

General Welfare Requirement: Safeguarding and Promoting Children's Welfare

The provider must promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill.



Infection Control Policy

Reviewed June 2020

Policy statement

Good infection control measures are essential to protect children, families and staff. This can only be achieved with education and awareness. This policy aims to provide information on the control and management of infection at the Kennford Playbox.

We recognise that Preschools generally, are an ideal environment for the spread of infection and infectious diseases. Young children (aged 2-4), in particular those who attend pre-school facilities, may be more susceptible to infection and infectious diseases because:

- They have an immature immune system and will not have had previous encounters with some micro-organisms which cause infection;
- They will not have completed their full course of childhood immunisation.
- Their degree of close contact with other young susceptible children;
- Their lack of understanding due to their age of the importance of good hygiene practices
- The tactile nature of children's play and their natural intimacy with others;

The Kennford Playbox aims to provide children with a safe environment for growth, development and learning.

Procedures

Personnel

Our infection control manager is Mrs. Dawn Westcott (Co-manager) although all setting adults have a duty to ensure that sensible measures are taken in order to reduce infection.

It is the responsibility of the manager, committee and staff to ensure that:

The environment is visibly clean, free from dust and soiling, and acceptable to parents and staff.

There is an adequate supply of washbasins placed in strategic places, e.g. nappy changing areas, toilets, food-preparation areas etc.

Persons employed for the operation, management and supervision of this facility have adequate qualifications, experience and training.

Measures are taken to preserve the health and well-being of children, families and employees, and any child or employee who is sick is excluded from the preschool for the recommended time (as stated in The Spotty Book – staff should check that an up to date copy is downloaded on an annual basis from www.devon.gov.uk/docbank.spottybook)

A supply of plastic aprons and (non-sterile) waterproof gloves are available to be used when clearing up ALL bodily fluids and especially in cases of infection and outbreaks to clear up extensive faecal contamination and spillage of blood and body fluids. Staff should note, that it isn't always apparent whether you are dealing with one case of sickness or diarrhoea or the start of a more serious outbreak. Care needs to be taken at all times.

Staff should be aware of the following;

- Basic principles of hygiene (hand washing, not sharing personal items such as toiletries, combs etc).
- General knowledge of infectious diseases and parasitic infections, including modes of spread.
- The need to report personal illness and exclude themselves from work if suffering from an infectious disease.
- The importance of keeping a permanent record of illness occurring in children and staff.
- The need to wear disposable waterproof gloves in situations where contact with blood or body fluids is expected, to prevent the transmission of blood-borne pathogens.

Staff health

It is good practice for all new staff to complete a pre-employment questionnaire prior to commencing of work. This should include immunisation history.

Female workers of child bearing age should ensure that they are immune to rubella (German measles) and chickenpox as they may be at risk of exposure to these infections. A blood test can confirm immunity if unsure of previous vaccination status or exposure to the disease.

Such women are advised to seek the advice of their occupational health department or family doctor (GP) regarding this and consider any necessary immunisation e.g. MMR &/or varicella vaccine where appropriate.

Modes of transmission / Spread of disease

Infections and communicable diseases can be spread in a variety of different ways.

Person to Person - Direct personal contact with contaminated body secretions or excretions, particularly via hands, or by kissing, or biting. Spread of organisms by coughing, sneezing, spitting and talking can also occur through contact with small droplets.

Indirect personal contact via contaminated objects or materials such as toys, pencils, handkerchiefs, soiled clothing and crockery.

Common source - Food, water, body fluids, blood or blood products can act as vehicles for the spread of infectious agents. (Hepatitis B & C virus, and the HIV virus which is the cause of AIDS, cannot be transmitted through normal social contact and nursery activities.)

Airborne - Many infections (including a number of respiratory ones) spread in the air via minute particles produced as a result of coughing or sneezing. Spread can also occur through larger droplets (as described under "direct personal contact" above) or through dust.

Vehicles of spread - In the UK, vehicles including flies, cockroaches, fleas and mosquitoes and rodents (mice and rats) quickly spread infection by simple physical transfer, e.g. bacteria carried on the footpads of flies.

Immunisations

Immunisation is the safest and most effective way of protecting children against serious infectious diseases and it is strongly recommended that children should be fully immunized. There is little doubt that, in combination with other public health measures, immunisation programmes have been successful in reducing the incidence of disease and related

deaths in the UK. When enough people are immunized, the disease is less likely to be transferred from one person to another and so there is less disease in the community as a whole.

Recommended Immunisations Schedule 0–5 Years

- By the age of two all children should have received three doses of Diphtheria/Pertussis (whooping cough) / Tetanus/ Polio/ Haemophilus Influenzae type b (Hib) and Meningococcal C immunisations and at least one dose of Measles/ Mumps/ Rubella (MMR).
- By the age of five all children should in addition have had a booster of Diphtheria/Acellular Pertussis (whooping cough)/Tetanus, Polio and a second dose of Measles/Mumps/ Rubella (MMR).

Hand Hygiene

Why is hand washing so important?

Hands are used for all sorts of activities during the course of a day and can become easily contaminated, e.g. after we have been to the toilet or during nappy changing. Germs on a child's hand can easily be passed to other children's hands by direct contact or by contamination of objects, e.g. toys. Once on the hands it is easy for germs to get into the mouth. Many infections are spread this way. If hands are thoroughly washed, for example after using the toilet, the number of germs carried will be greatly reduced. Washing hands before eating helps to further reduce the risk of eating germs that may have contaminated hands.

Hand washing facilities

- There should be an adequate supply of washbasins in strategic places, e.g. nappy-changing areas, toilets, food-preparation areas etc
- Washbasins should be placed at a height that will enable children to wash their hands easily.
- **Warm water should be available** since children are more likely to wash their hands if the water is comfortably warm. Also soap will produce a better lather in warm water and so clean hands more effectively.
- **It is recommended that liquid soap always be used** as bar soap can quickly become contaminated with germs. Liquid soap dispensers should be simple to use and easy to clean, and have disposable pack inserts of a microbiologically clean product. Topping-up is unsafe and should never be permitted. The agents selected should be assessed locally as acceptable and non-harmful to the skin.
- **It is recommended that paper towels and tissues be provided** and placed within easy reach of the sink, but beyond splash contamination. Thorough drying following hand washing is important: this mechanical process probably removes more bacteria than any other part of the hand washing procedure. Recent evidence demonstrates that the presence of bacteria is reduced by 91% simply by thoroughly drying hands with a paper towel. Paper hand towels dry hands rapidly, and several people at once can use dispensers, but they represent ongoing costs both in consumables and disposal of resulting waste. They are, however, considered to result in the lowest risk of cross infection and are the preferred option, as shared cloth or roller towels may become contaminated and lead to the transmission of infection.

Key points for hand hygiene

Staff and children should follow the recommended hand washing procedure as follows to reduce the risk of disease transmission in the setting.

- 1) Wet hands under running water.
- 2) Apply liquid soap.
- 3) Rub hands vigorously without adding more water for at least 10 seconds.

- 4) Wash all surfaces, including back of hands, wrists, paying particular attention to fingertips, thumbs and between fingers.
- 5) Rinse hands well under running water.
- 6) Dry hands, preferably with a single use disposable paper towel.

Staff must wash their hands:

- a) When they enter the setting in the morning, and before going home.
- b) Before they prepare, serve or eat food.
- c) After they change nappies, handle soiled clothing, or wipe the nose of a child.
- d) After any cleaning procedure.
- e) After contact with blood or body fluids.
- f) After they have been to the toilet, either themselves or with a child.
- g) After handling pets, pet cages or other pet objects.
- h) After outdoor activities (e.g. playing with children in a sandpit).
- i) Before giving or applying medication to a child or self.

Additional points on hand hygiene for staff

- Keep nails short and clean
- Remove nail varnish at work
- Artificial nails should not be worn at work
- Remove jewellery i.e. rings with stones or ridges, wristwatches or bracelets before washing hands.

Children should wash their hands:

- a) Before they eat or drink.
- b) After they use the toilet, and after having their nappies changed.
- c) After they come into contact with a child who may be sick.
- d) After playing on the playground.
- e) After handling pets, pet cages or other pet objects.
- f) After blowing their nose.
- g) After putting their hands in their mouth
- h) After putting hands inside their pants.

How else can hands be protected? Any fresh abrasions, cuts etc on hands should be covered with an impermeable waterproof dressing.

Who else can help? The Health Visitor or Health Protection Agency can assist in education on personal hygiene and hand washing.

Toileting

Children on the toilet

Children will only develop good hygiene practices if they are provided with adequate facilities, for example:

- Clean child size toilets, preferably with lids to the seats.
- Adequate supplies of soft toilet tissue in each toilet cubicle.
- Hand washing facilities. Children should not have to leave the toilet area to reach washbasins. If hand-washing facilities are some distance from the toilets, children will either not wash their hands (because it is inconvenient or they forget) or they may contaminate other children and objects before washing their hands.

Children should be supervised to ensure they wash their hands for 20 seconds after using the toilet.

Children in nappies

- At Kennford Playbox we accept children who are still in nappies, we have appropriate facilities for changing nappies.
- Clean nappies should be stored at a convenient distance from the nappy changing area provided by the parent to prevent cross-contamination.
- A supply of disposable gloves and aprons is available, for use at all times.
- Hand washing facilities for staff (hand-wash basin, liquid soap, paper towels) must be available in the nappy changing room.
- The nappy changing area should be placed away from the food preparation/storage areas and any areas where food is consumed.
- Staff undertaking nappy changing should not be involved in the preparation of food.
- The nappy-changing surface should be smooth, non-absorbent and easily cleaned as changing mats can become contaminated and act as a reservoir for germs. All mats should be checked weekly for breaks or tears in the covering.
- Nappy changing mats and surfaces within the designated area should be wiped with hot soapy water and dried or wiped with a baby wipe after every change, when visibly soiled, and at the end of each day.
- The area should be cleaned daily and whenever visible contamination occurs.
- Children's skin should be cleaned with a disposable wipe or cotton wool.
- Used disposable nappies should be wrapped in a nappy sack, discarded into nappy bin. This bin should be kept away from the reach of children.
- Staff must wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing area.

Children on Potties

- Potties should be used only in a designated area (e.g. in toilet or nappy changing areas), away from play facilities and away from where food and drink are prepared or consumed.
- Hand washbasins suitable for use by children and adults should be available in areas where potties are used.
- After use, the contents of the potty chair should be emptied into the toilet. The potty chair should then be washed in hot soapy water in a sink used only for this purpose, and dried. It must not be washed in a sink used for washing hands.
- Staff should wear disposable gloves while emptying and cleaning potties. They should then thoroughly wash the gloves, and **wash hands**.

Children should be supervised to ensure they wash their hands for 20 seconds after using the potty.

Environmental Cleaning (general areas)

A clean environment is essential to prevent the spread of infection, as germs cannot grow on a clean dry surface. It is important to make sure any damaged surfaces are replaced, since germs can accumulate and survive in rough areas and scratches. Generally, using a neutral detergent, hot water and drying will be adequate for most surfaces and furniture. Disinfectants should not be used for environmental cleaning unless absolutely necessary, as they can be both harmful and toxic.

1. **Floor, low shelves, doorknobs** and other surfaces often touched by children wearing nappies should be cleaned with clean water and detergent solution: do not use disinfectants for general cleaning.
2. **Basins & taps (excluding kitchens):** Clean at least daily with detergent solution.
3. **Bins:** Clean daily with detergent solution.
4. **Buckets:** Wash after use with detergent solution. Dry and store inverted.
5. **Carpets:** Vacuum daily. There should be a schedule for cleaning carpets at least six monthly.
6. **Vacuum cleaners:** Change the air filter regularly according to the manufacturer's instructions. Wipe detachable tools with a detergent solution.
7. **Cloths/Dusters:** Use disposable ones and throw away at the end of each day.
8. **Drains:** Clean daily with a detergent solution. Never clean drains with disinfectant.
9. **Furniture:** Surfaces should be damp-dusted daily with colour coded disposable cloths.

10. **Mops:** Use detachable mop heads. Wash after use in hot, soapy water, wring out and store mop inverted to dry. Separate mops for toilets (red) and for main area (blue)
11. **Toilet bowls, toilet seats and flush handles:** Clean at least daily using hot water and detergent. Disinfectant is not routinely required. In addition there should be arrangements for regular checks on toilet areas so that any accidental spillage or contamination can be dealt with promptly.
12. **Tabletops:** Must be cleaned immediately prior to serving food, and after.
13. **Toys, water and sand pits**
14. Sharing of toys amongst the children is a matter of routine. The problem of infection in children is aggravated by the normal behaviour of children themselves:
 - Both well and unwell children handle toys.
 - Toddlers between the ages of two and four have been observed to put a hand or an object in the mouth once every three minutes.
 - Close contact of young children is almost constant unless children are specifically segregated.
 - Younger children are incontinent of faeces before toilet training.
 - Younger children lack proper personal hygiene because of their age.
15. A number of environmental items including toys have been thought to be implicated in the transmission of germs. If toys are shared they should be capable of being thoroughly cleansed. A schedule for regular cleaning has been devised, depending on the kind of toy and the likelihood of soiling.
16. **Soft toys:** Infections have been transmitted by toys. Soft toys in particular may be a problem and should be discouraged. If soft toys are to be used in play, staff should ensure that they are machine washable to ensure that adequate cleaning can be carried out should they become contaminated with body fluids.
17. **Hard-surfaced toys:** Should be cleaned regularly using hot soapy water followed by drying as frequently as necessary.
18. **Mechanical toys:** Should be surfaced wiped with a damp cloth that has been rinsed in hot water and detergent and then dried.
19. **Play dough/plasticine:** Skin lesions should be covered and hands washed before and after play. Replace soft modelling materials and dough regularly.
20. **Books:** Inspect weekly and wipe surfaces. Books that are visibly soiled/contaminated with body fluids should be discarded. Books with signs of dampness or mildew should also be disposed of.
21. **Water Activities must be closely supervised.** Water will be emptied daily wiped clean and inverted to dry.
22. **Sand pits:** Sand may on occasions act as a vehicle for spreading infection. The pit must be capable of draining properly and will require regular raking, ideally on a daily basis but never less than weekly. Sand should be changed every term or when it becomes discoloured or foul smelling. The aim should be to keep the sand as dry as possible and inaccessible to pets and pests. Sand play structures with covered lids are fine as long as:
 - a) They do not allow water to pool.
 - b) They have air holes to allow air circulation.

When an outbreak of gastroenteritis occurs, play with sand, water and plasticine/play dough and cooking should be suspended until the outbreak is over.

Animals in nursery (permanent or visiting)

Animals may carry infections, especially gastroenteritis. Guidelines for protecting the health and safety of the children should be followed.

- Animal living quarters should be kept clean. Do not wash cages etc in food hygiene areas. All waste should be disposed of regularly. Litter boxes should not be accessible to children or pregnant staff.
- Young children should be supervised when playing with animals and **must wash their hands after handling animals.**

Head Lice

Head louse infection is a problem of the whole community. Parents start to worry more about lice when children start to socialize within group settings as they think the lice are being caught there. In fact many infections are caught from family

and friends in the home and community. It is not just children who get lice: adults get them too. You can get head lice if you hold your head still, pressed firmly for at least one minute, against the head of someone who has lice. Many people only realize they have head lice when itching starts. By then they may have had head lice for 2–3 months without knowing it. However, some people never get the itch. They may have a few lice on their heads for years without knowing it, and can pass them on to other people.

Parents should be advised to examine children regularly for signs and symptoms of infection and arrange prompt treatment. Advice may be sought from their local Health Visitor or GP.

Female staff/parents in the setting: pregnancy

Some infections can pose a risk to the unborn child if acquired by the mother during pregnancy. These include:

- **Chickenpox** - This can affect the pregnancy of a woman who has not previously had the disease. If she is exposed in the first 20 weeks or last three weeks of pregnancy she should seek prompt medical advice from her GP/antenatal clinic.
- **German measles (Rubella)** - The unborn child can be affected if an expectant mother who is not immune to German measles is exposed in early pregnancy. It is strongly recommended that all children be vaccinated against German measles as this greatly reduces the risk of exposure. Any non-immune expectant mother who is exposed to German measles should seek advice from her GP/antenatal clinic.
- **Slapped cheek disease (parvovirus)** - Occasionally this condition can affect an unborn child. Any woman exposed early in pregnancy (before 20 weeks) should promptly inform whoever is giving her antenatal care.
- **Cytomegalovirus (CMV)** - This is a common virus, from the same group as the chickenpox virus. Most of us pick it up in childhood, often without knowing it. Practising good hygiene, i.e. hand washing, will help prevent it, but expectant mothers who are exposed to a known case should inform whoever is giving them their antenatal care.

Cleaning up body fluid spills

- Spills of body fluids: urine, faeces and vomit must be cleaned up immediately.
- Wear disposable gloves and remove as much of the spillage as possible by mopping up with absorbent toilet tissue or paper towels: these can be disposed of by placing into a plastic waste sack (or flushing down the toilet if there are only small amounts).
- For spillages indoors, clean the area with detergent and hot water, rinse and dry.
- For spillages outdoors (e.g. playground), sluice the area with water.

Cleaning up body fluid spills – blood

- Blood spillages must be cleaned up immediately.
- Wearing disposable gloves and apron, remove as much of the spillage as possible by mopping up with absorbent toilet tissue or paper towels.
- It is not necessary to use household bleach to clean the area. Thorough cleaning with detergent and water will suffice. How well the cleaning is done is more relevant than the chemical used.
- If however decontamination with chemicals is chosen, then the following guidance should be followed.
- Cover area with paper towels and then soak towels with 10,000 ppm 1% hypochlorite solution e.g. Milton 2 diluted 50/50 with cold water, or 1 part Domestos and 10 parts water. Alternatively sprinkle chlorine-releasing granules on spill. Leave at least two minutes before clearing away.
- Clean area with detergent and water.
- Hands should be washed after removing gloves and apron.
- Blood or other body fluid spillage on carpets and upholstery should be cleaned with warm soapy water or a proprietary liquid carpet shampoo, since the use of hypochlorites may discolour fabrics.
- Blood on clothing should be treated by simply washing, preferably in a washing machine.

Cuts and bites

- **Cuts** - When dealing with cuts and nosebleeds, staff should follow the setting's first aid procedure: the incident should also be recorded in the accident book. It is good practice for staff to use disposable gloves when dealing with all wounds. If such an approach is used there is a negligible risk of blood-borne virus spread.
- **Human Bites** - Human mouths are inhabited by a wide variety of organisms, which can be transmitted by bites. Human bites which break the skin are more likely to become infected than dog or cat bites. There is a theoretical risk of transmission of Hepatitis B from human bites. Though HIV can be detected in the saliva of people who are HIV positive, there is no documented evidence that the virus has been transmitted by bites.
If a bite does not break the skin
 1. Clean with soap and water.
 2. No further action required.**If a bite breaks the skin**
 1. Clean immediately with soap and water.
 2. Record incident in Accident Book.
 3. Seek medical advice:
 - a. To treat potential infection.
 - b. For reassurance and information on HIV and Hepatitis B infection.
- **Animal bites** - In the UK there have been no reported cases of rabies, therefore vaccination is not required. If an animal bite breaks the skin, wash with soap and water and seek medical advice about possible need for treatment to prevent infection, e.g. antibiotics/tetanus.

Diarrhoea and/or vomiting outbreak

Where several related cases of an infection occur, it will be necessary to investigate the outbreak more thoroughly. The steps required to investigate an outbreak of disease are outlined below. Several steps in the sequence may run in parallel.

1. Inform your manager/committee if you believe you have a problem i.e. more than expected numbers of children off ill or displaying symptoms.
2. Inform the Early Years Team
3. Inform Environmental Health Department
4. Make a list of children and staff with symptoms: the Environmental Health Officers will require this to follow up cases. **A template form is available in the 'spotty book'**
5. The Environmental Health Office will assess the situation and decide what, if any, further action is necessary either to investigate the source of the outbreak or to stop further spread.
6. Where necessary a member of the Health Protection Unit may visit the setting and offer further advice and information for parents.

The list should include:

- a. A list of the names, ages, addresses, telephone numbers and GPs of the children/staff who are ill (it is good practice to hold routinely a list of the phone numbers and GPs).
- b. The start date of the illness.
- c. The main symptoms.
- d.

The list should be up-dated daily.

Also note the following:

- What is the usual percentage of children absent? Has this changed?
7. Ensure domestic staff are aware of the situation so that environmental cleaning can be increased (especially toilets/door/flush handles) and regular checks on toilet areas made.
 8. Ensure hot water, soap (preferably liquid soap) and paper towels are available in the toilets of both children and staff.

9. Staff should reinforce good hand hygiene with children, especially after going to the toilet and before eating and drinking – supervision of hand washing should be undertaken.
10. Objects which can become contaminated when handled by children or when they put them in their mouths are of particular significance, e.g. toys should be cleaned and dried after use.
11. Exclude children with symptoms from the preschool until they have been symptom free for 48 hours.
 - Advise staff members with symptoms to refrain from work until they have been symptom-free for 48 hours.

When an outbreak of gastroenteritis occurs, play with sand, water and plasticine/play dough and cooking should be suspended until the outbreak is over.

Exclusion of Children

Some infections are minor and excluding a child from preschool cannot be justified but in other cases, e.g. diarrhoea and vomiting, exclusion could significantly reduce the risk of spread of infection. For some other infections, the organisms, which cause disease, are commonly found among apparently healthy people and this will influence the advice on whether it is appropriate to exclude children. There are some general rules about exclusion:

1. Children who are not well should **not be at nursery, pre-school or school**, even if they are not infectious, but in specific circumstances staff may use their discretion about attendance with confirmed non-infectious illness.
2. Children with diarrhoea &/or vomiting should not be in nursery, preschool or school (unless the diarrhoea is known to be due to a non-infectious cause e.g. coeliac disease). This rule also applies to staff.
3. Children and staff should stay away from nursery, pre-school or school until they have been **symptom free for 48 hours**.
4. Some children may have other illnesses, which affect their immunity (e.g. leukaemia, HIV disease). The parents of these children should be warned if there are cases of infectious diseases in the nursery or school, particularly chicken pox, shingles or measles.
5. Children who have been prescribed antibiotics can usually return to nursery or school before they have completed the course providing they feel well

Suspected Meningococcal Infection

Meningitis is a rare disease. Around 2,000 cases are reported each year in England and Wales (population 52 million), which means that a GP might see only one or two cases in his/her entire career. Meningitis is largely a seasonal disease: rather than being spread throughout the year, cases in the UK mainly occur in winter.

When a case occurs in a child who attends the setting, the most important thing is that all parents are given adequate information. Usually this will be in the form of a letter from the manager and a meningitis information leaflet.

- a. On notification of a suspected case of meningococcal infection to Health Protection Agency.
- b. Information leaflets will be provided for the preschool for distribution to parents and staff.
- c. It is important that parents are informed of a possible case of meningococcal infection in writing by the manager.
- d. A member of the Health Protection Unit will be available to speak to parents or guardians and staff as requested.
- e. Contact tracing is not necessary in isolated cases. The HPA will decide who, if anyone, needs to be given antibiotics (usually close family members living in the same household). **There is no increased risk to other children from an isolated case in a nursery, and antibiotics are not required.**
- f. In the unlikely event of there being two or more cases which are thought to be connected in the setting, the Health Protection Unit would consider further control methods.

Legal framework

EYFS – ‘Providers should discuss with parents the procedure for children who are ill or infectious. This should include the possibility of exclusion as well as the protocol for contacting parents or another adult designated by the parent if a child becomes ill or receives minor injuries whilst in the provider’s care’.

‘If providers have reason to believe that any child is suffering from a notifiable disease identified as such in the Public Health (infectious diseases) Regulations 1988, they should inform Ofsted. Provider’s should act on any advice given by the Health Protection Agency and inform Ofsted of any action taken’.

It is important to follow any government or advice given when in an epidemic/pandemic situation in order to minimise the spread of infections.

Further guidance

Health Protection Agency (Guidance on infection control in schools and other settings)

<http://www.devon.gov.uk>

<http://www.nhs.uk/Planners/birthtofive/Pages/Infectiousillnesses.aspx>

Health and Safety Executive

Spotty Book

This policy was reviewed by	Kennford Playbox	<i>(name of provider)</i>
On	_____	<i>(date)</i>
Date to be reviewed	June 2022	<i>(date)</i>
Signed on behalf of the provider	_____	
Name of signatory	Marie MacFarlane	
Role of signatory (e.g. chair, director or owner)	Chairperson	