



# INFECTION AND CONTROL POLICY

At Colinton Private Nursery we promote the good health of all children attending through maintaining high hygiene standards and reducing the chances of infection being spread.

Viruses and infections can be easily passed from person to person by breathing in air containing the virus which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/ face contact after touching a person or surface contaminated with viruses.

We follow the guidance on Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings) and the exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox to protect other children in the nursery.

Our staff:

- Encourage all children use tissues when coughing and sneezing to catch germs.
- Ensure all tissues are disposed of in a hygienic way and all children and staff wash their hands once the tissue is disposed of.
- Develop children's understanding of the above and the need for good hygiene procedures in helping them to stay healthy.
- Wear the appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with any other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately.
- Clean and sterilise all potties and changing mats before and after each use.
- Clean the toilets at least daily and check them throughout the day – every 2 hours and complete the checklist within the children's toilet area.
- Remind children to wash their hands before eating, after visiting the toilet, playing outside or being in contact with any animal and explain the reasons for this.
- Clean all toys, equipment used by babies and toddlers as and when needed.
- Wash or clean all equipment used by babies and toddlers as and when needed including when they have placed it in their mouth.
- Store dummies in individual hygienic dummy boxes labelled with the child's name to prevent cross-contamination with other children.
- Store toothbrushes hygienically to prevent cross-contamination.
- Immediately clean and sterilise any dummy or bottle that falls on the floor or is picked up by another child.
- Nursery bedding is laundered daily for each child.
- Where applicable staff wear specific indoor shoes whilst inside the rooms.
- Follow the sickness and illness policy when children are ill to prevent the spread of any infection in the nursery. Staff are also requested to stay at home if they are contagious.

In addition:

- The nursery manager retains the right of refusal of all children, parents, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the nursery.
- Parents will be made aware of the need for these procedures in order for them to follow these guidelines whilst in the nursery.
- The nursery will ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluids are maintained at all times.

<b>This policy was adopted on</b>	<b>Signed on behalf of the nursery</b>	<b>Date for review</b>
18.08.16		August 2017



## Infection and Control Procedures for the Playrooms, Toys and Equipment

- The nursery follows guidance in “Infection Prevention and Control in Childcare Settings (day care and childminding settings)”.
- Each playroom has a cleaning rota in place to ensure all toys and equipment are thoroughly cleaned on a regular basis. These must be adhered to by all staff and signed to ensure all areas have been addressed. Staff are responsible for ensuring their playrooms are kept clean, tidy and free from infection. All play equipment must be cleaned/sterilised weekly. Care must be given to delicate and battery operated equipment to give them longevity. All soiled items must be removed from the playroom immediately and cleaned in the Utility room. The Nursery Manager will also monitor to ensure this is being carried out as agreed.
- Staff must ensure they have a supply of antibacterial spray, antibacterial hand gel, gloves and aprons in their room. Stocks must be replenished regularly.
- Bins, lids, dustpans and brushes must be sterilised in the utility room every Friday with hot water and antibacterial fluid.
- Blue aprons must be worn when handling food at mealtimes and food/baking activities. They are also advised for use during messy play e.g. paint, water, collage.
- White aprons must be worn when dealing with vomit, urine and faeces. If a child is sick or urinates on the floor the children must be kept away from the area until it has been thoroughly cleaned.
- Hands should be washed at regular intervals throughout the day, especially after going to the toilet. Antibacterial hand gels are also supplied in all playrooms. Staff are advised to use these appropriately.
- Tables, chairs and highchairs should be cleaned using antibacterial cleaning sprays at regular intervals, especially before and after food is served.
- Sleep mats must be wiped down after each use with antibacterial spray and kitchen roll.
- Flat sheets and blankets must be changed daily for each specific child.
- Cots are labelled for each child and sheets will be washed minimal weekly or when required if marked for instance with body fluids.
- Dirty laundry must be placed in the laundry basket and this is emptied regularly throughout the day by the playroom assigned to washing rota.
- Storage shelving and boxes must be cleaned out regularly. Small rugs and soft furnishings must be washed in the nursery washing machine regularly.
- Complete daily room risk assessment checklists before children enter the playrooms.
- Bins should be located out with the play areas. Empty bins at least twice a day using PPE. Wash hands thoroughly after. This also includes nappy bins.
- Ensure the nursery cleaner is involved and aware of the Infection and Control policies and procedures which are in place to minimise risk and prevent the spread of infection. The cleaner has a checklist that she works to each evening.
- Ensure that mops and buckets have separate uses and are used for separate areas of the nursery to prevent cross infection. Mop heads must be replaced on a regular basis and all stocks of cleaning fluids used must be fully stocked with replenishments given as requested.
- Room carpets must be hoovered daily and floors washed by our cleaner. Carpets are industrially cleaned as requested and replaced if necessary. Skirting boards must also be addressed on a monthly basis again by our cleaner.



### **Infection and Control Procedures for the Children's Toilets**

All staff must follow the procedures below:

- Staff are to be seen as positive role models for the children, promoting and encouraging good hygiene standards.
- Staff must wear aprons and gloves when assisting children in the toilets/ potty. Ensure disposal of soiled garments into plastic bags in the children's toilets. These are to be returned home with the child.
- Children must be supported and encouraged to wash their hands after using the toilet/ potty with soap and water, then given adequate support to dry hands using hand dryer. This process must also be used prior to and after eating or handling food/drink.
- Ensure that the nursery cleaner follows the weekly schedule for the children's toilet areas.
- Staff throughout the day will check the children's toilet every 2 hours and ensure these are clean throughout the day.
- Staff must ensure the bathroom is fully stocked each day including soap, toilet paper, gloves and aprons. Replenish stocks before they run out to avoid any cross infection situation.
- Dirty face cloths must be placed in the washing basket. One face cloth should be used per child. Children must not share face cloths.



## Nappy Changing/ Soiled Accidents Policy

At Colinton Private Nursery we aim to support children's care and welfare on a daily basis in line with their individual needs.

We will enable a two-way exchange between parents and staff so that information is shared about nappy changing and toilet training in a way that suits the parents and meets the child's needs.

We wish to ensure the safety and welfare of the children whilst being changed and safeguard against any potential harm as well as ensuring the staff member involved is fully supported and able to perform their duties safely and confidently. We aim to support all parties through the following actions:

- Using this one-to-one time as a key opportunity to talk to children and help them learn, e.g. through singing and saying rhymes during the change.
- Ensuring the nappy changing area is inviting and stimulating and change this area regularly to continue to meet children's interests.
- Ensuring all staff undertaking nappy changing have suitable PVG checks.
- Training all staff in the appropriate methods for nappy changing.
- Ensuring that no child is ever left unattended during the nappy changing time.
- Making sure staff do not change nappies whilst pregnant until a risk assessment has been discussed and conducted.
- Ensuring hygiene procedures are followed appropriately, e.g. hands washed before and after nappies are changed and changing mats cleaned before and after each use.
- Working closely with parents on all aspects of the child's care and education. This is essential for any intimate care routines which may require specialist training or support. If a child requires specific support the nursery will arrange a meeting with the parent to discover all the relevant information relating to this to enable the staff to care for the child fully and meet their individual needs.
- Ensuring all staff have an up-to-date understanding of child protection and how to protect children from harm. This includes identifying signs and symptoms of abuse and how to raise these concerns as set out in the child protection policy.
- Operating a whistleblowing policy to help staff raise any concerns to their peers or managers; and helping staff develop confidence in raising concerns as they arise in order to safeguard the children in the nursery.
- Conducting workplace observations/ monitoring of all aspects of nursery operations. This includes all intimate care routines.
- Conducting regular risk assessments of all aspects of nursery operations including intimate care and reviewing the safeguards in place.
- Babies, tweenies and toddlers all have their own changing stations and are responsible for the upkeep, cleanliness and maintenance of these.
- Children too heavy to lift onto changing stations should be assisted to climb up, using the wooden steps provided.
- Children requiring a change of clothes must have this done so in the nappy room or children's toilets with all soiled items removed and bagged to be sent home. Staff must be aware of respecting the children's dignity whilst changing them.

If any parent or member of staff has concerns or questions about nappy changing procedures or individual routines please see the manager at the earliest opportunity.



## **Nappy Changing/ Soiled Accidents Procedures**

1. Wash your hands.
2. Gather all equipment – PPE, nappy, wipes / cotton wool, cream, nappy sack.
3. Clean area including worktop underneath the changing mat using antibacterial spray and kitchen roll.
4. Change nappy wiping from front to back ensure child is cleaned thoroughly. Put nappy into a nappy sack. (If applying cream, remove gloves and replace with clean pair). Put clean nappy on and redress the child. Put nappy into bin using foot pedal.
5. Remove PPE.
6. Help the child to wash their hands and your own.
7. Take the child back to their room.
8. Return to the area and clean thoroughly.
9. Rewash your own hands and leave the nappy area.



## **Policy and Guidelines for Children who are Unwell**

At Colinton Private Nursery we promote the good health of all children attending. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell it is in their best interest to be in a home environment with adults they know rather than at nursery with their peers.

### **Our procedures**

In order to take appropriate action of children become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible.
- We follow the guidance on Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings) given to us by the Infection Childminding Settings' guidance on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chickenpox to protect other children in the nursery. (see appendix 1)
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48hours.
- We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty.
- We make information about head lice readily available and all parents are requested to regularly check their children's hair.

### **Transporting children to hospital procedure**

- If the illness/ incident is severe, a designated member of staff should call for an ambulance immediately whilst still ensuring that the child is continued to be comforted and there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together. DO NOT attempt to transport the child in your own vehicle.
- Whilst waiting for the ambulance, contact the parent and arrange to meet them at the hospital.
- The most appropriate member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and the child's comforter. A member of the management team must also be informed.
- The nursery manager/ staff members must remain calm at all times. Children who witness and incident may well be affected by it and may need lots of cuddles and reassurance.
- Staff may also require support following an incident.
- Ensure the correct procedures are followed after the event such as notification to Care Inspectorate.



## Appendix 1



# Exclusion Criteria for Childcare and Childminding Settings Recommended time to be kept away from daycare and childminding

### 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 had no symptoms for 48 hours after an episode of diarrhoea and/or vomiting.
- Coughs and runny noses alone need not be a reason for exclusion but if the child is unwell they should not attend.
- Skin rashes should be professionally diagnosed and a child should only be excluded following appropriate advice.
- Certain individuals exposed to an infection, for example an immunocompromised child who is taking long term steroid treatment or has cancer, may require specific advice from their GP.
- Children should only be excluded when there is good reason. If in doubt contact a member of the Health Protection Team (HPT).
- If an outbreak of infection is suspected the local Health Protection Team should be contacted.

Further information can be found in Infection Prevention and Control in Childcare Settings (Day Care and childminding settings) <http://www.hps.scot.nhs.uk/haic/ic/guidelinedetail.aspx?id=47103>

Information on current immunisation schedule for children can be found at <http://www.immunisationscotland.org.uk/index.aspx>

If you have any questions please contact your local Health Protection Team (HPT)

Name: .....

Telephone Number: .....

Infection/Virus	Exclusion period	Comments
<b>DIARRHOEA AND VOMITING ILLNESS</b>		
General advice	Exclude until 48 hours after the diarrhoea and/or vomiting has stopped. Depending on the specific infection, exclusion may apply to: <ul style="list-style-type: none"> <li>young children;</li> <li>those who may find hygiene practices difficult to adhere to;</li> <li>those who prepare or handle food for others.</li> </ul> Your local HPT will advise.	Diarrhoea is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual. If blood is found in the diarrhoea then the patient should get advice from their GP.
<b>Common Infections</b>		
Norovirus	48 hours from last episode of diarrhoea and vomiting.	
Campylobacter	48 hours from last episode of diarrhoea and vomiting.	Discussion should always take place between the HPT and Nursery
Salmonella	48 hours from last episode of diarrhoea and vomiting.	
<b>Less common infections</b>		
Cryptosporidiosis	48 hours from last episode of diarrhoea and vomiting.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
E.Coli O157	Your local HPT will advise.	
Shigella (Bacillary Dysentery)	Your local HPT will advise.	
Enteric fever (Typhoid and paratyphoid)	Your local HPT will advise.	
<b>RESPIRATORY INFECTIONS</b>		
Coughs/colds	Until recovered.	Consider influenza during the winter months.
Flu (influenza)	Until recovered.	Severe infection may occur in those who are vulnerable to infection.
Tuberculosis (TB)	Consult with your local HPT.	Not easily spread by children. Requires prolonged close contact for spread.
Whooping cough (Pertussis)	5 days from commencing 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. Your local HPT will organise any contact tracing.
<b>RASHES/SKIN</b>		
Athletes foot	None.	Athlete's foot is not serious. Treatment is recommended.
Chickenpox (Varicella zoster)	5 days from onset of rash.	Pregnant staff should seek advice from their GP if they have no history of having chickenpox. Severe infection may occur in vulnerable children.
Cold sores, (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German measles (rubella)	6 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP.
Hand, foot and mouth (coxsackie)	None.	Contact your local HPT if a large number of children are affected.
Impetigo (Streptococcal Group A skin infection)	Until sores are crusted or healed or until 48 hours after antibiotic treatment has started.	Antibiotic treatment may speed healing and reduce infectious period.
Measles	4 days from onset of rash. Always consult with HPT.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing.
Molluscum contagiosum	None.	A self limiting condition.
Ringworm	Exclusion not usually required.	Treatment is required.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have same treatment; include the entire household and any other very close contacts. If further information is required, contact your local HPT.
Scarlet fever	24 hours after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped Cheek Syndrome (Erythrovirus B19)	None.	Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children.
Shingles (Varicella zoster)	Exclude only if rash is weeping and cannot be covered, e.g. with clothing.	Can cause chickenpox in those who have not had chickenpox. Pregnant staff should seek advice from their GP.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools.
<b>OTHER INFECTIONS</b>		
Conjunctivitis	None.	If an outbreak occurs contact local HPT.
Diphtheria	Exclusion will apply. Always consult with your local HPT	Preventable by vaccination. Your local HPT will organise all contact tracing.
Glandular Fever	If unwell.	
Head lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A or E	Exclude until 7 days after onset of jaundice (or seven days after symptom onset if no jaundice).	Your HPT will advise.
Hepatitis B and hepatitis C	None.	Blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis/septicaemia	Until recovered. HPT will advise.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Your local HPT will provide advice for staff and parents as required and organise all contact tracing.
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. Your local HPT will give advice on any action needed.
Meningitis viral	Until recovered.	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
Mumps	Five days from onset of swollen glands.	Preventable by vaccination (MMR x 2 doses).
Threadworms	None.	Treatment is required for the child and all household contacts.

References: Guidance on Infection Control in School and other Child Care Settings Poster, HPA, April 2010. Definition of diarrhoea <http://www.who.int/topics/diarrhoea/en/>

December 2011

