



Infection Prevention and Control (IPC) Protocol for Hand, Foot, and Mouth Disease (HFMD)

Introduction

Hand, Foot, and Mouth Disease (HFMD) is a highly contagious viral illness primarily caused by Coxsackievirus A16 and Enterovirus 71. It is transmitted through direct contact with respiratory secretions, faeces, and contaminated surfaces (World Health Organization [WHO], 2011). Effective infection prevention and control (IPC) measures are essential in reducing transmission in healthcare facilities, schools, and childcare centres.

IPC Protocol for Healthcare Settings

Hand Hygiene

- Healthcare workers must practice frequent handwashing with soap and water, especially after patient contact, handling body fluids, and touching contaminated surfaces (Centers for Disease Control and Prevention [CDC], 2024).
- Alcohol-based hand sanitizers (ABHS) should be used when soap and water are unavailable but should not replace handwashing when hands are visibly soiled.

Personal Protective Equipment (PPE)

- Gloves should be worn when handling body fluids, changing diapers, or cleaning contaminated surfaces.
- Face masks should be used when providing care to symptomatic patients to prevent droplet transmission (CDC, 2024).
- Gowns should be worn if there is a risk of exposure to body fluids.

Patient Isolation and Cohorting

- Patients diagnosed with HFMD should be isolated in a designated area to prevent nosocomial transmission (WHO, 2011).
- Cohorting symptomatic patients in separate rooms or sections of the facility is recommended.

Environmental Cleaning and Disinfection

- High-touch surfaces (e.g., bed rails, door handles) should be cleaned at least twice daily using an approved disinfectant (CDC, 2024).
- Medical equipment must be cleaned and disinfected between uses.

IPC Protocol for Schools

Hand Hygiene and Respiratory Etiquette

- Students and staff should wash hands frequently, especially before meals and after using the restroom (WHO, 2011).
- Coughing or sneezing should be done into a tissue or the elbow, followed by handwashing.

Symptom Monitoring and Exclusion Policy

- Schools should conduct daily health checks to identify symptomatic children.
- Children diagnosed with HFMD should remain home until fever-free for at least 24 hours without medication and until blisters dry up (Ministry of Health [MOH], 2019).

Disinfection of Shared Spaces

- Classrooms, desks, and high-touch surfaces should be disinfected regularly.
- Shared items such as toys, books, and learning materials should be cleaned daily (MOH, 2019).

IPC Protocol for Childcare Centres

Hand Hygiene and Diaper Changing Practices

- Caregivers should wash hands before and after diaper changes, feeding, and assisting children in the restroom (CDC, 2024).
- Diaper-changing stations should be disinfected after each use.

Isolation and Exclusion Policy

- Infected children should be separated from others until they recover (WHO, 2011).
- Caregivers should notify parents immediately if a child shows symptoms of HFMD.

Cleaning and Disinfection

- Toys and shared objects should be disinfected daily.
- Bedding and sleeping mats should be cleaned regularly (MOH, 2019).

Waste Management

- Used tissues, diapers, and PPE should be disposed of in sealed waste bags.
- Facilities should follow local regulations for infectious waste disposal (CDC, 2024).

Conclusion

Proper implementation of IPC measures can significantly reduce the spread of HFMD in healthcare, school, and childcare settings. Frequent hand hygiene, environmental cleaning, proper PPE use, and early identification of cases are crucial strategies for containment.

For more information on HFMD see: https://www.nicd.ac.za/diseases-a-z-index/hand-foot-and-mouth-disease/

References

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