**Infection Control Policy**

**Purpose of Policy**

Rainbow Nursery has a duty of care and strives to protect the health, safety and welfare of all its service users – children, visitors, parents/carers and staff at all times. The nursery ensures that this duty of care is maintained by having in place an infection control policy which allows staff to establish a safe and healthy environment. The nursery recognises that infections can spread quickly amongst children in a childcare environment therefore we will endeavour to ensure that infections are controlled and good health and hygiene practices are upheld.

The guiding principles of infection control and safe working systems come under the umbrella of the Health and Safety at Work Act 1974 and the Public Health (Control of Disease) Act 1984. The Management of Health and Safety at Work Regulations 1999 require employers to carry out risk assessments and to implement appropriate control measures to minimise risks.

**Germs**

Not all germs are harmful, most germs live harmlessly on us and in us and help us to digest food and stop other more harmful germs from making us ill. It is important to be aware of how germs can spread in order to help stop children and staff becoming sick. Children should be taught how germs spread and how to stop this e.g. by washing their hands. Some harmful germs can grow quickly on surfaces that are not kept clean and dry. The chain of infection can be broken in a number of ways e.g. excluding children with symptoms of an infection from your childcare setting, effective hand hygiene and environmental cleaning.

**Implementation**

The nursery aims to prevent the spread of infectious illnesses and infections by:

* Checking environment is clean and safe before children arrive each day
* Establishing daily cleaning routines and system
* Following rota system for cleaning toys & resources
* Using personal protective equipment (PPE) when required
* Providing suitable equipment to enable effective handwashing procedures
* Safe waste disposal
* Reducing or eliminating sources of infection through thorough hygiene practices
* Preventing transfer of contamination from these sources
* Educating staff and children about good hygiene practices
* Prompt and appropriate treatment of infections
* Exclusion of children and adults with infections from the setting where appropriate

**Responsibility**

It is the responsibility of the manager to ensure that any children, parents, staff or visitors who have a contagious illness are excluded from the nursery for the recommended period of time. All staff members have a responsibility to ensure that if any children arrive at the setting unwell, the parent/carer should speak with a senior member of staff for a decision as to whether the child should remain at nursery or go home. All staff have a responsibility to ensure that they do not attend work if they have an infectious illness in order to help prevent the spread further.

**Personal Hygiene**

When working with children all staff should be neat and tidy with high standards of personal hygiene, e.g.:

* long hair should be tied back
* nails kept clean, short and varnish-free
* no excessive jewellery
* clothing should be clean and ironed as appropriate
* remove outdoor footwear or use ‘blue shoes’ when entering the nursery
* building
* wear indoor footwear or cover shoes with blue covers (temporary measure)

You can help raise children’s awareness of good hygiene practices by teaching them about the importance of:

* Hand washing
* Cleaning teeth
* Nose wiping and disposal of tissues
* The spread of infection through coughing and sneezing
* Using the toilet correctly

**Handwashing**

It is essential that staff and children wash and dry their hands frequently and thoroughly. Hand washing is essential to ensure that contamination and infection carried on hands through activities such as toileting, nappy changing and general play is eliminated. If staff are unable to wash their hands for some reason, anti-bacterial gel may be used as a temporary measure only. Hands must be washed as soon as possible thereafter.

Staff should act good role models and ensure that all children are instructed on how to wash their hands properly and are educated as to the importance of why we wash our hands. Children should wash their hands frequently throughout the day and staff should supervise children’s hand washing on a regular basis to ensure that they are observing good practice.

Hands should be always be washed after:

* Using the toilet
* Before eating or handling food
* Wiping children’s noses
* Blowing own nose
* Coughing/sneezing
* Coming in from outdoors
* Being in contact with animals
* Handling bins or rubbish

**Handwashing Procedures**

1. Wet hands under warm running water.
2. Apply a small amount of liquid soap.
3. Rub hands together vigorously ensuring soap and water is applied to all surfaces of the hands. Be sure to rub between fingers, under fingernails and around the tops of the fingers, the palms and the back of the hands.
4. Rinse hands under running water.
5. Dry hands, preferably using disposable paper towels.
6. Turn the tap off. Try to avoid touching the tap directly, as there is a risk of recontamination. For rigorous hygiene, turn the tap off using a paper towel.

**Respiratory & Cough Hygiene**

To stop respiratory germs spreading, children and adults should cover their mouth and nose with a tissue when coughing and sneezing; putting their tissue in the bin immediately after use and then washing hands.

**PPE**

The term ‘PPE’ includes single-use disposable gloves and single-use disposable plastic aprons. Gloves should be marked as single use and meet British Standard EN 455 (European Normalisation). Consider face protection i.e. surgical mask and goggles if spraying/splashing of bodily fluids is considered a risk (for example, if a child is vomiting). Always wash your hands before putting on and after taking off PPE.

|  |  |
| --- | --- |
| **Level of contact with blood and body fluids.** | **PPE recommended** |
| No contact (for example, playing with child). | None |
| Possible contact e.g. cleaning toys & equipment. | Household gloves e.g. marigolds |
| Risk of splashing (for example, nose bleeds, cleaning up spillages of body fluids e.g. blood, vomit, urine). | Disposable non-plastic gloves and disposable apron. |

**Toilets**

Staff should enable children to understand the importance of good toilet hygiene in the elimination of cross-infection. The toilets will be cleaned each evening by the domestic support staff, maintained by the staff throughout the day and soap and paper towels replenished when required.

Staff should:

* Check toilets in the morning before children arrive and regularly throughout the day to ensure that they are clean. If toilets have become soiled, staff should use the appropriate protective clothing (plastic apron and gloves) before cleaning. A separate mop and cloth should be used for the toilet area.
* Ensure that there is an adequate supply of soap and paper towels.
* Supervise children in the toilet areas at all times, ensuring that children flush the toilets and wash their hands.
* Wear disposable aprons and gloves when assisting a child at the toilet.

**Nappy Changing**

Nappy changing requires good hygiene procedures, it provides an ideal opportunity for germs to be transmitted to the child, to staff and to the surrounding area. Staff should ensure that they have all the equipment needed before starting.

* Disposable aprons and gloves should be worn at all times when changing nappies and discarded appropriately in the nappy bin after use. Staff should not come out of the changing area wearing PPE.
* Changing mat should be sprayed and wiped after every use, ensuring that the mat is lifted and cleaned underneath also. If changing mats appear damaged or ripped, they should be reported to the manager immediately, discarded and replaced.
* All dirty nappies should be bagged and disposed of appropriately in designated nappy bin.
* Staff and children should wash their hands after nappy changing.

For further guidance on nappy changing or dealing with soiled clothes, staff should refer to the Nappy Changing Policy.

**Dealing with Children who become unwell**

Children should 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 day 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 minimized.

In instances where any medication is administered as a form of treatment, such medication will be administered in accordance with the administration of medication policy and will only be administered with the express permission of the child’s parent. Any and all administration of medications will be recorded on the appropriate medication form.

**Outbreak of Illness**

If there is an outbreak within the setting it is important that a deep clean of the environment is carried out immediately. Toys contaminated with body fluids such as saliva and nasal discharge must be washed in hot soapy water. Remember to wash and dry your hands after handling contaminated toys and equipment. All contact surfaces such as door handles, light switches chairs etc. must be wiped with disinfected spray.

The following types of infections that would be reported to parents and staff:

* Head Lice
* Measles
* Chicken Pox
* Mumps
* Meningitis
* Whooping Cough

**Exclusion Guidelines**

Any child who is unwell should not attend regardless of whether they have a confirmed infection. Children and staff 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. The nursery should contact a member of the HPT if required for advice and always if an outbreak is expected.

|  |  |  |
| --- | --- | --- |
| Infection/Symptoms | Recommended Exclusion | Comments |
|  |
| Athletes Foot | None | Not serious infection child should be treated |
| Chickenpox | 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 | 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 | None | If a large number of children affected contact HPT. Exclusion may be considered in some circumstances. |
| Impetigo | 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 | 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 | 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. |

**First Aid**

National standards state that the nursery should have a first aid box complying with the Health and Safety (First Aid) regulations 1981. The contents must be checked regularly against a list and replaced by a designated staff member.

Staff should:

• Wash hands thoroughly after performing first aid procedures.

• Clean up any blood spills immediately.

• Ensure that first aid training is updated regularly.

• Ensure that they are aware of the nursery policy on first aid procedures.

**Bodily Fluids**

Spillages of bodily fluids should be dealt with immediately and children should be kept away from the spill. Staff must wear the appropriate PPE and use disposable paper towels/roll to soak up the spillage which should be placed in a leak proof disposable bag. A disinfectant solution should be used to clean the remainder of the spillage and contaminated area with disposable paper towels/roll. PPE should be removed and placed in the bag which should be sealed and disposed of appropriately. Staff should wash their hands afterwards, following hand washing procedures.

**Tooth Brushing**

Children are provided with their own toothbrush when they start nursery or transition to a new room and this is replaced every 3 months or more regularly if required (i.e. if dropped on floor, after a mouth infection or if bristles are damaged). Children should never share a toothbrush. All children’s toothbrushes should be stored upright in the designated holder with the lid on. Staff should clean the toothbrush holder every week using hot, soapy water and allow to air dry. To prevent cross-contamination, toothpaste should be distributed to each child on an individual paper towel. Children should not swallow toothpaste and are encouraged to spit into their paper towels which should be bagged and disposed of appropriately. Staff should wear gloves when carrying out tooth brushing with children.

**Dummies & Bottles**

Dummies should be stored in a sealed container with the child’s name on when not in use.

Good hygiene is very important when making up a baby’s bottle. A baby’s immune system is not as strong as an adult’s, therefore it's important to sterilise all feeding equipment, including bottles and teats, especially for children 12 months old, before each feed. This will reduce the chance of infection, such as diarrhoea and vomiting in particular. Before sterilising, you need to:

* Clean bottles, teats and other feeding equipment in hot, soapy water as soon as possible after feeds.
* Use a clean bottle brush to clean bottles (only use this brush for cleaning bottles), and a small teat brush to clean the inside of teats. You can also turn teats inside out then wash them in hot soapy water. You should not use salt to clean teats.
* Rinse all your equipment in clean, cold running water before sterilising.

Feeding equipment can be put in the dishwasher, although it will clean it, it does not sterilise it. There are several ways to sterilise feeding equipment including cold water sterilising solution, steam sterilising and boiling.

Cold water sterilising solution

* Follow the manufacturer's instructions.
* Leave feeding equipment in the sterilising solution for at least 30 minutes.
* Change the sterilising solution every 24 hours.
* Make sure there are no air bubbles trapped in the bottles or teats when putting them in the sterilising solution.
* The steriliser should have a floating cover or a plunger to keep all the equipment under the solution.

Steam sterilising (electric steriliser or microwave)

* It's important to follow the manufacturer's instructions, as there are several different types of sterilisers.

Sterilising by boiling

* Make sure the items you want to sterilise in this way are safe to boil.
* Boil the feeding equipment in a large pan of water for at least 10 minutes, making sure it all stays under the surface.
* Set a timer so you do not forget to turn the heat off.
* Remember that teats tend to get damaged faster with this method. Regularly check that teats and bottles are not torn, cracked or damaged.

After you've finished sterilising it's best to leave bottles and teats in the steriliser or pan until you need them. If you do take them out, put the teats and lids on the bottles straight away. Wash and dry your hands before handling sterilised equipment using designated sterile tongs.

**Milk for Babies**

Even when tins and packets of powdered infant formula are sealed, they can sometimes contain bacteria. Bacteria multiply very fast at room temperature. Even when a feed is kept in a fridge, bacteria can still survive and multiply, although more slowly. Parents should supply formula powder in its original unopened container. Staff should label each child’s milk with their full name and the date it was opened. To reduce the risk of infection, it's best to make up feeds 1 at a time, when they are required by the baby. Therefore we will not accept bottles that have been pre-made, with the exception of shop bought and sealed pre-made milk. Staff should always follow the manufacturers’ instructions for making formula milk. Use freshly boiled drinking water from the tap to make up a feed. Do not use artificially softened water or water that has been boiled before. Leave the water to cool in the kettle for no more than 30 minutes. Then it will stay at a temperature of at least 70C. Water at this temperature will kill any harmful bacteria. Remember to let the feed cool before you give it to your baby. Or you can hold the bottle (with the lid on) under cold water from the tap. Any milk left after a feed should be disposed of.

All breast milk should be labelled with the child’s name and date of expression. Use milk the day it is expressed within 24 hours. Breast milk can be stored in a fridge between 1°C and 4°C before use, but it must not be stored in the door of the fridge. Dispose of any milk left after a feed and rinse and wash bottles, teats, plastic spoons and other utensils thoroughly, as described later. All unused milk should be returned to the parent for disposal at the end of the day.

**Food Preparation & Handling**

All staff responsible for food preparation and handling should receive appropriate training that includes storing, preparing, cooking and serving food safely and hygienically. Staff should wash hands thoroughly prior to handling food. Children should be encouraged to wash hands properly before handling food and discuss with them why they need to do this.

Areas where food is to be placed should be kept clear and clean prior to food being placed on them. In order to prevent cross contamination, staff should use correct colour coded chopping boards at all times. Chopping boards should be washed in the dishwasher and replaced regularly.

Staff should check used by dates on food and ensure that all packaging is intact before use. Salads and raw vegetables should be thoroughly washed to remove any traces of dirt or insects. All food must be stored appropriately to reduce the risk of food borne illness. Perishable foods should be kept in a fridge with a temperature between 1°C and 4°C.

Staff should ensure food is cooked thoroughly before serving with hot food held above 63°C to control the growth of pathogenic organisms or the formation of toxins. Food which has been heated and is then required to be reheated before being served, must reach a minimum temperature of 82°C. Such food must be cooled quickly and safely before being served to children

When children are participating in baking/cooking experiences good hygiene practices should be encouraged throughout the activity. The children should be supervised and discouraged from sneezing or coughing over the activity. Children or staff returning from periods of illness may not be able to participate.

**Mealtimes**

All food, including snack, should always be presented to children on a plate or in a bowl. However as children are learning to explore foods and develop independence in feeding themselves, food invariably ends up on the tray or table, therefore these surfaces should be cleaned properly before the children sit down. Children should not share food or utensils at mealtimes and if a child drops their utensils on the floor then clean ones should be given.

After meals children‘s hands and faces should be wiped with an individual face cloth rinsed in warm water, older children should be encouraged to wipe their own faces independently. Face cloths are for single use only and must be washed before being reused. Tables and chairs should be cleaned properly after meals and floor swept promptly.

**Laundry**

Staff uniforms should be changed every day and washed using normal washing detergent at the hottest temperature specified on the garment.

Bedding should be allocated to a named child, kept in their designated bag and washed weekly or more often when visibly dirty. Face cloths should be washed after every use. All dirty and used linen should be removed from areas that are accessible to children and stored in lidded laundry baskets. All linen should be washed at the hottest temperatures specified on the fabric and fresh linen should be kept in a clean, dry area separate from used linen. Staff should wash their hands after handling dirty laundry and staff should wear gloves when handling fabrics contaminated with bodily fluids.

**Beds**

Although beds are covered with sheets, bodily fluids such as saliva may soak through on the bed, therefore to prevent cross-contamination staff should ensure that all children’s beds are cleaned after every use using disinfectant spray and disposable paper towels/roll. Beds should be removed from the play room and stacked away safely.

**Cleaning the Environment**

There are many areas in the setting with a high risk of germs being present e.g. toilets, nappy changing areas, food areas and kitchens. To minimise the spread of germs, the environment must be kept as clean and dry as possible and staff must understand their responsibilities in ensuring the environment and equipment are safe, clean and ready for use. Daily checks should be performed daily before children arrive and at the end of the day to ensure the environment is clean and safe. Staff should record and report any issues to the nursery manager and if possible correct and make the environment safe. If not, staff should follow procedures by recording issues on maintenance list within the office. General purpose detergents and warm soapy water should be used to make sure the environment is clean and safe.

**Toys & Equipment**

Toys and play equipment are a source of fun and learning for children but toys that are frequently shared between children can become a source of infection. It is important to ensure that resources used are able to be cleaned and toys are regularly checked for broken bits and rough edges and discard if unsafe. Toys and resources should be cleaned regularly when they appear dirty or soiled and sterilised at least once a month. Resources should be sterilised using cold water sterilising solution and items that cannot should be cleaned using disinfectant. Soft toys, rugs and cushions should be laundered in the washing machine regularly. Play dough utensils should be washed after every use. Children should not take toys and resources into toilet areas.

**Outdoor Play Area**

Outdoor play areas should be checked for cleanliness including animal faeces before children go outside. Staff should use appropriate PPE to remove any animal faeces must be removed immediately. Outdoor toys to be stored appropriately when not in use and cleaned regularly. Staff and children to wash and dry hands thoroughly when coming in from outside after boots, jackets etc. have been removed.

**Pets & Animals**

Animals and pets within the nursery can add a great dimension to children’s learning, as can trips out to visit animals in a variety of settings but animals can pose a risk of infection. Staff should ensure that animals kept as pets in the nursery have been declared healthy by a vet and have received all of the appropriate vaccinations. Any pets in the nursery who become ill must be treated immediately by a vet. Staff should ensure that the pet is fed, watered and housed appropriately and safe from harm, exercised regularly, groomed and examined for signs of injury or illness on a regular basis. Children must wash their hands after touching animals or their equipment and staff should discuss with children the conditions necessary to keep their pet safe and healthy and to keep themselves safe and healthy when handling the pet. Children should be discouraged from “kissing” pets/animals or allowing the animals to lick them. All animal feeding utensils should be cleaned and kept separately from all other utensils. Pet food must be kept separate from all other food.

Activities such as farm visits, or bringing animals into childcare settings, or having pets can expose children to a range of potentially harmful germs including E. coli O157, therefore it is imperative that staff ensure that hygiene and hand washing procedures are implemented on trips out of the nursery to animal enclosures. Children can become infected despite not actually touching the animals (i.e. E. coli O157 has been found on shoes and pushchairs after agricultural shows. Fences, gates, cages, tools and animal bedding can also be contaminated with germs, children should wash their hands after any contact with these items. Other sources of risk include manure, fields previously used for grazing, and dung on rural roads and paths. (E. coli O157 can survive for some months in the environment). -It is important to identify risks and plan how to reduce them, such as identifying petting zoos and country parks which have suitable facilities for children to wash their hands (washing with soap and water is always best). Children and adults must wash their hands before eating or drinking, after contact with animals and when leaving the site. Do not eat or drink except in designated eating areas which are separate from the animal areas. Children should only eat food brought with them or food for human consumption bought on the premises. Do not eat any food that has fallen to the floor and never taste animal feed. Staff should ensure everyone’s shoes, pushchairs etc. are cleaned after farm or countryside visits, to avoid contaminating transport, toys, nursery floors, or other surfaces.

**Management of Waste**

All bins should be pedal operated and have a lid wherever waste is produced e.g. food areas, nappy changing areas etc. Open-lidded waste bins in indoor play areas can be used for non-hazardous waste only. It is important to ensure bins are never overfilled to avoid cross contamination. Bins should be emptied at the end of every day and sooner if required. Staff should remove bin bags before becoming full, tie them up and take to the large main waste bin outside. Staff should follow good hand washing procedures after emptying bins. All bins should be cleaned every day and sterilised every week.

If sharp objects i.e. needles are required to be used within the setting, these must be disposed of in an approved sharps container, made to UN3291 standards. Special arrangements should be made for having this kind of waste collected or return to the parents, if appropriate. Sharps containers must be kept in a safe and secure place away from children and visitors.

*This policy will be monitored in line with relevant legislation and good practice guidelines.*

**Date Completed: March 2023**

**Review Date: March 2024**