

# Infection Control Policy

**Health and Social Care Standards: 3.14, 5.22**

*This policy has been created in line with the guidelines outlined in **Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)**, NHS May 2018 and **Aberdeenshire Council's REHIS Infection Control training**.*

## Statement

This policy is designed to ensure that a safe, healthy environment is maintained at Hillside School Nursery. The nursery recognises that infections can spread quickly amongst children within a childcare environment and therefore, endeavours to ensure that infections are controlled and good health and hygiene practices are actively promoted and maintained.

## Who is Responsible?

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.

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 monitor the wellbeing of children in our care. In the event a child arrives at nursery unwell, a staff member will speak to the child's parent/carer before deciding whether the child should remain in nursery.

All members of staff have a responsibility to ensure that they do not attend the session if they have an infectious illness. This will assist Hillside School Nursery to prevent the spread of any infectious illness.

In line with Aberdeenshire Council's *REHIS Infection Control* training, worker responsibilities include the following:

## **Worker responsibilities**

- Individual care workers must take responsibility for their behaviour and comply with all the infection control requirements (for their own safety as well as that of others).

This means they must:

- practise adequate and appropriate hand hygiene
- wear adequate and appropriate PPE
- observe health and safety regulations
- observe food safety regulations
- report any illnesses they or others have to management
- report any suspected infections to management
- ensure good personal hygiene and hygiene practices.

## **Worker responsibilities**

- report inadequate facilities/equipment
- use equipment and materials appropriately
- ensure the environment is clean and cleanable
- dispose of waste safely and appropriately
- ensure their own immunisation record is up to date
- undertake training in infection control and related procedures
- read about infection control and other practices and implement them.



## How the Policy will be implemented

Hillside School Nursery aims to prevent the spread of infectious illnesses and infections by adhering to the following procedures:

- Excluding children with infectious illnesses and infections for the recommended period of time (please see the NHS Exclusion Guidelines for further information on this).
- Excluding all members of staff with infectious illnesses and infections for the recommended period of time (please see the NHS Exclusion Guidelines for further information on this).
- Identifying signs of illness in children and staff whilst they are in the setting.
- Informing parents and carers of a sick/unwell child and arranging for them to be collected as soon as is possible.
- Limiting the contact of sick children with other children until they can be collected from the setting, taking into account the sensitivity of the situation and ensuring to the best of our ability that the child does not feel bad as a result of any action(s) taken. In the case of suspected Covid-19, child will be accompanied by an adult wearing appropriate PPE in our well-ventilated isolation room. This room will then be closed until deep cleaned after its use.
- Preventing the spread of infection by adhering to relevant policies and guidelines.
- Reporting incidences of certain infections to other parents and members of staff whilst maintaining the anonymity of all children and members of staff involved. Following Local Authority Guidance re reporting suspected/confirmed cases of Covid-19 to partner childminders. The following are the types of infections that could be reported to parents and members of staff (depending on the infection and rate of infection):

Covid-19

Sickness / diarrhoea

Head Lice

Measles

Chicken Pox

Mumps

Meningitis

Whooping Cough

- Highlight the importance to parents that if their children have not been immunised then they will be in a high risk category if an infectious illness presents itself in the setting. Parents have the right to choose whether or not they will send their child to the setting. This is particularly relevant in cases of:

Measles

Mumps

Rubella

Whooping Cough

- Monitoring of children and members of staff where there has been exclusion for signs of the same illness.
- Members of staff who become unwell during working hours will be sent home. Adult: child ratios will be maintained at all times (1:8).

### Dealing with Children who become Unwell

In accordance with setting registration guidelines children will not be admitted into the setting if they are showing signs of any ailment that could be contagious or could affect the settings ability to care for the child and the other children in attendance. Similarly, any member of staff who attends work showing signs of any ailment that could affect their ability to carry out their duties will be sent home and a replacement member of staff called in to cover the minimum child to adult ratios.

Children who become unwell during the course of the session will be made comfortable and will be cared for by a member of staff until their parent/carer can collect them. The dignity of the child will remain paramount and the child will not be made to feel bad as a result of their illness, but the setting will put measures in place to ensure that the risk of the illness spreading is minimised.

In instances where any medication is administered as a form of treatment, such medication will be administered in accordance with the Hillside School's **Administration of Medication Policy** and will only be administered with the express permission of the child's parent/carer. Any and all administration of medications will be recorded in **Record of Medicine Administered in Nursery** folder.

A child's parent/carer will be contacted upon a child becoming unwell and will be asked to come to collect the child or make arrangements for the child to be collected as soon as possible. Where the parent or carer cannot be contacted the setting will contact the child's emergency contact provided on the registration form. The person collecting the child will be asked to sign any records e.g. administration of medication form.

### Exclusion Guidelines

Please find **Appendix 3 from *Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)*, NHS May 2018** attached for further information/guidelines. In addition, staff have access to NHS Grampian's *Exclusion Policies for Infectious Diseases*.

### Hand-Washing Policy

Children should always wash their hands after toilet visits and before mealtimes. There may be other times children need to be encouraged to wash hands such as:

- After any activity such as painting/crafts.
- When children have a cold and have been cleaning their nose.
- When returning to nursery from outdoor play.

During the Covid-19 pandemic children will sanitise and then wash their hands on entry to nursery. Children will also wash their hands before leaving nursery.

Anti-bacterial soap should only be used when there is an increased risk of infection. Children will be using soap under warm running water rather than a basin of standing water. Children will be encouraged and supported to rub their hands together vigorously when washing them. This helps to loosen dirt and germs. They will then rinse their hands well to get all the soap off.

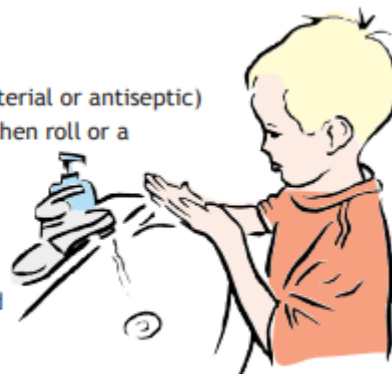
Paper towels will be used to dry hands thoroughly, as these can be disposed of after each single use.

It is recommended that antiseptic wipes are available for hand washing if appropriate facilities are not available.

Good hygiene practice guidance is stated below, taken from **Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)**, NHS May 2018.

**Good hand hygiene practice:**

- Use warm water
- Never share water in a communal bowl when washing hands
- Use liquid soap (there is no need to use soaps advertised as antibacterial or antiseptic)
- Dry hands thoroughly using paper towels (childminders may use kitchen roll or a designated hand towel, which should be washed every day or more often if visibly dirty). A designated, lined bin that the children can operate easily should be provided for disposal of hand towels
- When away from the childcare facility, and if there is no running water available, hand wipes may be used (children and staff should wash their hands at the first available opportunity)
- All visible cuts and abrasions should be covered with a water proof dressing
- Alcohol hand rub should be available for use by staff (hands should be washed with liquid soap and water if visibly soiled).



The wearing of wrist jewellery (including watches), false nails and nail products are not recommended for staff performing hand hygiene.

**TABLE 1: When should you wash your hands?**

Children and adults should wash their hands:
• Before and after eating or handling food or drink
• After using the toilet, potty or changing a nappy
• After blowing your nose, coughing or sneezing
• After touching animals/pets or animal/pet waste, equipment or bedding
• After contact with contaminated surfaces (e.g. food-contaminated surfaces, rubbish bins, cleaning cloths).
• When returning from outside play or breaks e.g. playing with sand.

## Standard Infection Control Precautions

To reduce the risk of infections in our setting, standard control precautions are in place, including:

- Good hand hygiene practices
- The appropriate storage and use of Personal Protective Equipment (PPE)
- Respiratory and cough etiquette
- Suitable management of blood and other bodily fluids
- Occupational exposure management
- The effective control of the environment
- Management of any care equipment
- The provision of care in the most appropriate spaces
- Management of linen
- The safe management of waste

## Cleaning

Hillside School Nursery will regularly check and clean items and areas across the setting. To support these practices a cleaning schedule is in place. Toys and equipment will be well maintained, checked and cleaned in accordance with **Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings), NHS May 2018** - please refer to **Appendix 10** of the document, found in Hillside School Nursery's Policy Folder.

## Staff Training

All staff will be familiar with **Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings), NHS May 2018**. This document can be found in our policy folder.

Hillside School Nursery practitioners will complete online training from Aberdeenshire Council entitled **REHIS Infection Control**. This online course includes an assessment upon completion.



### Appendix 3

For COVID-19 Guidance and Advice in Scotland - Please refer to this weblink for the most up to date information [Coronavirus \(COVID-19\): guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/healthandcare/coronavirus-covid-19/guidance)

#### Appendix 3 – Exclusion criteria for childcare and childminding settings

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
<b>1. Rashes/ skin infections</b>		
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.

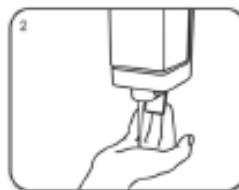
## Appendix 7

### Appendix 7 – How hands should be washed

Source: World Health Organisation



Wet hands with water



Apply enough soap to cover all hand surfaces



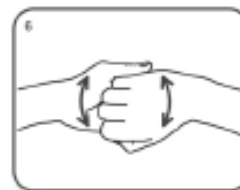
Rub hands palm to palm



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



Palm to palm with fingers interlaced



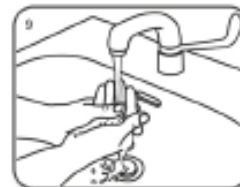
Backs of fingers to opposing palms with fingers interlocked



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



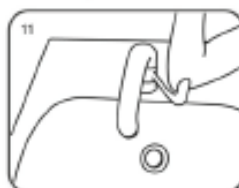
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



Rinse hands with water



Dry thoroughly with towel



Use elbow to turn off tap



Steps 3 - 8 should take at least 15 seconds

...and your hands are safe