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# Infection Prevention and Control for Childcare Settings (0-5 years)

## Nurseries Child Minders and Playgroups

### All Wales Guidance

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**Intended audience:** Providers of childcare (0 – 5 years) – Nurseries child minders and playgroups.

**Interdependencies with other policies:** Supersedes Welsh Assembly Government (2006) *Mind the germs. Infection Control guidance for nurseries, playgroups and other childcare settings.*

Adapted from Health Protection Agency (South West London Unit) (2010) *Guidelines for the Control of Infection and Communicable Disease in School and Early Years Settings.*

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## 1. Foreword

These guidelines are intended for childcare settings providing day care for children under the age of five years. Nursery settings are the primary audience however child minders, play groups and other childcare settings can also reference and adapt the guidelines for their own specific use. Proportionality and adaptation of the guidelines will depend upon the size and location of the childcare setting and will be dependent on local risk assessments undertaken by the establishments concerned.

For ease of reference, the term “childcare setting” will be used throughout the document and refers to any childcare setting that provides day care for children under the age of five years.

A further document to address infection prevention and control in older age groups and specifically guidelines for schools will be issued at a later date.

Infection control is a vital issue in childcare settings. Children can potentially spend a large amount of time in childcare settings where there are frequent opportunities for the spread of infection.

Young children particularly those under the age of five years are recognised as at particular risk of contracting and transmitting gastrointestinal and respiratory infections. Children are particularly susceptible due to a number of factors;

- they have immature immune systems
- they usually have a higher degree of close contact with others
- they tend to explore, so germs passed from hands to mouth can easily cause infection
- they share facilities and equipment

- they may have incomplete immunisations
- they may not have an understanding of hygiene practices.

A variety of organisms can cause infectious diseases in children and result in absenteeism from the childcare setting. This represents a burden not only to the unwell child, but to childcare setting, parents, and the community through days lost in education, parents taking time off work and the potential for spread of infection into the wider community. It is therefore important that clear effective guidelines for the prevention and control of infection are in place and implemented within all childcare settings.

The All Wales Health Protection Team of Public Health Wales have developed these guidelines to help improve knowledge and understanding regarding infection prevention and control for staff in childcare settings, by providing helpful, practical advice and information that can be used to inform both practice and policy development. The information contained within this guidance has also been developed in response to lessons learnt through a variety of outbreak situations within childcare settings in Wales.

Members of staff are encouraged to read these guidelines before consulting their local Health Protection/Environmental Health Teams for specific advice. The guidelines should be read and used in conjunction with the exclusion advice in Public Health England "Guidance on infection control in schools and other childcare settings", 2014.

<https://www.gov.uk/government/publications/infection-control-in-schools-poster>

This guidance has been approved by both the Communicable Disease and Health and Safety Expert panels in Wales.

## 2. Introduction

This guidance is a practical guide for staff who are responsible for children within childcare settings\*. The aim of the guidance is the prevention of communicable diseases and their spread within childcare settings, and the promotion of good infection control practice for both staff and children. This guidance replaces „Mind The Germs“ (WAG,2006), and has been adapted from South West London Health Protection Unit document „Guidelines for control of infection and communicable disease in school and early years setting“ (SWLHPU, 2010).

This guidance provides information on a variety of infection control issues and their management in childcare settings. The information could usefully serve as a basis for developing in house policies and training programs on infection control issues. The document is not to be used for the diagnosis of illness but to help inform, advise and direct staff towards best practice and where and when to seek further advice. Further advice should be sought from the appropriate Health Protection Team (HPT)/ Environmental Health Team within the geographical area of the childcare setting.

It is important that all staff study, and understand this guidance fully. It is advisable that the recommended practices are implemented in all establishments.

Please consult with your local HPT prior to sending out information (e.g. letters or phone calls) to parents regarding communicable diseases, to ensure that appropriate advice is given.

The role of the HPT at Public Health Wales is to reduce the impact of infectious disease and other health hazards upon the general population. In order to achieve this it is normal practice for Health Protection Nurses (HPNs) to ask for assistance from childcare settings in gathering

necessary information (e.g. case and contact details), to take appropriate health protection actions to control spread of infection, such as advice on exclusion, organising tests, vaccinations etc. The HPT also work closely with Local Authorities who have powers under the Health Protection (Notifications) (Wales) regulations 2010 to request information regarding children and powers to exclude where necessary, to help prevent and control risks to human health from infection or contamination. This work has been going on for many years and is a vital part of the health service, and the continued support of childcare settings is greatly appreciated.

\*"childcare setting" will be used throughout the document and refers to any childcare setting that provides day care for children under the age of five years including nurseries child minders and playgroups.

### **3. Roles in Health Protection**

#### **Public Health Wales, Health Protection Team**

Public Health Wales, through its local Health Protection Team (HPT) is responsible for assisting Local Authority Proper Officers in the control of communicable disease within the community. However, although HPTs will wish to ensure that appropriate infection prevention and control arrangements are in place in local childcare settings, HPTs are not responsible for providing a routine infection prevention and control service directly.

The role of the local HPT is to monitor and investigate outbreaks of communicable disease in partnership with local authority colleagues within environmental health departments. The HPT provide appropriate infection prevention and control advice to facilitate resolution of the outbreak. The Consultant for Communicable Disease Control (CCDC) of the local HPT will

decide if an outbreak is being managed effectively and will initiate and co-ordinate any further action required to limit further spread. The HPT will advise the setting manager of any immediate action necessary for infection prevention and control. If the infection is primarily food-borne, the local authority Environmental Health Officer may lead the investigation with the support of the local HPT.

## **Environmental Health Officers (EHOs)**

EHOs work for the local authority and advise on the management of food safety, including hygiene, kitchen design, pest control, waste disposal and health and safety in the workplace including the prevention of accidents, injury and infectious disease amongst staff and children. EHOs are also responsible for the control of pollution and other environmental nuisances. Their duties include the inspection of food premises, and enforcement of the provisions of the UK laws and the EU food hygiene legislation. The EHOs also investigate complaints about food and collaborate with the local HPT in the investigation of outbreaks, particularly of food or water-borne illness.

## 4. Useful Contact Details

Agency	Contact Number
Health Protection Team, Public Health Wales	03000030032
<b>Care and Social Services Inspectorate Wales</b>	0300 7900 126
Local Authority Environmental Health Department	
North Wales	
Isle of Anglesey County Council	01248 752820
Conwy County Borough Council	01492 575283
Denbighshire County Council	01824 706405
Flintshire County Council	01352 703381
Gwynedd Council	01286 679468
Wrexham County Borough Council	01978 315750
Mid and West Wales	
Carmarthenshire County Council	01267 228706
Bridgend County Council	01656 643643
Powys County Council	0845 6027037

Agency	Contact Number
Pembrokeshire County Council	01437 775179
City and County of Swansea	01792 635600
Neath Port Talbot County Borough Council	01639 685678
Ceredigion County Council	01545 572151
<b>South East Wales</b>	
Rhondda Cynon Taf County Council	01443 425525
Merthyr Tydfil Borough Council	01685 725410
Cardiff Council	02920 871845
Vale of Glamorgan Council	01446 700111
Blaenau Gwent County Borough Council	01495 357813
Caerphilly County Borough Council	01495 235347
Monmouth County Council	01873 735497
Newport City Council	01633 656656
Torfaen County Borough Council	01633 647261

## 5. Sharing of Information

The Health Protection Teams (HPT) at Public Health Wales exist to reduce the impact of infectious disease, and other health hazards while safeguarding the confidentiality of information about individual cases.

Through working closely with health care professionals and multiagency partners Public Health Wales monitors infections and other causes of illness to gain information regarding the public's health. This work has been going on for many years and is a vital part of the health service.

Health protection staff process information and are required to treat personal details in strict confidence. They have the same duty to maintain confidentiality as all health care professionals and deliberate or

negligent breaches are disciplinary offences. Individual case reports are shared only with professionals involved in caring for the individual, or those investigating the source of an outbreak.

## **6. Reporting Infectious Disease Outbreaks**

A number of specific organisms and diseases are notifiable. This means that the clinician (e.g. doctor) who diagnoses these infections is required by law to report them to the Proper Officer of the Local Authority. Consultants in Communicable Disease Control (CCDC) working at Health Protection Teams (HPT) in Wales are appointed as the Proper Officer. So within Wales, any doctor making a diagnosis of a notifiable disease should notify the CCDC by contacting the local HPT, so necessary health protection actions can be taken to prevent the spread of the infection. The full list of notifiable diseases is available in [appendix 1](#).

This formal notification system is very important for the local control of serious infections, but alone it does not always provide enough timely information to help prevent the spread of disease.

To complement this system, managers are asked to telephone the HPT as soon as possible both to report any serious or unusual illness that is likely to need discussion and advice, and also to report cases from their childcare setting (in staff or children), reported or suspected to be due in particular to any one of the following illnesses:

- Cryptosporidiosis
- E Coli O157
- Food poisoning
- Giardiasis
- Hepatitis A
- Invasive Group A Streptococcal Disease (IGAS)
- Measles
- Meningitis
- Mumps
- Rubella (also called German measles)

- Tuberculosis
- Typhoid or Paratyphoid
- Whooping Cough (also called Pertussis)
- Two or more cases of diarrhoea and vomiting that are suspected to have an infectious cause

The timely communication between the childcare setting and HPT is vital both to prevent unnecessary concern amongst parents and staff, and to ensure appropriate health protection actions are taken in a timely manner to reduce spread of disease.

In addition to informing the health protection team, and local authority care providers should also inform CSSIW of the situation, as this is required within Child Minding and Day Care (Wales) Regulations 2010, Regulation 31.

### **Recording.**

Accurate recording of illness is of vital importance in the childcare setting, as it ensures the accurate reporting of cases/ outbreaks to the Health Protection Team (HPT) and enables the manager of the childcare setting to identify trends of illness. It is recommended that a sickness register for all children and staff is maintained and updated on a daily basis. The list should record as a minimum

- name
- home address home, work and mobile parental/ carer telephone numbers
- name and address of the child's GP
- symptoms of illness
- date of onset (when illness began)
- group or area the child/staff member is usually located
- any action taken to date (exclusion etc)
- when last attended the childcare setting.

In addition, it is advised that accurate immunisation/ vaccination records

are maintained for all children and staff within the setting.

## **Exclusion**

Children within the childcare setting have had limited previous exposure to infections. Ensuring good standards of hygiene amongst infected children is extremely challenging. To reduce the potential for infections to spread exclusion for children from the childcare setting may be necessary. It is therefore extremely important that clear and concise written policies and procedures are available, and are complied with both by parents and staff. Evidence based exclusion guidance "Guidance on infection control in schools and other childcare settings" can be found via the Public Health England website at;

<https://www.gov.uk/government/publications/infection-control-in-schools-poster>

In addition to exclusion policies and procedures the childcare setting should ensure that there are written policies and procedures in place regarding both the procedure for child collection if a child becomes ill whilst in the childcare setting, and how children are safely cared for whilst awaiting collection.

In addition to those illnesses where exclusion from the setting is indicated childcare settings should consider how they would manage milder illnesses, with no exclusion period such as hand, foot and mouth to minimise spread, and ensure staff have access to appropriate guidance regarding such illnesses. General guidance regarding a multitude of illnesses/ infections can be found within the Public Health England website at; <http://www.PublicHealthEngland.org.uk/>

## **Exclusion for diarrhoea and or vomiting**

Diarrhoea and/or vomiting commonly affect children and staff. Causes of such illnesses can be varied, including viruses, parasites and bacteria.

Gastrointestinal infections can be easily spread from person to person (by unwashed hands), especially in children.

In general, **any** staff member or child with diarrhoea and/or vomiting symptoms must stay away from the childcare setting until they have been free of all symptoms for 48 hours (the „48 hour rule“) and feel well.

Guidance on the prevention and management of outbreaks of diarrhoea and

Vomiting in childcare settings can be obtained from; <http://www.PublicHealthEngland.org.uk/>

## **Outbreaks**

An outbreak can be defined as two or more cases of infection linked either by time, place, or person, or an increase in the number of cases of disease normally observed.

Both the local Health Protection Team (HPT), and local Environmental Health Officer (EHO) should be informed by the childcare manager by telephone as soon as they suspect an outbreak of any disease to enable prompt and appropriate action to be taken to prevent further spread.

Accurate documentation of all individual cases that are thought to be part of an outbreak is vitally important. Staff are advised to ensure that all records are accurate and up to date, an example of an outbreak record form can be found within [appendix 2](#) of this document.

If further assistance is required please contact the HPT within your locality.

## **7. How infections are spread**

### **Micro- Organisms**

Germs (e.g. bacteria, viruses, spores etc) live in or on some parts of the body (e.g. skin, mouth, intestinal tract) and are known as the body's normal flora. Some of these germs may cause illness if they find their way into other areas of the body, for example when germs from the bowel enter the bladder and may then have the potential to cause a urine infection.

Normal skin flora is present on the skin continuously, and is essential for good health. These germs rarely cause infection but may in special circumstances such as during an operation, or insertion of catheters. Normal skin flora lives naturally on the skin and is difficult to remove by normal hand hygiene techniques, although the numbers of germs will be reduced by this process.

Not all germs upon our skin are normal flora, many germs are passed on from other people, or the environment, and these germs are known as „transient“. These do not live permanently on the skin and are readily removed or destroyed by thorough and frequent hand washing. These germs have the ability to cause illness, and so effective and thorough hand washing is vitally important both among staff and children alike.

### **The reservoirs of infection**

A reservoir of infection is anything in which a germ normally lives and multiplies. The reservoir typically harbours the germ without injury to itself and serves as a source from which others can be infected.

The reservoirs of germs may be people, the environment or equipment. The human body is the most common. For example a child with diarrhoeal

illness may act as a source of infection to others because the germs are present in some of the body fluids and can be passed on to others.

Food may also act as a reservoir of infection, for example Salmonella. If food contaminated with Salmonella is not thoroughly cooked individuals who consume it can become infected.

The environment can also be contaminated by germs shed by people with an infection, this can then spread to others however regular cleaning minimises the risk.

Poorly maintained or incorrectly decontaminated equipment can also act as a reservoir of germs. For example, inadequately cleaned and shared change mats can be contaminated with germs that cause diarrhoea.

### **Point of entry**

Every germ needs to have an entry point into the human body; different germs have different ways of achieving this. For example Salmonella bacteria need to enter the body through the mouth. Tuberculosis enters our bodies through the nose and mouth and then passes into the lungs and other parts of the body. Hepatitis B virus enters the body via the bloodstream.

### **Point of exit**

As well as needing an entry point, germs also need an exit point. Salmonella bacteria are excreted through faeces. A tuberculosis bacterium uses the same entry and exit point, that is, the lungs, mouth and nose.

### **Transmission routes (spread of infection)**

There are several ways that germs can spread;

- direct contact with infected people or animals
- self infection with the body's own germs
- hand to mouth transmission, through either

- eating/ drinking contaminated food or water
- germs being carried to the mouth on unwashed hands
- airborne transmission, through either;
  - a person coughing, sneezing, singing or talking.
  - larger droplet secretions expelled from the nose and mouth can land directly either on people or on environmental surfaces
  - dust particles can carry germs, and if small, can become airborne and settle on others/elsewhere
  - infectious particles from vomit may become airborne in some infections and can be either inhaled and swallowed, or may settle and contaminate surfaces
- indirect transmission can occur from unwashed hand contact with environmental surfaces, this is then followed by another individual having hand contact with the same surface resulting in the transmission of the germ
- insects, pests and animals who harbor germs which may cause infection if transmitted to people (e.g. Salmonella, E coli O157)
- direct person to person transmission through blood and body fluids via cuts/ breaks in the skin or the mucous, through sexual transmission, and mother to baby transmission during pregnancy.

### **Source**

The main sources of infection are from people, the environment, animals and contaminated food/ water. In the childcare setting, procedures should be in place to reduce or remove these sources where possible, or prevent the transfer of germs from them, so that the risks of infection can be minimised.

### **Management**

The purpose of infection prevention and control procedures is to reduce the number of germs to a safe level. This can be achieved by reducing/removing the source of infection, or preventing the transmission

of germs from the infected individual to others. There are many ways in which a childcare setting can improve compliance with infection prevention and control, such as;

- ✓ infection control education programs for staff both on induction and as an ongoing training requirement. (e.g. basic hygiene measures such as the importance of hand washing, food hygiene, cleaning etc)
- ✓ up to date and regularly reviewed infection prevention and control policies
- ✓ promotion of childhood immunisations and ensuring opportunities are taken to remind parents of the importance of their children being up to date with the current UK immunisation schedule. Managers should also ensure that staff members are up to date with recommended immunisations.
- ✓ use of an infection prevention and control audit tool appropriate for the setting to monitor and document current practices, and also to identify areas for improvement, [appendix 4](#)
- ✓ promote and maintain good hygiene standards and procedures amongst staff and children
- ✓ promote sessions in hygiene to educate the children e.g. hand washing practices, posters, and staff meetings to educate and reinforce infection control practices
- ✓ ensure staff are familiar with local guidelines and procedures for notifying the EHO/HPT of any concerns about communicable diseases and infection control as well as to inform of any outbreaks of disease.

The information that follows focuses on infection prevention and control in specific areas of the childcare setting and could be used to develop local infection control policies and procedures. Written documentation of policies and procedures will enable childcare setting managers to provide

Care and Social Standards Inspectorate Wales with evidence that the „National Minimum Standards for Regulated Child Care“ (Welsh Government, 2012) are being achieved. The use of audit tools could provide evidence of monitoring of policies and procedures.

## **8. Standard Infection Control Precautions.**

Standard Infection Control Precautions (SICPs) refer to the different ways in which the source and transmission of infection can be reduced or eliminated.

These evidence based precautions should be used at all times, and for all situations in childcare settings since it is not always evident when infections are present. Examples of SICPs include;

- hand washing
- use of protective clothing
- safe management and disposal of waste
- decontamination: cleaning and disinfection
- correct management of spills of blood and body fluids
- correct handling and decontamination of laundry.

In addition to these precautions all facilities providing care for children must have up to date written infection prevention and control policies and procedures, supported by sufficient staff training to ensure effective infection prevention and control standards are maintained within the childcare setting.

Also included within this guidance is further information for staff within the childcare setting regarding a range of topics with infection prevention and control aspects, including;

- children’s vaccinations and immunisations
- staff health
- classroom equipment and toys

- food and kitchen hygiene
- bottle preparation/feeding
- visits to farms and zoos/ pets

Advice regarding infection prevention and control within the childcare setting is available from your local Health Protection Team/Environmental Health Team.

## **9. Hand Washing**

Hand washing is one of the most important ways of preventing the spread of infections. Hands are the most common way in which germs, might be transported and cause infection. When we touch other people, animals, body fluids, contaminated surfaces, food etc., we can pick up germs on our hands. These germs can then pass into our bodies and cause illness, or spread to other things that we touch (e.g. people, food, surfaces, and toys).

Failure to wash and dry hands thoroughly before and/or after certain activities (e.g. after using the toilet or before preparing and eating food) provides the means by which many infections spread.

Hand washing is a vital procedure to be undertaken by children, staff and visitors to prevent the spread of germs and therefore reduce the likelihood of illness. It is important that children are shown how and when to wash their hands and are supervised.

To encourage and facilitate effective hand washing childcare settings should consider the following points;

- availability of hand washing guidelines/ training
- availability of visual prompts such as posters for both children and staff ([appendix 5 and 7](#))
- dedicated hand wash facilities should be available in all toilets, nappy change facilities, kitchen/ food preparation areas, and laundry areas

- staff should be able to demonstrate an effective hand wash
- staff should be able to list the occasions when hands need to be washed

## Facilities

Hand washing facilities should be available in all toilet, nappy change, kitchen/ food preparation and laundry areas.

Each hand wash station requires:

- hot and cold running water, (mixer tap and temperature monitoring valve are preferred)
- wall mounted cartridge liquid soap dispensers. When empty cartridges should be replaced (soap dispensers should not be topped up, or decanted into)
- dispensers should be kept clean and free from soap build up (undersides and nozzles)
- disposable paper towels enclosed in a dispenser
- foot operated bin for used disposable hand towels
- hand washing poster located by hand wash basin

\* warm air hand dryers are generally not recommended they take longer to dry hands than paper towels, people often do not spend long enough using the dryer and they can only serve one person at a time

## Do

- ✓ wash hands under warm running water
- ✓ use liquid soap
- ✓ dry hands with paper towels
- ✓ cover cuts and abrasions with waterproof dressings
- ✓ remove all wrist and hand jewellery
- ✓ keep hand wash basins free from extraneous items (crockery, activity equipment such as paint brushes etc).

- ✓ keep your nails short

### **Do Not**

- ✗ use hand wash basins for any other purpose than hand washing
- ✗ use bar soap as this can become contaminated with germs when used by multiple individuals
- ✗ decant/ top up liquid soap in dispensers
- ✗ use nail brushes
- ✗ use cloth or roller towels for hand drying due to potential for transmission of germs between individuals
- ✗ use flannels (e.g. for wiping hands and faces after eating) due to risk of cross contamination, hand washing and disposable wipes for faces are recommended
- ✗ wear nail varnish or false nails

### **When to hand wash**

Hands should be washed whenever hands are visibly dirty, and;

#### **After**

- using the toilet
- toileting/handling potties/changing nappies
- removing personal protective equipment (gloves and aprons)
- contact with blood/body fluids (e.g. faeces, vomit)
- touching any potentially contaminated surface (e.g. cleaning cloths/equipment, soiled clothing)
- any cleaning procedure
- caring for sick children

- sneezing/blowing nose
- dealing with waste
- playing outside or playing with sand or water
- touching animals and/or their cages, feeding utensils and toys

### Before

- preparing and serving food or drink and feeding children
- eating and drinking
- going on break
- handling sterilised feeding equipment
- preparing a feed

### Method

Thorough hand washing with liquid soap and hand hot water is sufficient to remove germs for most routine daily activities. Children may not know how to wash their hands and may need to be shown and/or supervised.



A poster to demonstrate correct hand washing technique can be found in [appendix 5](#) of this document.

## **When to use Alcohol based hand rubs**

Alcohol based hand rubs can be useful for rapid hand decontamination between brief interactions with children, particularly where access to hand washing facilities may be lacking, however it should be remembered that **alcohol hand rubs should never be used to replace effective hand washing.**

It is important to note that alcohol based hand rubs are not cleansing agents to be used in place of hand washing and their activity can be inactivated by dirt/organic matter.

Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material (i.e. following the removal of gloves, after touching animals) must be washed with liquid soap and hand hot water.

Additionally, staff should be aware that alcohol based hand rubs have limited activity against some diarrhoea and vomiting illnesses. Where symptoms of diarrhoea or vomiting are present, and suspected to be infectious (e.g. Norovirus) it is important that hand washing is carried out with liquid soap and hand hot water, and use of alcohol based hand rubs are discontinued.

Caution must be taken when using alcohol based hand rubs in relation to flammability and ingestion. Local risk assessments should be undertaken and procedures put in place to address each of these issues if alcohol based hand rub is to be used. Caution must also be taken to avoid drips or spills of solutions for health and safety reasons (e.g. slips or falls).

Staff should be aware how to correctly apply alcohol based hand rubs;

# How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds



Poster version of this illustration is available in [appendix 6](#) of this document.

## Coughs and sneezes spread diseases!

Staff and children should be encouraged to cover their nose and mouth with a disposable tissue, when coughing or sneezing. Once used, the tissue should be disposed of and hands washed. If bare hands are coughed or sneezed into, they should be washed immediately.



## 10. Personal Protective Equipment (PPE)

Health and Safety Legislation requires employers to ensure adequate provision of personal protective equipment (PPE) for staff. To provide clarity within this document the term PPE will be used to describe disposable gloves and disposable aprons, which within the childcare setting would be expected as a minimum. Additionally, when referring to disposable gloves within this document it should be ensured that the glove selected is fit for purpose.

PPE is required when carrying out tasks where contact with blood and/or other body fluids is anticipated. This anticipated contact can be through either direct contact with children, or contact with contaminated clothing, toys, equipment or surfaces. The use of PPE within the childcare setting should be consistent, and not based upon whether a child is known to have an infection.

### Key Points

Single-use, disposable gloves and aprons should be worn for tasks where there is a risk of contact with blood or other body fluids...

- single use disposable gloves should **not be plastic or polythene** and comply with the European Community Standards (CE marked), to ensure they are fit for purpose, and effectively protect both the child and staff member
- never use the same PPE for more than one child or episode of care
- always thoroughly wash hands with liquid soap and warm water before putting on and after removing PPE

## When should PPE be worn?

Level of contact with blood and body fluids	PPE required
None (for example, playing with child)	None
Possible contact e.g. cleaning toys & equipment	Household gloves e.g. marigolds or disposable gloves, plastic disposable apron
Likely contact e.g. nappy changing	disposable gloves plastic disposable apron
Risk of splashing (for example, nose bleeds, cleaning up spillages of body fluids e.g. blood, vomit, urine)	disposable gloves  plastic disposable apron
Cleaning up blood and bodily fluid spillages	If no blood present; disposable gloves and plastic disposable aprons  Blood present: disposable gloves (Nitrile/neoprene)  plastic disposable apron

**Please note it is not acceptable to use plastic/ polythene gloves**

### Do

- ✓ ensure PPE is worn when there is a risk of contact with blood, body fluids, non-intact skin, or risk of splashing to face, and when handling contaminated items or surfaces and chemicals
- ✓ ensure there are adequate supplies of appropriate PPE readily available to staff
- ✓ ensure that disposable gloves available are suitable for the tasks intended and are provided in a range of sizes

- ✓ ensure that if staff use tabards then disposable aprons are still worn if contact with blood and bodily fluids are anticipated
- ✓ ensure that PPE are stored in a clean, dry place, readily accessible to staff, but away from children
- ✓ ensure PPE is disposed of correctly
- ✓ wash hands with liquid soap and hand hot water before and after removal and disposal of PPE.

### **Do not**

- ✗ use powdered gloves
- ✗ use latex disposable gloves if an equivalent is available
- ✗ re-use single use PPE
- ✗ use polythene or plastic gloves

## **11. Waste Management**

Waste can be harmful to health and the environment and should therefore be disposed of in the correct manner.

Childcare settings are likely to produce domestic waste similar to that generated in the home and hygiene waste such as disposable nappies every day. If the quantity of soiled nappy waste is less than 7kg (approximately one bin bag full) in one collection interval then it can be placed with domestic waste for collection. If nappy waste is over 7 kg in a

collection interval then collection of waste by a registered waste contractor needs to be arranged, (DOH, 2013).

Further information can be found at the following website <https://www.gov.uk/healthcare-waste>

Domestic and hygiene waste are usually assumed to present no risk of infection. However appropriate risk assessments and procedures need to be in place to identify circumstances where this may change.

For example, if there is an outbreak of infectious gastroenteritis in a childcare setting, waste contaminated with bodily fluids from affected individuals including faeces and vomit would be considered as infectious waste and should be placed in an appropriate orange waste sack and collection arranged by a registered waste contractor.

Sometimes sharps waste may be generated in a childcare setting e.g. needles. There is potential for blood borne virus transmission through injury from a discarded contaminated needle. Where needles are being used in this setting they must be disposed of into appropriate sharps containers and never placed in waste bags or bins. Arrangements for collection of sharps waste should be made with local approved waste contractors.

## Segregation of waste

<p>Domestic Waste (Black or clear Bags)</p> <p>Food Waste</p> <p>Paper Hand Towels</p> <p>Usual household type waste</p>	<p>Hygiene Waste (Black and yellow bags)</p> <p>Items that may be contaminated with blood or bodily fluids e.g.</p> <p>Disposable nappies</p> <p>Nappy Changing Waste e.g. wipes, sheets covering changing mat</p> <p>Disposable aprons and gloves</p>
<p>Infectious Waste (Orange Bags)</p> <p>Waste may be of an infectious nature.</p> <p>Disposable items soiled with bodily fluids from a child with a potentially infectious illness. For example disposable items related to nappy change process from a child with diarrhoea</p>	<p>Sharps Waste</p> <p>Where needles are being used in this setting they must be disposed of into appropriate sharps containers and never placed in waste bags or bins.</p> <p>Arrangements for collection of sharps waste should be made with the local approved waste contractors</p>

### Key Points

- All waste bins should be foot operated, lidded, clean and in good working order
- waste bins should be lined with the appropriate coloured bag and be positioned in areas where waste is produced
- bags should not be filled more than  $\frac{3}{4}$  full before being securely fastened, labelled with source, and then put into the main waste bin
- a schedule should be in place for the emptying of bins at the end of the day
- bins should be cleaned according to the specified cleaning schedule

- disposable gloves and apron should be worn when collecting waste and emptying and cleaning bins
- disposal of needles/sharps should be into an approved container made to British Standard 7320, which is correctly assembled, labelled with date, name of the premises and signed
- sharps containers should be available at, or taken to the point of use.

## **Do**

- ✓ position bins in locations that are as close to the point of production of waste as possible
- ✓ ensure staff involved in generating waste receive training on appropriate management and disposal
- ✓ ensure staff wash their hands effectively using warm water and liquid soap and dry thoroughly with paper towels after collecting waste and emptying bin
- ✓ store waste securely away from play areas and ensure it is pest proof, under cover from the elements and not accessible to animals, children or the public
- ✓ store sharps containers safely off floor level but below shoulder height and that children cannot access them.

## **Do not**

- ✗ Over fill waste bins and bags
- ✗ overfill sharps containers, they should be collected when  $\frac{3}{4}$  full and never exceed the permissible marked line
- ✗ dispose of needles in any other type of container other than those which are approved for that purpose.

## 12. Laundry

Linen and clothing can potentially be sources of cross-infection. Using disposable cloths and mop heads, disposable paper towels and sending soiled clothing home for parents to wash is recommended practice and may negate the need for a laundry facility within the childcare setting.

### Key Points

- it is preferable not to launder items on site
- if on site laundering is undertaken then the correct facilities and methods are required
- soiled items of personal clothing should not be sluiced/ laundered on site but bagged and handed to the parent/guardian on collecting the child.

Laundering reduces the number of micro-organisms and lowers the risk of infection, provided the correct facilities and methods are followed. If a facility within the setting is required, it needs to have an appropriate washing machine which includes a cold pre-wash cycle or a sluice cycle and is capable of reaching adequate temperatures for decontamination of laundry. It is also recommended that drying facilities are also available to ensure drying of linen during inclement weather. The size, and type (industrial or domestic), of washing machine used should be proportionate to the size of the childcare setting. Smaller childcare facilities may use similar facilities to a domestic setting.

A laundry area should be designated for that purpose only, with separate ventilation, and hand washing facilities. It should be situated away from food preparation areas and be inaccessible to children (unless in a household setting). There must be enough space in order that clean and dirty linen are kept well apart.

## Handling linen

Personal protective equipment (disposable gloves and apron) should be worn at all times when dealing with dirty or contaminated clothing and linen. If worn by staff, tabards should be changed daily, or if visibly soiled. Hands should always be washed after handling linen/detergent. Correct high temperature wash programmes plus detergent products which remove organic residues (e.g. faeces, urine and blood stains) from fabric should always be used as the fabric could otherwise continue to harbour germs.

Used linen should be stored in a colour coded linen bag/container if it is for washing. Laundry bags should be no more than two thirds full.

If bibs are used in the childcare setting they should be used once and then washed at the hottest temperature the material can withstand. Face flannels should not be used, as they often remain damp and can harbour germs. Disposable wipes should be used instead.

Foul or soiled linen or clothing (heavily contaminated or contaminated with blood/body fluid) should not be soaked, rinsed or sluiced by hand as the operator is at risk of inhaling fine contaminated aerosol droplets. Any solid waste (vomit, faeces etc) should be carefully disposed of into the toilet, and then the linen or clothing should be either machine washed, or bagged ready for collection by parents. Soiled or infected linen should be laundered separately.

Staff should explain this practice, and the rationale to parents emphasising that although receiving soiled clothing is not pleasant, parents should be reminded that such a policy protects the health of all staff and children. Soiled clothing for collection should be placed into a sealed water proof bag and stored in a designated area to prevent cross infection – not on the child's clothes peg.

It is best practice for foul/ soiled items to be placed directly into a red water-soluble bag, then into a red linen bag and taken directly to the laundry area.

The water-soluble bag should then be placed directly into the washing machine. The rationale for using soluble bags is to prevent unnecessary handling of soiled/foul linen, therefore minimising the risk of infection. It is important to ensure that the washing machine is compatible with soluble bag use.

If water soluble bags are not available, foul/soiled linen should be kept separate to other linen, be transported safely, and handling of such linen minimised. It is important to use the correct PPE when handling foul/soiled linen.

Foul or soiled linen should be laundered by a process using the prewash/sluice cycle, followed by a hot wash in which the temperature is maintained at 65°C for not less than ten minutes (or preferably at 71°C for not less than three minutes). Micro- organisms that remain after washing may also be reduced by tumble drying and ironing.

## Do

- ✓ ensure that if laundry is processed on the premises, there is a designated laundry area with hand washing facilities
- ✓ establish safe working practices for the laundry facility with appropriate training for staff
- ✓ bag foul/soiled/infected children's clothes so they can be taken home by the child's parent
- ✓ store soiled clothing for collection in a designated area to

prevent cross infection – not on the child’s clothes peg

- ✓ ensure used linen and linen bags/receptacles are taken to the laundry area and not stored in communal areas such as corridors
- ✓ ensure foul/soiled/infected linen is processed separately from used linen
- ✓ ensure foul/soiled/infected linen is washed at the correct temperature, for the correct duration
- ✓ ensure that laundry services cannot be accessed by children or unauthorised personnel

#### **Do not**

- ✗ manually rinse/soak soiled items
- ✗ place/drop linen on the floor or on other surfaces which may be touched frequently as this could then lead to contamination
- ✗ store used linen in communal areas.

### **13. Decontamination.**

#### **Cleaning and disinfection: General Areas**

Effective and timely cleaning and disinfection is a basic yet extremely effective principle of infection prevention and control.

Germs can survive on environmental surfaces for varied periods of time from hours to months. The level of decontamination required depends upon a basic risk assessment which determines the risk of infection from a particular object or surface.

The childcare environment should be appropriately maintained to reduce the risk of cross infection. An appropriate written cleaning schedule including methods, frequencies and chemicals used should be in place to minimize cross infection.

There should be a daily cleaning service provided to ensure that the premises (especially toilet areas) are kept clean, safe and hygienic. It is advisable for toilets to be cleaned at least twice daily. A documented, regular cleaning program must be in operation and colour coded systems should be used for all cleaning equipment (e.g. the national system recommends red for toilets, blue for general areas, green for kitchens etc.)

All chemicals should be handled and stored in accordance with manufacturer's instructions and product safety data sheets. Staff who handle chemical cleaners should be given instructions on their safe use. A separate policy, including cleaning schedule should be available in the event of an outbreak of infectious disease (most commonly an outbreak of diarrhoea and vomiting), and reporting mechanisms in place to enable prompt reporting to the relevant agencies (e.g. Health Protection Team, and Environmental Health Team).

## **Cleaning**

Cleaning is a mechanical action (e.g. wiping or scrubbing) that uses warm water and detergent to physically remove germs but not to inactivate them. To effectively clean an object or surface, a three step approach is generally advised;

- clean item using detergent and warm water to remove visible contamination and dirt
- rinse object/ surface either under running water (preferably hot) or wipe with cloth and clean water

- thoroughly dry object/ surface. Although this action does not necessarily destroy germs it does reduce their number.

## **Disinfection**

This is a process that uses chemical agents or heat to reduce numbers of germs (e.g. bacteria, viruses). It does not kill all germs but can be used to reduce numbers to safe levels. Disinfection is usually used for items and surfaces contaminated (or potentially contaminated) with blood or body fluids as there is the potential that germs present are more likely to cause illness. Such objects/ surfaces include potties, nappy changing mats, toilets and toilet environment.

Chemical disinfection can be achieved using either a one stage (using combined detergent/ disinfectant product) or a two stage process:

### One stage process

To undertake this a combined detergent and disinfectant product should be used. The item should be thoroughly wiped with the solution to remove visible contamination and dirt, as well as disinfecting.

### Two stage process

1. Thorough cleaning using detergent and warm water to remove visible contamination and dirt (organic debris can inactivate disinfectants)
2. Use a hypochlorite based disinfectant, ensuring correct dilution for purpose intended (Table 1).

**\* This cleaning/ disinfection guidance relates to areas outside of kitchens, advice for kitchen hygiene can be found in Chapter 20 of this document.**

When using chemical disinfection the follow points should be remembered;

- check that the disinfectant is compatible with the item being disinfected
- ensure correct dilution of disinfectant
- use a freshly made solution if dilution is required
- where possible items should be fully immersed
- apply for the correct period of time (contact time)
- rinse
- drying thoroughly prevents bacteria from multiplying.

\***ALWAYS** follow the manufacturers" guidelines carefully.

In addition to using chemicals for disinfection, heat is an extremely effective method of killing germs; a temperature of 80°C for one minute destroys most germs. Heat disinfection may be achieved using dishwashers, steam sterilizers, and washing machines at high enough temperatures (e.g. for washing machines 71°C for at least 3 minutes or 65°C for at least 10 minutes).

It is important that the correct type of cleaning/disinfection agent at the correct concentration is used for the type of decontamination required, as stated in the manufacturers' instructions. Containers should never be topped up, nor contents poured or transferred into a different container. Commercial brands are advocated over 'home made' which can readily become contaminated during the 'topping up' process. If the latter are used they must be labeled with the safety instructions and hazard warnings that appear on the original container and fresh solutions used daily. Spray bottles should also be washed and dried daily.

**Please note:** blood and body fluid spillages are dealt with in a specific manner; see [Chapter 19](#).

**Table 1: Recommended cleaning agents for the environment**

<b>Recommended Cleaning and Disinfecting Agents for the Environment</b>	
Detergent & hot water	Used for cleaning surfaces at end of sessions/day
Combined detergent/disinfectant e.g. Sodium Dichloroisocyanurate disinfectant	Used for cleaning and disinfecting surfaces between use
Bleach (hypochlorite)	<p>For environmental disinfection <u>after</u> cleaning 1000ppm (parts per million) available chlorine (usually a 1 in 100 dilution of bleach with cold water – check manufacturer’s instructions). Not for use on metal surfaces, carpets or soft furnishings</p> <p>NB a commercially prepared detergent-disinfectant (e.g. chlorine based detergent) can be used to clean and disinfect instead of the 2 step process of cleaning then disinfection. This product must be of the correct concentration (i.e. 1000ppm available chlorine or equivalent)</p>

**Cleaning facilities and cleaning equipment:**

In order for appropriate and effective cleaning to occur, staff must be provided with the appropriate equipment. Such equipment should include;

- dedicated sink within the childcare setting, for environmental cleaning activities (e.g. emptying dirty water from mop buckets, cleaning mop buckets)
- suitable cleaning room/ large cupboard should be available with

enough storage and shelving to enable safe, hygienic storage of equipment

- kitchen cleaning equipment should always be kept separate from the toilet cleaning equipment
- readily available equipment for dealing with blood or body fluid spillages. Spillage kits are available commercially
- cleaning materials easily accessible to all staff throughout the working day to ensure timely cleaning and disinfection occurs
- all cleaning equipment should be colour coded in line with national guidance, [appendix 3](#)
- all environmental cleaning cloths are non-shredding, and disposable
- mop heads should be either disposable or have removable heads
- If using reusable mop heads they must be laundered within a washing machine at a high temperature (at least 60°C) on a daily basis
- When not in use mops should be stored in a „mop“ up position, not left soaking in buckets of water
- mop buckets should be in a good state of repair, and cleaned, disinfected and dried after each use

## Do

- ✓ have a detailed written cleaning schedule in place which is readily available to staff
- ✓ ensure cleaning schedule includes details of cleaning methods, chemicals to be used and frequency of cleaning for the environment, equipment, and toys
- ✓ ensure all staff know their responsibilities for cleaning and settings cleaning policies and procedures
- ✓ clean and disinfect toilets and frequently touched items e.g.

taps and doorknobs as frequently as is practical and especially when visibly dirty

- ✓ ensure carpeted areas are vacuumed daily, and steam cleaned on a regular basis e.g. every 6 months or more regularly if required
- ✓ regularly clean (e.g. daily) general surfaces such as floors and furniture and ensure they are kept in a good state of repair

## **14. Toileting: Nappy Changing, Potties and Toilets**

### **Nappy Changing**

Gastrointestinal illnesses including Norovirus, Salmonella, or E Coli O157 are highly infectious, and can potentially be transmitted in the nappy changing area if basic infection prevention and control precautions are not adhered to. Hygienic nappy changing practice and effective decontamination of equipment and the environment is vital to reduce the risks of transmitting infection to children and staff, [appendix 9](#)

#### **Key points:**

- there is a dedicated nappy change area suitably located with dedicated hand washing facilities within the change room for staff
- staff can demonstrate a nappy change procedure that minimises the risks of cross infection
- clear and concise cleaning schedules are in place both for the environment and equipment used during nappy changing
- appropriate and effective hand washing practices are adhered to at all times
- staff utilise personal protective equipment correctly and consistently

## Do

- ✓ ensure that the nappy change area is used solely for that purpose
- ✓ ensure that nappy change area is located away from play areas or where food is prepared or served
- ✓ ensure that there is adequate access to dedicated hand washing facilities for staff
- ✓ ensure hand washing facilities in nappy changing areas include sink used only for hand washing, hot and cold running water, liquid soap and paper towels
- ✓ ensure all necessary nappy changing equipment is stored in the nappy changing area
- ✓ ensure hands are washed thoroughly before and after each nappy change (after disposal of nappy and removal of gloves and apron)
- ✓ alcohol hand gel may be used in addition to but not instead of hand washing
- ✓ wear disposable aprons and appropriate gloves whilst changing nappies, as discussed in [Chapter 10](#) Personal Protective Equipment
- ✓ use a clean gloved finger (or a clean disposable spatula) to remove creams from pots each time
- ✓ change plastic disposable aprons and appropriate gloves between each child  
ensure the changing mat/surface is waterproof, easy to clean, and in a good state of repair to facilitate thorough cleaning and decontamination
- ✓ use a disposable covering on top of the change mat/surface for

its added protection

- ✓ change disposable covering following each nappy change
- ✓ effectively decontaminate the mat/ surface following use
- ✓ clean both the change mat and any other surrounding environmental surface that is soiled or has been touched during the nappy changing procedure after each and every nappy change
- ✓ dispose of nappy waste into an individual nappy sack and then into an appropriately coloured lidded foot operated waste bin, [Chapter 11](#) waste management
- ✓ ensure bin is operated with foot and not hands
- ✓ thoroughly wash hands

### **Do not**

- ✗ share creams and lotions between children. Creams should be individual and clearly labeled with child's name
- ✗ give children a communal toy to keep them occupied whilst in the nappy change area as this may present a cross infection risk
- ✗ use the nappy change area as a storage space, equipment present should only be for the purpose of the nappy change procedure.

### **Potties**

#### **Key point**

Potties should be cleaned and disinfected adequately to minimise the risk

of cross infection to both children and staff see decontamination of potty procedure, [appendix 10](#).

### **Do**

- ✓ ensure the use of potties occurs in appropriate areas (toilet area or nappy change area)
- ✓ wear disposable aprons and gloves
- ✓ empty the contents of used potties carefully into the toilet
- ✓ thoroughly clean and dry potties after each single use
- ✓ clean the potty in a designated equipment cleaning sink, ensuring that sink is adequately disinfected following the washing of potties
- ✓ ensure that the sink utilised for equipment cleaning is NOT used as a hand washing sink
- ✓ store potties in an inverted position whilst not in use

NB: It is vital to encourage and facilitate children in washing their hands following using the potty. Alcohol hand based hand rub may be used after hand washing but not instead of.

### **Do not**

- ✗ store potties in a wet state
- ✗ store potties by stacking one inside the other
- ✗ use potties in play areas, or where food is prepared or served.

### **Toilet Areas**

Transmission of germs from toilets is commonly associated not only with direct contact with the toilet bowl but also by having direct contact with

(touching) contaminated surfaces within the close toilet environment, such as toilet handles, toilet seats, hand wash sink taps, door handles, light switches etc. Therefore effective hygiene measures when using the toilet and the toilet area are vital. See decontamination of toilets procedure, [appendix 11](#).

### Key Points

- teach and encourage children to wash their hands thoroughly after using the toilet
- all toilet areas should have hand washing facilities including hot and cold running water, liquid soap, disposable paper towels and a foot operated lidded bin for waste
- effective hand washing must be adhered to at all times
- there are clear and concise cleaning schedules relating to the toilet environment which are followed by staff
- toilet areas should be closely monitored to ensure standards of cleanliness are maintained.

### Do

- ✓ teach and encourage children to wash their hands thoroughly after using the toilet
- ✓ ensure clear and concise cleaning schedules in relation to toilet environmental cleaning are available to and followed by all staff
- ✓ use colour coded disposable cleaning cloths for cleaning toilets and surrounding surfaces
- ✓ ensure staff wear adequate personal protective equipment whilst undertaking cleaning and toileting tasks
- ✓ ensure there is a robust procedure in place for the cleaning and decontamination of blood and body fluid spillages that is well known by staff as discussed in [Chapter 15](#)
- ✓ ensure adequate provision of equipment required for the cleaning/ decontamination required following a blood or body fluid spillage
- ✓ inspect toilets throughout the day to ensure they are clean

- ✓ check and restock consumables, such as paper towels, liquid soap regularly
- ✓ ensure that staff have separate toilet facilities from children
- ✓ ensure that toilet areas are not used for storing equipment or for any other use e.g. housing a washing machine/tumble dryer or use as a cloak room.

### **Do Not**

- ✗ store toothbrushes within toilet areas
- ✗ leave toilet doors propped open

## **15. Blood and Body Fluid Spillages.**

It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately as they pose a risk of transmission of infection and disease, e.g. Blood borne viruses and diarrhoeal and vomiting illnesses, such as Norovirus. Managers should ensure that arrangements and protocols are in place to deal with these spillages immediately and appropriately. A flow chart to facilitate effective management of blood and body fluid spillages can be found at the end of this chapter.

### **Key Points**

- clear policies and procedures in place to effectively manage blood and body fluid spillages
- staff should be trained in safe and effective management of blood and body fluid spillages
- personal protective equipment should be worn. Face masks and eye protection should be worn if there is a risk of blood or body fluid splashes to the face or facial contact with contaminated debris
- availability of spillage kits containing gloves, aprons, bleach (or other chlorine releasing agent), instructions, and scoop

- a named person responsible for checking and replenishing spillage kits regularly, when they have been used, or passed expiry dates.

### **Do**

- ✓ Ensure adequate supplies of spillage kits are available at all times
- ✓ ensure a suitable disinfectant is used, such as chlorine releasing agents at the correct concentration
- ✓ observe manufacturer's instructions of disinfectant being used
- ✓ store all chemicals safely and in accordance with COSHH (Control of Substances Hazardous to Health, 2002)
- ✓ deal with spillages as soon as possible to reduce risks of contamination and disease transmission
- ✓ ensure appropriate protective clothing is worn to protect the person carrying out the cleaning.

### **Do not**

- ✗ use reusable cloths or mops to clean up spillages of blood or body fluids.

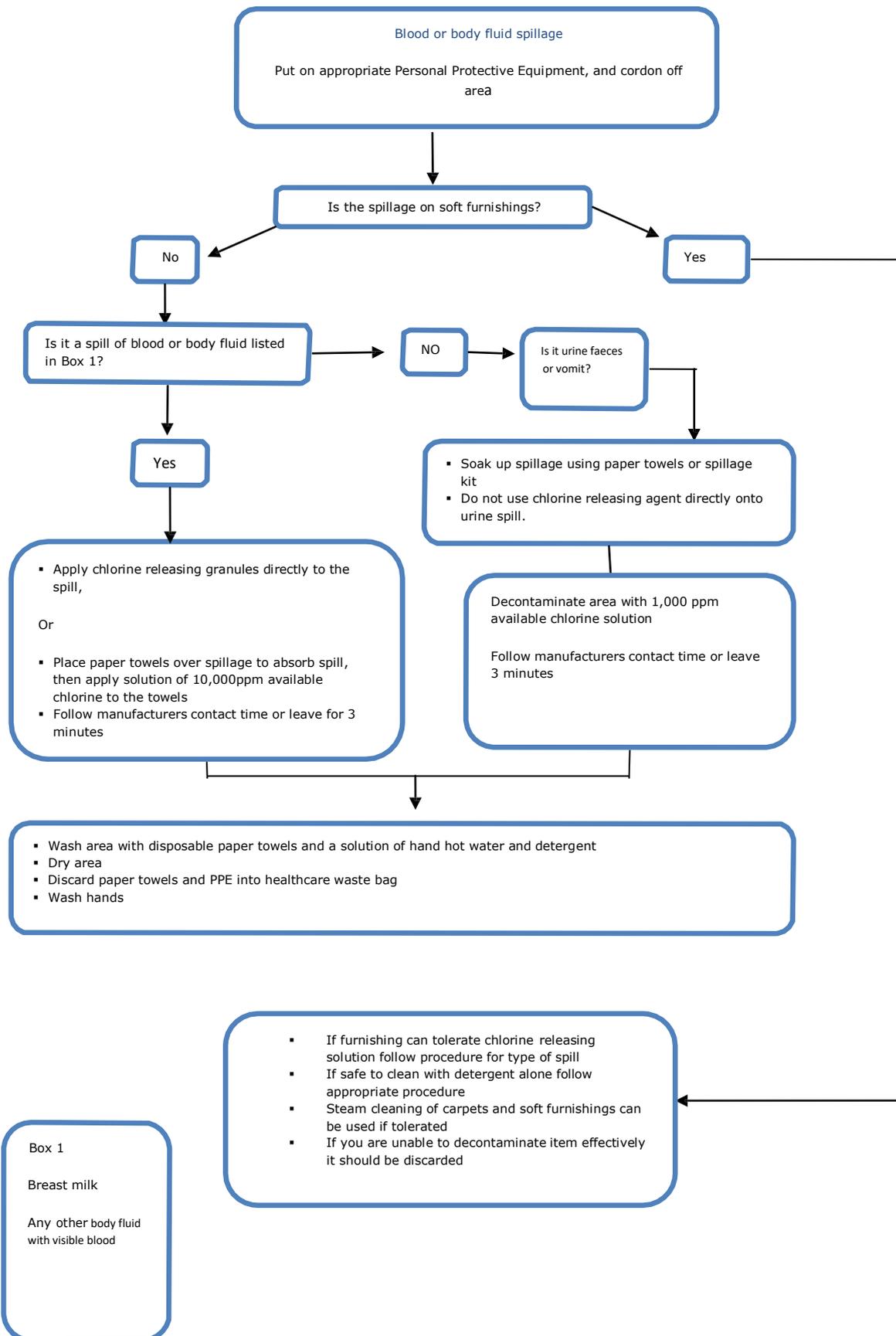
### **If the spillage has already dried:**

Apply chlorine granules/ bleach solution to a wet paper towel and clean spillage area, using the above steps.

### **Spillages on clothing:**

Carefully change clothes (immediately if possible) and place into a plastic bag. If staff clothing, ideally place in a sealed plastic bag for washing by owner at a later time. If children's clothing is soiled, place directly into a sealed plastic bag for parents to collect, as discussed in [Chapter 12](#), laundry.

# Procedure for dealing with blood and body fluid spillages



## 16. Toys and Equipment

Contaminated hands and objects such as toys are considered to be a risk in the transmission of germs during outbreaks of infection.

Toys and other play equipment are important for the social and educational development of children. The sharing of these items between children can, however, be a potential source of infection as they can become contaminated with germs from unwashed hands, surfaces, spills of body fluids, or by children putting their mouths to them. Germs can survive on the surface of equipment and toys in sufficient numbers to present a risk of infection.

### Key Points

- all toys/equipment should be checked regularly and replaced if broken/damaged
- all toys should be included in the childcare setting cleaning schedule, clearly stating process and frequency of cleaning
- frequency of cleaning will depend on type of toy/equipment, nature of use and level of contamination
- toys should be initially cleaned with detergent and hot water. If disinfection is required (i.e. where the toy is potentially contaminated) a bleach (hypochlorite) solution, at the recommended dilution, should be used. Routine cleaning and disinfection of equipment, [Chapter 13](#).
- during an outbreak some play activities may need to be suspended, and frequency for cleaning and disinfecting toys and equipment increased

## Keeping Toys & Equipment Clean

### DO

- ✓ purchase toys and equipment that can be easily cleaned
- ✓ store toys and equipment in a clean state in appropriate containers and rotate their use so they are not all in circulation at the same time
- ✓ store toys in designated containers that are rigid and washable
- ✓ wash and dry toy containers weekly, and include this task within cleaning schedule
- ✓ clean toys and equipment that are visibly soiled immediately
- ✓ wash all toys and equipment with hot water and detergent and if potentially contaminated with blood or body fluids and a risk of transmitting germs, disinfect
- ✓ ensure all staff receive adequate training in cleaning methods
- ✓ if toys or equipment cannot be submerged in water (e.g. fixed or electronic items), remove visible dirt with detergent and hot water.

### Do Not

- ✗ let children take toys into toilet, or nappy changing areas
- ✗ leave toys/ play equipment wet following cleaning.

## Routine toy and equipment cleaning

\*Routine cleaning, when item not contaminated with blood or body fluids

Item	How to Clean Routinely *	Frequency	Comments
Hard plastic/ wooden toys/ equipment	Wash with hand hot water and detergent followed by thorough rinsing and drying	At least weekly. Any visibly soiled items should be removed and cleaned immediately	Toys that children put into their mouths should be cleaned daily.
Soft toys	Machine wash on as hot a wash as can tolerate, and dry thoroughly as item can tolerate.	At least weekly. Any visibly soiled items should be removed and cleaned immediately	If item cannot be washed on high temperature it should be disposed of.  Please see laundry section for details  Toys that children put into their mouths should be cleaned daily.

Item	How to Clean Routinely *	Frequency	Comments
Paddling pools	<p>Routine cleaning - Washed with hand hot water and detergent, rinse and dry thoroughly.</p> <p>If contaminated with blood or body fluids item should be cleaned and disinfected immediately</p> <p>Ensure paddling pool is deflated, clean and dry before storing</p>	<p>Daily when in use</p> <p>Or immediately if contamination occurs.</p>	<p>Set up and dismantled on the day of use</p> <p>Change water on a daily basis</p>
Water play equipment	<p>Wash with hand hot water and detergent, rinse and dry</p> <p>Ensure clean and dry before storing</p>	<p>Daily when in use</p>	<p>Remove water daily and dry</p>

Item	How to Clean Routinely *	Frequency	Comments
Play dough and plasticine	Wash cutting tools using detergent and hand hot water. Rinse and dry thoroughly.	At least once a week	<p>Play dough and plasticine should be replaced regularly, in line with manufacturer's instructions.</p> <p>Store homemade play dough in airtight container and replace weekly or sooner if contamination occurs</p> <p>Toys that children put into their mouths should be cleaned daily.</p>

Item	How to Clean Routinely *	Frequency	Comments
Sandpits	<p>Keep sand clean with regular sieving.</p> <p>The sandpit/tank should be cleaned with hand hot water and detergent, and thoroughly dried before sand is replaced.</p>	<p>Inspect sand daily and remove sand that is obviously dirty.</p> <p>Indoor Sand pits Change sand 4 weekly or sooner if contamination occurs</p> <p>Outdoor Sandpits Inspect and rake daily when in use/ weekly if not in use renew sand when visibly dirty or discoloured and/or malodours</p>	<p>Sandpits should be covered securely for protection when not in use.</p> <p>Sand toys to be cleaned after use</p>

Item	How to Clean Routinely *	Frequency	Comments
Cots, mattresses and Sleep mats	Clean with detergent and hand hot water and dry thoroughly  If contaminated with blood or body fluids disinfection should follow cleaning stage	After individual child use	Inspect to check mats are intact  Ensure linen used is changed after each child
Toothbrushes	Following tooth brushing rinse toothbrushes under running tap and store them in a way that prevents them coming into direct contact with another toothbrush	After each use	Children will have their own toothbrush  Staff should wash their hands before and after helping children to brush their teeth  <a href="http://www.designedtosmile.co.uk/">http://www.designedtosmile.co.uk/</a>
Prams and pushchairs	Wash with detergent and hand hot water and dry thoroughly	Weekly or immediately if visibly dirty	Ensure harnesses are clean and intact

Item	How to Clean Routinely *	Frequency	Comments
Outdoor equipment such as slides and climbing frames	Wash with detergent and hand hot	Inspect before use  Routinely clean weekly	

## Outbreaks

If an outbreak of gastrointestinal illness occurs, play with sand, water and plasticine /play dough and cookery with the children should be suspended until the outbreak has finished.

During outbreak situations frequency and method of disinfection may alter and further information of necessary actions that should be undertaken in an outbreak situation can be obtained from your local Health Protection and Environmental Health Teams.

## 17. Immunisation of Children

Immunisation is a way in which babies and children can be protected against serious infectious diseases. All children within the UK are routinely invited to attend their GP surgeries for all the vaccinations contained within the UK schedule; it is then the choice of the parent whether to provide consent for the immunisations to be given.

It is advisable that all childcare settings maintain accurate and current vaccination information on all children attending. Further information regarding childhood vaccinations can be found at the following link;

<http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx>

## 18. Staff Health

Staff within the childcare setting are at risk of contracting infections both from each other, and children within their care. Therefore, all childcare settings should have appropriate policies and procedures regarding both infection prevention and control, and communicable disease management to protect their staff.

### Immunisation

It is vital that **all** staff check that they are up to date with all routine immunisations, particularly the meningitis C vaccine (MenC) in staff under 25 years, and the measles mumps and rubella vaccine (MMR), for all staff born after 1970. If unvaccinated or unsure of vaccination status staff should be encouraged to see their GP, or Occupational Health department to receive any outstanding vaccinations prior to commencing work within the childcare setting.

Further information regarding vaccinations can be found at;

<http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx>

### Exclusions

For guidance staff should refer to the Public Health England document "Guidance on infection control in schools and other childcare settings", the document can be accessed via the following link;

<https://www.gov.uk/government/publications/infection-control-in-schools-poster>

The exclusion guidance contained within the document should be followed by all staff and children.

For individuals who report symptoms of gastrointestinal infection, for example diarrhoea and vomiting (suspected to be of an infectious nature),

any staff member or child with symptoms must be excluded from the childcare setting until they have been symptom free of diarrhoea and/or vomiting symptoms for at least 48 hours (the 48 hour rule).

## **Infections in pregnancy**

Some childhood infections can potentially cause a danger to pregnant women and their unborn child. The Public Health England document "Guidance on Infection Control in Schools and other Child Care Settings" found at; <https://www.gov.uk/government/publications/infection-control-in-schools-poster> provides advice regarding such infections.

Contact is defined as being in the same room for a significant period of time (15 minutes or more) or face-to-face contact.

Examples of diseases with potential implications for pregnant women include;

- chickenpox/shingles
- rubella (German measles)
- parvovirus B19/fifth disease (slapped cheek syndrome)
- measles

Female staff of childbearing age should ensure that they are immune to rubella (German measles) and measles as they could be at risk of exposure to infection. Women are advised to seek advice from their GP, or occupational health, regarding any necessity for vaccination before starting work.

When situations of exposure arise, pregnant staff (or students) must be encouraged to seek advice from their midwife/antenatal care team. Further expert advice can then be obtained as required from local Consultant Microbiologist or Health Protection Teams.

### **Chicken Pox/ Shingles**

Chickenpox can affect the pregnancy if a woman has not previously had chickenpox. If exposed in pregnancy, the pregnant woman should promptly seek advice from her GP/ antenatal care team if she has not already had chickenpox. Shingles is also caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have had close contact with a case of shingles. If exposed in pregnancy, the pregnant woman should promptly seek advice from her GP/ antenatal care team.

### **Measles and Rubella**

Measles and rubella during pregnancy can affect the pregnancy if the pregnant woman is not immune, and has contact with a case of measles or rubella. If exposed in pregnancy, the pregnant woman should promptly seek advice from her GP/ antenatal care team.

### **Parvovirus (Slapped Cheek or Fifth Disease)**

All pregnant women who have contact with a case of parvovirus should contact their midwife/ antenatal care team for appropriate follow up.

## **19. Blood Borne Virus (BBV) Exposure Incidents**

Exposure to BBVs, such as Hepatitis B and HIV, can happen in different ways including any break in the skin caused by a sharp object contaminated with blood or body fluids, bites which break the skin and splashes of blood or body fluids into the eyes, nose, mouth or broken skin.

The risk of transmission depends on the virus involved and the type of exposure. For example, the highest risk of infection is following an injury with a needle contaminated with infected blood. The risk of infection from

bites and body fluid splashes is much smaller.

There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal oral route. Exposure to blood or body fluids known or suspected to be infected with a BBV is always stressful and risks should be minimised. As not all people with BBVs will be diagnosed or known, all blood and body fluids should be regarded as potentially infectious and standard infection control precautions taken to minimise risk of transmission, [Chapter 8](#).

There is a safe and effective vaccine for the prevention of one of the blood borne viruses (hepatitis B) available. This vaccination is not routinely advised for childcare staff. In settings where a child's behavior is likely to lead to significant exposure (e.g. biting or being bitten) on a regular basis, immunisation with hepatitis B vaccine should be offered to children and staff. Further guidance on hepatitis B vaccination can be found at

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263311/Green\\_Book\\_Chapter\\_18\\_v2\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263311/Green_Book_Chapter_18_v2_0.pdf)

**Potential Exposure to BBV can happen when any of the following occur;**

- a break in the skin caused by a used needle or other sharp (e.g. any sharp edged item, broken glass, blade) that is contaminated with blood or body fluid
- blood or body fluid splashes to mucous membrane (e.g. eyes, mouth or nose)
- human bites that break the skin
- contamination of broken skin (e.g. abrasions, cuts, eczema, scratches) with blood or body fluids
- swallowing a person's blood (e.g. after mouth to mouth resuscitation)

### **Actions to be taken when exposure incident occurs;**

- immediately stop what you are doing, if it is safe to do so, and attend the injury
- encourage bleeding (if not bleeding freely) of the wound using gentle pressure
- do not suck the wound
- wash well with soap under warm running water
- dry and cover with a waterproof dressing
- if body fluids get into eyes irrigate with copious amounts of water. If contact lenses are worn, irrigation should be performed before and after removing them
- if blood or body fluids get into your mouth, rinse out with copious amounts of water
- after carrying out the above steps attend GP/A&E immediately for risk assessment, medical advice, and necessary treatment.

### **When able:**

- report the incident to your Manager
- make a record of the incident including;
  - date, time, and location of incident
  - names of children/ staff involved in incident
  - the nature of the incident (bite/other)
  - specify the role of each person in the incident (biter/ bitten)
  - describe the actions taken (first aid/seeking medical attention)
- seek help to initiate an investigation into the cause of the incident and risk assessment to reduce the risk of a similar incident occurring again
- telephone the Health Protection Team for further advice, if needed.

## Do

- ✓ wear appropriate personal protective clothing (e.g. disposable gloves and plastic aprons) at times when exposure to blood or body fluids might occur
- ✓ ensure all staff are aware of actions to be taken when an exposure incident occurs

## Do not

- ✗ touch or remove any discarded syringes or needles found in the child care setting or grounds. Instead, cordon off the area and telephone your local approved waste contractor to arrange safe removal

## 20. Food and kitchen hygiene

A high standard of hygienic practices in the preparation and storage of food, together with the use and maintenance of clean kitchen areas and equipment, are vital for ensuring the safe delivery of food. Poor food handling and personal hygiene procedures such as poor hand washing, together with the ingestion of contaminated food or water, can spread germs that cause food and water-borne diseases. Such germs include Salmonella, Shigella, Typhoid, Campylobacter, E.coli, Giardia, Cryptosporidium and some viruses e.g. Hepatitis A. Such germs are often found in raw food including meat, poultry, eggs, unwashed vegetables, fish and seafood as well as soil, intestines of humans including food handlers, animals, untreated water, dust and insects.

## **Food law**

Food safety legislation makes strict demands on the transport, storage, temperature control, handling, packing and displaying of food. It sets out standards for the structure of food rooms and the control of food waste. It aims to ensure that food is not contaminated and is protected from contamination during storage and handling.

## **Food Safety Management**

In particular, EC Regulation No 853/2004 requires food business operators to put in place, implement and maintain a permanent procedure referred to as a “food safety management procedure” or HACCP. This involves the following steps:

- identify all the potential food safety hazards in your business and consider the points in the food operation at which things could actually go wrong
- decide which of these points are actually critical in making sure food is safe and therefore must be properly controlled (e.g. temperature control of foods that require refrigeration, stock control systems)
- put in place procedures to stop these things going wrong (controls) and make sure that you/your staff always carry them out (e.g. ensuring that equipment has been cleaned and sanitised at proper and regular intervals, storing foods safely and checking the temperatures)
- put in place corrective action to take when controls have failed (e.g. when fridge temperatures are too high)
- provide documentation to show how you have achieved the above and monitored the controls which are critical in making sure food is safe (i.e. actually listing the hazards and controls you have identified)
- from time to time, you must examine your food business to see if anything has changed which might need your control measures to change (e.g. new menu dishes may have new hazards and need

new controls, or new equipment may require different thermostat settings).

It need not be complicated and the controls you put in place can be very simple. One way to fulfill this requirement would be to complete Safe Catering Pack at;

<http://www.food.gov.uk/northern-ireland/safetyhygieneni/safecateringni/>

## **Training**

Food law demands high standards of personal hygiene for food handlers, and insists that they are supervised and instructed and/or trained in food hygiene matters appropriate to their work activity. As a general rule, all staff responsible for food preparation and handling should be fully aware of and comply with the various regulations relating to food safety and hygiene. They should therefore receive the appropriate training relevant to their job which may include ordering of food stock, delivery/receipt of stock, storage, preparation, cooking, cooling, reheating and serving food safely and hygienically.

## **Cleaning practices**

All hand and food contact surfaces must be kept hygienically clean and be thoroughly cleaned and disinfected after contact with contaminated material (e.g. raw meat or vegetables). Chopping boards, cooking and feeding utensils, including children's drinking beakers, should be cleaned and disinfected using sink or dishwasher methods at high temperatures.

Further information and advice can also be found within the Food Standards Agency information leaflet „Food Hygiene A Guide for Business“ (2013) which can be found at;

<http://www.food.gov.uk/about-us/publications/safetyandhygiene>

## 21 Bottle Preparations/ Feeding

### Powdered Infant Formula (PIF)

PIF, is not a sterile product, and therefore could potentially be contaminated with organisms that could cause serious illness.

In general there are two potential routes in which PIF could become contaminated;

-  Intrinsic contamination (occurs during manufacturing process)
-  Extrinsic contamination (occurs from contaminated environment/ utensils used to prepare feeds).

### Key Points

-  Ensure setting has written guidance for staff in the preparation and handling of PIF
-  All individuals involved in the preparation and administration of PIF feeds should be trained to ensure feeds are not contaminated
-  All equipment utilised to prepare or administer feeds is thoroughly cleaned and sterilised prior to being used

As soon as PIF is reconstituted it provides an ideal environment for organisms to grow and it is therefore imperative that PIF is prepared, stored and handled correctly, in order to minimise the risk of contamination. All individuals involved in the preparation and administration of PIF feeds should be trained to ensure feeds are not contaminated. Poor standards of hygiene whilst preparing and administering PIF have been reported as the probable cause of some outbreaks. The person preparing the feeds must ensure that effective hand washing, and environmental cleaning procedures are followed, (see Hand Washing and Cleaning and Disinfection Chapters).

## **Cleaning and Sterilisation of Feeding and Preparation Equipment**

All equipment utilised to prepare or administer feeds is thoroughly cleaned and sterilised prior to being used, and the following points observed;

- effective hand washing with liquid soap and water should occur both before and after cleaning/ sterilising feeding equipment
- all feeding and preparation equipment (e.g. bottles, teats, cups, spoons, tongs) should be thoroughly cleaned in hand hot water and detergent. If bottles are being used both bottles and teats should be thoroughly cleaned both inside and outside with bottle/teat brushes to ensure all previous feed residues are removed
- after thorough washing all items should be rinsed thoroughly in hand hot water
- Items should then be placed within sterilising unit, and manufacturer's instructions should be followed
- Prior to handling sterilised items thorough hand washing with hand hot water and liquid soap must be observed
- It is preferred that sterilised items are handled using sterilised tongs
- To reduce the risk of recontamination, it is advised not to remove items from the steriliser until required, feeding bottles can be reassembled to prevent the inside of the bottle and the teat becoming contaminated

## **Preparing a Feed using PIF**

It is best practice to prepare feeds fresh each time and administer immediately. To minimise the risk of feed contamination the following measures should be observed;

- clean and disinfect the surface where feeds are prepared (see cleaning/ disinfection chapter)
- thoroughly wash hands in hand hot water and liquid soap, thoroughly dry with disposable paper towel

- boil the appropriate amount of water, if using a kettle allow the kettle to automatically shut off/ ensure a rolling boil is achieved
- allow the water to cool slightly (water should still be higher than 70°C)
- pour water into cleaned and sterilised bottle, add PIF as directed by manufacturer
- reassemble the bottle ensuring all components are clean and sterilised
- shake or gently swirl the bottle to ensure effectively mixed (if using feeding cups mix thoroughly with a clean and sterilised spoon)
- cool feeds quickly to feeding temperature by either holding under running tap, or placing in a container of cold or iced water, ensure level of cooling water is below the lid level of the cup or bottle)
- Dry the outside of the bottle with a clean disposable paper towel/ cloth, and label with date, time, Childs name, formula used, and preparers name
- Check the feed temperature prior to administering to infant
- Discard feed that has not been consumed within 2 hours

### **Advanced preparation of PIF**

Reconstituted PIF provides ideal conditions for the growth of harmful bacteria, so it is always preferred that PIF is made fresh for each feed. If it is necessary to prepare feeds in advanced the following guidance should always be followed;

- ☐ Follow guidance for preparing a feed using PIF up to administering the feed
  - Place cooled feeds in a dedicated refrigerator, the refrigerator temperature should not be higher than 5°C, and refrigerator temperatures should be monitored and recorded upon a daily basis
  - Feeds can be stored within the refrigerator for up to 24 hours.

### **Re-warming stored feeds**

- Remove feeds from refrigerator just before they are required

- Re-warm bottle for no more than 15 minutes (do not use a microwave to warm feeds)
- To ensure even temperature periodically swirl or shake the bottle
- Check temperature of milk to avoid scalding the child's mouth
- Discard any warmed feed not consumed within 2 hours

### **Preparation of readymade infant formula.**

- clean and disinfect the surface where feeds are prepared (see cleaning/ disinfection chapter)
- thoroughly wash hands in hand hot water and liquid soap, thoroughly dry with disposable paper towel
- pour feed into cleaned and sterilised bottle, add readymade infant formula as directed by manufacturer
- reassemble the bottle ensuring all components are clean and sterilised
- re-warm bottle for no more than 15 minutes (do not use a microwave to warm feeds)
- to ensure even temperature periodically swirl or shake the bottle
- check temperature of milk to avoid scalding the child's mouth
- discard any warmed feed not consumed within 2 hours

### **Provision of breast milk**

Parents who supply expressed breast milk should provide it in sealed, sterilised bottles, clearly labeled „breast milk“ with the baby's name, and the date the milk was expressed.

Although it is best to use as soon as possible, it can be kept in a clean fridge at 4°C for up to 5 days. Breast milk can either be fed from the refrigerator or gently warmed prior to feeding (dependent upon infants preference)

## Do

- ✓ ensure setting has written guidance for staff in the preparation and handling of PIF
- ✓ ensure implementation of guidance is monitored
- ✓ ensure staff receive adequate training regarding the preparation and handling of PIF
- ✓ ensure the staff understand the consequences of non compliance to PIF preparation and handling standards
- ✓ ensure staff observe adequate hand washing practices
- ✓ ensure there is a clean dedicated area for PIF preparation
- ✓ ensure appropriate cleaning and sterilisation equipment is available
- ✓ ensure PIF storage refrigerator temperatures are monitored and recorded upon a daily basis
- ✓ ensure PIF storage refrigerator temperature does not exceed 5°C
- ✓ ensure all feeds are labelled with date, time, child's name, formula used, and preparers name
- ✓ discard warmed feeds if not consumed within 2 hours

## Do Not

- ✗ re-heat PIF within microwave ovens
- ✗ re-heat feeds for more than 15 minutes
- ✗ store prepared feeds for longer than 24 hours in a refrigerator
- ✗ use formula that is passed it's used by date

- ✘ use bottled water to make a feed
- ✘ store feeds in the door of the fridge
- ✘ Overload the steriliser or interrupt the sterilising process to add extra items

## **22. Pets and Farm/Zoo Visits**

Pets and other animals in childcare settings can often add significantly to Children’s education. Such animals can, however, pose a risk of infection including gastro-intestinal infections, fungal infections and parasites. Sensible protocols and precautions including hand washing can reduce this risk to an acceptable level.

### **Key Points**

- there should be a nominated person who is responsible for animals kept within childcare settings to ensure that the health of children staff visitors and animals is not compromised.
- there is an agreed risk assessment in place that is undertaken prior to any visits to farms or zoos
- always ensure that children and staff wash their hands after handling animals or any associated equipment (feeding bowls, cages and bedding)
- childcare settings should ensure there is a written policy with regards pets in the childcare setting. This policy should include;
  - how to maintain the health of pets
  - how to reduce the risk of cross infection between animals and children, staff and visitors
  - the types of animals allowed on the premises
  - methods to control behavior of animals on the premises
  - any insurance liability of owners and handlers

## Do

- ✓ ensure that children staff and visitors wash their hands after handling animals, their equipment, cages, tanks, bedding etc
- ✓ ensure a member of staff has responsibility for the animals, and daily care routines are written in case the staff member is absent
- ✓ supervise while animals have contact with children
- ✓ clean and disinfect litter trays daily
- ✓ always have someone who is not pregnant and healthy to clean and disinfect litter trays
- ✓ always wear disposable protective apron and gloves when cleaning/disinfecting litter trays
- ✓ seal used litter in a plastic bag, dispose of properly, and wash hands thoroughly
- ✓ use PPE (e.g. disposable gloves/aprons) if contact with blood/body fluids including droppings, is expected

## Do not

- ✗ permit animals to lick children, and discourage close facial contact
- ✗ allow animals or their equipment in the kitchen, food preparation or eating areas. If animals do come into contact with food preparation areas, clean and disinfect surfaces
- ✗ allow animals to foul the childcare premises or grounds. If fouling/spillage occurs, clean promptly and appropriately
- ✗ allow children access to litter trays

- ✘ site litter trays near food preparation, storage or eating areas
- ✘ introduce pets into the childcare setting without prior consent from parents/carers.

### **Toxoplasmosis:**

Pregnant women should be made aware of the risk of toxoplasmosis from contact with cat faeces, and should be advised not to handle or clean litter trays in the childcare setting.

### **Salmonella:**

Most reptiles carry salmonella in their gut without showing any signs of infection; but can pass it onto people via droppings. The salmonella in droppings can quickly spread over the reptile's skin and contaminate any surface or object the reptile touches, including cages, toys, furniture, hands etc. Salmonella can pass to people if they put anything into their mouth that has had contact with the reptile or the contaminated objects /surfaces - particularly their fingers.

### **E.coli o157:**

*E. coli* O157 is found in the gut and faeces of many animals, including cattle and sheep. *E. coli* O157 can be passed to people if they put anything into their mouth that has had contact with the infected animal, there have outbreaks of infection linked to handling or petting such animals on farms or in sanctuaries. It is therefore imperative that all advice contained within this guidance is followed to prevent such illness. *E. coli* O157 infection can be particularly severe, and sometimes even fatal, in young children and the elderly.

## **Cryptosporidium:**

Cryptosporidium is a parasite, a living thing (organism) that lives in, or on, another organism. It can infect your bowels and cause 'cryptosporidiosis'.

This is a form of bowel infection called gastroenteritis, which leads to diarrhoea and vomiting. Infection can occur in humans and animals and is spread by contact with soil, water, food or surfaces that have been contaminated by infected stools (faeces) containing the parasite.

Young children are most likely to become infected and outbreaks have been associated with handling lambs. Symptoms usually last for up to two weeks, sometimes longer.

## **Animal Health**

### **Do**

- ✓ ensure all animals are regularly groomed and checked for signs of infection or illness
- ✓ ensure animals are regularly exercised and given appropriate housing and food
- ✓ seek diagnosis and treatment from a vet if pets become ill
- ✓ ensure that all animals have received relevant immunisations before being brought to the childcare site and that immunisations are kept up to date
- ✓ ensure that any animals kept on the childcare site receive recommended treatments, e.g. for fleas and worms, regularly if necessary
- ✓ trim claws to reduce risk of scratches
- ✓ keep animal feeding areas clean. Animals should have their own feeding dishes and utensils, which should be washed separately

from other dishes and utensils. Children should not be allowed access to feeding dishes

- ✓ keep containers of pet food separate from food for human consumption
- ✓ remove food which has not been consumed by the animal within twenty minutes, or ensure it is covered after that time
- ✓ clean and disinfect all cages, living areas and equipment regularly.

### **Farm/Zoo Visits**

Whilst visiting farms and zoos are popular, there are a number of infections that can be passed on to children and staff from infected animals.

Serious outbreaks of infection in children and staff have been associated with visits to farms and zoos (e.g. *E. coli* O157).

Even farm animals that look clean and healthy naturally carry a range of micro-organisms such as campylobacter, salmonella and cryptosporidium which can be passed on and cause infection in humans. They can also carry the bacterial infection *Escherichia coli* O157 (*E. coli* O157), which is very infectious and can cause extremely severe or life-threatening illness in all ages, but particularly in children under 5 years.

It is vital that childcare settings have a policy on such visits, which is known and followed by all staff. Washing hands thoroughly with liquid soap and hand hot water will significantly reduce the chance of infection. Hands should be washed after touching an animal or surfaces (e.g. fences), before eating or drinking and after removing clothing and shoes worn on the farm. It is very important that children are advised on hygiene before the visit and are **closely supervised** at the farm or zoo

and when hand washing.

If visits to farms or zoos do take place, a few general precautions will help minimise the risk of children and staff becoming ill. Guidance and a Code of Practice regarding *Preventing or controlling ill health from animal contact at visitor attractions* can be found at <http://www.face-online.org.uk/codeofpractice>

The person in charge of the group should be aware of the possibility of transmission of infection from direct or indirect contact with the animals and plan appropriately. It must be ensured that the premises meet the Code of Practice standards and a risk assessment should be carried out.

It may be possible to determine from the owners/managers of the establishment, whether staff have been trained in hygiene and whether the establishment has been inspected regarding hygiene matters. Health and Safety compliance is monitored jointly by the Local Authority, and Health and Safety Executive for further information contact your Local Environmental Health Department.

Additional information and useful resources can be found at the Farming and Countryside Education (F.A.C.E) website at <http://www.face-online.org.uk/>

Some diseases, such as chlamydiosis, toxoplasmosis and listeriosis, which can be caught from animals such as sheep, carry a risk for pregnant women and their unborn baby. Although not common, advice about these diseases and risks should be made clear to pregnant staff/supervisors. Pregnant women should also avoid contact with sheep during lambing periods, lambing, milking ewes, all newborn lambs, their droppings and any items that have contact with ewes or lambs (e.g. clothing, boots).

## Do

### Before the visit

- ✓ discuss visit arrangements with the farm management.
- ✓ the trip organiser should ensure the farm facilities meet recommendations made in the F.A.C.E code of Practice  
<http://www.face-online.org.uk/codeofpractice>
- ✓ stress to children that they must not touch food, eat, drink, chew or put fingers in their mouths anywhere except in designated eating areas after washing hands (in particular not near areas where animals are housed, or where there is animal bedding or foodstuffs), due to risk of infection. They must not eat or chew anything that has fallen to the ground (e.g. food, toys). Ensure children understand that they must listen to information and instructions given by farm staff
- ✓ make sure children wear appropriate clothing, including sturdy outdoor shoes (not sandals) or Wellington boots if possible
- ✓ check that cuts, grazes, etc. are covered with a waterproof dressing.

### During and after the visit

#### Do

- ✓ ensure children do not kiss or have facial contact with the animals
- ✓ make sure hands are **thoroughly** washed:
  - after handling animals (or their excretions or equipment)
  - before and after eating or drinking
  - before leaving the farm/zoo
- ✓ only allow eating and drinking in the designated eating areas,

after thorough hand washing.

- ✓ allow plenty of time for eating/leaving so everyone can wash hands unhurried
- ✓ hand washing should be supervised
- ✓ ensure sweets, crisps, etc., are taken out of pockets before the visit
- ✓ ensure children remove soiled clothing and wash their hands after the visit
- ✓ remember to wash hands after any contact with animal faeces on footwear or clothing. If clothing is contaminated it should be removed, sealed in a plastic bag and taken home to be washed (See [Chapter 16.](#))
- ✓ clean or change footwear before leaving and wash hands after any contact with footwear or animal faeces. Clean boots and footwear with hot water and detergent to ensure faecal material is removed
- ✓ clean pushchair/wheelchair wheels if possible (with hot water and detergent) as you leave the farm to go home. Wash hands after cleaning the wheels
- ✓ ensure children change their footwear on returning to the nursery

## Do not

- ✘ use gels or wipes instead of washing hands with soap and water
- ✘ approach sick or distressed animals under any circumstances. Precautions should be in place to prohibit visitors access to areas where sick animals, slurry or compost are held
- ✘ allow children to drink from taps unless clearly marked "Drinking Water", drinking water taps should be in a suitable separate area – away from animals and toilet areas
- ✘ let any member of the visiting party who is pregnant, handle or touch lambs, ewes who are feeding lambs, or their droppings.

If any member of the group shows signs of illness (e.g. sickness or diarrhoea) after a farm or zoo visit, (particularly within 2 weeks), advise them or their parents/guardians to seek medical attention as soon as possible and explain the recent contact with animals. In addition if two or more members of the farm party are ill, or a single child is unwell with severe symptoms such as bloody diarrhoea the Local Health Protection Team or Environmental Health Team should be informed.

## **Appendix 1**

### ***Notifiable Diseases in Wales***

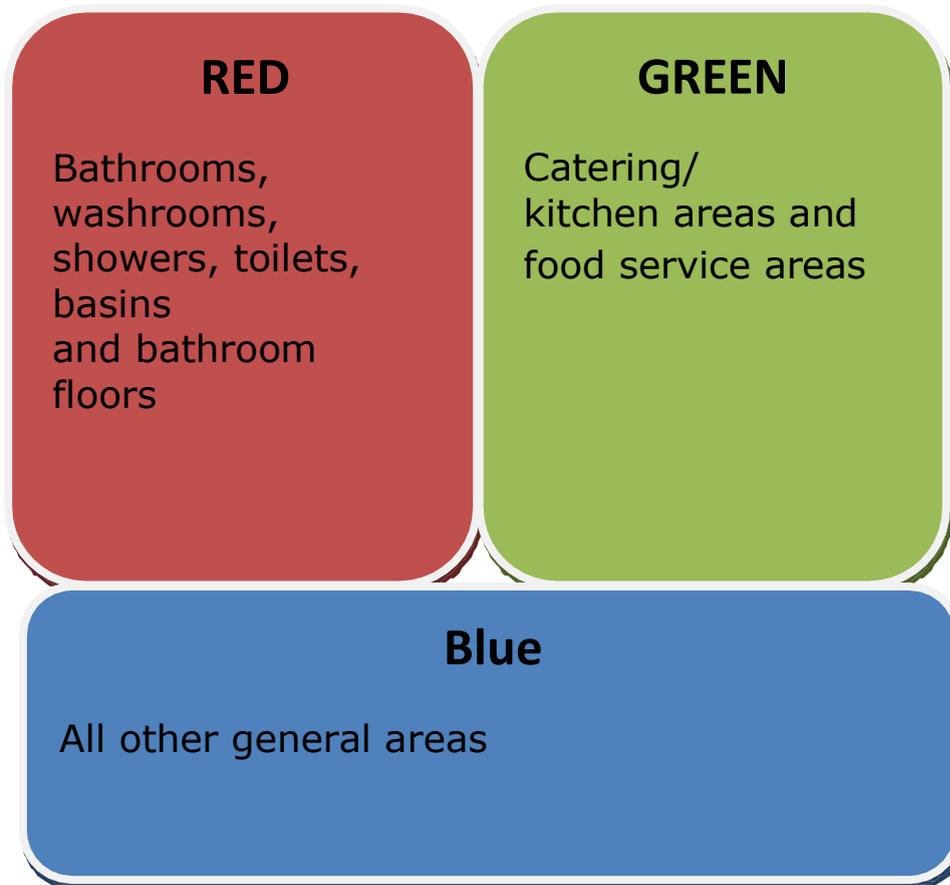
Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations (Wales) 2010:

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

## Appendix 2 - Outbreak Record

Child/ Staff Name	DOB	Date of Onset Of Symptoms	Date of Cessation of Symptoms	Symptoms	Actions Taken	Date Notified to EHO/ HPT

## Appendix 3 - National Cleaning Equipment Colour Code System



# ***INFECTION CENTRAL AUDIT TOOL CHILDCARE SETTINGS***

<b>NAME OF CHILDCARE SETTING</b>	
<b>NAME OF PERSON COMPLETING AUDIT</b>	
<b>DATE AUDIT UNDERTAKEN</b>	
<b>DATE OF NEXT REVIEW</b>	

Developed by Gwynedd and Anglesey Local Authorities, Public Health Wales (Health Protection Team, N Wales) Care and Social Service Inspectorate for Wales (North Wales) Original copy December 2012

Reviewed/ Updated September 2014

## **Introduction**

The Infection Control Audit Tool – Childcare Settings aims to encourage self assessment of childcare establishments to promote evidence based and best practice in infection prevention and control. The audit tool relates primarily to day care nursery settings although the audit tool can be utilised in other settings such as play groups. The aim of the audit tool is to reduce the potential for cross infection within childcare settings and therefore reduce the likelihood of illness. All childcare settings have a duty to control the risk of infection which can be achieved by promoting best practice and therefore preventing, wherever possible, infection in children and staff.

- It is recommended that the audit tool is completed by a person within the setting designated as responsible as the lead for infection prevention and control.
- The person completing the audit tool should make comments for each question in the box provided.
- As a minimum the audit tool should be completed every six months and any issues identified as requiring action should aim to be addressed as soon as practicable, in accordance with the level of risk.

The audit tool should be used in conjunction with the **Infection Prevention and Control for Childcare Settings (0-5 years) Nurseries Child Minders and Playgroups All Wales Guidance (2014)**

## **The audit tool is divided into six standards:**

- Infection prevention and control is an integral part of the delivery of service in the childcare setting and is afforded high priority
- Hand washing will be performed using the correct facilities at the appropriate time to prevent cross infection to both children and staff
- The environment – toilets / nappy change facilities / use of potties should be managed to reduce the risk of cross infection to children, staff and visitors
- Laundry will be handled to minimise the risk of contamination/cross infection to children and staff
- The childcare environment will be maintained appropriately to minimise the risk of cross infection
- Infection prevention and control issues in relation to food preparation

## **References**

Welsh Government (March 2012) *National Minimum Standards for Regulated Child Care*. Cardiff Welsh Government.

<http://wales.gov.uk/docs/cssiw/publications/120309regchildcareen.pdf>

Infection Prevention Society Quality Improvement Tool

<http://www.ips.uk.net/professional-practice/quality-improvement-tools/>

Internet source produced by Infection Prevention Society. [Electronically accessed 8<sup>th</sup> October 2012]

**STANDARD 1: INFECTION PREVENTION AND CONTROL ARE SEEN AS AN INTEGRAL PART OF THE DELIVERY OF SERVICE IN THE CHILDCARE SETTING AND IS AFFORDED HIGH PRIORITY**

**1.1 GENERAL MANAGEMENT**

	<b>Question</b>	<b>Guidance</b>	✓	X	N/A	<b>Comment on how this is achieved</b>
1	Is there a named lead person responsible for infection prevention and control?	Ask who the lead person is and do they know they are: 1. responsible for completion of this audit tool 2. Aware of relevant infection control guidance*				
2	Are there up to date local contact numbers available to obtain advice pertaining to infection prevention and control?	Ask for the list of contact numbers.  Check they are the most up to date				
3	Can the person in charge (on any shift) state who they would alert if they suspected an outbreak of illness?	Ask the person in charge to describe the actions taken				
4	Is there a record kept of all absences including sickness (staff and children) and reason?	Check records Check for evidence of application of the 48 hr rule in cases of gastrointestinal illness i.e. the individual is excluded until 48 hrs symptom free				
5	Is information given to parents about exclusion due to gastrointestinal illness?	Check if there is documentation provided to parents explaining exclusion and gastrointestinal illness				

\* Infection Prevention and Control for Childcare Settings (0-5 years) Nurseries Child Minders and Playgroups  
All Wales Guidance 2014

## 1.2 STAFF HEALTH

	Question	Guidance	✓	X	N/A	Comment on how this is achieved
1	Are staff encouraged to ensure that their immunisations are up to date and in line with current national guidelines and an in house record kept?	All staff should undergo a full Occupational Health check prior to employment; this includes ensuring that they are up to date with immunisations. All staff aged 16 -25 should be advised to check they have had two doses of MMR. Randomly select two members of staff and ask whether their immunisation status has been assessed Hepatitis B immunisation may apply to staff in day care settings for those with severe learning disability if significant exposures on a regular basis (e.g. biting) occur. Decisions on immunisation should be made on the basis of a local risk assessment				
2	Does the childcare setting have an exclusion policy for staff / children?	1. Ask two staff if they know about exclusion from work for gastrointestinal infection (48 hr rule). 2. Public Health England document "Guidance on infection control in schools and other childcare settings 2014" provides exclusion advice.				
3	Do all staff have access to personal protective equipment (PPE)?	Check that non plastic/polythene, non powdered disposable gloves and disposable plastic aprons are accessible in key areas (nappy change / toilet areas / laundry). Nitrile / neoprene or equivalent gloves are only required if contact with blood is anticipated PLASTIC/POLYTHENE GLOVES ARE NOT APPROPRIATE				

### 1.3 STAFF TRAINING

	Question	Guidance	✓	X	N/A	Comment on how this is achieved
1	Is infection prevention and control included in all staff induction programmes?	Check training includes: hand hygiene, use of personal protective equipment, nappy change procedures, cleaning procedures for managing faecal / vomit incidents, decontamination of equipment, waste disposal, laundry management				

### 1.4 GUIDELINES / POLICIES

	Question	Guidance	✓	X	N/A	Comment on how this is achieved
1	Are up to date infection prevention and control policies and guidelines available and accessible by staff?	Check staff have access to documents, check they are up to date and include: Hand Hygiene, PPE, nappy change , use of potties, waste disposal, management of blood / body fluid spillage, laundry, zoo, farm and other animal contact visit guidance				
2	Does the childcare setting have a written cleaning schedule including chemicals, methods and frequencies?	The schedule includes the environment, toys and equipment, chemicals used, and storage of cleaning equipment				
3	Are there clearly outlined staff responsibilities for cleaning dedicated areas/equipment?	Identify who is responsible for cleaning specific areas (e.g. toilets/kitchen)and specific equipment (toys)				
4	Does the childcare setting have a disposal contract with a registered waste disposal	Ask the person in charge who the contractor is Ask to see the last three Consignment Notes from the carrier.				

company?					
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**STANDARD 2: HAND HYGIENE WILL BE PERFORMED USING THE CORRECT FACILITIES AT THE APPROPRIATE TIME TO PREVENT CROSS INFECTION TO BOTH CHILDREN AND STAFF**

**2.1 HAND WASHING**

	<b>Question</b>	<b>Guidance</b>	<b>√</b>	<b>X</b>	<b>N/A</b>	<b>Comment on how this is achieved</b>
1	Are hand wash basins used by staff and children visibly clean?	Check for cleanliness				
2	Are all hand wash basins free from extraneous items?	Hand wash basins should <b>only</b> be used for hand washing. The use of nailbrushes is not recommended. There should be no cups / other equipment in these basins				
3	Is hot and cold water available at all hand wash basins?	Mixer taps are preferred Temperature monitoring valves preferred				
4	Is liquid soap available for use at all hand wash basins?	Liquid soap available is suitable for frequent use. Soap dispensers should not be topped up to minimise cross infection. Bar soap should be removed				
5	Are paper towels available at all hand wash basins in an enclosed dispenser?	Paper towels should be soft tissue with sufficient supply in the dispenser at all times				
6	Are there foot pedal operated domestic waste bins available for the disposal of paper towels?	Visually check, check in working order				
7	Is hand washing promoted in the childcare setting using visual methods and demonstration?	Check for the presence of hand washing technique posters by hand wash basins and if staff supervise children in their hand washing / drying Check that children wash their hands before				

		eating / after outdoor play				
8	Can staff list the occasions BEFORE and AFTER which they should wash their hands?	Ask 2 members of staff. May include: After using the toilet After taking a child to the toilet After cleaning equipment/environment After removal of gloves Before feeding children Before preparing or handling food				
9	Can staff demonstrate a satisfactory hand washing technique?	Ask 2 members of staff to wash and dry their hands and observe				
10	Are children encouraged to wash their hands at appropriate times?	Before eating After using the toilet After activities that may lead to soiling / contamination of hands				

**STANDARD 3: THE ENVIRONMENT – TOILETS/NAPPY CHANGE FACILITIES/USE OF POTTIES SHOULD BE MANAGED TO REDUCE THE RISK OF CROSS INFECTION TO CHILDREN, STAFF AND VISITORS**

**3.1 TOILET AREAS**

	<b>Question</b>	<b>Guidance</b>	<b>√</b>	<b>X</b>	<b>N/A</b>	<b>Comment on how this is achieved</b>
1	Are there dedicated hand washing facilities for staff in all toilet areas?					
2	Do staff have separate toilet facilities to children?					
3	Are the toilet(s) visibly clean?	Check visually. Toilet seats, flushes and toilet bowls are cleaned at least daily and any contamination is cleaned immediately				
4	Are toilet(s) in a good state of repair?	Check for damage				
5	Is there a mechanism to ensure that toilet cleaning can be carried out as needed?	Check for a supply of detergent wipes or other cleaner				
6	Are toilets free from inappropriate items?	Check for items that are not used in a toilet				

### 3.2 NAPPY CHANGE FACILITIES

	Question	Guidance	√	X	N/A	Comment on how this is achieved
1	Are there dedicated hand washing facilities for staff in the nappy change areas?	The facilities should be located in the nappy change area (should not have to leave the room to hand wash)				
2	Is the nappy change area sited in a dedicated area within the nursery and have items related to the procedure close to hand?	The nappy change area should not be located near play areas / food preparation areas or used as a storage space. A dedicated sink is located nearby used for cleaning (equipment) only.				
3	Are change mats in a good condition and fit for purpose?	Check change mats are waterproof, clean and intact				
4	Are change mats covered with paper towels before each use?	Check this procedure is in place and if paper is disposed of and renewed for each child				
5	Are change mats decontaminated between children?	Change mats should be decontaminated between each child by: <ul style="list-style-type: none"> <li>- Cleaning with warm water and detergent; Then</li> <li>- Wiping with a hypochlorite solution (1,000ppm) or suitable equivalent</li> </ul> OR Use a suitable combined detergent-disinfectant equivalent to using the two stage procedure above <ul style="list-style-type: none"> <li>- Drying</li> </ul> Use disposable cleaning cloths				

6	Are soiled disposable nappies placed into an individual plastic bag (nappy sack)?					
7	Are there suitable lidded, foot operated containers for storing soiled nappies?	Check visually				
8	Do children have their own basket, creams etc. e.g. sudocrem?	Check that there are <b>no</b> communal pots/tubes of cream used on children. All children should have their own individual creams / ointments etc.				
9	Can staff demonstrate a nappy change procedure that minimises the risks of cross infection?	Ask / observe 2 members of staff to demonstrate the nappy change procedure. Check points: Correct hand washing procedure Correct use of PPE Minimising cross contamination by being hand conscious during the nappy change process Whenever possible staff undertaking nappy changes are not food handlers				

### 3.3 USE OF POTTIES

	Question	Guidance	√	X	N/A	Comment on how this is achieved
1	Are potties used in a dedicated area?	Toilet area or nappy change area would be appropriate. Away from play areas and areas where food is served				
2	Are the contents of the potty disposed of appropriately?	Directly into a toilet or sluice hopper				
3	Are potties cleaned and disinfected after each use?	<p>Emptied potties should be decontaminated between each child by:</p> <ul style="list-style-type: none"> <li>- Cleaning with warm water and detergent</li> <li>Then</li> <li>- Wiping with a hypochlorite solution (1,000ppm) or suitable equivalent</li> </ul> <p style="text-align: center;">OR</p> <p>Use a suitable combined detergent-disinfectant equivalent to using the two stage procedure above</p> <ul style="list-style-type: none"> <li>- Drying</li> </ul> <p style="text-align: center;">THEN</p> <p>Decontaminate the sink/surrounding area using the procedure above</p> <p>This process should be undertaken in a designated sink for cleaning equipment NOT used for hand washing Use disposable cleaning cloths</p>				
4	Are clean potties stored correctly?	Not stacked one inside the other				

## STANDARD 4: LAUNDRY WILL BE HANDLED TO MINIMISE THE RISK OF CONTAMINATION/CROSS INFECTION TO CHILDREN AND STAFF

### 4.1 LAUNDRY

	Question	Guidance	✓	X	N/A	Comment on how this is achieved
1	Is there a separate laundry area?	Laundry facilities should not be in food preparation areas / toilet areas / any area that could potentially present a risk for cross infection The area should be well ventilated				
2	Are there dedicated hand washing facilities for staff in the laundry area?	The facilities should be located near the laundry area				
3	Dirty / used linen and clean linen are stored separately from each other?	Used or dirty laundry should be stored in separate colour coded bags / containers so as to be clearly identifiable from clean laundry				
4	Is foul or soiled linen laundered adequately?	Foul and soiled linen should be laundered separately from used linen. A pre wash cycle should be used followed by a hot wash, 65°C for not less than 10 minutes or 71°C for not less than 3 minutes or equivalent				
5	Are children's clothes sent home for washing?	Clothing should NOT be sluiced or manually washed by staff but placed in a plastic bag and handed over to the parent at the end of the session. Solid waste can be tipped into a toilet. Bagged clothing should be kept separate from clean (not placed on the child's peg for collection by parent)				

## STANDARD 5 THE NURSERY ENVIRONMENT WILL BE MAINTAINED APPROPRIATELY TO MINIMISE THE RISK OF CROSS INFECTION

### 5.1 CLEANING - GENERAL

	Question	Guidance	√	X	N/A	Comment on how this is achieved
1	All general areas clean and uncluttered?					
2	Are cleaning / disinfectant products available for decontamination of equipment and the environment?	Check there are cleaning and disinfectant products available that are appropriate for the environment and that there are instructions on use that follow the manufacturer's guidance e.g. poster Check COSHH data sheets are available.				
3	Can staff describe which products to use for routine cleaning?	Ask 2 members of staff and check against local guidance				
4	Do staff know how to deal with blood / bodily fluid (faeces / urine / vomit) spills?	Ask a member of staff to describe the procedure. Is there a chart for staff to refer to?				
5	Is there limited use of carpet and is it cleaned appropriately?	Baby room only Carpets should be vacuumed daily and steam cleaned 6 monthly or more regularly if needed				
6	Can surfaces (floors, tables, chairs) be cleaned easily?	These surfaces should be made of an impervious material easy to wipe				
7	Are all furnishings and fitting in a good state of repair?	Where there is damage, check for evidence of action taken to ensure repair or replacement				
8	Are mops / buckets stored clean and dry and in an appropriate area?	Check storage and cleanliness of mops and buckets - equipment for kitchen area should be separate from those for other areas in the nursery				
9	Are cleaning cloths single use?	Preferable to reusable to reduce the risk of cross infection				

## 5.2 CLEANING – PLAY EQUIPMENT / TOYS / OTHER

	Question	Guidance	✓	X	N/A	Comment on how this is achieved
1	Are all toys made of a washable material and in a good state of repair?	Check a sample of toys visually				
2	Are toys cleaned regularly and decontaminated if required?	<p>Cleaning should include washing with hot water and detergent or a hot wash if laundered dependant on the type of toy.</p> <p>If decontamination is required then the item<sup>#</sup> should be cleaned initially with warm water and detergent Then</p> <ul style="list-style-type: none"> <li>- Wipe with a hypochlorite solution (1,000ppm) or suitable equivalent</li> <li>- Rinse</li> </ul> <p style="text-align: center;">OR</p> <p>Use a suitable combined detergent-disinfectant<sup>#</sup> equivalent to using the two stage procedure above</p> <ul style="list-style-type: none"> <li>- Dry</li> </ul> <p><sup>#</sup>If compatible with item and manufacturers" instructions</p> <p><u>All toys should be washed daily if children put them in their mouths</u></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Soft toys should be washed at least weekly</li> <li><input checked="" type="checkbox"/> Older children"s toys and larger equipment should be cleaned on a weekly basis</li> <li><input checked="" type="checkbox"/> Books should be clean and intact otherwise disposed of</li> </ul>				

	Question	Guidance	✓	X	N/A	Comment on how this is achieved
3	Are water play pools emptied daily, washed with detergent and hot water and left to dry overnight?	Ask a member of staff				
4	Do sand pits have fitted lids when not in use and sand is changed regularly?	Sand should be changed about monthly for indoor sand pits and the tank washed with detergent and hot water before replacing the sand. Any sand lost from the sand pit is disposed of				
5	Is play dough replaced regularly?	Ask a member of staff				
6	Are animals (pets) cared for in a manner which reduces the risks of cross infection to children and staff	Check: 1. Is there a designated member of staff responsible for any pets? (ensure that pregnant women are aware of the risk of toxoplasmosis infection from contact with cat faeces) 2. Pets are not permitted into food preparation areas 3. Animal food once opened is kept separate from food for human consumption 4. Children and staff wash their hands after having contact with pets 5. Any equipment (cages / food or water bowls) are washed in an appropriate sink / area.				
7	Are dummies/toothbrushes managed to prevent cross infection?	Babies / children only use their own dummy / toothbrush Toothbrushes are stored separately Dummies are disinfected using an appropriate solution between uses				
8	Suspension of communal play if outbreak of gastrointestinal illness	If there are children with gastrointestinal illness suspend until resolved: Water Play Play Dough Sand Play Cookery				

## STANDARD 6: INFECTION CONTROL ISSUES IN RELATION TO FOOD PREPARATION

### 6.1 FOOD PREPARATION AND STAFF

	Question	Guidance	✓	X	N/A	Comment on how this is achieved
1	Do you have dedicated catering staff that produce all food provided? Does this include all meals and preparing feed bottles?	Having staff whose duties are food preparation <b>only</b> may reduce the risk of cross-contamination.				
2	If care staff also prepare food, do you have a rota that ensures that staff on nappy changing / toileting duties are not preparing food and feeds that day?	Establishing a rota where staff on nappy changing / toileting duties are not preparing food and feeds the same day may reduce the risk of cross-contamination.				
3	Is access to the kitchen limited to staff that are preparing food / feeds? I.e. is the kitchen also used by staff for making their own lunch and drinks?	Restricting access to food preparation areas may reduce the risk of cross-contamination.				
4	Is food / feeds prepared or reheated anywhere else in the nursery e.g. baby room?	It is preferable that all food / feed is processed in the kitchen.				
5	Have all care staff that undertake food / feeds preparation duties undertaken food hygiene training and been trained in Safer Food Better Business (or equivalent food safety management system in place)?	Staff must be trained and / or supervised to a level appropriate for their duties.				

6	Are care staff undertaking food / feeds preparation duties provided with clean aprons for food preparation use only?	Clean aprons for food preparation use only should be provided, preferably single-use disposable plastic aprons. You may wish to have different coloured disposable aprons for kitchen use to distinguish from aprons used in nappy changing.				
7	Are all staff that prepare food / feeds aware of the 48 hour exclusion rule?	Ask catering staff if they know about exclusion from work for gastrointestinal infection (48 hr rule).				
8	Is there a poster showing hand washing technique by the kitchen hand wash basin?	Check for the presence of hand washing technique posters by hand wash basins				

## 6.2 EQUIPMENT AND CLEANING

	Question	Guidance	✓	X	N/A	Comment on how this is achieved
1	Are there dedicated hand washing facilities for staff in the kitchen?	A hand wash basin supplied with hot and cold or appropriately mixed warm water, liquid soap and paper towels must be available. This basin must not be used for other purposes.				
2	Are there dedicated cleaning equipment and chemicals for use only in the kitchen available? E.g. mop, mop bucket, brush, cloths, cleaning chemicals, sanitiser.	Equipment and chemicals for use in the kitchen should be kept separate from those used elsewhere in the premises. You may wish to establish a colour-coded scheme for mop handles, mop buckets etc so that all staff are aware of what is to be used where.				
3	Are mop buckets emptied, washed and disinfected appropriately after use?	Mop buckets must not be emptied down the kitchen sink. Mops, mop buckets and other dirty equipment or materials must not be washed in the kitchen sink.				
4	Are cleaning staff aware of the systems you have in place?	Make sure that if you employ contract cleaners they are aware of what equipment to use where and of the need to adhere to the cleaning regime you have put in place.				

### 6.3 BOTTLE

#### PREPARATION/FEEDING

	Question	Guidance	✓	X	N/A	Comment on how this is achieved
1	Have staff preparing and/or administering feeds received training?	Ask a member of staff how they would prepare and administer a feed and check against local guidance				
2	If feeds are prepared in advance by parents/childcare setting are they labeled and stored correctly in?	Ask a member of staff Feeds should be labeled with the date, time of preparation, formula used, child's name and preparers name. Feeds can be stored for up to 24 hours in a refrigerator at not more than 5 °C				
3	Are feeds warmed and administered correctly?	Ask a member of staff Re warm for no more than 15 minutes Do not use microwave to re warm feeds Check temperature of milk to avoid scalding child's mouth				
4	Are feeds discarded if not consumed after 2 hours?					
5	Has feeding and preparation equipment been cleaned and sterilised correctly prior to being used?	All equipment used for the preparation and administration of feeds must be thoroughly cleaned in hand hot water and detergent, rinsed and sterilised using an approved method.				

### ACTIONS IDENTIFIED FROM THE AUDIT

	AUDIT SECTION	ACTIONS IDENTIFIED	DATE TO BE COMPLETED BY	PERSON RESPONSIBLE	DATE ACTION COMPLETED
<b>STANDARD 1</b>	1.1 General Management				
	1.2 Staff Health				
	1.3 Staff Training				
	1.4 Guidelines / Policies				
<b>STANDARD 2</b>	2.1 Hand Hygiene				
<b>STANDARD 3</b>	3.1 Toilet areas				

	<b>AUDIT SECTION</b>	<b>ACTIONS IDENTIFIED</b>	<b>DATE TO BE COMPLETED BY</b>	<b>PERSON RESPONSIBLE</b>	<b>DATE ACTION COMPLETED</b>
	3.2 Nappy Changing Facilities				
<b>STANDARD 3</b>	3.3 Use of Potties				
<b>STANDARD 4</b>	4.1 Laundry				
<b>STANDARD 5</b>	5.1 Cleaning - General				
	5.2 Cleaning – Play Equipment / Toys / Other				

	<b>AUDIT SECTION</b>	<b>ACTIONS IDENTIFIED</b>	<b>DATE TO BE COMPLETED BY</b>	<b>PERSON RESPONSIBLE</b>	<b>DATE ACTION COMPLETED</b>
<b>STANDARD 6</b>	6.1 Food Preparation and Staff				
	6.2 Equipment and Cleaning				
	6.3 Bottle preparation/feeding				

## Appendix 5 - hand washing with liquid soap and water

**4** Rinse 10 sec

**5** Dry your hands

**6** Turn off (l!j)

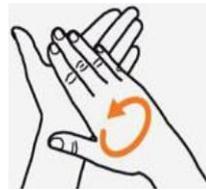
DO NOT GET TO WORK:

- between your fingers
- under your nails
- the top of your hand

# How to Handrub?

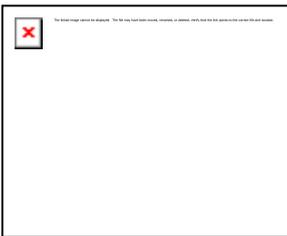
**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

**[ ] Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;

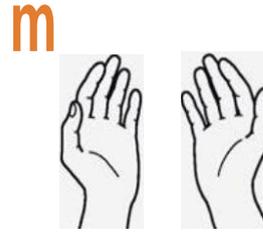
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;

Palm to palm with fingers interlaced;

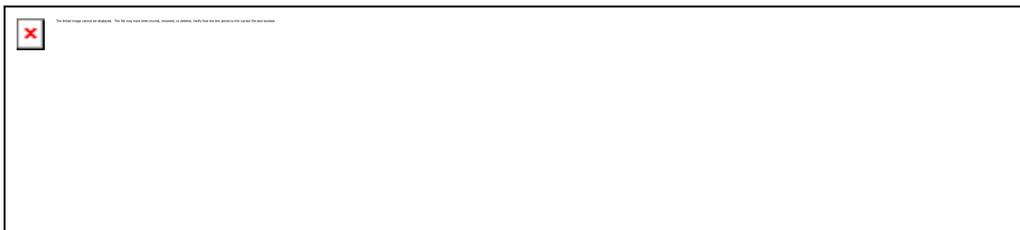
Backs of fingers to opposing palms with fingers interlocked;



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;

Once dry, your hands are safe.



## Appendix 7 – Remember to wash your hands

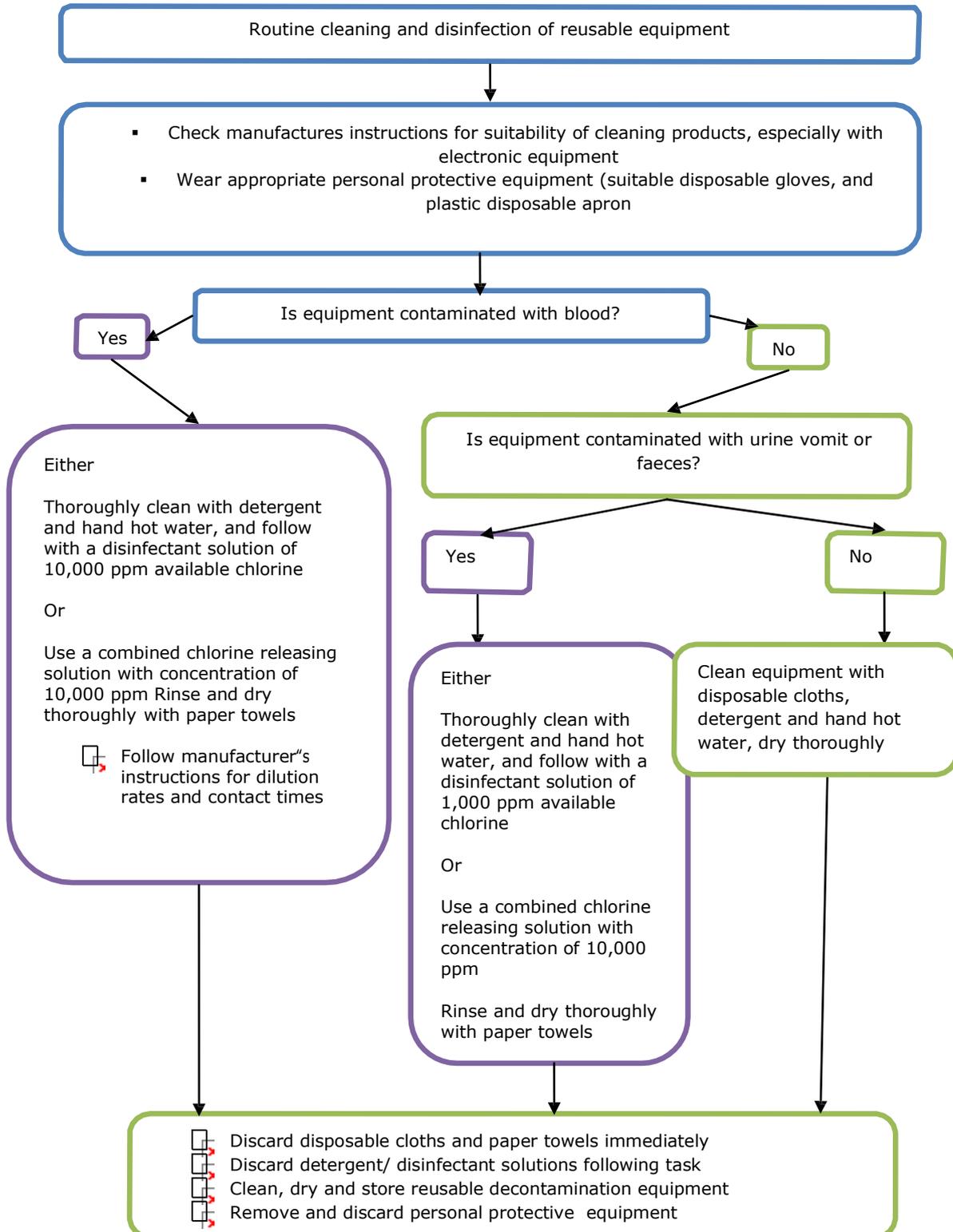


Health  
Protection  
Agency

*11/S-tiJ*

creating visual solutions

## Appendix 8 - Routine cleaning and disinfection of equipment



## Appendix 9 - Nappy Change Procedure

### Equipment required

Hand Wash basin hot and cold running water, liquid soap, disposable paper towels

Waterproof change mat

Disposable sheets for change mat/changing area

Disposable apron and gloves

Babies own personal creams/nappies/wipes

Nappy bags for soiled nappies

Lidded foot operated waste bin

Disposable cloths

Detergent

Disinfectant (1000 parts per million available chlorine)

[Combined detergent and disinfectant acceptable in place of separate detergent and disinfectant]

### Method

- Wash hands and put on disposable apron and gloves
- Place a clean disposable sheet over the change mat/area
- Remove the nappy and clean the baby
- Place soiled nappy and baby wipes into plastic nappy sack
- Apply cream if needed – change gloves or use a clean spatula to dispense the cream
- Place nappy sack into waste bin
- Change nappy
- Remove disposable sheet, place into waste bin
- Clean and disinfect change mat and any other areas that may have been touched during the nappy change.
- Clean - use warm water and detergent
- Disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)
- Thoroughly dry change mat and surrounding area with disposable paper towels
- Dispose of PPE and wash hands thoroughly
- CLEAN AND DISINFECT AFTER EACH NAPPY CHANGE EVEN IF THERE IS NO VISIBLE CONTAMINATION

## Appendix 10 - Decontamination of Potties Procedure

### Equipment required

disposable cloths

paper towels

personal protective equipment (disposable gloves and disposable plastic apron)

detergent

disinfectant (1000 parts per million available chlorine)

[combined detergent and disinfectant acceptable in place of separate detergent and disinfectant]

designated sink for cleaning equipment

hot and cold running water

### Method

- put on disposable aprons and gloves
- empty contents of potty carefully into a toilet
- immerse the potty in a hot water and detergent solution
- using a disposable cloth thoroughly clean potty surface
- wipe/immerse potty with a disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)
- dry thoroughly
- store the potty in an inverted position and not stacked until required for use
- thoroughly clean and disinfectant sink
- dispose of PPE and wash hands thoroughly

**NB:** It is vital to encourage and facilitate children in washing their hands following using the potty. Alcohol hand gel may be used after hand washing but not instead of.

## Appendix 11 - Decontamination of toilets procedure

### Equipment required

disposable cloths

personal protective equipment (disposable gloves and disposable plastic apron)

detergent

disinfectant (1,000 parts per million available chlorine or combined detergent and disinfectant acceptable in place of separate detergent and disinfectant)

designated sink for cleaning equipment with hot and cold running water

mop and bucket (colour coded for use in toilet area only)

### Method

- wearing personal protective equipment
- clean and disinfect toilets and frequent hand contact sites e.g. toilet flush, wash hand basin taps, surfaces, waste bins and door handles in the toilet area, ideally twice daily or immediately if found to be soiled  
clean - use warm water and detergent  
disinfect – use disinfectant solution of 1000 parts per million available chlorine (if using a combined detergent and disinfectant this additional stage is not required)
- store equipment in a designated area for cleaning equipment only
- if using reusable mop heads they must be laundered within a washing machine at a high temperature (at least 60°C) on a daily basis
- store mops in a „mop“ up position, and not left soaking in buckets of water  
mop heads should be either disposable or have removable heads
- if using reusable mop heads they must be laundered within a washing machine at a high temperature (at least 60°C) on a daily basis. If using disposable mop heads, the heads should be disposed at least upon a daily basis
- dispose of personal protective equipment, and wash hands thoroughly

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