

Infection control and promoting hygiene practice within the nursery

Policy statement

Children's health and wellbeing has high priority in the setting. This policy has been developed in reference to The Health Protection agency policy document Guidance on Infection Control in Schools and other Childcare Settings. The nursery prevents the spread of infection by ensuring:

- routine immunisation
- high standards of personal hygiene and practice, particularly handwashing
- maintaining a clean environment

Robust procedures for daily routines and activities promote good hygiene practises to reduce the risk of infection. Procedures are in place in each room. Staff complete infection control on line training on induction and update this training every 3 years. Good hygiene practise is promoted with the children through a range of play and learning activities to develop life long habits.

The LSU facilities team is responsible for all aspects of the cleaning of the environment. It is the responsibility of the nursery staff to ensure the environment remains clean throughout the day.

The Deputy Manager is responsible for monitoring good hygiene practises.

Procedure

Rashes, skin infections, diarrhoea and vomiting illness.

Managing illness and infections is essential in managing infection control. We implements the guidance for infection control by the Health Protection agency including recommendations when to exclude children and staff who have infections from nursery. The guidance is available to parents on induction, available on the website and displayed in the nursery.

Up to date guidance is available on www.hpa.org.uk and the Health Protection Duty Room can be contacted on 028 9055 3994/7 for advice

Good hygiene practise

Handwashing

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. Rooms have procedures for cleaning toys and equipment. Cleaning cloths and mops are colour-coded., COSHH and correct decontamination of cleaning equipment is followed. The LSU monitors the cleaning and ensure cleaners are appropriately trained with access to PPE. Room staff are responsible for the cleaning of toys, equipment and soft furnishing or as and when needed. This is monitored by the deputy manager.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry

Laundry is dealt with in the laundry room which is a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste

Always segregate domestic waste into black bags and clinical waste into yellow, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags (yellow) in bins. All clinical waste is removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area bin outside while awaiting collection.

Sharps injuries

If skin is broken, encourage the wound to bleed/ wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Contact your local HPT for advice, if unsure.

Animals

Ashby Rd, Loughborough, Leicestershire LE11 3TE

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting)

Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms

Please contact the local environmental health department, which will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see <http://www.face-online.org.uk/resources/preventing-or-controlling-ill-health-from-animal-contact-at-visitor-attractions-industry-code-of-practice>

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Parents will normally have made the nursery aware of such children. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. Information will be displayed on the white boards in nursery if there are cases of the above infections.

Female staff – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy



- slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly
- measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

In the event a member of staff being pregnant and there is a potential of being in contact with someone with an infectious rash a member of the management team will discuss appropriate arrangements with the member of staff. This could include working in a different room or area in the nursery.

Immunisation

Immunisation status is checked on registration and parents are asked to update information on transition to a new room or at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. We recognise there may be occasions when a baby starts nursery they may not have been fully immunised due to their age. In this instance, the nursery will discuss with the parents the risks and implications. For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk or the school health service can advise on the latest national immunisation schedule.

Further Documents

Guidance on Infection Control in Schools and other Childcare Settings

Manager's signature

. July 2019