Sample Infection Control Policy

Statement of Intent

At ______________ it is our aim to minimise the spread of infection for staff and children through the implementation of controls which reduce the transmission and spread of germs. We aim to promote and maintain the health of children and staff through the control of infectious illnesses.

Aims

- We aim to control infection by providing ongoing infection control training for staff (hand-washing, food hygiene, cleaning).
- Exclusion guidelines as recommended by the Preschool Environmental Health Officer apply in the case of all suspected infectious conditions. These guidelines will be distributed to all parents and staff.
- Parents will be informed should staff, children or visitors to the centre report the presence of any contagious condition to the centre

Procedures

Reporting/Recording of illness:

- A contingency plan is in place should an outbreak of an infectious disease occur. All staff roles and responsibilities regarding reporting procedures are clearly defined.
- Staff will report any infectious illness to the Pre-school Owner/Manager.
- The Pre-school Owner/Manager will report an outbreak of any infectious disease to the HSE Preschool Environmental Health Officer and the Public Health Department.
- The Pre-school Provider or manager will record all details of illness reported to them by staff or reported by parents of a child attending the Service. These details will include the name, symptoms, dates and duration of illness.

Exclusion from the Service:

- Children will be excluded from the service based on the timeframes outlined in the Preschool EHO exclusion criteria (see attached).
- A doctor’s certificate may be required for certain conditions to ensure they are no longer contagious before children return to the service.
- Children should remain at home if they are suffering from general diarrhoea or vomiting until 48 hours after being symptom free.

Hand Hygiene:

- Hand washing facilities are always available for children and include hot (not exceeding 43 degrees) and cold water, liquid soap and paper hand towels.
- Hand washing facilities are available in all toilets, nappy changing areas, kitchens, baby, toddler and pre-school rooms.
- Children are encouraged and reminded to wash their hands after using the toilet, before eating and after playing outside.
- Staff must wash their hands:
  - before preparing or serving food
  - before feeding children
• before eating or drinking
• after going to the toilet
• after assisting children at the toilet
• after nappy changing
• after dealing with any body fluids
• after cleaning procedures
• after caring for sick children
• after handling soiled clothing or items
• after dealing with waste
• after removing disposable gloves and/or aprons.

• Hand washing technique: Wet hands under hot water (not exceeding 43°C for children to prevent scalding), apply liquid soap, rub vigorously paying particular attention to palms, backs, wrists, fingernails and fingers and rubbing between each finger and around the thumbs, rinse, dry thoroughly using disposable paper towels and turn off taps using the paper towel.

Toilets and potties:
• Toilet areas, including toilet handles, doors, toilet seats and wash hand basins are cleaned frequently throughout the day in accordance with the cleaning schedule and immediately if soiled.
• Potties are emptied into the toilet, cleaned (with hot water and detergent) and disinfected.
• Each child has their own individual potty.
• Trainer seats are thoroughly cleaned after each use.

Nappy Changing
• Nappy changing is only carried out in the designated nappy changing area.
• Parents will provide creams or lotions for their child, these will not be shared.
• The changing mat and area will be cleaned (with hot water and detergent) and disinfected and dried thoroughly after use.
• Disposable gloves are worn by staff when changing a nappy.
• Soiled nappies are placed in an impervious bag which is tied and disposed of in a lidded bin and emptied each day.
• The nappy changing area is cleaned in accordance with the cleaning schedule.
• Changing mats are regularly checked to ensure the cover is not cracked or torn. Changing mats will be discarded of in such an event.

Bodily Fluid Spillage
• Spills of blood, vomit, urine or excreta will be cleaned up as quickly as possible. The area will be sectioned off if possible until the spill has been dealt with.
• Disposable plastic gloves are worn when cleaning up any bodily fluid spillage. Paper towels are used to clean up spillages and placed directly into a plastic bag for disposal.
• Ordinary household bleach freshly diluted (1 to 10 parts water), is used for cleaning and disinfection of bodily fluid spillages. (This solution should not make contact with skin. If accidental contact does occur, the skin, eyes or mouth should be flushed with cold water.
• If possible and safe to do so, diluted bleach will be poured directly over the spill, it will then be covered and mopped up with disposable paper towels.
• Disposable paper towels and gloves are disposed of in a plastic bag and sealed.
• A supply of bleach and plastic bags are kept together in a secure place in each room in case of such an incident.
**Baby Feeding Equipment**
- Bottles, teats and bottle brushes are washed thoroughly before sterilising.
- Feeding equipment is sterilised using a sterilising solution (which is changed daily and mixed according to manufacturers’ instructions) or steam steriliser.

**Food and Kitchen Hygiene**
- Staff involved in toileting children or nappy changing are not involved in food handling.
- Staff will not engage in any aspects of minding children while preparing food.

**Cleaning**
- All areas are cleaned regularly in accordance with a documented cleaning policy and rota. Toilets and hard contact surfaces (playroom tables) be cleaned frequently.
- All cleaning equipment is kept separate to each area and easily distinguished e.g. colour coded.
- Playroom tables are cleaned before being used for meal and snack times.

**Toys and Equipment**
- Toys and equipment will be cleaned according to the toy cleaning programme and schedule.
- Toys and equipment will be cleaned with hot water and detergent and disinfectant.

**Laundry**
- Linen used for cots and sleep mats is washed after each use.
- Linen is washed in the hottest washing cycle of the washing machine.
- Cleaning cloths used in the playrooms, kitchen and sanitary accommodation are washed separately.

**Pets**
- Children must wash their hands after playing with pets.
- Pet’s feeding bowls are not accessible to children.
- The play area is inspected before use and cleaned of any pet droppings or soil.
- All pet animals are free of disease and have appropriate health checks.
- Minded children will never be left alone with a pet.

**Outings to farms or zoos**
- Children will wash and dry their hands after contact with animals, animals cages as well as before eating and when leaving the farm/zoo.
- All meal breaks will be taken in designated areas away from where the animal’s kept.
- Children will be constantly supervised during their visit to the farm or zoo. The importance of hand washing will be reiterated to the children by staff throughout the visit.
This sample policy is developed by DCCC as a guideline document for childcare services. It is intended that the policy is adapted to suit each individual service. June 2009
**Illness**

Initial discussions with parents need to include arrangements for when illness occurs. Before the agreement begins, you will need to make clear to the parents under what, if any, circumstances you will accept a sick child. You also need to discuss what arrangements the parents will make, if you, or your family is sick.

It is the responsibility of the parent to notify the Pre school Provider/Child minder if their child has an infectious/contagious condition. The Pre school Provider/Child minder cannot accept the care of the child until they have been medically treated and the condition is no longer contagious. The parents of other minded children must be informed of any infectious or contagious conditions e.g.

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Early Symptoms</th>
<th>Incubation Period</th>
<th>Period when Infectious</th>
<th>Minimum Period of exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Cold, Cough, Fever or chill, Sore eyes, white spots in mouth (1 or 2 days), rash after 2 or 3 days on face, weak chest.</td>
<td>8 -15 days</td>
<td>From a few days before the running nose and head cold to 7 days after rash appears</td>
<td>7 days from appearance of rash</td>
</tr>
<tr>
<td>German Measles</td>
<td>May have fever, sore throat, stiff neck, Rash after 1-2 days usually starts on face</td>
<td>14 - 21 days usually 12 days</td>
<td>From 7 days before to at least 4 days after rash appears</td>
<td>4 days from appearance of rash</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>Fevers and Catarrh for approx 1 week before cough develops.</td>
<td>7 - 14 days</td>
<td>From 7 days after exposure to 21 days after whooping begins.</td>
<td>21 days after whooping begins</td>
</tr>
<tr>
<td>Mumps</td>
<td>Fever, sore throat, dry mouth, pain when chewing.</td>
<td>12 - 25 days</td>
<td>From 7 days before swelling appears to 9 days afterwards.</td>
<td>9 days from appearance of swelling.</td>
</tr>
<tr>
<td>Chicken pox</td>
<td>May be a slight fever, headache, nausea, spots appear on the 2nd day starting on the back.</td>
<td>11 - 21 days</td>
<td>From 5 days before until 6 days after the last lot of blisters.</td>
<td>6 days from appearance of rash.</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Sore eyes, inflamed discharge or watering.</td>
<td>1 - 3 days</td>
<td>Contagious until treated.</td>
<td>Until treated and cleared.</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
<td>Incubation Period</td>
<td>Contagious Spread</td>
<td>Recovery Time</td>
</tr>
<tr>
<td>--------------</td>
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<tr>
<td>Impetigo</td>
<td>Blisters, spreading at the edges which are raised, thick yellow crust when blisters break.</td>
<td>10 - 11 days</td>
<td>Contagious, spread by hands and by objects touched.</td>
<td>Until skin is completely healed.</td>
</tr>
<tr>
<td>Ringworm</td>
<td>(Body) Round red areas with a raised border.</td>
<td>10 - 11 days</td>
<td>Contagious spread by scratching and material under finger nails.</td>
<td>Until treated.</td>
</tr>
<tr>
<td>Scabies</td>
<td>Intense itching, blistering, pin point blood crusts.</td>
<td>Several days</td>
<td>Mites spread rapidly by contact from clothing or bedding.</td>
<td>Until treatment has commenced.</td>
</tr>
<tr>
<td>Bad Cold</td>
<td>Coughing or sneezing</td>
<td></td>
<td>While child is coughing or sneezing.</td>
<td>Coughing and sneezing may pass germs between children.</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>Diarrhoea and vomiting</td>
<td>Varies</td>
<td>Varies</td>
<td>Until 48 hours after normal bowel habits have returned and /or vomiting has stopped. (Exclusion period may be longer for certain organisms e.g. E.coli 0157)</td>
</tr>
</tbody>
</table>