



Cawley Childcare Ltd

(1/4 Home from Home Creche & Preschool & Kids Campus)

Policy & Procedure

Infection Control

INFECTION CONTROL

Document Title:	Infection Control
Document Author:	RC
Document Approved:	Rachel Cawley & Danielle Cawley
Person(s) responsible for developing, distributing and reviewing Policy	Rachel Cawley
Person responsible for approving Policy	Rachel & Danielle Cawley
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This policy has been communicated to parents/guardians and staff.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy.

Relevant staff have received training on this policy.

Child Care Act 1991 (Early Years Services) Regulations 2016 ([Síolta Standard 9: Health and Welfare](#)) ([National Standard 12: Health Care](#), [National Standard 18: Facilities](#))

Statement of Intent:

It is our aim to minimise the spread of infection for staff and children through the implementation of controls which reduce the transmission and spread of germs. We aim to promote and maintain the health of children and staff through the control of infectious illnesses.

(with references from: Health Protection Surveillance Centre, Preschool and Child Care Facility Subcommittee, Management of Infectious Disease in Child Care Facilities and Other Child Care Settings)

Policy and Procedure:

It is the policy of the Service to:

- Protect children attending the service from the transmission of any kind of infection;
- Protect persons working in the Service from the transmission of any kind of infection.
- To build infection control into the Service's programme of activities.
- To use signage such as hand washing signs and nose blowing signs which are beneficial to adults and child friendly.

Breakout of Illness/Diseases

In the event of an outbreak of any infectious disease, all parents will be verbally informed. A dated notice informing all parents of any infectious disease outbreak, will be sent directly to the parent by email and/or phone.

Reporting/Recording of illness:

A contingency plan is in place should an outbreak of an infectious disease occur. All staff roles and responsibilities regarding reporting procedures are clearly defined.

Staff will report any infectious illness to the Manager.

The Manager will report an outbreak of any infectious disease to the HSE Preschool Environmental Health Officer and the Public Health Department.

The Manager will record all details of illness reported to them by staff or reported by parents of a child attending the Service. These details will include the name, symptoms, dates and duration of illness.

Notifiable Diseases

The following will be notified to TUSLA within two days of the Service becoming aware of a notifiable event:

Diagnosis of a preschool child attending the service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious disease within the meaning of the Infectious Disease Regulations 1981(SI No 390 of 1981) and amendments

When to contact the local Department of Public Health

If there is a concern about a communicable disease or infection, or advice is needed on controlling them.

- If there is a concern that the number of children who have developed similar symptoms is higher than normal.
- If there is an outbreak of infectious disease in the service.
- To check whether to exclude a child or member of staff
- Before sending letters to parents/guardians about an infectious disease.

The Manager will also report an outbreak of any infectious disease to the HSE Preschool Environmental Health Officer and the Public Health Department.

The Manager will record all details of illness reported to them by staff or reported by parents of a child attending the Service. These details will include the name, symptoms, dates and duration of illness.

Exclusion:

Exclusion guidelines as recommended apply in the case of all suspected infectious conditions. These guidelines are contained in our policies and procedures and displayed in the Service.

- Parents/guardians will be informed should staff, children or visitors to the Service report the presence of any contagious condition to the Manager. Unwell children and staff will be excluded from the Service until the appropriate exclusion period for that illness is finished.
- Arrangements are in place to provide relief cover while staff are on sick leave.

Any child or adult with symptoms of an infectious illness will be asked not to attend the Service until they are no longer infectious. The management of the Service will ensure all areas of the premises are thoroughly disinfected, including play areas, toilets, toys and all equipment.

Infectious illness can cause significant ill health among young children and can be transmitted by direct or indirect contact including:

- Contact with infected people or animals.
- By infecting oneself with the body's own germs.
- By hand to mouth transmission.
- By the air / by insects, pests, animals.
- Indirect transmission e.g. toys, door handles, toilets, floors, table tops etc.
- By direct – person to person.

Reporting/Recording of Illness:

Staff and parents/guardians must report any infectious illness, or similar, to the Manager.

- Manager (or nominated person) will record the outbreak on an Incident Form and report an outbreak to TUSLA/ Environmental Health Officer and the Public Health Department.

- Manager will record all details of illness reported to them by staff, or reported by parents/guardians of a child attending the Service. These details will include the name, symptoms, dates and duration of illness.

Exclusion from the Service:

- We advise parents and staff that sick children or adults should not attend
- Children and staff will be excluded from the Service based on the time frames outlined in the exclusion table [APPENDIX H]
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children or staff return to the Service.
- In the event of an outbreak of any infectious disease, all parents/guardians will be verbally informed. A dated notice informing all parents/guardians of any infectious disease outbreak will be displayed on the notice board.

To ensure the safety and health of all our children and staff those who have any of the following conditions will be excluded from the Service:

- Acute symptoms of food poisoning/gastro-enteritis.
- An oral temperature over 38 degrees which cannot be reduced.
- A deep, hacking cough.
- Severe congestion.
- Difficulty breathing or untreated wheezing.
- An unexplained rash (see exclusion list also).
- Vomiting (48 hours from last episode).
- Diarrhoea (48 hours from last episode).
- Lice or nits –[see Head Lice Policy in Infection Control Policy]
- An infectious /contagious condition.
- A child that complains of a stiff neck and headache with one or more of the above symptoms.

Immunisations:

- We encourage parents/guardians to vaccinate their children
- All children must provide up to date record of immunisations (APPENDIX I: Immunisations). This should contain dates of immunisations. Where dates are not available all attempts to get these should be recorded.
- Staff are encouraged to be immunised
- Where Staff working in the Service are not immunised the Service requires such staff members to complete a disclaimer in the form set out in Appendix ***
- Where children attending the Service are not immunised the Service requires the parents/guardians to complete a disclaimer in the form set out in Appendix I which also confirms that children may be required to be excluded in the event of a breakout of disease

Hand Hygiene:

Hand Washing is the single most effective way of preventing the spread of infection; its purpose is to remove or destroy germs that are picked up on the hands.

Hand washing signs are on display.

Children's hand washing will always be supervised by staff .

Staff are required to follow proper hand washing and drying techniques and this will form part of induction and on-going training .

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Staff must wash their hands:

Before:

- The start of the work shift.
- Eating, smoking, handling/preparing food or assisting/feeding a child.
- Preparing meals, snacks and drinks (including babies' bottles).
- Nappy Changing/personal care.

After:

- Using the toilet or helping a child to use the toilet.
- Nappy changing/ handling potties
- Playing with or handling items in the playground – e.g. toys, sand, water.
- Handling secretions e.g. from a child's nose or mouth, from sores or cuts.

- Cleaning up vomit or faeces.
- Handling or dealing with waste.
- Removing disposable gloves and/or aprons.
- Cleaning the service
- Washing/Handling of soiled clothes
- Coughing and sneezing
- When hands are dirty

Children should hand wash and be supervised doing so:

Before:

- Eating

After:

- Using the toilet
- Nappy changing
- Playing with or handling items in the playground
- Handling secretions
- Handling or dealing with waste.
- Coughing and sneezing
- When hands are dirty

Hand washing should be performed as follows:

- Wet hands under warm running water to wrist level.
- Apply liquid soap. Lather it evenly covering all areas of the hands for at least 10 seconds. Include the thumbs, finger tips, palms and in between the fingers, rubbing backwards and forwards at every stroke (see hand washing technique).
- Rinse hands off thoroughly under warm running water.
- Dry with paper towel using a patting motion to reduce friction, taking special care between the fingers.
- Use the disposable paper towel that has been used to dry the hands to turn off taps.
- Dispose of the disposable paper towel in a waste bin using the foot pedal to avoid contaminating hands that have just been washed.

- Staff should provide assistance with hand washing at a sink for for children who can stand but not wash their hands independently.
- A child who can stand should either use a child-size sink or stand on a safety step at a height at which the child's hands can hang freely under the running water.
- After assisting the child with hand washing, the employee should wash his or her own hands.



Facilities for Hand Washing:

We provide the following:

- Wash hand basins with hot and cold running water. The hot water is controlled at a maximum of 43 degrees C.
- Paper hand towels and liquid soap.

Alcohol-based Hand Rub/Gels:

When soap and running water are not readily available, for example on a field trip or excursion, an alcohol based hand rub/gel may be used (the alcohol content should be at least 60%). The alcohol based hand rub must be applied vigorously over all hand

surfaces. Alcohol based hand rubs are only effective if hands are not visibly dirty, if hands are visibly dirty then liquid soap and water should be used. It is safe to let children use alcohol based hand rubs/gels but it is important to let children know that it should not be swallowed. Supervision is vital. It is also important to store it safely so children cannot get access to it without an adult. The alcohol content of the product generally evaporates in 15 seconds so after the alcohol evaporates it is safe for children to touch their mouth or eyes. Water is not required when using an alcohol rub/gel.

Alcohol based hand rubs/gels are not a substitute for hand washing with soap and running water.

Respiratory Hygiene (Coughing and Sneezing):







Everyone should cover their mouth and nose when coughing and sneezing to prevent germs spreading. In addition:

- A plentiful supply of disposable paper tissues should be readily available for nose wiping.
- Foot operated pedal bins that are lined with a plastic bag should be provided for disposal of used/soiled tissues.
- Cloth handkerchiefs should not be used.
- A different tissue should be used on each child and staff must wash their hands after nose wiping.
- Children and staff should be taught to cover their mouth when they cough or sneeze and to wash their hand afterwards.
- Everyone (staff and children) should put their used tissues in a bin and wash their hands after contact with respiratory secretions.
- Outdoor activities should be encouraged when weather permits.
- Cots or sleeping mats should be spaced at least a half metre apart.

Nose Blowing Procedure:

Tissues are available always and children will be taught the following etiquette for nose blowing.

1. Get a tissue
2. Fold it in half
3. Blow nose gently
4. Wipe nose clean
5. Throw tissue away in bin
6. Wash hands
7. Staff supporting children to clean their nose must wash their hands before and after helping them.

	
<p>Get a tissue.</p>	<p>Fold the tissue in half.</p>
	
<p>Blow nose gently.</p>	<p>Wipe nose clean.</p>
	
<p>Throw tissue away.</p>	<p>Wash hands.</p>

Nappy Changing: [\[see also separate policy on nappy changing\]](#)

To Prevent cross-contamination

Hygienic nappy changing practice is important to prevent germs being transmitted to other children, staff and to the surrounding environment:

- Changing mats are waterproof, have an easily cleanable cover and are in good repair with no breaks and tears
- The nappy changing procedure will be on display in the nappy changing area
- Staff undertaking nappy changes should not be involved in the preparation, cooking or serving of food. If this is unavoidable, staff should wear appropriate disposable gloves and aprons and wash their hands.
- Ensure all the equipment is at hand and that your hands are clean before you starting.

- Single use disposable gloves must be worn, i.e. powder free synthetic vinyl or latex gloves.
- Ensure creams and lotions are not shared between children. Creams and lotions for each child should be individually labelled
- Dispose of nappies and gloves by placing in a leak proof, cleanable and sealable/airtight container.
- Non-disposable nappies should be double bagged and placed directly into plastic bags to give to parents.
- Solid faecal matter may be disposed of into the toilet.
- Never rinse or wash non-disposable nappies because the risk of splashing may cause germs to spread to staff or children.
- Clean and dry the changing mat after each use.
- If soiled, clean, then disinfect using a disinfectant, (according to manufacturer's instructions), rinse and dry after use.
- All surfaces must be cleaned and disinfected daily (including nappy changing unit and surrounding surfaces).
- Staff must always wash their hands after every nappy change using warm water and liquid soap.
- Hands should be dried by means of single use disposable paper towels.
- The changing mats must be checked on a regular basis and discarded if cover is torn or cracked.

Cleanliness and Hygiene:

To prevent cross-contamination:

- Toys and other play materials are not allowed into the toilet area.
- Individual combs, hairbrushes, toothbrushes are clearly labelled with the child's name and not shared.
- Sunhats are stored separately
- Aprons and paper-towels are in dispensers and not openly left on shelves
- Gloves and aprons are used to clean up bodily fluids
- Soothers are stored separately and sterilised regularly
- Cots and sleeping mats are placed 50cm apart
- Detergents and disinfectants are used correctly according to manufacturers instructions

- The premises will be maintained in a clean, hygienic state throughout the day and a cleaning record is kept.
- Staff are responsible for the materials and equipment used and ensure they are clean, hygienic and safe at all times.
- Children will be encouraged to care for their environment.
- Cleaning routines and procedures are in place and are closely monitored and recorded.
- Disposable cloths will be used for all cleaning purposes and discarded regularly.

Toilets / Potties

To prevent cross-contamination:

Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled. Attention paid to toilet seats, toilet handles, door handles and wash hand basins, especially taps.

- Each child is assigned their own potty OR parents may supply a potty to the Service for their child. The potty will be returned to the parent at the end of each day.
- Potties are emptied carefully into the toilet and cleaned with hot water and detergent, wiped over with a disinfectant and dried thoroughly using disposable paper towels.
- Separate cloths are used for cleaning the toilet and wash hand basin to reduce the risk of spreading germs from the toilet to the wash hand basin.
- Trainer seats are thoroughly cleaned and disinfected after each use.

Spillages of Body Fluids: (e.g. urine, faeces or vomit) To prevent cross-contamination:

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage.
- Clean the area using warm water and a general purpose neutral detergent, use a disposable cloth.
- Apply a disinfectant to the affected surface.
- Dry the surface thoroughly using disposable paper towels.

- Dispose of soiled/sodden paper towels, gloves, apron and cloths in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Blood Spillages:

To prevent cross-contamination:

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage.
- Apply a disinfectant to the affected surface. It should be left in contact with the surface for at least two minutes (check the manufacturer's instructions).
- Wash the area thoroughly with warm water and a general purpose neutral detergent and dry using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves, apron and cloth in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Dealing with Cuts and Nose Bleeds:

To prevent cross-contamination:

When dealing with cuts and nose bleeds, staff should follow the Service's first aid procedure. They should:

- Put on disposable gloves and apron.
- Stop the bleeding by applying pressure to the wound with a dry clean absorbent dressing.
- Place a clean dressing on the wound and refer the child for medical treatment if needed, e.g. stitches required or bleeding that cannot be controlled.
- Once bleeding has stopped, dispose of the gloves and apron safely immediately in a manner that prevents another person coming in contact with the blood, i.e. bag separately prior to disposing into general domestic waste bag.
- Wash and dry hands.

Children who are known to be HIV positive or Hepatitis B positive should not be treated any differently from those who are not known to be positive. Intact skin provides a good barrier to infection and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. Staff should always wash their hands after dealing with other people's blood even if they have worn gloves or they cannot see any blood on their hands.

Gloves:

Wear disposable gloves when dealing with blood, body fluids, broken/grazed skin and mucous membranes (e.g. eyes, nose, mouth). This includes activities such as:

- Nappy changing.
- Cleaning potties.
- Cleaning up blood – e.g. after a fall or a nose bleed.
- General cleaning.
- Handling waste.

Gloves should be single use and well fitting.

Change gloves:

- After caring for each child.
- After doing different care activities on the same child.
- Wash hands after gloves are removed.

Remember gloves are not a substitute for hand washing.

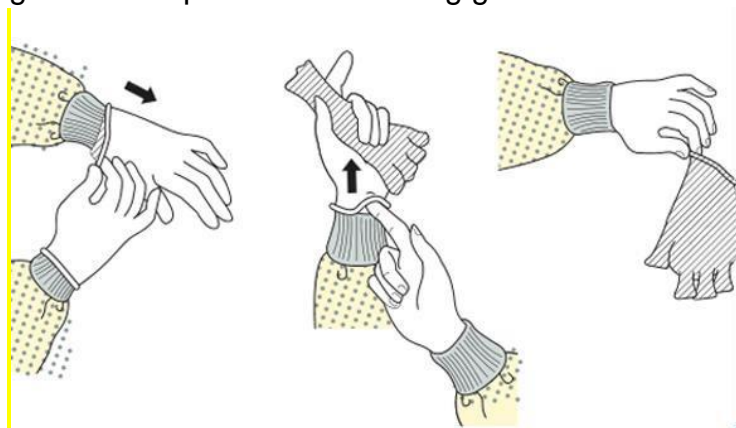
Types of Gloves:

- Disposable non-powdered latex or nitrile gloves are recommended. Synthetic vinyl gloves may also be used but users should be aware that gloves made of natural rubber latex or nitrile have better barrier properties and are more suitable for dealing with spillages of blood or body fluids.
- Gloves should conform with the European Community Standard (CE marked).

- Polythene gloves are not recommended as these gloves tear easily and do not have good barrier properties.
- Latex free gloves should be provided for staff or children who have latex allergy.

How to Remove Gloves:

- Peel the first glove back from the wrist.
- Turn the glove inside out as it is being removed.
- Remove the glove completely and hold in the opposite hand.
- Remove the second glove by placing a finger inside the glove and peeling it back. Pull the glove off over the first glove.
- The outside surface of the glove should not be touched.
- Hand washing should be performed following glove removal.



Source: US Centres for Disease Control and Prevention

Aprons:

Wear a disposable apron if there is a risk of blood or body fluids splashing onto skin or clothing, for example during activities such as cleaning up spillages of body fluids (e.g. blood, vomit, urine) or dealing with nose bleeds. Change aprons after caring for individual children. Wash hands after removing the apron. Aprons should be disposable, single use and water repellent. The apron should cover the front of the body from below the neckline to the knees. Cloth aprons or gowns are not recommended. Remove the apron by breaking the neck ties first, then break the ties at the back and roll up the apron without touching the outer (contaminated) surface. If gloves and an apron are worn remove the gloves first followed by hand washing.

Baby Feeding Equipment:

- Bottles, teats and bottle brushes are washed thoroughly before sterilising.
- Feeding equipment is sterilised using a sterilising solution (which is changed daily and mixed according to manufacturers' instructions) or steam steriliser.

Food and Kitchen Hygiene:

Germs can be spread in many ways while working with foods in the kitchen. In order to prepare food hygienically, it is important to ensure that a high standard of personal hygiene is maintained in conjunction with effective cleaning of food preparation areas and equipment. This is necessary in addition to careful handling, preparation, cooling etc. of food.

Unless unavoidable, those staff involved in toileting children or nappy changing should not be involved in food handling. Where this situation is inescapable, care workers should change their outer clothing and wash their hands thoroughly prior to handling food.

Perishable food is kept in a refrigerator at temperatures of between 0 and 5 degrees

Note: Do not leave perishable food at room temperature for more than two hours. Perishable food brought from home, including sandwiches, should be kept in a fridge or cool place below 5°C.

If food is left at room temperature for more than 2 hours it will be discarded

Cleaning:

Cleaning is essential in the prevention of infection. Thorough cleaning followed by drying will remove large numbers of germs but does not necessarily destroy germs. Deposits of dust, soil and microbes on environmental surfaces have been implicated in the transmission of infection. Routine cleaning with household detergents and warm

water is considered to be sufficient to reduce the number of germs in the environment to a safe level. **A “clean as you go” method is currently in place:**

- Play surfaces are cleaned, rinsed and dried before use or when visibly soiled.
- Routine cleaning is accomplished using warm water and a general purpose neutral pH detergent.
- Manufacturer’s instructions are always followed when using detergents and disinfectants with regard to the use of personal protective clothing and dilution recommendations.
- We do not guess measurements and always use a measure. Extra measures will not kill more bacteria or clean better – it will damage work surfaces, make floors slippery and give off unpleasant odours.
- Water is changed frequently as dirty water is ineffective for cleaning.
- Disinfecting surfaces are then rinsed.
- Toilets, sinks, wash hand basins and surrounding areas are cleaned when required at least twice daily.

Laundry:

- Linen used for cots and sleep mats are washed after each use / at the end of each week. Each child has their own linen.

Cleaning Cloths:

- Cleaning cloths used in the playrooms, kitchen and sanitary accommodation are washed separately. Disposal cloths are also used in all services to minimise risk.

Toys and Equipment:

In order to reduce the risk of cross infection, all toys are cleaned on a regular basis (i.e. as part of a routine cleaning schedule) and toys that are shared are cleaned between uses by different children.

Children's Rooms:

- Checklists are posted on the wall of the room and must be checked daily. All staff will also receive their own personal weekly rota, to be signed off.
- Staff are responsible for keeping their rooms clean and tidy.
- All room environments must be clean always. Toys, games and work equipment must be placed on the shelves in an orderly fashion at all times.
- During the day the room should be ventilated regularly.

Animals. Poultry and Fish

- Hand washing and drying procedures are adhered to before and after handling animals, pets, poultry and fish.
- All animals, pets, poultry and fish are managed in accordance with required and appropriate instructions for their care.
- Children are not allowed unsupervised access to animals, pets, poultry and fish.
- Animal, pet, poultry vaccination and health care are in accordance with veterinary advice.

If A Child Becomes Ill When Attending The Service:

- Parents/guardians will be informed of our concerns and procedures we are taking and will be asked to collect their sick child. We may need to call a GP or use emergency services.
- If a parent cannot be reached the next named on the emergency list will be contacted.
- If a child's temperature is raised it will be monitored, recorded and medication administered, if required.
- We advise that sick children must be kept at home.

List of illness that your child cannot attend service if they have been diagnosed with. Length of time of exclusion is guided by HSE recommendations alternatively management of service can advise

Covid 19

Please refer to our Covid 19 policy

Disease	Early Symptoms	Usual Incubation Period	Period when Infectious	Minimum Period of Exclusion	Advice
Measles	Cold cough fever or chill. Sore eyes, white spots in mouth (1-2days)Rash after 2-3 days on face. Weak chest	8-15 days	From a few days before the runny nose and head cold to 7 days after rash appears.	7 days from appearance of rash	It may be advisable to temporarily exclude unvaccinated children who may be incubating measles
German Measles	May have fever sore throat, stiff neck, Rash after 1-2days usually starts on face	14-21 days usually 12 days	From 7 days before to usually 4 days after rash appears	7 days from appearance of rash whilst unwell	Very dangerous for pregnant mothers . Notify ALL mothers and advise consulting their doctors
Whooping Cough	Fever * Catarrh for approx. 1 week before cough develops	7-14 days	From 7 days after exposure to 21 days after whooping	21 days from beginning of whooping cough	Antibiotics may reduce the period of infection
Mumps	Fever, sore throat, dry mouth chewing	12-25 days	From 7 days before swelling appears to 9 days afterwards	5 days from appearance of rash	
Chicken Pox	Maybe a slight fever, headache, nausea spots appear on 2 nd day starting on the back	12-21 days	Until scabs are dry, usually 5-7 days from onset of rash	5 days from appearance of rash	
Conjunctivitis	Sore eyes inflamed discharge or watering	1-3 days	Contagious, spread by rubbing of eyes or other contact	Until discharge or inflammation has cleared or until they have had antibiotics for 48 hours	
Lice & Nits	Itching of head		Contagious until treated	Until treated	All parents to be asked to treat children as a precaution
Impetigo	Blisters, spreading at edges which are raised, thick yellow crust where blisters break		Contagious spread of hands and contact with objects	Until skin is completely healed	Check the use of sand, water and playdough. Wash all dressing up clothes
Ringworm	(Body) Round raised areas with a ring border.	10-11 days	Contagious spread by scratching and material under fingernails.	Until treated.	
Scabies	Intense itching, blistering, pin point blood crusts	Several Days	Mites spread rapidly by contact from clothing or bedding.	Until treatment has commenced.	
Bad Cold	Coughing or Sneezing		While child is coughing or sneezing		May pass germs in the preschool service
Covid 19 Refer to Covid 19 Policy)	Cough, temp, flu like symptoms	14 days	Can be exposed before symptoms are recognised	14 days	Contact your doctor if you or your child are showing any symptoms of Covid 19

Risk Assessment

Our risk assessments as part of our Health and Safety Statement

There are three basic steps to completing a risk assessment:

- Look at the hazards
- Assess the risks
- Decide on the control measures and implement them.

The findings of the risk assessment process will be recorded in our safety statement.

We will involve our employees, along with any safety representatives, in this process.

Name: Rachel Cawley (Person responsible for approving the Policy)