



Infection, prevention and control Policy

Mid Annandale Playcare understands the importance of infection control in childcare. It involves carrying out risk assessments and putting measures in place to control any risks identified e.g. the potential risk from contaminated equipment, the environment, blood and body fluid spills, waste, used linen and children and staff who may have infectious disease.

The mainstay of infection control in our setting is the implementation of basic precautions outlined in this policy.

Mid Annandale Playcare will reduce infection risks by;

- Training all staff
- Reviewing and updating infection prevention and control risk assessments regularly
- Ensuring staff and / or children with symptoms of an infectious disease do not attend
- Planning ahead when arranging special days out or activities e.g. Farm visits, contact with animals
- Seeking advice from our local health protection team on infection prevention and control issues e.g. exclusion policies

Excluding a child can be a burden on parent/carers, however failure to exclude an infected child with symptoms could lead to an outbreak.

If a pregnant employee comes into contact with a child or adult within the setting who has an infectious disease e.g. chickenpox, slap cheek (parvovirus), or they develop a rash, they should tell their midwife or GP as soon as possible.

Early warning signs and symptoms of infection

Staff must report immediately to management if any child has the following signs or symptoms:

- Diarrhoea (this is defined as three or more very loose or liquid bowel movements within 24 hours)
- Blood in their faeces
- Vomiting
- Continuing or severe stomach pain
- Any kind of rash
- Flu-like symptoms — a fever (temperature of 38°C or higher) and two or more of the following — cough, sore throat, runny nose, limb or joint pain, and headache.
- Appears unwell (feels hot or looks flushed)

If any one child does have the above 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 visit the GP if symptoms continue or get worse
- Put in place the appropriate infection control measures

If more than one child has any of the symptoms, staff will contact our local health protection team for advice.

Outbreak of infection

An outbreak is defined as two or more linked cases of the same illness (e.g. E.coli) or a single case of a serious disease (e.g. measles)

Actions to take

1. Assess the situation
2. Make sure the staff:
 - a. Know and understand what the infection control precautions are
 - b. Understand how to apply those precautions
 - c. Have the resources they need e.g. Personal protective equipment (PPE) (Disposable gloves and disposable aprons)
3. Ensure that standard infection control precautions are in place.

We will keep an up-to-date list of the following:

- The names of those children / staff who are ill
- The symptoms, if known
- When the children / staff member became ill and when it was noticed/reported
- The date they last attended
- When the parents were contacted (for children)
- What time the child was collected or staff member left
- Who we informed about the outbreak and information we received

Staff must alert everyone who needs to know:

Local Health protection team (HTP), who will:

- Carry out appropriate investigation
- Provide advice for parents and staff on appropriate control measures
- Inform other healthcare services
- Inform other organisations e.g. environmental health
- Deal with media enquiries

Contact the parent/guardian of any child who becomes ill and ask them to take the child home as soon as possible.

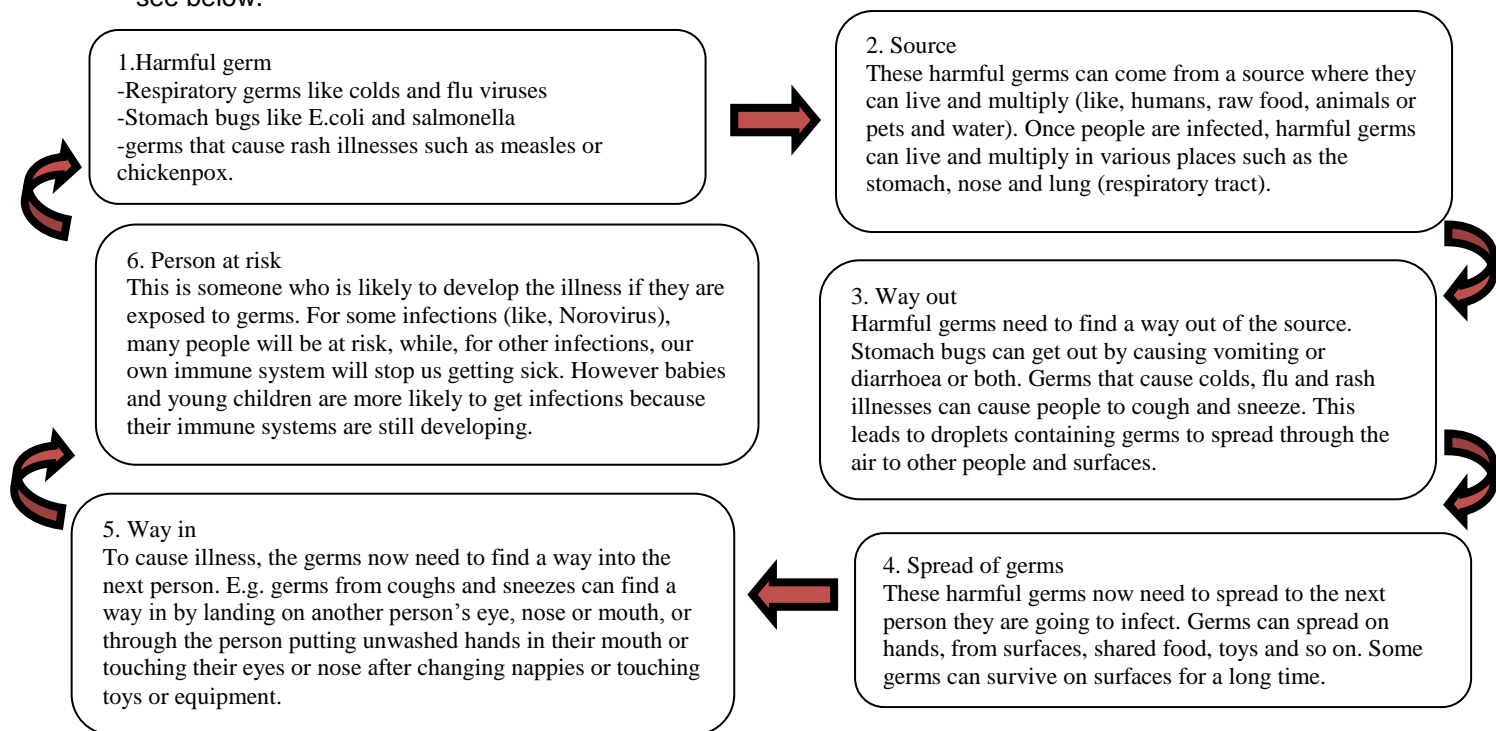
Spread of infection

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

Not all germs are harmful and some germs live harmlessly on us to digest food and stop other harmful germs making us ill. However harmful germs can grow quickly on surfaces that are not kept clean and dry.

The chain of infection can be broken by a number of ways e.g. excluding children with symptoms of an infection, effective hand hygiene and environmental cleaning

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



Hand hygiene

Hand washing is the most important public health measure of all time. Effective hand washing is the mainstay of infection control for most germs amongst children and adults in Mid Annandale Playcare, regardless of the way germs are transmitted.

Good hand hygiene will help prevent the spread of common infections such as colds, flu and stomach bugs.

Children need to understand why it is important to wash their hands and taught how to wash their hands correctly.

Good hygiene practise:

- Use warm running water
- Do not share water in a communal bowl when washing hands
- Use liquid soap (bars of soap can grow germs)
- Dry hands thoroughly using paper towels
- When going on outdoor trips, continue to promote good hand hygiene

N.B if you have cuts or grazes on your hands, cover them with waterproof plasters.

Children and adults should wash their hands before and after eating or handling food, after using the toilet, potty or changing a nappy, after blowing your nose, coughing or sneezing, after touching animals or animal waste and after contact with contaminated surfaces (e.g. rubbish bins, cleaning cloths). Very young children will have help with hand washing and older children will be supervised during hand washing.

Hands will be washed vigorously using a small amount of liquid soap. Hands will be rubbed together covering all surfaces until a good lather has appeared on all skin surfaces. Allow the lather to last for at least twenty seconds. It should be noted after using the toilet both adults and children may unwittingly contaminate the taps while turning them on with the germs on their hands. After washing they may re-contaminate their hands by touching the taps. To overcome this, the tap should be shut off using the elbow / wrist or use a paper towel.

Respiratory hygiene/cough etiquette

To stop respiratory germs spreading, children and adults should cover mouth and nose when coughing and sneezing. If using a tissue put it in the bin immediately after and then wash your hands. Staff should teach children what to do after coughing and sneezing.

Personal Protective Equipment (PPE)

The term 'PPE' includes single-use disposable gloves and single-use disposable plastic aprons. Staff will always wash their hands before putting on and after taking off PPE. When should PPE be worn?

<u>Level of contact with blood and body fluids</u>	<u>PPE recommended</u>
Playing with children	none
Possible contact e.g. cleaning toys	disposable gloves
Nappy changing	disposable gloves and apron
Risk of splashing e.g. nose bleeds, cleaning up spillages of spillages of body fluids e.g. blood, vomit, urine.	disposable gloves and apron

Cleaning and Disinfection in the Environment

Good housekeeping including vacuuming (avoid sweeping), damp dusting and washing is essential in the prevention of the spread of infection. Standard household general purpose detergent is usually sufficient for cleaning most surfaces.

There are many areas in the our setting with a high risk of germs being present e.g. toilets and kitchens. To cut down the spread of germs, the environment will be kept as clean as possible. Throughout the day staff will do ongoing cleaning, wiping door handles, paint spills, windows etc. Staff will complete cleaning tasks at the end of each day, and a cleaner is employed to clean after trading hours. Surfaces in the toilet or bathroom, such as flush handles, taps, toilet seats and door handles

should be cleaned more than once a day. Surfaces that toddlers and infants are likely to touch should be washed at least once a day. Floors should be cleaned daily, especially as children spend so much time playing on them.

Dealing with 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
- Wash hands and ensure all cuts and grazes are covered with waterproof dressings
- Put on PPE (i.e. disposable gloves and apron)
- Prepare a solution of general-purpose neutral detergent and a solution of disinfectant
- Use paper towels, to soak up the spillage then place into a disposable, leak proof plastic bag
- Apply the disinfectant solution to the spillage
- Wipe off any disinfectant solution left after cleaning up the spillage
- Wipe down area with paper towels soaked in detergent solution then wipe dry with paper towels
- Remove PPE and put into the plastic bag, seal the bag and place it in the waste bin
- Wash their hands

Staff should:

- not use chlorine-based disinfectants e.g. household bleach directly onto urine spillages (to prevent a release of chlorine gas), and soak up urine with paper towels before using a disinfectant.
- always check that disinfectants are suitable for use on carpets and other soft furnishings as they may cause damage. In this circumstance clean with neutral detergent and hand-hot water, then leave the area to dry.
- Use COSHH sheets, material safety data sheets and manufacturers' instructions to make sure all cleaning products are used and stored safely.

Equipment cleanliness

All toys and equipment must be safe and well maintained to reduce risk of spreading harmful germs. 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 the toilets.

Equipment within the playroom will be cleaned regularly. Home made play dough will be changed at regular weekly intervals, or earlier if it becomes contaminated or foul smelling. Sand will be changed at regular intervals or earlier if it becomes discoloured or foul smelling.

Management of waste

Waste created should be managed as follows:

- each provision has individual bins for waste i.e. food waste, paper and general. Each nappy changing provision has a sealed unit for nappy disposal.
- waste bins are never overfilled i.e. once three-quarters full, tie them up and put into the main waste bin
- all bins will be and sealed unit for soiled nappies will be kept in the car park away from children playing.
- when emptying bins staff should wear personal protective equipment (PPE)
- when finished remove PPE and wash hands

Linen/Laundry

When using linen staff must:

- remove bedding after each use and washed
- keep clean linen in a clean dry area separate from soiled or used linen
- ensure that any linen or clothing that has been dirtied by faeces, they carefully dispose of the faeces in the toilet. We will not rinse dirty or wet clothing by hand; it will be put in a named sealed bag for the parent/carer to collect. Staff must inform the parent that the clothing is dirty. Before washing, put dirty and used linen in an area that children do not have access to.
- wash laundry using normal washing detergent at the hottest temperature specified by the manufacturer.

- Children will be allocated a numbered cot for their use during their stay. Bedding should be washed after use otherwise removed after each use for short term stay children.

Hygiene and Disposal of Nappies

It is essential that children's nappies are changed and disposed of hygienically, given that their contents may be infectious, potentially transmitting several diseases.

All potties will be sprayed / wiped after every use. All children in nappies will be changed in the baby change area. We have a designated private area for nappy changing and it is separate from areas where food is being prepared or eaten or where other children's activities are carried out. All toilet waste will therefore be contained within the one area. Disposable gloves, aprons, nappy sacks and disinfectant spray are readily available.

All nappies should be put in to a lined nappy bin, any soiled nappies should be placed in a nappy sack and tied before being put into the nappy bin, in the nappy change area. Nappy bin will be emptied after each nappy change session (10am, 1pm and 4pm) and the bin will be washed out prior to clean nappy bin liner replacement. In exceptional circumstances, where the child is changed in another suitable private area, the practitioner will bag the disposable nappy and thereafter immediately dispose of it in the nappy bin in the baby change area. Where reusable nappies are used, the liner and contents should be placed in a nappy sack and put into a lined nappy bin. Do not rinse the nappy before putting it in a bag. Tie the bag and label with the child's name. The bag should be placed in a sealed container meant for that purpose, where it is securely left for collection.

Once the child has been changed, cleaned and removed from the area, the changing surface will be cleaned with an anti-bacterial spray and dried with kitchen towel. Hands will be thoroughly washed after removing gloves.

Remember that infants who have been vaccinated against polio will be excreting this into their nappy and all staff must wash their hands thoroughly after removing disposable gloves. (This is a live vaccine).

Food Handling and Storage

It is essential for food safety to have systems and procedures in place within the kitchen to prevent cross contamination between raw and cooked foods, and to ensure that foods are cooked or reheated thoroughly and stored at the correct temperatures.

Food hygiene advice and training will be mandatory to all staff every 3 years by an independent agency approved by local environmental health officer.

Hands will be thoroughly washed prior to handling or serving food. This applies to both children and adults. Anyone handling food will ensure that all cuts are covered with a blue food handler's plaster.

Hair will be tied back where possible and jewellery kept to a minimum. Earrings and rings with stones will be removed before handling food. Nail varnish will not be worn.

Raw and cooked foods will be stored separately with cooked foods stored above raw foods. Working surfaces, preparation boards and utensils will be identified regarding raw or cooked food use. Food items stored will be in suitable airtight containers and stored at the correct temperature. A fridge thermometer will be in place and checked and recorded daily.

Once food items have been opened they will be date marked to highlight when it was opened and when it should be disposed of (follow manufacturer's recommendations). Consumables belonging to children or staff will be labelled and dated prior to placing in the fridge or cupboard.

Checks will be carried out to ensure "best before" date is complied with.

Food storage areas will be cleaned weekly or after spillages / contamination.

Cooking times and temperatures will ensure that the centre or core of the product reaches the temperature of 75 degrees centigrade. If foods are to be reheated they will be reheated to a temperature of 82 degrees centigrade. Food will be checked with a probe to ensure the correct temperature.

Where possible all re-usable cups and dishes will be washed in a dishwasher. If staff need to wash dishes, disinfection can be achieved by using sani-bac and having the water temperature between 53 degrees to 55 degrees centigrade (gloves will be required). Staff should follow instructions for measurements of sani-bac. Allow the drinking utensils to air dry. Where dish washing is being done in a sink, staff must change the water frequently thus avoiding the build up of germs.

Raw Shell Eggs

A small percentage of raw shell eggs are infected with Salmonellas Enteriditis bacteria. If humans contract Salmonellosis this can result in gastro-enteritis causing abdominal pain, diarrhoea, and fever and vomiting. To avoid this:

- Raw eggs should not be used in uncooked dishes, e.g. butter icing.
- Raw eggs or mixtures containing raw eggs such as cake mix should not be eaten. Staff will not or allow the children to lick the baking bowl or spoon.
- Raw egg shells will be disposed of safely and will not be used for play.
- In storage eggs must be: stored under refrigeration (below 8 degrees centigrade). Used within the date code – consider using date stamped eggs and kept separate from other food to avoid cross contamination.

Milk for babies:

- Parents should provide breast milk or formula and boiled water ready to be prepared. Like other foods, milk, including breast milk, can become contaminated with germs.
- Should be labelled with the child's name, and used the day it is prepared.
- Breast milk can be stored in a fridge before use (but not in the door of the fridge). Formula milk should be made up only as needed, this is because the risk of bacteria growing in formula increases with storage time, even in a fridge.
- Throw out any left after a feed and rinse the bottle.
- Parents should sterilise bottles at home and send enough bottles to last for the days care.

Illness

Mid Annandale Playcare will provide a healthy and hygienic environment for children and will endeavour to minimise the risk of infection by endorsing basic hygiene procedures.

Children or adults suffering from an infectious disease will be excluded from Mid Annandale Playcare. The exclusion period will take regard of medical guidance for the illness diagnosed. Doctor's guidance regarding periods of exclusion for each illness should be adhered to.

If a child becomes unwell during the session they will be taken to a quiet rest area away from others. The child will be closely monitored at this time. The child's parent / carer or emergency contact will be notified in the event of a child feeling unwell or taking ill. They will be asked to collect their child.

All cases of infections will be recorded in the accident and incident record book along with action taken; for example, exclusion period and informing other parents. The types of infections reported to other parents will be head lice, measles, chicken pox, mumps, scabies, meningitis and whooping cough. The anonymity of children and staff involved will be maintained.

See exclusion due to illness policy for more information.

HIV, hepatitis B and Hepatitis C

HIV (human immunodeficiency virus), hepatitis B and hepatitis C infection are spread by direct contact with an infected person's blood or certain body fluids. These infections are **not** spread by normal daily contact and activities, e.g. coughing, sneezing, kissing, hugging, holding hands, sharing bathrooms and toilets or food, cups, cutlery and crockery.

Head Lice

Parent information leaflets on head lice are available from local education departments and NHS Board's health promotion departments.

National Guidance on managing Head Lice in Children (2003) produced by the Scottish Executive is available at www.scotland.gov.uk or a free copy can be obtained by telephoning **0131 2442272**.

Reportable Diseases

RIDDOR '95 requires the reporting of work-related accidents, diseases and dangerous occurrences. If a doctor notifies Mid Annandale Playcare that an employee is suffering from a reportable work – related disease then under the requirements of RIDDOR we will make a report to the Incident Contact Centre (ICC).

Note: RIDDOR '95 means the **R**eporting of **I**njuries, **D**iseases and **D**angerous **O**ccurrences Regulations 1995, which came into force on 1 April 1996. Mid Annandale Playcare have duties under these Regulations. Reporting accidents and ill health at work is a legal requirement. The information enables the enforcing authorities to identify where and how risks arise and to investigate serious accidents. The enforcing authorities can then help and advise you on preventative action to reduce injury, ill health and accidental loss.

Reportable diseases include: Hepatitis, Tetanus, Tuberculosis, Occupational Dermatitis etc. A full list is available on the RIDDOR website www.riddor.gov.uk

How to make a Report

Reports can be made to the Incident Contact Centre (ICC). This allows reports to be made to one single point; it is user friendly, fast and effective. There is no need to make any other reports to the Health and Safety Executive (HSE) or a Local Authority: the ICC will forward your report to the correct enforcing authority for you.

Incidents can be reported in a variety of ways but telephoning is the quickest, with no need to fill in a report form. You will be sent a copy of the final report for your own records – this meets your statutory obligation to keep records of all reportable incidents for inspection and also allows you to correct any omissions or errors.

Report can also be completed by an interactive form on the RIDDOR website, via e-mail, by fax or through the post.

How to contact the ICC:

- Tel: (local rate) 0845 3009923 (8.30am – 5.00pm , Monday – Friday)
- Internet: www.riddor.gov.uk
- Email: riddor@natbrit.com
- Fax: 0845 300 9924
- Post: Incident Contact Centre, Caerphilly Business Park, Caerphilly, CF83 3GG.

For more information a RIDDOR Explained booklet can be viewed and downloaded from the HSE website at www.hse.gov.uk/pubns/hse31.pdf

The manager/deputy and senior staff members will report outbreaks or incidents of infection to their local Health Protection Team so that appropriate prompt action may be taken to contain the incident. The local Health Protection Team will be consulted if Mid Annandale Playcare have any concerns about illness or infectious control issues.

We will also inform Care Inspectorate if there is an outbreak.

Dumfries and Galloway Health Protection Team

Tel: 01387 272724

Lockerbie Medical Practice

Tel: 01576 205505