

Hanover Street School (Nursery)



Infection Prevention & Control Policy

<u>Relevant Performance Indicators</u>		
<i>Care Inspectorate Quality Statements</i>	1.3 2.2 3.3	We ensure that: <ul style="list-style-type: none">• service users' health and wellbeing needs are met• the environment is safe and service users are protected• we have a professional, trained and motivated workforce which operates to National Care Standards, legislations and best practice
<i>HGIOELCC Quality Indicators</i>	2.1	Safeguarding and Child Protection <ul style="list-style-type: none">• national guidance and legislation
<i>National Care Standards</i>	2.4	You can be confident that: <ul style="list-style-type: none">• the service conforms to all other relevant legislation on accommodation and facilities;• staff keep all play equipment clean and well maintained;• staff take measures to control the spread of infection; and• staff make sure that children and young people do not have access to inappropriate materials

Last Updated: January 2017

Review Date: January 2019 (or sooner if legislation dictates)



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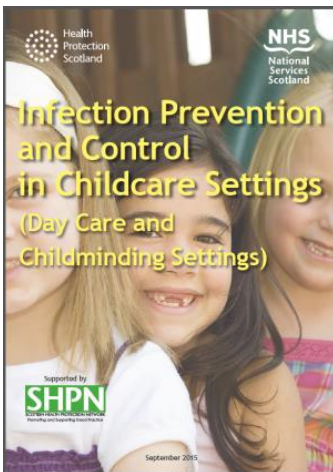
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1. Relevant Policy and Legislation

“Staff working with children in childcare settings have a ‘duty of care’ to provide a safe environment for children.”

(page 1, Infection Prevention and Control in Childcare Settings: September 2015, Health Protection Scotland)



This is the main policy and legislation with regards to infection prevention and control.

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 is also used by our staff when involved in any outdoor activities for children.

2. Aims

Hanover Street is a school with a strong, positive ethos where our vision is for every child and parent to be and feel happy & healthy, nurtured, respected and above all, safe.

We aim to:

- Work as a team, led by the nursery manager (Depute Head Teacher) to ensure the above policy and legislation is followed, and revised as and when necessary;
- risk assess and have procedures in place to reduce infection risk;
- act promptly and professionally in the event of any infection;
- be open and transparent with parents/carers, keeping them informed of any infections so that the health and welfare of the children and staff is always put first.



3. Responsibilities

It is the responsibility of the **manager** to ensure that any children, parents and members of staff who have a contagious illness are excluded from the nursery for the recommended period of time. (see appendix 1)

The **manager** has a responsibility to inform parents and carers when their child enters the setting with a contagious illness, the **manager** must also inform all parents if more than 10% of the children attending the setting have a contagious illness.

All members of staff have a responsibility to ensure that if any child arrives at the setting unwell, management/senior staff must speak with the child's parent before a decision is made as to whether the child should remain at nursery or go home.

All members of staff have a responsibility to ensure that they do not attend the nursery if they have an infectious illness; this will assist in preventing the spread of any infectious illness.

4. Implementation

Hanover Street School Nursery aims to prevent the spread of illness/infection by adhering to the following procedures:

Risk Assessment

- In line with Health and Safety Executive and Aberdeen City Council guidance, risk assessments will take place and be reviewed and updated regularly.

Infection Risk

- All staff will be trained in Standard Infection Control Precautions (SICPs)
- Children will be supervised when exposed to pets.
- Special days/activities will be planned ahead.
- Advice from our local Health Protection Team will be sought when required.



Standard Infection Control Precautions (SICPS)

- Through discussion with parents, children with any specific health issues (which may mean they are at a higher risk of infection) will be identified. This will be discussed, recorded and catered for.
- Staff are knowledgeable about hand hygiene and respiratory and cough hygiene, and will model, develop, supervise and reinforce this with the children regularly. (see appendices 2 and 3)
- Personal Protective Equipment (PPE), which includes single-use disposable gloves and single-use disposable aprons, will be used when required. Blue aprons will be used in food preparation/serving; white aprons will be used in aspects of care (e.g. nappy changing). Hands will be washed before and after putting on/taking off PPE.
- Staff will keep the nursery environment as clean and dry as possible, ensuring equipment is safe, clean and ready for use.
- Cleanliness checks will be undertaken every day; related records of cleaning (toys and equipment) will be maintained. (see appendix 4)
- Nappies/soiled underwear and clothes will be changed in an area separate from where food is prepared or eaten, and where children play. Guidance over nappy changing procedures will be given and displayed in the nappy changing area for reference. (see appendix 5)
- Staff and parents will be encouraged to raise their concerns about cleanliness
- Spillages of blood and body fluids and any exposure injuries (needles or bites) will be dealt with in line with Aberdeen City Council policy. (see appendix 6)
- Waste created in the nursery will be managed as per recommendations.
- Any linen (aprons or tea towels) will be washed at the highest possible temperature for the fabrics.

Food and Kitchen Hygiene

- Advice from Environmental Health Officers (EHOs) and Food Safety Officers (FSOs) will be sought if and when required
- The guidance from “CookSafe Food Safety Assurance System” will be followed, including guidance on the:
 - identifying of process steps



- purchase, receipt/delivery/ collection of food
- refrigerated storage, frozen storage, ambient storage
- preparation of different foods
- cooking, hot holding, cooling, reheating of food
- cleaning house rules, cleaning schedules
- temperature control house rules
- cross contamination prevention house rules
- pest control house rules
- waste control house rules
- maintenance house rules
- stock control house rules
- Records of the above will be kept and be accessible to all staff members.
- Training records will be kept (and with staff permission, on display to inform parents).



Infection Prevention & Control Policy

APPENDICES



Appendix 1 - Exclusion Criteria for Childcare and Childminding Settings

(taken from *Infection Prevention and Control in Childcare Settings: September 2015*,
Health Protection Scotland, pages 20-22)

Recommended time to be kept away from childcare and childminding

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

Name Health Protection Team

Telephone Number 01224 558520

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 as exclusion may be required.
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.	
<i>E. coli</i> O157 VTEC Typhoid and paratyphoid (enteric fever) <i>Shigella</i> (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.

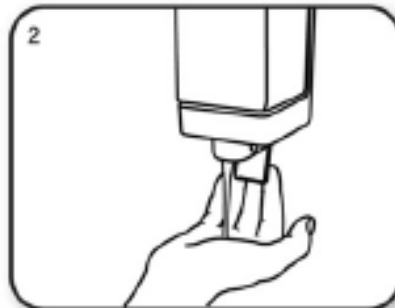
Appendix 2 - Hand Hygiene - How Hands Should Be Washed

(taken from *Infection Prevention and Control in Childcare Settings: September 2015*,
Health Protection Scotland, page 26)

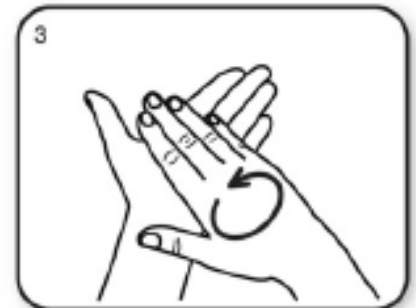
Source: World Health Organisation



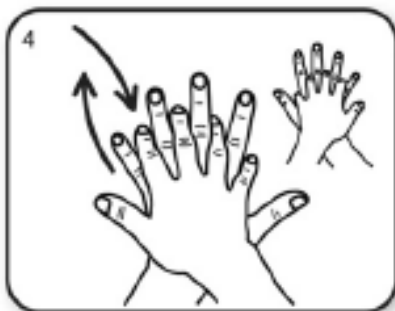
1 Wet hands with water



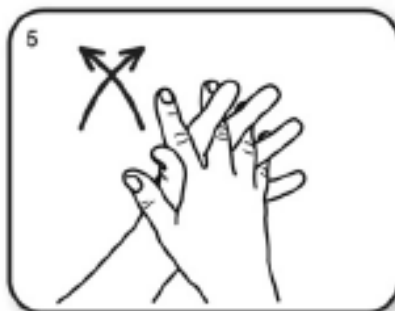
2 Apply enough soap to cover all hand surfaces



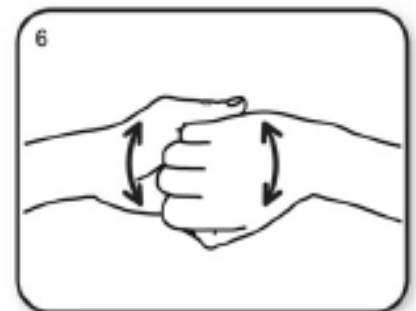
3 Rub hands palm to palm



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



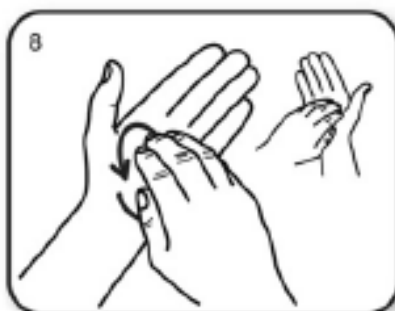
5 Palm to palm with fingers interlaced



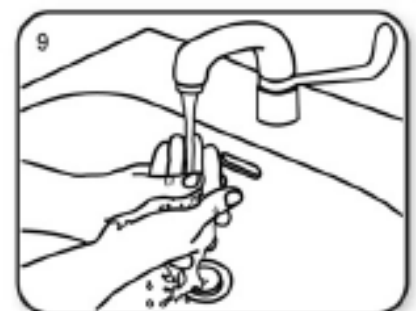
6 Backs of fingers to opposing palms with fingers interlocked



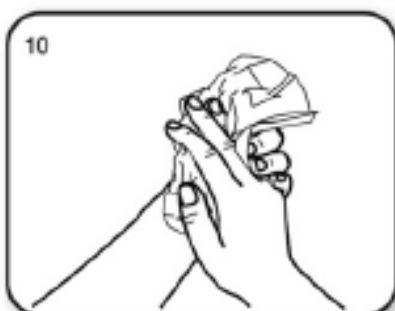
7 Rotational rubbing of left thumb clasped in right palm and vice versa



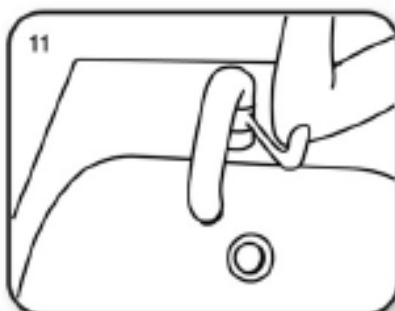
8 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



9 Rinse hands with water



10 Dry thoroughly with towel



11 Use elbow to turn off tap



12 Steps 3 - 8 should take at least 15 seconds

...and your hands are safe



Appendix 3 - Respiratory and Cough Hygiene – Information Poster

(taken from the NHS -

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CCG/IPC/posters/coughs%20and%20sneezes.pdf>)

NHS

Coughs and sneezes spread diseases



always carry
tissues



cover your
coughs and
sneezes



throw used
tissues in
a bin



always clean
your hands

Stop germs spreading



Appendix 4 - Example of a Cleaning Schedule

(taken from Infection Prevention and Control in Childcare Settings: September 2015, Health Protection Scotland, pages 29)

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 5 – Nappy Changing Procedures

NAPPY CHANGING

WHAT YOU NEED

- A clean waterproof changing mat (do not use if torn or broken).
- A clean nappy, which will be provided by parents and kept in children's bags.
- Disposable wipes (or warm water and soap for allergy purposes).
- If required, the child's own tub/tube of barrier cream. Do not use shared tubs/tubes of barrier cream.
 - 2 plastic bags (or nappy sack) for the used nappy.
- PPE for staff — a white single-use disposable plastic apron and disposable gloves (on both hands).

HOW YOU DO IT

- Put on PPE.

Disposable nappy

- Remove the nappy.
- Put the dirty nappy in the 2 plastic bags, tie the bag and put it in the child's nursery bag for collection by the child's parent/guardian.

Reusable nappy

- Put disposable nappy liner and soiling in the toilet.
- Put the liner and contents in 2 plastic bags, tie the bags 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 2 bags and label with the child's name.
- Put the bag in child's nursery bag for collection by the child's parent/guardian.

Cleaning and re-dressing the child

- Gently clean the child's bottom using disposable wipes (or warm water & soap for allergy purposes, rinsing 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 child's own barrier cream
 - Remove and dispose of gloves.
 - Put on a clean nappy.
 - Take off apron.
 - Dress the child.
 - Wash child's hands.
 - Take the child back to the play area.
- Clean the baby-changing mat with cleaning spray (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 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, in an inverted position — do not store potties one inside the other.



USING TOILETS

WHAT YOU NEED

- A clean toilet and a hand wash basin.
 - Clean and dry paper towels.

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, flush and wash and dry their hands afterwards.
- Wash your hands after helping the children use the toilet.

***Due to our toilets being difficult for the children to flush independently, regular checks should be made to ensure toilets are flushed regularly and waste is not sitting stagnant in the toilet.**

***Wash hands after pressing the flush.**



Appendix 6 - Exposure Injury or Bite – Flow Chart

(taken from *Infection Prevention and Control in Childcare Settings: September 2015*,
Health Protection Scotland, pages 35)

