



FERRYHILL NURSERY INFECTION PREVENTION AND CONTROL POLICY

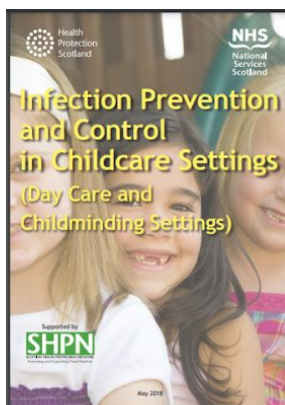
Policy Written By:	In consultation with:	Date of review:	Date of next review:	Changes made:	Signature:
Amy Golding & Renatta Fromholc	David Wallis	22/2/21	22/2/22		

Relevant Performance Indicators		
<i>HGIOELC (2016)</i>	2.1 3.1	<i>Safeguarding and Child Protection Ensuring Wellbeing Equality and Inclusion</i>
<i>Rights Respecting</i>	Article 3 Article 12 Article 16 Article 24	<i>Best Interests of the Child Respect for the Views of the Child Right to Privacy Health and Health Services</i>
<i>SHANARRI</i>	SAFE HEALTHY	
<i>Health and Social Care Standards (2017)</i>	1.4 5.4 5.17 5.18 5.19 5.22	<i>-If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected. - If I require intimate personal care, there is a suitable area for this, including a sink if needed. -My environment is secure and safe. -My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. -My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes. - I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.</i>

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Relevant Policy and Legislation



This policy has been created with reference to the document, [Infection Prevention and Control in Childcare Settings](#) (Health Protection Scotland, NHS National Services Scotland, Glasgow, 2018.)

This document provides guidance on infection prevention and control for staff working within nurseries, day-care centres, playgroups, crèches, children's centres, childminders, after-school clubs and holiday clubs. This guidance is also used by our school staff when involved in any outdoor activities for the children.

Procedures

Hand hygiene

Washing hands thoroughly, at the right time, using appropriate facilities and products 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 will be taught how to wash, rinse and dry their hands correctly.

When handwashing is referred to in this policy, correct handwashing procedures must be followed. Hands must be washed for 20 seconds using soap and water and following the guidance located at each hand washing point. See Appendix A for this guidance.

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 contact with contaminated surfaces (e.g. food-contaminated surfaces, rubbish bins, cleaning cloths)
● When moving between indoors and outdoors
● On arrival at school and before leaving at the end of the session/day

On Arrival at Nursery

Staff will wash their hands using hot soapy water on arrival at school using the sink located at the entrance. Staff will wash hands/sanitise throughout the day when returning to the nursery playroom after being elsewhere in the school.

Children are beginning their nursery session outdoors. Children are asked to sanitise their hands on arrival. Once inside children are supported to go straight to the handwashing sinks to wash their hands with warm water and soap.

Moving between indoors and outdoors during the nursery session

Children will be supported to wash their hands before and immediately after going outdoors to play. There are hand sanitising stations at every external door for the children to use on exit and entry of the building.

Staff entering the nursery from outdoors will hand sanitise on entry, then immediately wash their hands.

Staff will be aware that hand washing is the preferred method of hand cleaning.

Food and kitchen hygiene

Food hygiene regulations should be adhered to at all times and the nursery staff need to be aware of regulations governing the storage and preparation of food in the Nursery. Nursery snacks will be prepared by staff who have Food Hygiene certificates.

The guidance from “CookSafe Food Safety Assurance System” will be followed, including guidance on the:

- identifying of process steps
- purchase, receipt/delivery/collection of food
- refrigerated frozen and ambient storage of food
- preparation of different foods
- cooking, hot holding, cooling, reheating of food
- cleaning house rules, cleaning schedules
- temperature control
- cross-contamination prevention
- pest control
- waste control
- maintenance
- stock control

Records of the above will be kept and be accessible to all staff members. These records are kept in a folder in each kitchen and in the nursery Cooksafe folder which is stored in the back area of the red nursery.

Advice from Environmental Health Officers (EHOs) and Food Safety Officers (FSOs) will be sought if and when required.

Cleaning Schedule

- Cleaning schedules have been developed to ensure thorough cleaning of each nursery area throughout the day. These are stored in the COVID 19 cleaning folders in each room. All staff members are responsible for ensuring cleaning takes place and the checklists are completed each day.
- COVID Guard to be used to spray all areas as identified by the cleaning schedule in the nursery. The frequency of cleaning will be determined by use. All high touch surfaces will be cleaned as a minimum, once during each session and also one between sessions of children. All other surfaces will be cleaned between sessions.
- COVID Guard can be used as a spray to be left to dry and offer protection, or it can be wiped using blue roll/paper towels.

Cleaning of Resources

- There will be AM and PM resources, clearly identified in the nursery cupboard. These will be stored separately and there will be no crossover or touching of resources unless they have been quarantined for 72 hours.
- Resources will be thoroughly cleaned between sessions. This may be by spraying, or spraying and wiping with COVID Guard, washing in the dishwasher at 70 degrees, or handwashing with hot soapy water. Laundry bags can be used to facilitate cleaning.
- Resources that cannot be effectively cleaned, such as puzzles, books etc, will be quarantined for 72 hours prior to being deemed safe to be used by another group of children.

Dental Hygiene

- Staff will follow ChildSmile guidance when leading toothbrushing sessions. This can be viewed [here](#). The updated Covid-19 guidelines can also be found [here](#).
- Toothbrushing takes place on a daily basis at the snack tables in the nursery. **COVID-19 - Toothbrushing will resume when we are advised it is safe to do so.** Each child has their own toothbrush which is stored correctly in the toothbrushing buses. These are cleaned regularly following the Childsmile guidelines.
- Staff will work in partnership with Childsmile and NHS Grampian in observations, workshops, procedures, etc.
- Staff will work with families to identify dental registration and seek support for families with dental problems.

Dealing with bodily fluids

All staff must be trained in how to safely clean up 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
- Put on PPE (i.e. disposable gloves, disposable apron and surgical grade mask)
- Place paper towels (or kitchen roll) over the spill, to soak up the spillage. Then carefully place these into a disposable, leak-proof plastic bag
- Use a disinfectant solution to clean the remainder of the spillage
- Then wipe down the area with paper towels (or kitchen roll) soaked in detergent.
- Wipe area dry with paper towels (or kitchen roll)
- Remove PPE and put it into the plastic bag, secure and seal the bag then place it in the waste bin
- Wash their hands with liquid soap and running water

N.B. Do not use chlorine-based disinfectants e.g. household bleach directly onto spills of urine spillages (as this can release a chlorine gas). Soak up urine first with paper towels before using a disinfectant solution.

Toilet, Potty and Nappy Changing Guidance

Staff will follow the guidance for toilet use, potty use and nappy changing shown in **Appendix B**. These guidelines are displayed in the nappy changing area which is in the nursery toilets. The nappy changing area will be tidied and thoroughly cleaned after each use.

If a child has a toileting accident in the playroom they will be taken to the nursery toilets to be changed and the above procedure for cleaning bodily fluids will be actioned.

Nappies are changed using the changing mat on the floor of a toilet cubicle to ensure that the child's privacy is protected.

All waste is disposed of in the nappy bin located behind the toilet door.

Bites (that draw blood)

- Adults to put on white / clear disposable gloves and apron (surgical grade face mask to be used if at risk of splashing or if the personal care will take 10 minutes or longer)
- Encourage free bleeding.
- Wash the injured area with soap and running water.
- Cover with a waterproof dressing.

Covid 19 Procedures

The main symptoms of coronavirus to look out for are:

- A high temperature - over 37.8 degrees
- A new, continuous cough - this means coughing a lot, for more than an hour, or 3 or more coughing episodes in 24 hours
- A loss or change to a sense of smell or taste - this means that they cannot smell or taste anything, or things smell or taste different to normal.

Procedure for a child with symptoms

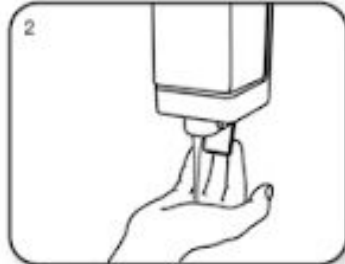
- Disposable white/clear gloves, apron and surgical grade mask to be worn by adult and child to be encouraged to also wear a mask.
- Child to be taken to the isolation room with a member of staff. Staff must record on the door of the isolation room, that it is in use. The member of staff should ensure the room is well ventilated and they try to remain 2 metres away from the child.
- The child's parent/carer should be contacted immediately to come and collect their child. They will be instructed to come to the main school door.
- The child will then be escorted from the isolation room, to be collected by a parent/carer.
- The member of staff will then return to the isolation room to clean it, as per the Risk Assessment. They will double bag all waste and dispose of it. Facilities will be called to deep clean the isolation room.
- The remaining staff will support all remaining children to wash their hands.
- In the event of a confirmed positive case, the janitor will contact facilities to deep clean the nursery and no entry will be permitted until this has been completed.

Appendix A - Guidelines for hand washing¹

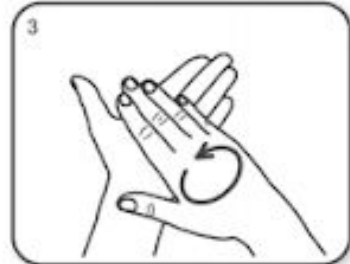
Source: World Health Organisation



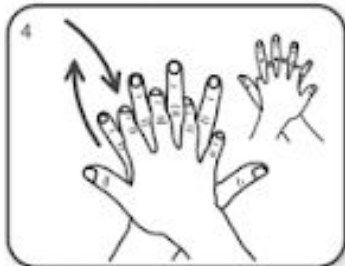
Wet hands with water



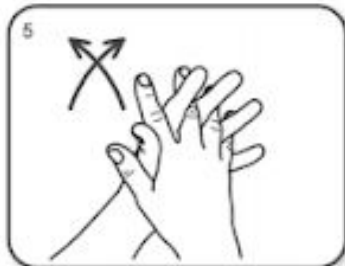
Apply enough soap to cover all hand surfaces



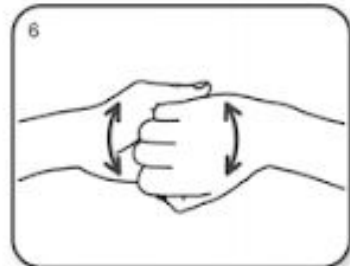
Rub hands palm to palm



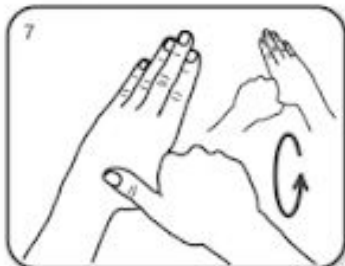
Right palm over the back of the other hand with interlaced fingers and vice versa



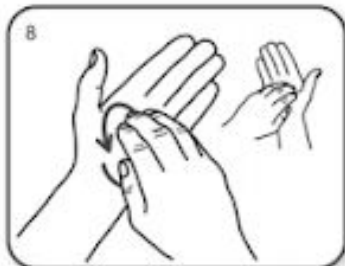
Palm to palm with fingers interlaced



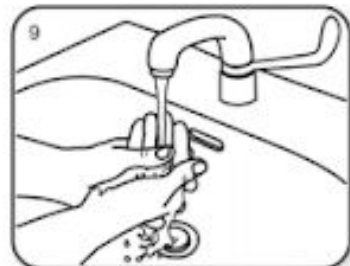
Backs of fingers to opposing palms with fingers interlocked



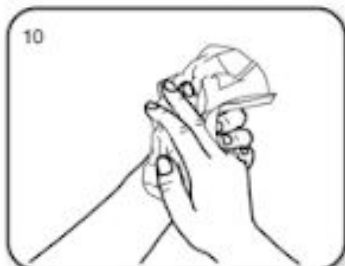
Rotational rubbing of left thumb clasped in right palm and vice versa



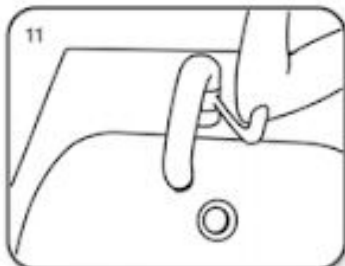
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



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

¹ (Taken from Infection Prevention and Control in Childcare Settings: May 2018, Health Protection Scotland, page 26)

Appendix B - Toilet, Potty and Nappy Changing Guidance

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Safe nappy-changing

<p>What you need</p>	<ul style="list-style-type: none"> • A clean waterproof changing mat (do not use if torn or broken). • A clean nappy (disposable or non-disposable). • warm water and soap or disposable wipes. • The child's own tub or tube of barrier cream. Do not use shared tubs or tubes of barrier cream. • A plastic bag (or nappy sack) for the used nappy. • PPE for staff – a single-use disposable plastic apron and disposable gloves (on both hands). • Waste bin for disposal of disposable nappies or other container, if required, for re-usable nappies.
<p>How you do it</p>	<ul style="list-style-type: none"> • Put on PPE. <p>Disposable nappy</p> <ul style="list-style-type: none"> • Remove the nappy. • Put the dirty nappy in a plastic bag, tie the bag and put it in a lined bin for used nappies. • The bin must have a lid, and must not be in areas used for preparing or eating food, or where children play. <p>Reusable nappy</p> <ul style="list-style-type: none"> • Put disposable nappy liner and soiling in the toilet (if you live in a rural area and use a septic tank, put the liner and contents in a plastic bag, tie the bag and put in a lined bin for used nappies). • The bin must have a lid, and must not be in an area where food is prepared or eaten, or where children play). • Do not rinse the nappy before putting it in a bag. • Tie the bag and label with the child's name. • Put the bag in a sealed container meant for that purpose, where it can be securely left for collection by the child's parent/guardian. <p>Cleaning and re-dressing the child</p> <ul style="list-style-type: none"> • Gently clean the child's bottom using warm soapy water or disposable wipes (Rinse any soap away). • Dry the skin gently but thoroughly. • Check for nappy rash – if the child has a rash, tell their parent or guardian at the end of the day. • Dispose of gloves and put on a clean pair. • Apply the baby's own barrier cream Remove and dispose of gloves. • Put on a clean nappy. • Dress the child. • Wash child's hands. • Take the child back to the play area. • Clean the baby-changing mat with detergent and water (if body fluids present wear PPE). • Wash your hands.

² (Taken from Infection Prevention and Control in Childcare Settings: May 2018, Health Protection Scotland, page 27-28)

Using potties

What you need	<ul style="list-style-type: none">• A clean potty, a separate sink for cleaning the potty where available. If unavailable the sink must be disinfected as per section 5.5 after use.• A wash hand basin for washing your hands.
How you do it	<ul style="list-style-type: none">• After the child has used the potty, put on PPE and put contents of the potty into a toilet.• Remove residue with toilet roll and flush down the toilet.• Clean the potty with detergent and water or paper towels with general-purpose detergent and hand-hot water.• Dry with paper towels (or kitchen roll).• Remove PPE, then wash your hands, then help the child to wash their hands.• Put potty in a clean, dry area – do not store potties one inside the other.

Using toilets

What you need	<ul style="list-style-type: none">• A clean toilet and a hand wash basin.
How you do it	<ul style="list-style-type: none">• Always inspect toilet area (including toilet seats) before used, and during the day to make sure visibly clean.• If needed, help children use the toilet and wash and dry their hands afterwards. Wash your hands after helping the children use the toilet.

Appendix C - Exclusion Criteria for Childcare Settings

3

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
1. Rashes/ skin infections		
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.

(taken from Infection Prevention and Control in Childcare Settings, May 2016, Health Protection Scotland, page 20-22)

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.