

**POLICY NO 17 INFECTION CONTROL POLICY****REV: 6 DATE: 18.07.2022****Policy Statement**

It is the priority of Scamps & Scholars to protect all pre-school attending our service and all persons working in our service from the transmission of infections. The health and well-being of all children, staff and visitors to our service is paramount and our aim is to prevent and manage any infection which may be present in the service. This policy is communicated to all staff and a version of this policy is given to parents digitally via the website and parental disc.

**Principle**

This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016 and Tusla (2018) Quality and Regulatory Framework.

**Rationale**

Infection can lead to serious ill-health for young children. Infection control procedures seek to reduce the risk of children and staff contracting an illness in Scamps & Scholars by ensuring good hygiene is followed at all times and the risk of infection is minimised. We aim to promote good hygiene practices that children and parents can implement at home.

**Preventing the spread of infection****Risk Assessments**

Risk assessments are undertaken by staff to assess if activities, actions or environments pose risks from an infection control standpoint to the children and staff of Scamps & Scholars.

Actions are implemented to eliminate or reduce the risk identified through risk assessment. (risk assessment sample at the end of this policy)

**Hand washing**

- Scamps & Scholars has a hand washing policy in place which all staff promote and model for children. Staff wash their hands after using the toilet, before eating/preparing food, after wiping noses, after waste disposal and mopping up spills, after assisting children going to the toilet, after caring for sick children, after handling soiled clothing, after dealing with waste and after removing disposable gloves.

- A wash hand basin is provided in each room with a constant supply of hot (no greater than 43c) and cold running water, liquid anti-bacterial soap and paper towels. A wash hand basin is available in all bathrooms and kitchens.
- In Scamps & Scholars, Children are encouraged to wash their hands with warm water and liquid soap under supervision after visiting the toilet, before eating, after sneezing, coughing or blowing noses, after handling animals, after touching a cut or sore and after outside play and activities. Clear guidance on handwashing is outlined for children and staff in our service.
- Staff will supervise and assist children to encourage effective handwashing.
- Our staff always wear gloves when preparing and serving food and wash hands after removing gloves.
- Our Staff always wash their hands after removing waste food and materials.
- Appropriate food hygiene practices are followed at all times.
- Perishable food is kept in a refrigerator, between temperatures of 0 and 5 Celsius. Any perishable food left at room temperature for more than 2 hours will be discarded safely.
- Staff involved in helping children with toileting or nappy changing will not be involved in preparing food.



## **Nappy Changing and Toileting**

- We have 3 number of nappy changing rooms in Scamps & Scholars with 4 nappy changing tables. Nappy changing rooms do not directly communicate with any occupied room or room where food is stored.
- The nappy changing room is adequately ventilated, by window/mechanical ventilation. Where possible, the door to the nappy changing room is kept closed at all times.
- A wash basin is included in the nappy changing room and has hot and cold running water and access to liquid soap and paper towel dispensers.
- Children's hands will be washed and dried after nappy changing, staff will also ensure that they have thoroughly washed their own hands before and after nappy changing.
- Staff that are changing nappies use powder free, synthetic vinyl or latex gloves.
- All nappy changing mats used in Scamps & Scholars are waterproof, in good condition i.e. no exposed stuffing or foam and have an easily cleanable cover. Nappy changing mats are wiped down by staff after each nappy change.
- All nappies are disposed of in a way which will not risk infection. Soiled nappies are stored in an airtight, sealed container that is removed from the premises at least once per day. Nappy disposal containers are enclosed & secure from children. Nappy changing units are cleaned thoroughly on a regular basis.
- All staff are be fully trained and briefed in nappy changing and infection control.

## **Cleaning and the premises**

- All staff are aware of their role in maintaining high standards of hygiene.
- Scamps & Scholars encourages best practice regarding keeping the environment and premises clean and safe.
- Spillages of blood, faeces, urine, vomit or other bodily fluids or excretions are cleaned immediately and with priority. Mops are not be used for these and extreme caution is exercised at all times.
- Daily and/or weekly and/or monthly cleaning schedules are in place and records kept. Cleaning records are located in each room.
- Scamps & Scholars has a contract with a bin removal company for the removal and disposal of all waste at Scamps & Scholars.
- Our premises are free from pests and rodents and we have a contract with an external agent who checks our premises on a regular basis.
- We maintain a good stock of cleaning products and tools to ensure that hygiene practices can be carried out at all times. Adequate supplies for cleaning are provided to be used, like clean cloths, gloves, aprons, mops, buckets and detergents. Cleaning products and supplies are stored in a secure press that is not accessible to children.
- Toys and play materials are cleaned daily, with attention placed on especially soiled items. Toys are not brought into toilet or changing areas.

- Toilets, floors, shelves storing bags, tables and chairs and other areas are cleaned daily to help decrease the spread of infection, cleaning agents used are detailed on our cleaning schedules.
- All linen is washed a minimum once per week and more frequently if necessary. Children do not share bed clothes and all sheets and blankets are stored separately. These items are washed at the hottest wash the fabric will tolerate.
- Any soiled clothes are placed in a plastic bag, sealed and sent home with parents/guardians, parents and guardians are informed at collection if clothes being sent home are soiled.
- At least once a day, even in winter, all rooms in the service are aired out.
- All staff receive regular support & supervision in relation to infection control and training is provided.
- Use a disinfectant fogging machine may be used regularly or intermittently to provide extensive disinfection in a short space of time. This is not a substitute to cleaning in the traditional sense.
- We engage the services of a professional contract cleaner to provide a cleaning service for the substantive cleaning that is required for our premises.

### **Immunisation**

- Our immunisation policy is followed at all times with all children and staff.
- On enrolment, parents are asked for their child's immunisation record, this information is recorded on the child's record card.
- Parents/guardians of children who are not immunised are made aware of the dangers of infectious diseases. Parents are encouraged to keep up to date with current vaccination requirements and to ensure that the service is kept informed and the child's record updated when required.
- Parents/guardians are not required to have their children immunised to gain admission to the service but where a child's immunisation record is not up-to-date parents/guardians are encouraged to have their child vaccinated.
- If a child is not immunised, parents/guardians are advised that their children may be excluded from the service during outbreaks of some vaccine preventable diseases such as Measles, Whooping Cough etc., even if their child is well. This is to protect their non-immunised child.
- We provide information leaflets on immunisation schedules, oral hygiene and prevention of infection to parents on request.

### **Animals and pets**

- Handwashing and drying procedures are followed before and after handling any animals and pets that are present in Named Service or that we meet on outings.
- All animals and pets are managed in accordance with required and appropriate instructions for their care.
- Children are supervised with animals at all times.
- All animals visiting Scamps & Scholars are only from reputable sources.

## Illness

- If a child is unwell, Scamps & Scholars requests that the child is kept at home if they are unable to participate in normal activities and/or if they may be at risk of passing the infection to another child or adult in the service.
- If a child becomes ill while in Scamps & Scholars we request that the child's parent/guardian or person authorised to collect will collect the child within 30 minutes. Sick children are separated from well children where possible in Scamps & Scholars.
- If Scamps & Scholars cannot contact the parents/guardians/emergency contact for a child it may be necessary to transfer the child to hospital via ambulance depending on the severity of their symptoms.
- Unwell children, with a temperature and/or specific signs and symptoms, will be excluded from the service until a diagnosis can be made. Staff can and will use their discretion when admitting a child back into Scamps & Scholars, if they believe the child is still ill and cannot take part in their normal activities they will request that the parent/guardian keeps the child at home.
- Children/Staff must remain at home for at least 48 hours following the last episode of infectious diarrhoea/vomiting.
- Unwell children and staff should only return to Scamps & Scholars when they have fully recovered. The exclusion notes in Management of Infectious Disease in Childcare Facilities and Other Childcare Settings are followed.
- Staff will report any illness to the manager/designated person in charge.
- A plan will be drawn up to help prevent the spread of the illness and the HSE guidelines: Managing an infectious disease in childcare setting will be followed in the case of a child in the service contracting an infectious illness.

## Notifiable Diseases

Staff are aware of diseases classified as notifiable diseases by the Department of Public Health, a list is detailed below.

<b>Notifiable Diseases and their respective causative pathogens</b> specified to be Infectious Diseases under Infectious Diseases (Amendment) Regulations 2020 (S.I. No. 53 of 2020) February 2020			
<b>Disease</b> Acute anterior poliomyelitis Ano-genital warts Anthrax <i>Bacillus cereus</i> food-borne infection/intoxication Bacterial meningitis (not otherwise specified) Botulism Brucellosis Campylobacter infection Carbapenemase producing Enterobacteriaceae, infection or colonisation Chancroid Chickenpox – hospitalised cases Chikungunya disease Chlamydia trachomatis infection (genital) Cholera Clostridium difficile infection Clostridium perfringens (type A) food-borne disease COVID-19 Creutzfeldt Jakob disease variant Creutzfeldt Jakob disease Cryptosporidiosis Cytomegalovirus infection (congenital) Dengue fever Diphtheria Echinococcosis Enterococcal bacteraemia Escherichia coli infection (invasive) Giardiasis Gonorrhoea Granuloma inguinale Haemophilus influenzae disease (invasive) Hepatitis A (acute) infection Hepatitis B (acute and chronic) infection Hepatitis C infection Hepatitis E infection Herpes simplex (genital) Herpes simplex (neonatal) Human Immunodeficiency virus infection Influenza Klebsiella pneumoniae infection (invasive) Legionellosis Leprosy Leptospirosis Listeriosis Lyme disease (neuroborreliosis) Lymphogranuloma venereum Malaria mcr-positive Enterobacteriaceae infection or colonisation	<b>Causative Pathogen</b> Polio virus Human papilloma virus <i>Bacillus anthracis</i> <i>Bacillus cereus</i> <i>Clostridium botulinum</i> Brucella spp. <i>Campylobacter</i> spp. Carbapenemase producing Enterobacteriaceae, infection or colonisation <i>Haemophilus ducreyi</i> Varicella-zoster virus Chikungunya virus Chlamydia trachomatis <i>Vibrio cholerae</i> <i>Clostridium difficile</i> <i>Clostridium perfringens</i> SARS-CoV-2 <i>Cryptosporidium parvum, hominis</i> Cytomegalovirus Dengue virus <i>Corynebacterium diphtheriae</i> or <i>ulcerans</i> (toxin producing) <i>Echinococcus</i> spp. <i>Enterococcus</i> spp. (blood) <i>Escherichia coli</i> (blood, CSF) <i>Giardia lamblia</i> <i>Neisseria gonorrhoeae</i> <i>Klebsiella granulomatis</i> <i>Haemophilus influenzae</i> (blood, CSF or other normally sterile site) Hepatitis A virus Hepatitis B virus Hepatitis C virus Hepatitis E virus Herpes simplex virus Herpes simplex virus Human Immunodeficiency virus Influenza A and B virus <i>Klebsiella pneumoniae</i> (blood or CSF) <i>Legionella</i> spp. <i>Mycobacterium leprae</i> <i>Leptospira</i> spp. <i>Listeria monocytogenes</i> <i>Borrelia burgdorferi</i> Chlamydia trachomatis <i>Plasmodium falciparum, vivax, knowlesi, ovale, malariae</i> mcr-positive Enterobacteriaceae infection or colonisation	<b>Disease</b> Measles Meningococcal disease Mumps Non-specific urethritis Novel or Rare Antimicrobial-resistant Organism (NRAO) Norovirus infection Paratyphoid Pertussis Plague Pseudomonas aeruginosa infection (invasive) Q Fever Rabies Respiratory syncytial virus infection Rotavirus infection Rubella Salmonellosis Severe Acute Respiratory Syndrome (SARS) Shigellosis Smallpox Staphylococcal food poisoning Staphylococcus aureus bacteraemia Streptococcus group A infection (invasive) Streptococcus group B infection (invasive) Streptococcus pneumoniae infection (invasive) Syphilis Tetanus Toxoplasmosis Trichinosis Trichomoniasis Tuberculosis Typhoid Typhus Verotoxigenic Escherichia coli infection Viral encephalitis Viral haemorrhagic fevers Viral meningitis West Nile fever Yellow fever Yersiniosis Zika virus infection	<b>Causative Pathogen</b> Measles virus <i>Neisseria meningitidis</i> Mumps virus Norovirus <i>Salmonella</i> Paratyphi <i>Bordetella pertussis</i> <i>Yersinia pestis</i> <i>Pseudomonas aeruginosa</i> (blood or CSF) <i>Coxiella burnetii</i> Rabies virus Respiratory syncytial virus Rotavirus Rubella virus <i>Salmonella</i> spp. other than S. Typhi and S. Paratyphi SARS-associated coronavirus <i>Shigella</i> spp. Variola virus Enterotoxigenic <i>Staphylococcus aureus</i> <i>Staphylococcus aureus</i> (blood) <i>Streptococcus pyogenes</i> (blood, CSF or other normally sterile site) <i>Streptococcus agalactiae</i> (blood, CSF or other normally sterile site) <i>Streptococcus pneumoniae</i> (blood, CSF or other normally sterile site) <i>Treponema pallidum</i> <i>Clostridium tetani</i> <i>Toxoplasma gondii</i> <i>Trichinella</i> spp. <i>Trichomonas vaginalis</i> <i>Mycobacterium tuberculosis</i> complex <i>Francisella tularensis</i> <i>Salmonella</i> Typhi <i>Rickettsia prowazekii</i> Verotoxin producing <i>Escherichia coli</i> West Nile virus Yellow fever virus <i>Yersinia enterocolitica, Yersinia pseudotuberculosis</i> Zika virus

Please refer to the case definitions for the above diseases. The up-to-date list of diseases and case definitions are available on the HPSIC website at [www.hpsic.ie/notifiablediseases](http://www.hpsic.ie/notifiablediseases)

<b>East</b> Counties Dublin, Kildare and Wicklow Medical Officer of Health, Department of Public Health, Room G29, Dr Stevens' Hospital, Dublin 8. Phone: 01 6352145 Fax: 01 6352103	<b>North West</b> County Donegal Medical Officer of Health, Department of Public Health, Iona House, Upper Main Street, Ballyshannon, Co. Donegal. Phone: 071 9852900 Fax: 071 9852901	<b>South East</b> Counties Carlow, Kilkenny, South Tipperary, Waterford and Wexford Medical Officer of Health, Department of Public Health, Lackan, Dublin Road, Kilkenny. Phone: 056 7784142 Fax: 056 7784599
<b>Midlands</b> Counties Laois, Offaly, Longford and Westmeath Medical Officer of Health, Department of Public Health, Area Office, Arden Road, Tullamore, Co. Offaly. Phone: 057 9359891 Fax: 057 9359907	<b>Counties Sligo and Leitrim</b> Medical Officer of Health, Department of Public Health, Bridgewater House, Rockwood Parade, Sligo. Phone: 071 9174750 Fax: 071 9138335	<b>West</b> Counties Galway, Mayo and Roscommon Medical Officer of Health, Department of Public Health, Merlin Park Hospital, Galway. Phone: 091 775200 Fax: 091 758283
<b>Mid West</b> Counties Clare, Limerick and North Tipperary Medical Officer of Health, Department of Public Health, Mount Kennett House, Henry Street, Limerick. Phone: 061 483337 Fax: 061 464205	<b>South</b> County Cork Medical Officer of Health, Department of Public Health, Floor 2, Block 8, St Finbarr's Hospital, Douglas Road, Cork. Phone: 021 4927601 Fax: 021 4923257	
<b>North East</b> Counties Cavan, Louth, Meath and Monaghan Medical Officer of Health, Department of Public Health, Railway Street, Navan, Co. Meath. Phone: 046 9076412 Fax: 046 9072325	<b>County Kerry</b> Medical Officer of Health, Department of Public Health, Rathass, Tralee, Co. Kerry. Phone: 066 7184548 Fax: 066 7184542	

- When Scamps & Scholars is informed by the Department of Public Health of a diagnosis of a child attending the service or an employee, unpaid worker,

contractor or other person working in the service, as suffering from an infectious disease, the service will notify the Tusla Early Years Inspectorate by filling out the Notification of Incidents Form.

- Scamps & Scholars will contact the Department of Public Health if there is a concern about a communicable disease or infection or if there is an outbreak of infectious disease in the service. The Department of Public Health will also be contacted before sending letters to parents/guardians about an infectious disease. The advice of the Department of Public Health will be followed at all times in regard to the management of infectious diseases.
- Parents will be informed verbally and in writing if an outbreak has occurred – all reasonable information on the outbreak will be provided to them.

This policy links with our –

- Administration of Medication Policy
- Health & Safety Policy
- Staff absence Policy
- Policy on safe sleep
- Risk management Policy
- Staff training Policy
- Supervision Policy

**APPROVAL DATE:** \_\_\_\_\_

**IMPLEMENTATION DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_  
(On behalf of the Board of Directors)

Area of concern :	1	Section for consideration:
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Hazards	Is the hazard present y/n	What is the risk?	Controls (when all controls are in place risk will be reduced)	Is/are the control(s) in place?	Action/to do list/ outstanding controls	Person responsible	Signature & date completed
					*Risk rating applies to outstanding controls outlined in this column*		

INITIAL RISK RATING			RISK STATUS		
Probability	Impact	Initial risk rating	Open	Monitor	Closed

- **Low Risk** - Injury or material loss is unlikely though conceivable. Slight injury may occur. Controls can be deferred until all serious hazards have been dealt with.
  
- **Medium Risk**- Possibility of serious injury which may be reversible. Controls may be achieved during normal working hours.
  
- **High Risk**- Possibility of fatality, serious injury or significant loss. It requires immediate attention and control implementation.

Probability X	Severity	= Risk Factor
Unlikely 1	Minor 1	Low Risk 1-3
Possible 2	Serious 2	Medium Risk 4
Probable 3	Critical 3	High risk 6 -9