** H**appiness **– A**chievement – **N**urture **- K**indness

**Kinellar Nursery**

**Infection Control and Handwashing**

Kinellar Nursery has a duty to protect the health, safety and welfare of all users and employees as well as a duty of care. In addition to this the prevention and control of infection is essential in helping to establish a safe and secure environment in which children can learn and develop through play. Kinellar Nursery staff will adhere to the advice and guidance from NHS and Health Protection Scotland, **‘NHS Infection and prevention Control in Childcare Settings’ (May 2018.)**

The following policy has been written based on the current guidance:

Health and Social Care Standards:

*3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.*

*5.22 I experience an environment that is well looked after with clean, tidy and well- maintained premises, furnishings and equipment.*

The United Nations Convention on the Rights of the Child (UNCRC) (1989):

*Article 24: (Health and health services): Every child has the right to the best possible health.*

*Care Inspectorate, 2014, "Disposable Gloves: use and management"*

*Care Inspectorate, 2014, "Hand hygiene: information to support improvement"*

All staff have successfully completed REHIS Elementary Food Hygiene and at least one member of staff has completed the REHIS Infection Control course. Staff are required to maintain their food hygiene and infection control certification.

**Minimise Sources of Contamination –**

* Food that requires refrigeration is covered and dated within the refrigerator, at a temperature of 4ºC or below or freezer at a temperature of -18ºC. Fridge and freezer temperatures are recorded daily and can be found in the house keeping folder.
* Hot food is held above 63ºC.
* Reheated food to reach a minimum temperature of 82ºC.
* All staff that can will be required to tie their hair back and wear an apron during food preparation and service.
* Staff and children ensure hands are washed before and after handling food.
* Food storage and preparation areas are cleaned with hot soapy water before and after use.
* Food is bought from reputable sources and used by the recommended date.
* Disinfection may only be required during an outbreak of infection.
* Cleaning record in place for washing toys and general cleaning of kitchen and playroom.
* ** H**appiness **– A**chievement – **N**urture **- K**indness

**To Control the Spread of Infection –**

* We ensure good hand washing procedures are always adhered to.
* Children are encouraged to blow and wipe their own noses when necessary and to dispose of tissues hygienically and wash their hands.
* We keep a record of the washing and disinfecting of play equipment.
* Records are kept of the cleaning of children’s toilets. Toilet seats, flush handles, toilet doors and sinks are wiped between sessions using anti bacterial wipes/spray.
* Any cuts or sores are covered with a plaster which can be found in the First Aid cupboard in the food preparation area. Staff to use blue plasters.
* We wear protective clothing when dealing with accidents (e.g. gloves and apron).
* A protocol is in place that is followed regarding contact with bodily fluids.
* Sand spillages are discarded and sand replaced at the end of each term or sooner if necessary. If an outbreak of an infectious disease occurs then sand/water play will be closed.
* Water trays are emptied after each session, cleaned with warm soapy water and dried with disposable paper towels.
* Playdough is stored in an airtight container overnight and replaced daily or sooner if necessary.

**Cleaning Cloth Guide**

*Green Cloth  – For food preparation and dining surfaces. (Kitchen/lunch and snack tables)*

*Blue Cloth   - General surfaces (Tables/chairs/shelves/toys/touch points)*

*Yellow Cloth – For playroom sinks, art easel and messy play areas.*

*Red Cloth - For cleaning the toilet and toilet seat.*

Training on Infection Control can be found at: <https://aldo.aberdeenshire.gov.uk>

**To Raise Awareness of Hygiene Procedures**

* Inform all attending adults of existing policy and procedures.
* Ensure that all students, visitors and new staff are made aware of this policy.
* Provide visual instructions where possible for ease of understanding.
* Have child friendly visual instructions around sinks and talk to the children about hand hygiene, using tissues etc.

**To Prevent Cross Contamination**

* Ensure that adults and children have separate toilet facilities.
* Paper towels or hand driers to be used in toilet areas.
* ** H**appiness **– A**chievement – **N**urture **- K**indness

**Outbreak of infection**

Staff to report immediately to EYLP or EYSP if a child has any of the following signs and symptoms:

* Appears unwell (feels hot or looks flushed) or complains of feeling ill for example cough, sore throat, runny nose, muscle aches and headache.
* Diarrhoea or vomiting.
* Blood in their faeces
* Unexplained rash

If children have any of these symptoms and staff are concerned the child may have an infection, staff should try and keep the child away from other children if possible. Ask parent/guardian to collect the child and suggest they seek medical advice from the GP if symptoms continue or get worse.

If more than one child is displaying signs or symptoms giving cause for concern, contact the local Health Protection Team (HPT) on **01224 558520** or **08454566000** (out of hours).

It is a legal requirement to notify the Care Inspectorate of infection outbreaks as defined in the Care Inspectorate electronic form notifications section.

<http://www.careinspectorate.com/>

If there is an outbreak it is important to keep an up to date list of the following:

* The names of children/staff that are ill
* The symptoms if known
* When they became ill
* The date last attended the setting
* When parents were contacted
* Time the child was collected
* Who was informed about the outbreak
* Advice received
* Advice given to parent/guardian

**To prevent the persistence and further spread of infection**

* Staff to be vigilant to signs of infection and outbreaks reported to EYSP.
* Ask parents to keep children at home if they have an infection, and to inform nursery or school as to the nature of infection.
* Where necessary and appropriate, e.g. in the case of head lice, parents of pupils in the same class may be informed of an infection being present so that they can check their child on a regular basis.
* Remind parents not to bring a child to nursery or school who has been vomiting or had diarrhoea until at least 48 hours has elapsed since the last attack.
* ** H**appiness **– A**chievement – **N**urture **- K**indness

**Management of waste**

* Lined, lidded bin for food waste.
* Open lidded bins for non hazardous waste.
* Hygiene bins for nappies.
* Bin never left completely full once three quarters full it is emptied.
* If emptying bins PPE required.
* When finished remove PPE and wash hands

**Laundry**

DO NOT rinse soiled clothing. Put directly in a nappy sack (double bag), name and date and put in the box in the nursery toilet for parents to receive when at pick up.

**Spillages of blood and bodily fluids**

* Keep children away from the spill.
* Put on PPE (apron and gloves).
* Place paper towels on the spill to soak up the spillage. Carefully place in a disposable, leak proof plastic bag and dispose of in the nappy bin in the disabled toilet.
* Use disinfectant solution to clean the area and paper towels.
* Wipe area with paper towels soaked in detergent solution.
* Wipe area dry with paper towels.
* Put all cleaning materials into a disposable, leak proof plastic bag and dispose of in the nappy bin in the disabled toilet.
* Remove PPE and place in a disposable, leak proof plastic bag and dispose of in the nappy bin in the disabled toilet.
* Wash hands

**Handwashing**

The teaching of hand washing is part of Kinellar Schools Health and Wellbeing programme. Children are told why it is important to wash our hands and are shown the best way to ensure that they are cleaned thoroughly. Children are taught the importance of good hand washing after visiting the toilet or after nappy changes, blowing their nose, coughing, sneezing, touching animals, when in contact with contaminated surfaces, mealtimes and after being outdoors.

**Exclusion for Childcare and Childminding Settings**

|  |  |  |
| --- | --- | --- |
| **Infection or symptoms** | **Recommended Exclusion** | **Comments** |
| 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. |
| Diarrhoea and/or vomiting. | 48 hours from last episode of diarrhoea or vomiting. |  |
| *E. coli* O157 STEC Typhoid and paratyphoid (enteric fever) *Shigella* (dysentery). | Should be excluded for 48 hours from the last episode of diarrhoea for *E. coli* 0157.  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. |
| 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. |
| 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. |

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