

Hanover Street School



Infection Prevention & Control Policy

<u>Relevant Performance Indicators</u>		
HGIOELC (2016)	2.1 3.1	<i>Safeguarding and Child Protection Ensuring Wellbeing, Equality and Inclusion</i>
Health and Social Care Standards (2017)	1.4 5.2 5.4 5.17 5.18 5.19 5.22	<i>If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected. I can easily access a toilet from the rooms I use and can use this when I need to. If I require intimate personal care, there is a suitable area for this, including a sink if needed. My environment is secure and safe. My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes. I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.</i>

Policy Written By	In Consultation With	Date of Review	Date of Next Review	Changes Made	Signature(s)
Gillian Forbes, Depute Head Teacher	Morag Scott & Luda Barkovska (EYPs) Parents and children	September 2019	August 2020, or sooner if legislation/ guidance changes	<ul style="list-style-type: none"> - Updated guidance from NHS (May 2018) - Updated aims - Updated responsibilities - Updated implementation (dental hygiene procedure and curriculum delivery added) - Updated links to other policies/guidance 	<i>Gillian Forbes</i>



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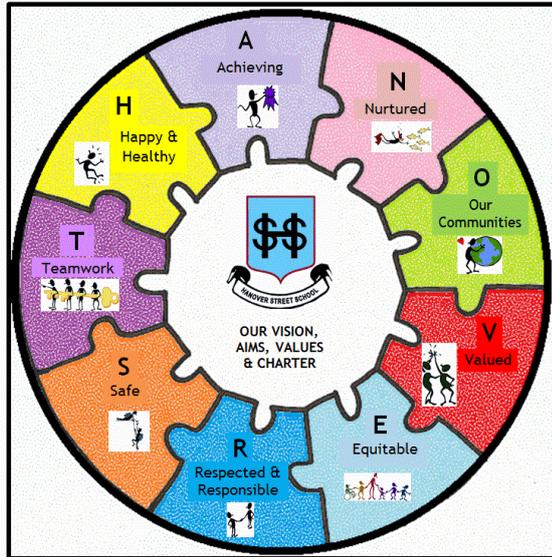
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1. Aims

Hanover Street is a school with a strong, positive ethos. Our vision is for every child, parent and staff member to be and feel happy & healthy, nurtured, respected, empowered in their responsibilities and above all, safe in their experiences as part of the school and wider communities.



“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 (version 5), May 2018, Health Protection Scotland)

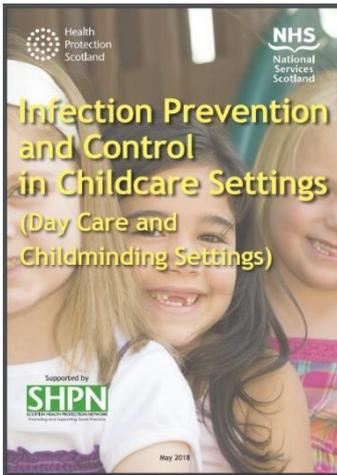
This school policy therefore aims to guide and support staff in carrying out procedures safely and effectively in their duties.

We aim to:

- led by the nursery manager (Depute Head Teacher) to work as a team, ensure relevant policies and legislation are followed, and revised as and when necessary;
- act promptly and professionally in the event of any infection, following notification and reporting guidance;
- be open and transparent with parents/carers and staff, keeping them informed of any infections so that the health and welfare of the children, families and staff is always put first.

2. Relevant Policy and Legislation

This policy has been created with reference to the document, [Infection Prevention and Control in Childcare Settings](#) (Health Protection Scotland, NHS National Services Scotland, Glasgow, 2018.)



This is the main policy and legislation with regards to infection prevention and control. It provides guidance 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 school staff when involved in any outdoor activities for children.

3. Responsibilities

Infection Prevention and Control is a shared responsibility of **all** staff. To ensure clarity, specific responsibilities are defined and delegated.

It is the responsibility of the **manager** to ensure:

- Nursery/school policy and practices are up to date, based on current guidance;
- all staff are trained on policy and procedures as part of induction and review processes;
- monitoring and quality assurance procedures support best practice;
- any children, parents and members of staff who have a contagious illness are excluded from the nursery/school for the recommended period and informed why. (see appendix A)
- all parents are informed if more than 10% of the children attending the setting have a contagious illness;
- reporting to relevant agencies, where and when necessary.

It is the responsibility of the **Senior Early Years Practitioner (SEYP)** to:

- communicate closely with the Senior Leadership Team regarding the day to day running of the nursery;
- participate in and support Early Years Practitioners and Pupil Support Assistants in their duties regarding infection prevention and control;



- maintain the nursery's risk assessment calendar in line with Aberdeen City Council and school policy, in consultation with the leadership team, where required.

All members of staff have a responsibility to ensure that:

- if any child arrives at the setting unwell, leadership/senior staff must speak with the child's parent before a decision is made as to whether the child should remain at nursery, school or go home;
- staff do not attend the nursery/school if they have an infectious illness, following exclusion periods as guidance states; this will assist in preventing the spread of any infectious illness;
- positive infection prevention and control measures are always modelled and promoted.

4. Implementation

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

i. Staff Induction, Training and Review

- Through robust induction, support and supervision and professional review and development practices, all staff will have awareness and understanding of this policy and related practices.
- Staff will be actively involved in consultation of any policy/practice change or review.

ii. Risk- Benefit Assessment

- Staff will take a positive approach towards risk, risk assessing holistically in planning and implementing experiences and activities.
- A risk-benefit approach will be used, as opposed to being risk-averse, in line with Health and Safety Executive, Care Inspectorate and Aberdeen City Council guidance.
- Risk-benefit assessments will take place and be reviewed/updated regularly.



- To promote leadership and independence, children will be involved in creating and reviewing relevant child-friendly risk assessments.

iii. **Standard Infection Control Precautions (SICPS)**

Communication/Awareness

- Through care plan meetings, key workers will identify children with any specific health issues (which may mean they are at a higher risk of infection). 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 B and C)

General Cleanliness and Equipment

- Staff will keep the nursery and school 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/rotas of cleaning (toys and equipment) will be maintained. (see appendix D)
- Waste created in the nursery/school will be managed as per recommendations.
- Any linen (aprons or tea towels) will be washed at the highest possible temperature for the fabrics.
- Staff and parents will be encouraged to raise their concerns about cleanliness.

Personal Protective Equipment

- 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.

Bodily Fluids/Exposure Injuries

- Regular handwashing lessons/reminders will take place for children and families. Support structures will be put in place to support maintenance of good habits (i.e. posters in toilet area, leaflets home, awareness raising via website/Groupcall).



- 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 E)
- 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 F)

iv. 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 opportunities will be given, and training records will be kept (and with staff permission, on display to inform parents).

v. Dental Hygiene Procedure

- Staff responsible for leading toothbrushing sessions will follow Childsmile guidance (Appendix G).



- Staff will work in partnership with Childsmile and NHS Grampian in observations, workshops, procedures, etc.

vi. Curriculum Delivery

- A flexible balance of forward and responsive planning will take place for curriculum delivery.
- The formal Health and Wellbeing curriculum, as well as the wider/informal curriculum (topical learning interests and opportunities) will together be used to provide depth and relevance of learning.
- Special days/activities will be planned ahead as to minimise risk.
- Children will be prepared for and supervised when involved in relevant activities, especially when out of school, in less familiar environments within the community – e.g. farms, parks.

If in any doubt of any of the above positive practices, advice from our janitorial services and local Health Protection Team should be sought when required.

5. Inspections and Reports

All staff will participate fully in any inspections (e.g. Care Inspectorate or Environmental Health), and act on feedback/action points as a matter of priority. Reports/action plans will be stored in the Depute Head Teacher's office and can be viewed on request.

6. Links to guidance/legislation

- <http://www.nipcm.hps.scot.nhs.uk/>
- [Infection Prevention and Control in Childcare Settings](#) (Health Protection Scotland, NHS National Services Scotland, Glasgow, 2018.)
- [Positive Approach to Risk and Play, Care Inspectorate](#)
- [Exclusion Policies for Infection Diseases, 2017](#)
- [Blood Borne Viruses in the Work Place](#)
- [Records that all registered care services \(except childminding\) must keep and guidance on notification reporting – Care Inspectorate, \(V6\) 2015.](#)



- [Nappy Changing Guidance for Early Years and Childcare Services – Care Inspectorate – June 2018](#)

7. Links to other relevant policies

- [Aberdeen City Council Intimate Care Guidance – June 2018](#)
- [Aberdeen City Council – HS Infection Control Blood Borne Viruses Procedure](#)
- [Dealing with Incidents of Biting – Hanover Street School – September 2019](#)





Infection Prevention & Control Policy

APPENDICES



Appendix A - Exclusion Criteria for Childcare and Childminding Settings

(taken from *Infection Prevention and Control in Childcare Settings: May 2018, 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

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).	7 days before rash and 7 days after.	Preventable by vaccination (MMR x 2 doses). Pregnant staff should seek prompt advice from their GP.
Hand Foot and Mouth (coxsackie).	None.	If a large number of children affected contact HPT. Exclusion may be considered in some circumstances.
Impetigo (Streptococcal Group A skin infection).	Until lesions are crusted or healed or 48 hours after starting antibiotics .	Antibiotics reduce the infectious period.
Measles.	4 days from onset of rash.	Preventable by immunisation. (MMR x 2 doses). Pregnant staff should seek prompt advice from their GP.
Ringworm.	Not usually required unless extensive.	Treatment is required.
Scabies.	Until first treatment has been completed.	2 treatments are required including treatment for household and 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).	Pregnant contacts of a case should consult their GP.
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 STEC Typhoid and paratyphoid (enteric fever) <i>Shigella</i> (dysentery).	Should be excluded for 48 hours from the last episode of diarrhoea for <i>E. coli</i> O157. Further exclusion may be required for some children until they are no longer excreting. Exclusion is also variable for enteric fever and dysentery. HPT will advise.	Further exclusion is required for children aged 5 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 2 weeks after the diarrhoea has settled.

3. Respiratory infections

Flu (influenza).	Until recovered.	If an outbreak/cluster occurs, consult your local HPT.
Tuberculosis.	Advised by HPT on individual cases.	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.
Whooping cough (pertussis).	48 hours 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 .	If an outbreak/cluster occurs, consult your local HPT.
Diphtheria.	Exclusion is essential. Always consult your local HPT.	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 7 days after onset of jaundice (or 7 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 ACWY and B are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case.
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.	None	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 5 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.

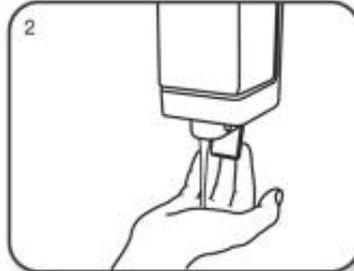
Appendix B - Hand Hygiene - How Hands Should Be Washed

(taken from *Infection Prevention and Control in Childcare Settings: May 2018, Health Protection Scotland, page 26*)

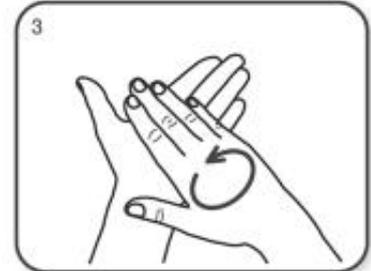
Source: World Health Organisation



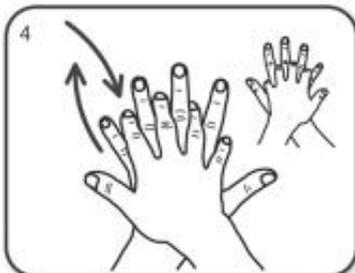
1 Wet hands with water



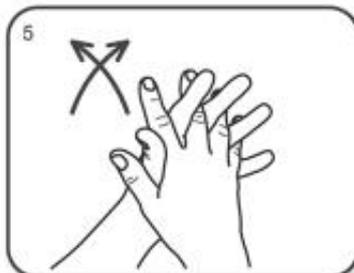
2 Apply enough soap to cover all hand surfaces



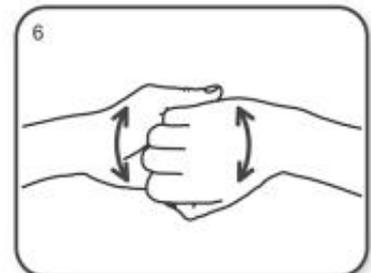
3 Rub hands palm to palm



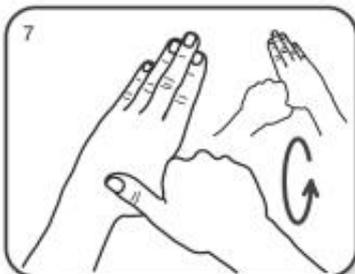
4 Right palm over the back of the other hand with interlaced fingers and vice versa



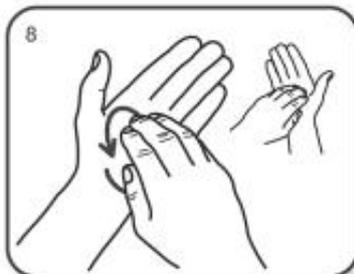
5 Palm to palm with fingers interlaced



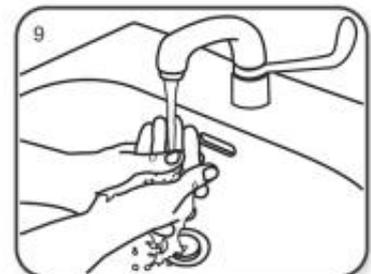
6 Backs of fingers to opposing palms with fingers interlocked



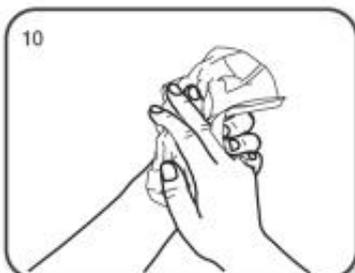
7 Rotational rubbing of left thumb clasped in right palm and vice versa



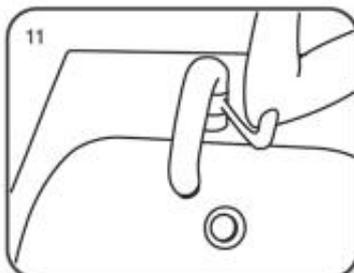
8 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



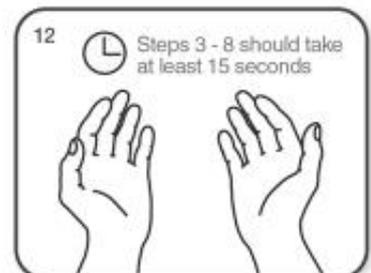
9 Rinse hands with water



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 C - Respiratory and Cough Hygiene – Information Poster

(taken from the NHS -

https://www.egfl.org.uk/sites/default/files/health_safety/NHS_coughssneezesposter.p

[df](#)



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

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Appendix D - Cleaning Summary and Schedule



Kitchen/Cleaning Summary

- **All staff to have read and signed all House Rules which are kept in policy folder, behind updated Infection Prevention and Control Policy**
- Check all fridge and freezer temperatures AM and PM. Record temperatures on the relevant paperwork.
- 2 stage clean all surfaces/worktops/tables etc.
 - Stage 1- clean with hot soapy water
 - Stage 2- spray disinfectant and wipe clean with a clean cloth.
- Check all food labels daily. Ensure all food is in date/throw out any out of date food.
- Ensure all surfaces are **clean and tidy**.
- Use relevant sinks for food preparation and hand washing. All sinks are clearly labelled. If the sink is used for anything else ensure it is 2 stage cleaned before and after use.
- Ensure hair is tied up, jewellery removed and gloves worn (if required) before handling and preparing any food.
- Record temperatures of food deliveries (ASDA van, milk van etc.) and record this on the relevant paperwork.
- Ensure tap temperatures at the sink are correct. Should be between 42 and 45°C.
- If hot/reheated food is being served ensure it meets the correct temperatures.

Temperatures

Fridge - below 5°C

Freezer - below -18°C

Hand washing taps- between 42°C and 45°C

Hot food - Core temperature should reach at least 75°C

Re heating food - Core temperatures should reach at least 82°C



CLEANING SCHEDULE OVERVIEW (Further details on Cleaning Record)

	AT LEAST ONCE DAILY (or before/after each use/activity/session)	WEEKLY	MONTHLY	TERMLY	ANNUALLY
Kitchen Area	Sinks, worktops, cooker, oven, utensils, tables, equipment, etc.	Staff Fridge	Oven – monthly deep clean		
	Food waste containers	Cutlery Holder		Staff Freezer	
	Refuse waste (by school cleaners)			Kitchen Cupboards	
Role play area (formerly snack room)		Nursery Fridge		Nursery Freezer	
General Play/Nursery Areas	Tables/surfaces	Chairs & sofas Window Sills			
	Sinks in Playroom				
		Certain toys (see toy cleaning record)			
Rugs/Carpet Areas	Reading/house corner rugs – daily hoovering (by school cleaners)				Deep clean of rugs and carpets (sooner, if required)
Toilet Area & Sinks	X2 daily (by school cleaners)				
Changing Room, etc.	X1 daily (by school cleaners) Changing Mats		Linen Room		



Appendix E – 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	Reusable nappy
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Put disposable nappy liner and soiling in the toilet. <p>Put the liner and contents in 2 plastic bags, tie the bags and put in a lined bin for used nappies).</p> <ul style="list-style-type: none"> • 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. <p>Put the bag in child’s nursery bag for collection by the child’s parent/guardian.</p>

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.

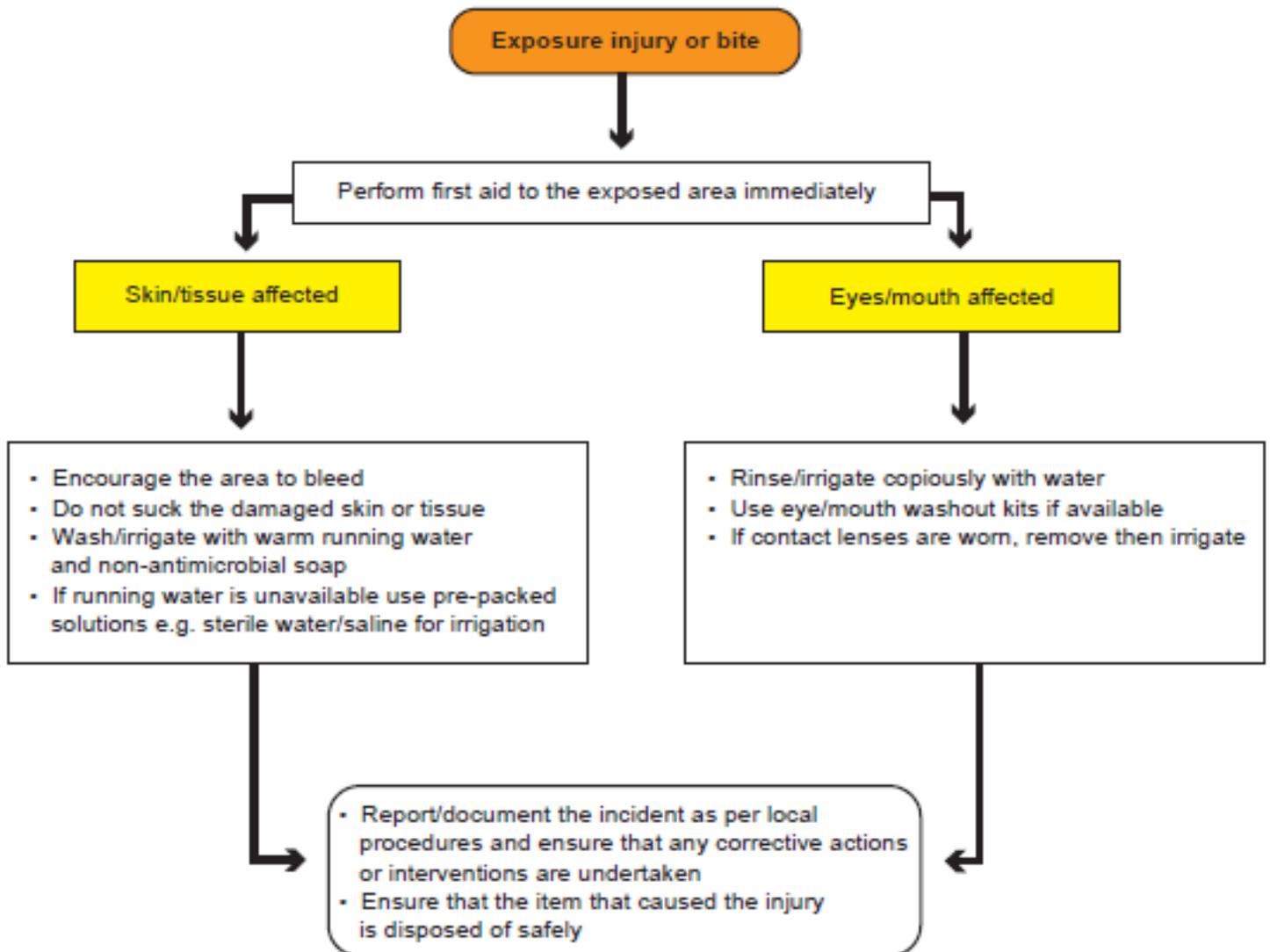
***Due to our toilets being difficult for the children to flush independently, regular checks should be made to ensure toilets are flushed regularly and waste is not sitting stagnant in the toilet.**

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



Appendix F - Exposure Injury or Bite – Flow Chart

(taken from *Infection Prevention and Control in Childcare Settings: May 2018, Health Protection Scotland, pages 35*)



Appendix G - Childsmile Guidance: National Standards for Nursery and School Toothbrushing Programmes

Childsmile Nursery and School toothbrushing programme



Nursery/school and class: _____

Person (within nursery/school) responsible for the toothbrushing programme: _____

Childsmile daily supervised toothbrushing programmes in education settings improve the oral health of children in Scotland. The daily supervised toothbrushing programme in nurseries or schools is organised to meet the Toothbrushing Standards. Childsmile also provides free dental packs with a toothbrush and fluoride toothpaste for children to encourage toothbrushing at home.

These are the abbreviated Toothbrushing Standards (the full standards can be found at: www.healthscotland.com/documents/5040.aspx/)

Organisation

- Children brush their teeth daily in the toothbrushing programme. (1.2)
- All toothbrushing supervisors have received training in effective toothbrushing and infection control procedures. (1.5)
- Arrangements for consent are in place. (1.7)
- Performance against the standards is monitored twice per school year by a member of the Childsmile team, and discussed with the responsible person in the establishment. More frequent visits should be undertaken when appropriate. (Introduction and Appendix 1: 1.10)

Effective practice

- Toothpaste, provided by the programme, containing 1,450 ppm (parts per million) fluoride is used. (2.1)
- A smear of toothpaste is used for children under 3 years and a pea-sized amount for children 3 years and over. (2.2)



- Where toothpaste is shared, a supervisor dispenses it onto a clean surface such as a plate or paper towel. (2.3)
- Toothbrushes are replaced once a term, or sooner if required – for example if a toothbrush is dropped, or the bristles become splayed. (2.9)
- Toothbrushes are individually identifiable for each child. (2.10)
- Children are supervised when brushing their teeth. (2.12)
- After toothbrushing, brushes are rinsed thoroughly and individually under cold running water and replaced in the storage system to allow them to air dry. (2.16)

Prevention and control of infection

- Staff wash their hands before and after each toothbrushing session. (Appendix 2)
- Toothbrushes are stored in the upright position in the storage system and contact with each other avoided. (3.2 and 3.3)
- Storage systems which do not have covers are stored within a designated trolley or in a clean, dry cupboard. (3.5)
- Dedicated household gloves should be worn when cleaning storage systems and sinks. (3.8)
- Storage systems, including trolleys, are washed weekly with warm soapy water and replaced if cracks, scratches or rough surfaces develop. (3.9, 3.13 and Appendix 1: 1.4 and 1.5)
- Any toothbrushes dropped onto the floor are discarded. (3.14)

A copy of the National Standards for Nursery and School Toothbrushing Programmes is available in this establishment for reference.

For further information on oral health or help to register with a dentist, contact your local Childsmile team or go to:

www.child-smile.org

Details of local Childsmile contact: