
Safer food better business for Childminders information pack May 2013 Food Standards Scotland can be accessed at: http://www.foodstandards.gov.scot/safer-food-better-business-childminders

For more information on putting food-safety management procedures in place, contact your local environmental health service.

For childminders refer to Safer Food Better Business https://www.food.gov.uk/business-industry/sfbb.
https://www.food.gov.uk/business-industry/caterers/sfbb/sfbbchildminders.

5.3 Temperature Control and Food Safety

All food must be stored appropriately to reduce the risk of food borne illness. In Scotland, there are no prescribed temperatures for refrigerators; however it is best practice to store food in refrigerators between 1°C and 4°C. Hot food should be held above 63°C to control the growth of pathogenic organisms or the formation of toxins. Food which has been heated and is then required to be reheated before being served, must reach a minimum temperature of 82°C. Such food must be cooled quickly and safely before being served to children. Further information can be found at:
http://www.food.gov.uk/sites/default/files/multimedia/pdfs/tempcontrolguiduk.pdf

5.4 Milk for babies

Just like other foods, milk, including breast milk, can become contaminated with germs.
Parents/guardians may provide breast milk or formula milk in labelled bottles prepared for storage at the childcare setting. Some childcare settings may reconstitute feeds for babies on site.

Guidance for preparing/storing formula milk foods for babies

- Follow the manufacturers' instructions for making formula milk
- Use freshly boiled water that you have allowed to cool
- If possible, where parent/guardian has supplied the dried formula for reconstitution, make up each feed before using it or encourage parents to provide readymade formula bought in tetri paks
- Dispose of any milk left after a feed.
- Wash bottles, teats, plastic spoons and other utensils thoroughly and return to parent/guardian at the end of the day.

Further information can be found at:
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/making-up-infant-formula.aspx#close

Tips for safely preparing/storing breast milk foods for babies

- All breast milk should be labelled with the child's name and date of expression
- Use milk the day it is expressed within 24 hours
- Breast milk can be stored in a fridge between 1°C and 4°C before use, but it must not be stored in the door of the fridge.

Unused breast milk

- Dispose of any milk left after a feed and rinse and wash bottles, teats, plastic spoons and other utensils thoroughly, as described later.
- All unused milk should be returned to the parent for disposal at the end of the day.

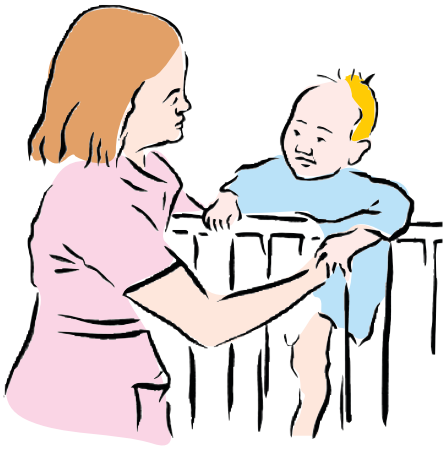
Further information can be found at:
http://www.nhs.uk/conditions/pregnancy-and-baby/pages/expressing-storing-breast-milk.aspx#close

6. Outbreaks of infection in childcare settings

6.1 Early warning signs and symptoms of infection

Staff must report immediately to the person in charge if any child has the following signs or symptoms:

- Appears unwell (feels hot or looks flushed) or complains of feeling ill for example cough, sore throat, runny nose, muscle aches and headaches.
- Diarrhoea and/or vomiting
- Blood in their faeces
- An unexplained rash



If any **one child** has any of these signs or symptoms, staff should

- Keep the child safe and away from other children if possible
- Ask the parent/guardian to collect the child and suggest they seek advice from GP if symptoms continue or get worse

Put in place the appropriate infection control measures as described in Appendix 5 — Example of a checklist of measures to use during an outbreak of infection (for example, vomiting or diarrhoea).

If more than one child has any of these signs or symptoms and giving cause for concern, the person in charge should contact the local Health Protection Team (HPT). (See Appendix 6 — Health Protection Team contacts in NHS boards for contact details for local HPTs). Contact the parent/guardian of any child who becomes ill and ask them to take the child home as soon as possible.

Actions:

1. Assess the situation in collaboration with your local HPT.
2. Make sure the adults in your childcare setting;
   - Know and understand the infection control precautions required to control the outbreak and how to apply them
   - Have the resources they need for example, PPE (disposable gloves and disposable aprons), hand hygiene products and environmental cleaning products.
   - Sign and date documents to record they know and understand the infection control precautions in place.
3. It is vital that someone is responsible for checking staff are keeping to these measures and applying them correctly.

It is important to keep an up-to-date list of the following:

- The names of those children/staff who are ill
- The symptoms, if known (for example, vomiting and diarrhoea)
- When the children/staff became ill and when first noticed or reported (if known)
- The date they last attended the childcare setting
- When the parents were contacted
- What time the child was collected
- Who was informed about the outbreak
- The advice received
- Advice given to parents/guardian

If it is a suspected food poisoning or food borne illness the HPT will advise you of the necessary actions. From the 1 April 2011 it is a legal requirement for childcare services to notify Social Care Social Work Improvement Scotland (Care Inspectorate) of infection/outbreaks as defined in the Care Inspectorate electronic form notifications section which service providers have access to using their security systems. http://www.careinspectorate.com/

Childcare settings should have a test run of these procedures at least once a year to make sure everyone knows what to do and any follow up actions that are required with dates for actions to be implemented.

7. The National Care Standards

Following the advice in this guidance will help you minimise the risk from infections to both children and staff, and comply with the legal requirements for children's care services and the National Care Standards.
The current regulations are available from www.scotland.gov.uk
The National Care Standards for 'Early education and childcare up to the age of 16 (revised September 2009)' will continue to be taken into account by the Care Inspectorate until the review of these standards is completed in 2014/15.

Parts of these Standards are relevant, for example:
Standard 2, A Safe Environment:
Part 2.1 Children and young people are cared for in a safe, hygienic, smoke free, pleasant and stimulating environment
Part 2.4 You can be confident that:

- Staff keep all play equipment clean and well maintained
- Staff take measures to control the spread of infection.

The National Care Standards are available at http://www.gov.scot/Topics/Health/Support-Social-Care/Regulate/Standards

8. Supporting Bodies

8.1 Health Protection Teams

Under the NHS (Scotland) Act 1978, NHS boards must improve and protect the health of their local population. There is a Health Protection Team (HPT) in every NHS Board.

The work of the HPT includes:

- monitoring and controlling communicable diseases and non-infectious environmental dangers
- providing advice on how to prevent, manage and control communicable diseases and infections
- identifying, investigating and managing outbreaks in the community; and
- providing immunisation information and advice to staff in GP surgeries and other health professionals.

Your local HPT can provide your childcare setting with:

- general advice about communicable diseases and infections, and how to prevent, manage and control them
- exclusion policies and advice on how to use them
- advice leaflets on common childhood illness; and letters to parents and guardians, if these are needed (for example, if a child attending the childcare setting has meningococcal meningitis).

Contact your local HPT:

- if you have a concern about a communicable disease or infection, or if you need advice on controlling them
- if you are concerned that the number of children who have developed similar symptoms is higher than normal
- if you are not sure whether to exclude a child or member of staff; and
- before sending letters to parents about a health-related matter. Generally, if parents need to be informed, your local HPT will give you advice and may provide the letter.

Although the child's doctor is legally responsible for reporting serious illness, you should phone your local HPT if you become aware that a child or member of staff has a serious or unusual illness (for example, meningitis or measles).

8.2 Environmental Health Services

Environmental Health Officers are public-health professionals whose work covers a wide range of activities, including preventing, investigating and controlling communicable disease in the community.

Environmental Health Services (EHS) will also work with childcare settings and businesses. While it is important for you to recognise the local authority enforcement role (details of this can be found in the glossary), it is also vital that you are aware that EHS can provide advice e.g. when considering the risks involved in producing food for children, you should make full use of the free expertise of your EHOs and food safety officers who are there to give advice on how to keep to food-safety laws. They can also provide advice on putting food-safety management procedures (based on HACCP principles) in place.

If you wish to know which Council covers your local area, the following website might be of assistance: http://www.cosla.gov.uk/scottish-local-government

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Appendix 1 — Using this guidance as local policy

Contact number for our Health Protection Team:	Phone:
Contact number for our Environmental Health Officer:	Phone:
Contact number for our Care Inspectorate:	Phone:
Who to contact if there is an outbreak (Local Health Protection Team)	Phone:

All our staff are committed to preventing and controlling infection and have read the guidance 'Infection prevention and control in childcare settings'. All staff must sign and date below.

Appendix 2 — Farm visits or contact with animals

Activities such as farm visits, or bringing animals into childcare settings, or having pets can expose children to a range of potentially harmful germs including *E. coli* O157. All animal droppings should be considered infectious.
Healthy animals often show no signs of carrying these germs, which are part of the normal environment at farms, stables, zoos and so on.
To protect children during farm visits, the document "Preventing or controlling ill health from animal contact at visitors attractions" Industry Code of Practice, version 1 published June 2012 (updated March 2015), provides all the relevant information.
http://www.visitmyfarm.org/component/k2/item/339-industry-code-of-practice

- Avoid contact with animals which appear to be ill.
- Children can become infected despite not actually touching the animals. For example, *E. coli* O157 has been found on shoes and pushchairs after agricultural shows.
- Fences, gates, cages, tools and animal bedding can also be contaminated with germs, children should wash their hands after any contact with these items.
- Other sources of risk include manure, fields previously used for grazing, and dung on rural roads and paths. (*E. coli* O157 can survive for some months in the environment).
- Identify risks and plan how to reduce them.
- Identify whether the adults in your childcare setting need more resources or training to help them manage the risks. Remind children of the rules/precautions to take upon arrival.
- Identify petting zoos and country parks which have suitable facilities for children to wash their hands (washing with soap and water is always best) Ideally those that conform to the industry Code of Practice.
- Children and adults must wash their hands before eating or drinking, after contact with animals and when leaving the site (see section 5.1) Many of these harmful germs need to be swallowed before they cause infection for example cattle faeces containing *E coli* O157 gets onto childrens hands when removing contaminated wellington boots and if the child does not wash their hands thoroughly they may swallow the germs when sucking their fingers.
- Do not eat or drink except in designated eating areas which are separate from the animal areas. Children should only eat food brought with them or food for human consumption bought on the premises. Do not eat any food that has fallen to the floor. Never taste animal feed.
- Make sure children do not kiss animals, or put their hands in their mouths after visiting animal areas or after touching animals, until they have washed their hands thoroughly.
- Clean your group's shoes, pushchairs and so on after farm or countryside visits, to avoid contaminating cars, toys, nursery floors, or other surfaces. Then wash your hands. Outdoor shoes should be changed in environments where children are crawling.

The above guidance also applies if animals are brought into the childcare setting. You should check beforehand that animals have been healthy. You should not allow animals that have recently been ill into your childcare setting.
For guidance on visits to animal locations, events on farmland and so on. See the following web pages:
http://www.gov.scot/Topics/farmingrural/Agriculture/animal-welfare/bee/News/eventsandtraining
www.hps.scot.nhs.uk/giz/guidelinedetail.aspx?id=38604

For more information on *E. coli* O157 and other infectious bacteria and germs. See the following web pages:
http://www.hps.scot.nhs.uk/giz/e.coli0157.aspx?subjectid=18
http://www.gov.scot/Publications/2013/12/7881/6.

For information on Industry Code of Practice for animal contact
http://www.visitmyfarm.org/component/k2/item/339-industry-code-of-practice.

Appendix 3 — Exclusion criteria for childcare and childminding settings

Recommended time to be kept away from childcare and childminding

If you have any questions please contact your local Health protection Team (HPT)

Name .....

Telephone Number .....

Main points:

- Any child who is unwell should not attend regardless of whether they have a confirmed infection
- Children with diarrhoea and/or vomiting should be excluded until they have no symptoms for 48 hours following their last episode
- Children with unexplained rashes should be considered infectious until assessed by a doctor
- Contact a member of the HPT if required for advice and always if an outbreak is expected

Infection or symptoms	Recommended Exclusion	Comments
1. Rashes/ skin infections		
Athletes foot.	None.	Not serious infection child should be treated.
Chickenpox (Varicella Zoster).	Until all vesicles have crusted over (usually 5 days).	Pregnant staff should seek advice from their GP if they have no history of having the illness.
Cold sores (herpes simplex).	None.	Avoid kissing and contact with the sore.
German measles (rubella).	6 days from onset of rash.	Preventable by immunisation.
Pregnant staff should seek advice from their GP.		
Hand Foot and Mouth (coxsackie).	None.	If a large number of children affected contact HPT.
Impetigo (Streptococcal Group A skin infection).	Until lesions are crusted or healed or 48hours after starting antibiotics .	Antibiotics reduce the infectious period.
Measles.	4 days from onset of rash.	Preventable by immunisation.
Pregnant staff should seek advice from their GP.		
Molluscum contagiosum.	None	Self limiting condition..
Ringworm.	Not usually required unless extensive.	Treatment is required.
Roseola.	None.	None
Scabies.	Until first treatment has been completed.	2 treatments are required including treatment for close contacts.
Scarlet fever.	Child can return 24 hours after starting appropriate antibiotic treatment.	Antibiotic treatment is recommended for the affected child.
Slapped cheek/fifth disease. Parvovirus B19.	None (once rash has developed).	

Shingles.	Exclude only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch.
Warts and verrucae.	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

2. Diarrhoea and vomiting illness

Diarrhoea and/or vomiting.	48 hours from last episode of diarrhoea or vomiting.	
E. coli O157 VTEC Typhoid and paratyphoid (enteric fever) *Shigella* (dysentery).	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting.	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices.
Cryptosporidiosis.	Exclude for 48 hours from the last episode of diarrhoea.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

3. Respiratory infections

Flu (influenza).	Until recovered.	
Tuberculosis.		Requires prolonged close contact for spread until no longer infectious.
Whooping cough (pertussis).	Five days from starting 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.

4. Other infections

Conjunctivitis.	None .	
Diphtheria.	Exclusion is essential.	Family contacts must be excluded until cleared to return by your local HPT. Preventable by vaccination.
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).	
Hepatitis B, C, HIV/AIDS.	None.	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.
Meningococcal meningitis/ septicaemia.	Until recovered.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts.

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.
Meningitis viral.	Until recovered.	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA.	None.	Good hand hygiene and environmental cleaning.
Mumps.	Exclude child for five days after onset of swelling.	Preventable by vaccination (MMR x2 doses).
Threadworms.	None.	Treatment is recommended for the child and household contacts.
Tonsillitis.	None.	There are many causes, but most cases are due to viruses and do not need an antibiotic.

Appendix 4 — Sample letter to parents when their child joins childcare setting

Name of childcare setting
Contact name and phone number
Date

Dear Parent or Guardian

Thank you for choosing us to care for your child. When we welcome new families, we feel it is useful to provide, in writing, some of the information we discussed with you, as this will help limit the spread of infection. Please be assured that we follow national guidance to protect the health of all the children in our care.

If your child attends any other day care settings, please tell us.

- If your child is ill, they must not attend childcare
- If your child becomes unwell whilst in our care, we will phone you to agree a time for you to collect them
- Please tell us if your child has been ill while they are away from day care
- If your child has had symptoms of vomiting or diarrhoea (or both), it is essential that they do not attend day care until 48 hours after the symptoms have stopped
- If you're not sure, please phone us before you bring your child to day care.

Immunisation

As your child will now be mixing with other children, it is important that they are protected and up-to-date with their immunisations. You can access further information about the immunisation schedule at http://www.immunisationscotland.org.uk

If you think your child has missed any vaccinations please contact your general practice to arrange an appointment. You can also ask your health visitor for advice.

Yours sincerely

Appendix 5 — Example of a checklist of measures to use during an outbreak of infection (for example, vomiting or diarrhoea)

What to do during an outbreak	Sign	Date and time
Alert the Health Protection Team as soon as you suspect there may be an outbreak of infection		
Remind staff to report their own illnesses, and illnesses in children in their care, as soon as possible.		
Identify a person who will keep records of children and staff involved in the outbreak and report these to the Health Protection Team.		
These should include the following: Symptoms, with dates for when they started and stopped (if known) Absences, with dates for when they began and ended Name		
Identify a person who will: • contact the parent or guardian and ask them to collect their child; • record the time parents are asked to collect the child, and the actual time they collect them; • keep ill children away from other children until they are collected; and • make sure the parent or guardian knows that the child must not return until after 48 hours of being free of symptoms. Name:		
Identify a person to provide parents with information supplied by your HPT (for example, by photocopying the information and distributing it as necessary). Name:		
Tell the Care Inspectorate From the 1 April 2011 it is a legal requirement to notify Social Care Social Work Improvement Scotland (known as the Care Inspectorate) immediately.		

Appendix 6 — Health Protection Team contacts in NHS boards

NHS Ayrshire and Arran
Tel: 01292 885858
Tel: 01563 521133 (Out of Hours)
Fax: 01292 885902
E-mail: HPTeam@aapct.scot.nhs.uk

NHS Borders
Tel: 01896 825560
Tel: 01896 826000 (Out of Hours)
Fax: 01896 823396
E-mail: public.health@borders.scot.nhs.uk

NHS Dumfries and Galloway
Tel: 01387 272724
Tel: 01387 246246 (Out of Hours)
Fax: 01387 272759
E-mail: dumf-uhb.hpt@nhs.net

NHS Fife
Tel: 01592 226435
Tel: 01383 623623 (Out of Hours)
Fax: 01592 226925
E-mail: hpt.fife@nhs.net

NHS Forth Valley
Tel: 01786 457283
Tel: 01786 434000 (Out of Hours)
Fax: 01786 446327
E-mail: henry.prempeh@nhs.net

NHS Grampian
Tel: 01224 558520
Tel: 0845 456 6000 (Out of Hours)
Fax: 01224 558566
E-mail: grampian.healthprotection@nhs.net

NHS Greater Glasgow and Clyde
Tel: 0141 201 4917
Tel: 0141 211 3600 (Out of Hours)
Fax: 0141 201 4950
E-mail: PHPU@ggc.scot.nhs.uk

NHS Highland
Tel: 01463 704886
Tel: 01463 704000 (Out of Hours)
Fax: 01463 717666
E-mail: tara.mackenzie@nhs.net

NHS Lanarkshire
Tel: 01698 858232
Tel: 01236 748748 (Out of Hours)
Fax: 01698 424316
E-mail: healthprotection@lanarkshire.scot.nhs.uk

NHS Lothian
Tel: 0131 465 5420
Tel: 0131 465 5422 (Out of Hours)
Fax: 0131 536 9195
E-mail: health.protection@nhslothian.scot.nhs.uk.

NHS Orkney
Tel: 01856 888 916,
Tel: 01856 888 000 (out of Hours),
E-mail: ork-hb.publichealth@nhs.net

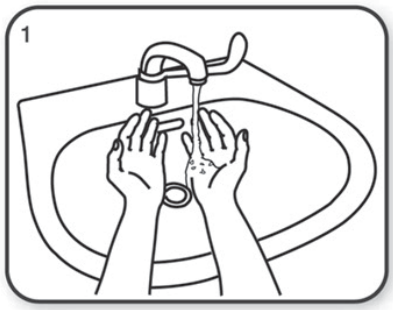
NHS Shetland
Tel: 01595 743072
Tel: 01595 743000 (Out of Hours)
Fax: 01595 695200
E-mail: shet-hb.PublicHealthShetland@nhs.net

NHS Tayside
Tel: 01382 596976/87
Tel: 01382 660111 (Out of Hours)
Fax: 01382 596985
E-mail: healthprotectionteam.tayside@nhs.net

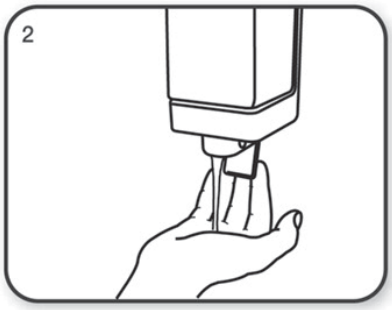
NHS Western Isles
Tel: 01851 708033
Tel: 01851 704704 (Out of Hours)
Fax: 01851 702036
E-mail: angelagrant1@nhs.net

Appendix 7 — How hands should be washed

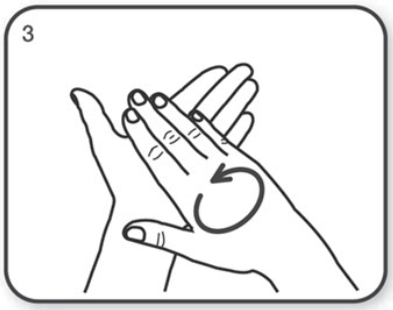
Source: World Health Organisation



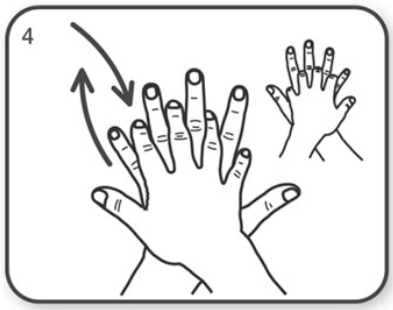
Wet hands with water



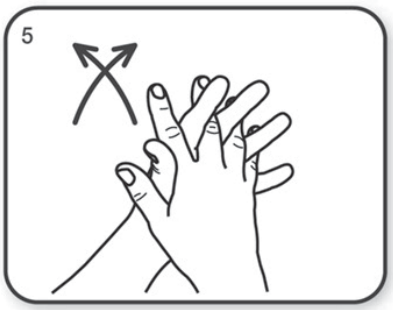
Apply enough soap to cover all hand surfaces



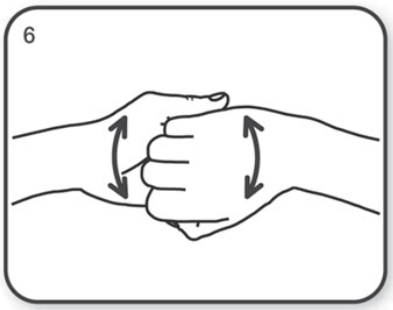
Rub hands palm to palm



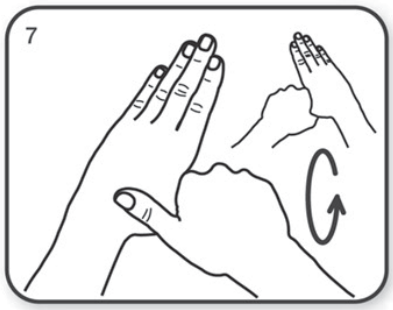
Right palm over the back of the other hand with interlaced fingers and vice versa



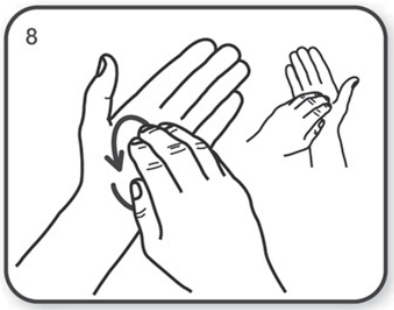
Palm to palm with fingers interlaced



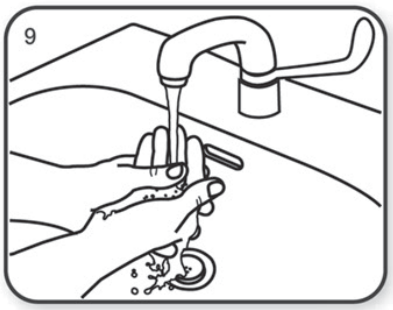
Backs of fingers to opposing palms with fingers interlocked



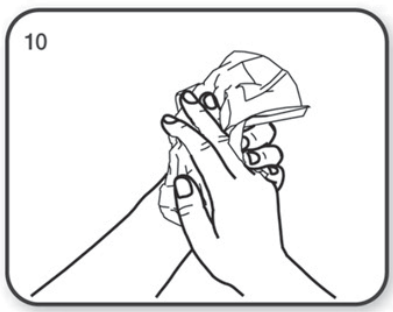
Rotational rubbing of left thumb clasped in right palm and vice versa



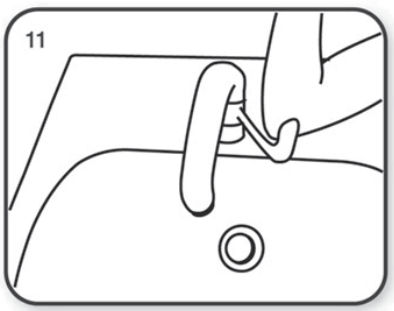
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



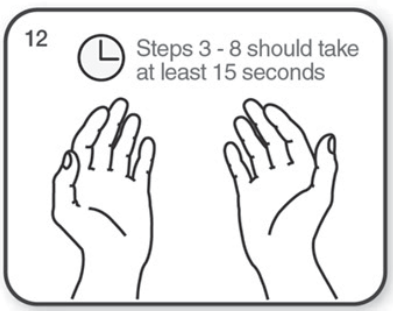
Rinse hands with water



Dry thoroughly with towel



Use elbow to turn off tap



...and your hands are safe

Appendix 8 — Toilet, potty and nappy changing

Safe nappy-changing

What you need	• A clean waterproof changing mat (do not use if torn or broken). • A clean nappy (disposable or non-disposable). • warm water and soap or disposable wipes. • The child's own tub or tube of barrier cream. Do not use shared tubs or tubes of barrier cream. • A plastic bag (or nappy sack) for the used nappy. • PPE for staff — a single-use disposable plastic apron and disposable gloves (on both hands). • Waste bin for disposable of disposable nappies or other container, if required, for re-usable nappies.
How you do it	• Put on PPE. Disposable nappy • Remove the nappy. • Put the dirty nappy in a plastic bag, tie the bag and put it in a lined bin for used nappies. • The bin must have a lid, and must not be in areas used for preparing or eating food, or where children play. Reusable nappy • Put disposable nappy liner and soiling in the toilet(If you live in a rural area and use a septic tank, put the liner and contents in a plastic bag, tie the bag and put in a lined bin for used nappies). • The bin must have a lid, and must not be in an area where food is prepared or eaten, or where children play). • Do not rinse the nappy before putting it in a bag. • Tie the bag and label with the child's name. • Put the bag in a sealed container meant for that purpose, where it can be securely left for collection by the child's parent/guardian. Cleaning and re-dressing the child • Gently clean the child's bottom using warm soapy water or disposable wipes (Rinse any soap away). • Dry the skin gently but thoroughly. • Check for nappy rash — if the child has a rash, tell their parent or guardian at the end of the day. • Dispose of gloves and put on a clean pair. • Apply the baby's own barrier cream Remove and dispose of gloves. • Put on a clean nappy. • Dress the child. • Wash child's hands. • Take the child back to the play area. • Clean the baby-changing mat with detergent and water (if body fluids present wear PPE). • Wash your hands.

Using potties

What you need	• A clean potty, a separate sink for cleaning the potty where available. If unavailable the sink must be disinfected as per section 5.5 after use. • A wash hand basin for washing your hands.
How you do it	• After the child has used the potty, put on PPE and put contents of the potty into a toilet. • Remove residue with toilet roll and flush down the toilet. • Clean the potty with detergent and water or paper towels with general-purpose detergent and hand-hot water. • Dry with paper towels (or kitchen roll). • Remove PPE, then wash your hands, then help the child to wash their hands. • Put potty in a clean, dry area — do not store potties one inside the other.

Using toilets

What you need	• A clean toilet and a hand wash basin.
How you do it	• Always inspect toilet area (including toilet seats) before used, and during the day to make sure visibly clean. • If needed, help children use the toilet and wash and dry their hands afterwards. Wash your hands after helping the children use the toilet.

Appendix 9 — Example of a cleaning schedule

NB In childminding settings there is no need to keep a record of this procedure

Cleaning schedule Start date:

Items and areas to be cleaned	How often the cleaning should take place	Method of cleaning (including whether the chemical needs to be diluted)	Monitor and record (signed by the person responsible for the cleaning)						
			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Appendix 10 — Keeping toys and equipment clean

Item	How to clean	Frequency	Comments
Ball pools.	General-purpose detergent and hand-hot water. The balls are usually cleaned in a string bag. Clean the ball pool at the same time with general-purpose detergent and hand-hot water. Dry with paper towels, or a clean towel that you wash after using it.	Inspect balls and pool before use and clean as necessary, or follow the manufacturers' instructions.	Do not allow children to eat or drink in the ball pools. Do not allow children who feel unwell to enter the ball pool. Remove any litter or damaged balls. If a child has a toilet accident in the ball pool, get all children out then clean all the balls and the ball pool at the same time. If you use a cleaning contractor, make sure that there is a written record to show the cleaning has been done.
Dolls.	General-purpose detergent and hand-hot water as necessary. Dry thoroughly with paper towels or a clean towel that you wash immediately after using it.	Inspect before use and clean as necessary.	Remove any damaged dolls and throw them away.

Item	How to clean	Frequency	Comments
Play dough and plasticine	Wash all the cutting tools using general-purpose detergent and hand-hot water. Dry thoroughly using paper towels or a clean towel that you can wash immediately after using it. If the tools do not have wooden parts, wash in dishwasher.	At least once a week.	Before and after using play dough or plasticine, children and staff must wash and dry their hands. Play dough and plasticine should not be used during any outbreak of an infection. You should replace the play dough and plasticine regularly, in line with the manufacturers' instructions. Store homemade play dough in an airtight container. Replace each week and if visibly soiled.
Soft toys.	Wash, when visibly dirty with general-purpose detergent and hand-hot water, rinse and dry. If toy is machine washable, wash using manufacturers' instructions.	Inspect before use.	Check that the toy is machine washable before you buy it.
Toy box and storage box.	Clean with general-purpose detergent and hand-hot water if visibly dirty.	Inspect before use.	
'Treasure basket' (sea shells, wood, leaves and so on).	Wipe clean with general-purpose detergent and hand hot water if dirty.	Inspect before use.	Wash hands after play.
Wooden toys.	Wipe clean with general-purpose detergent and hand-hot water if dirty.	Inspect before use.	

Other equipment

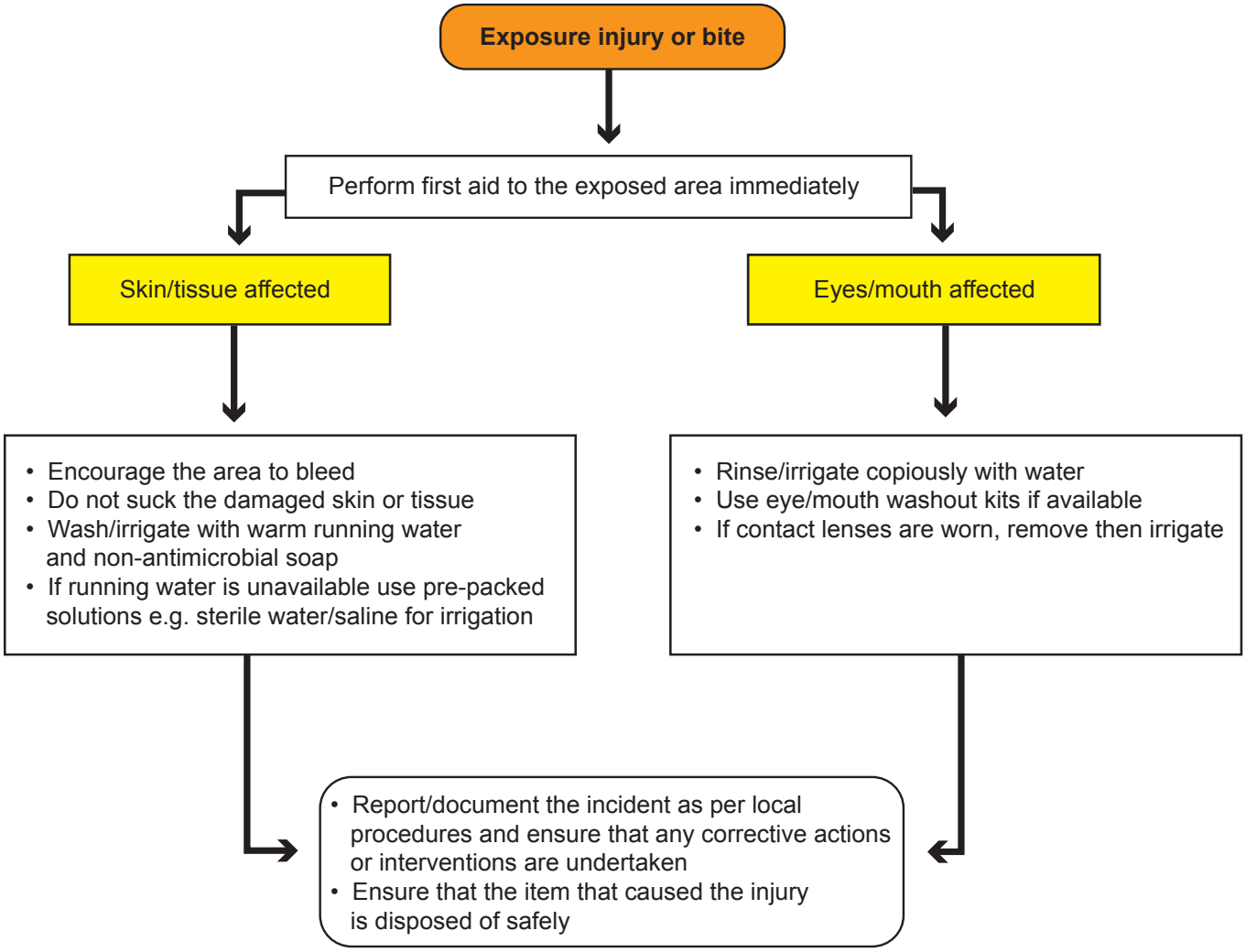
Item	How to clean	Frequency	Comments
Computers and electronic games.	Wipe over with non-antibacterial appropriate cleaning wipes and use in line with the manufacturers' instructions.	Inspect before use.	
Dressing up clothes.	Wash, when visibly dirty in washing machine or general-purpose detergent and hand-hot water, then rinse and dry.	Inspect before use.	Check that the clothes are machine washable before you buy them.
Paddling pools.	Follow the manufacturers' cleaning instructions or general-purpose detergent and hand-hot water between use.		Do not allow children in the paddling pool if they have had diarrhoea in the past 48 hours. After the paddling pool has been used, deflate and dry before you store it.
Play mats (fabric).	Clean in line with the Manufacturers' instructions ? machine washable	Inspect before use.	Check that play mats are able to be cleaned before buying them.
Play mats (plastic).	Clean with general-purpose detergent and hand-hot water as necessary, and dry thoroughly with paper towels or clean towel that you can wash immediately after use.	Every day and when visibly dirty	Inspect to check that the mats are intact. Throw away damaged mats.
Sleep mats or mattresses.	Clean with general-purpose detergent and hand-hot water as necessary, and dry thoroughly with paper towels or clean towel that you can wash immediately after use.	After every individual child use.	Inspect to check that the mats are intact. Throw away damaged mats/mattresses. Store in a dry clean area.
Prams and pushchairs.	Wash with general-purpose detergent and hand-hot water each week, or when dirty. Dry thoroughly with paper towels or a clean towel that you can launder immediately after using it.	Inspect each day for visible cleanliness.	Make sure that harnesses are clean and intact.

Item	How to clean	Frequency	Comments
Internal Sandpits and containers.	Clean the sandpit and container with general-purpose detergent and hand-hot water. Before refill, dry thoroughly with paper towels or a clean towel that you can launder immediately after using it.	Inspect before use. Change at the end of each term or when visibly dirty.	If the sandpit is outside, cover at night, when not in use and inspect before use.
Slides, swings, climbing frames and other outdoor equipment.	If contaminated by birds or garden pests, decontaminate as described in 'Dealing with spillages of body fluids' in section 5.5.	Before use, inspect for contamination by birds or garden pests.	If possible, cover at night.
Soothers/pacifier/ 'Dummy'	If dropped or removed clean under running water with a general purpose detergent, rinse and dry.	Inspect before use.	Single child use only.
Toothbrushes	After toothbrushing, rinse toothbrushes under a running tap, and then store them in a way that prevents them coming into direct contact with any other toothbrush or aerosols from toilets/ sinks.	Inspect before use.	Children must have their own toothbrush. Children should be supervised when brushing their teeth. Staff should wash their hands after helping children to brush their teeth. See the 'National Standards for Toothbrushing Programme Early Years & Childhood' at http://www.child-smile.org.uk/professionals/childsmile-core/toothbrushing-programme-national-standards.aspx.
Water play equipment	Wash with general-purpose detergent and hand-hot water, after each session. Dry the equipment thoroughly with paper towels or a clean towel that you can wash immediately after using it.	Inspect for general cleanliness.	Remove any damaged play equipment and throw it away.

Item	How to clean	Frequency	Comments
Play tables that become dining tables.	Clean surfaces with a 'food safe' cleaning product. General-purpose detergent and hand-hot water is satisfactory.	Clean before using for food.	Tables should be intact.
Compost & Gardening activities.	Gloves should be worn and hands washed after activity. Planting should occur either outdoors or on surfaces with disposable paper covering. Loose compost should be swept up and any contaminated surfaces or tools cleaned with detergent.		

Appendix 11 — Exposure injury or bite

Health Protection Teams
Name:.....
Designation:.....
Contact Number:.....
Exposure incident reporting
Name:.....
Designation: .....
Contact Number:.....



Appendix 12 — Membership of the Guideline Review Group (2015)

Name	Title	Organisation
Lisa Ritchie	Nurse Consultant Infection Control and Chair of the GRG	Health Protection Scotland
Jackie McIntyre	Senior Nurse Infection Control	Health Protection Scotland
Joyce O'Hare	Care Inspector	Care Inspectorate
Gwen Garner	Editor	Scottish Pre-School Play Association (SPPA)
Enid Lowe	Area manager	Scottish Childminding Association (SCMA)
Sylvia McKay	Childminder	National Daycare Nurseries Association (NDNA)
Jacqueline Barmanroy	Infection Control Nurse	NHS Glasgow
Ann Jack	Infection Control Nurse	NHS Tayside
Lynn Burnett	Health Protection Nurse Specialist	NHS Fife
Brian Auld	Environmental Health Officer	The Royal Environmental Health Institute of Scotland (REHIS)
Lisa McCabe	Education Officer (Early Years)	Education Scotland (Early Years)
Mohammad Nickdel	SHPN- GG Coordinator, and Coordinator of the GRG	Knowledge Management, PHI
David Rae	Healthcare Scientist	Health Protection Scotland
Stephanie Burns	Administrator	Health Protection Scotland

Appendix 13 — Putting on and removing PPE

- Keep hands away from face and PPE being worn.
- Change gloves when torn or heavily contaminated.
- Limit surfaces touched in the patient environment.
- Always clean hands after removing gloves.

Not all items of PPE will be required.
The order for putting on PPE is Apron, Surgical Mask, Eye Protection (where required) and Gloves.
The order for removing PPE is Gloves, Apron, Eye Protection, Surgical Mask.

1. Putting on Personal Protective Equipment (PPE).

- **Perform hand hygiene before putting on PPE**

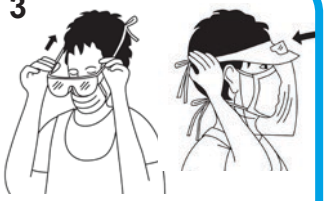
1

Apron
Pull over head and fasten at back of waist.

2

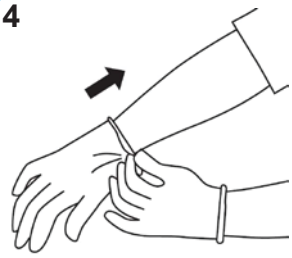
Surgical mask
Secure ties or elastic bands at middleof head and neck.Fit flexible band to nose bridge.Fit snug to face and below chin.

3



Eye Protection
(Goggles/Face Shield)
Place over face and eyes and adjust to fit.

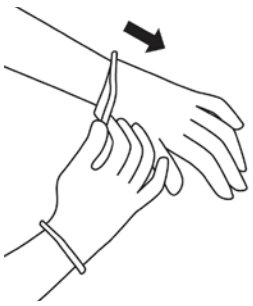
4



Gloves
Select according to hand size.Extend to cover wrist.

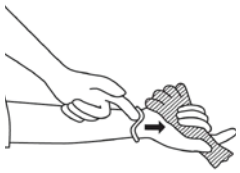
2. Removing Personal Protective Equipment (PPE)

5



Outside of gloves are contaminated.
Grasp the outside of the glove with the opposite gloved hand; peel off.

6



Hold the removed glove in the gloved hand.
Slide the fingers of the ungloved hand under the remained glove at the wrist. Peel the second glove off over the first glove. Discard into an appropriate lined waste bin.

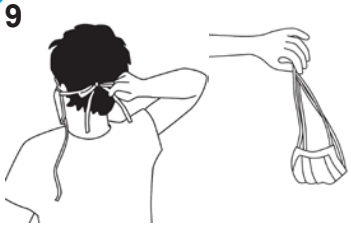
7

Apron
Apron front is contaminated.
Unfasten or break ties.
Pull apron away from neck and shoulders touching inside only.
Fold and roll into a bundle. Discard into an appropriate lined waste bin.

8

Eye Protection
Outside of googles or face shield are contaminated.
Handle only by the headband or the sides.
Discard into a lined waste bin or place into a receptacle for reprocessing/ decontamination.

9



Surgical Mask
Front of mask is contaminated - do not touch.
Unfasten the ties - first the bottom, then the top. Pull away from the face without touching front of mask. Discard disposable items into an appropriate lined waste bin.

- **Perform hand hygiene immediately on removal.**

Adapted from the National Infection Prevention and Control Manual (NIPCM), available at: http://www.nipcm.hps.scot.nhs.uk/.
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