



## **Maidenhill Nursery Class**

### **Infection Prevention and Control Policy June 2020**

#### **Introduction**

It is the responsibility of all staff within Maidenhill Nursery Class to ensure that we provide a safe, clean and hazard-free environment for the children in our care and the adults who work with them.

Our policy and procedures for the prevention and control of infection have been informed by the National Care Standards and guidance contained within *Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)*, NHS/ HPS, May 2018. This guidance promotes the on-going use of other useful national advice streams i.e:

- Safe hand washing <http://www.washyourhandsofthem.com/the-campaign/childrens-pack.aspx>
- <https://hub.careinspectorate.com/media/1523/hand-hygiene-information-to-support-improvement.pdf>
- Health Protection Scotland - <http://www.hps.scot.nhs.uk/>
- REHIS - <http://www.rehis.com/community training>

Food Standards Agency - <http://www.foodstandards.gov.scot/>

In addition, we take account of other advice to be accessed as follows:

- Early Years Health - <http://www.maternal-and-early-years.org.uk/>
- World Health Organization - <http://www.who.int/en/>

Our policy and procedures aim to ensure that there are clear and consistent guidelines for keeping the risk of infection to a minimum and for dealing promptly and effectively with any outbreak of infection.

#### **Risk Assessments**

We aim to minimise the risk of infection by undertaking a regular schedule of risk assessments and promptly putting measures in place when risks are identified. Our Depute Head Teacher (DHT) and our Senior Child Development Officer (SCDO) will have the responsibility for coordinating regular risk assessments which involve input from a range of stakeholders, including our children.

## **Staff Training and Professional Learning**

All staff within our Nursery Class will receive regular, ongoing training in Standard Infection Control Precautions (SICPs). Training will be informed by NHS guidance and will be coordinated by our SCDO. It will focus on the following areas:

- Hand hygiene
- Respiratory and cough hygiene
- Use of Personal Protective Equipment (PPE)
- Cleaning of the environment
- Cleaning of equipment
- Dealing with spillages of blood and body fluids
- Management of waste
- Linen/ laundry procedures
- Exposure injuries and bites

In addition staff will also receive regular and ongoing training in food handling and food/ kitchen hygiene.

Staff will be encouraged and supported in undertaking all further professional learning in this area.

## **Prevention and Control of Infectious Illness**

Infectious illness can spread quickly within a nursery class if prompt action is not taken.

We advise that children who are unwell, whether they have an infectious illness or not, should not attend nursery. Children who have experienced vomiting or diarrhoea should not attend nursery until at least 48 hours after the last symptoms ended. Children with a rash should be presumed to be infectious until this is confirmed otherwise by a doctor. We encourage parents to contact us to report any illness and to keep us up to date throughout the duration of any absence.

If a child falls ill during a nursery session, contact with parents/ carers will be made. The child will be cared for by a member of staff until a parent/ carer can collect. We urge all parents/ carers to ensure their contact details are up to date and to have procedures in place to allow them to collect their child promptly from nursery if their child should fall ill. If any staff member feels a child has fallen ill during the course of a session, this should be reported to our DHT or SCDO immediately (**see below**).

NHS guidelines on exclusion periods from nursery in the event of infectious illness (**Appendix i**) will be adhered to.

We recognise that some underlying/ ongoing medical conditions will mean that some children are more susceptible to infection than others. Parents/ carers will be given regular opportunities throughout the course of a session to update us on their child's medical needs and we will encourage parents/ carers to get in touch with us at any time if they have any information updates or concerns.

### **Managing an Infection Outbreak**

Staff should report immediately to our DHT or SCDO if any child has the following signs or symptoms:

- Appears unwell (feels hot or looks flushed) or complains of feeling ill for example cough, sore throat, runny nose, muscle aches and headaches.
- Diarrhoea and/or vomiting
- Blood in their faeces
- An unexplained rash

If any **one child** has any of these signs or symptoms, staff should

- Keep the child safe and away from other children if possible
- Ask the parent/ carer to collect the child and suggest they seek advice from GP if symptoms continue or get worse

Appropriate infection control measures (***Appendix ii- checklist***) should then be put in place.

If **more than one child** has any of these signs or symptoms and is giving cause for concern, our DHT or SCDO will contact the local Health Protection Team (HPT). They will contact the parent/guardian of any child who becomes ill and ask them to take the child home as soon as possible.

The DHT/ SCDO will be responsible for keeping a record of any outbreak, including the following details:

- The names of those children/staff who are ill
- The symptoms, if known (for example, vomiting and diarrhoea)
- When the children/staff became ill and when first noticed or reported (if known)
- The date they last attended the childcare setting
- When the parents were contacted
- What time the child was collected
- Who was informed about the outbreak
- The advice received from HPT
- Advice given to parents/guardian

Care Inspectorate will also be informed of any outbreak as defined in the Care Inspectorate electronic form notifications section.

## **Hand Hygiene**

In Maidenhill Nursery Class we aim to ensure all children and staff have a clear understanding of hand hygiene. Washing hands thoroughly, at the right time, using appropriate facilities and products will help prevent the spread of common infections (flu, thread worms and stomach bugs). Germs are found everywhere and are easily transferred through touch, body fluids, animals, contaminated surfaces and foods.

Hand washing is one of the most effective ways to stop germs from spreading and causing infection. Children need to understand why it is important to wash their hands and be taught how to wash, rinse and dry their hands correctly.

Staff and children are required to wash their hands:

- Before eating or handling food.
- After using the toilet.
- After blowing your nose, sneezing and coughing.
- After touching animals/pets or animal/pet waste, equipment or bedding.
- After handling rubbish.
- After changing nappies/changing soiled children.
- Before and after touching a sick or injured person.
- Whenever visibly dirty.
- After touching potentially contaminated surfaces.
- After touching blood or bodily fluids.
- When returning from outside play or breaks e.g. playing with sand/in the mud.

NHS guidance on hand washing (**Appendix iii**) will be adhered to and hands should only be washed at designated hand-washing sinks.

## **Cleaning the Environment and Equipment**

Facilities staff will be involved in cleaning the entire nursery class environment throughout the day. They will have responsibility for ensuring our toilet facilities are clean and well-stocked before the morning session begins, at lunchtime and at the end of the day. During the course of a day, all nursery class staff have responsibility for keeping all areas of the nursery and equipment clean.

In order to ensure this, our DHT and SCDO will coordinate a cleaning schedule (**Appendix iv**) using NHS guidance (**Appendix v**). Cleaning equipment will be colour-coded to indicate the area in which it should be used:

- Toilets
- General playroom
- Changing area
- Kitchen and food preparation

## **Blood and Body Fluid Spillages**

Blue roll should be immediately placed over the blood or body fluid. Staff should ensure they are wearing appropriate PPE. The area should then be cleaned using Sterex+

antibacterial spray and blue roll. Any used blue roll should be double bagged and disposed of in a nappy bin.

### **Changing Children**

- Staff should ensure they wear appropriate PPE before changing nappies or soiled clothing. Nappies should be placed in a nappy sack before placing in the nappy bin.
- Staff should ensure they place fresh 'white roll' over the changing table before every use. The table should be cleaned using Sterex+ antibacterial spray and wiped/dried using disposable blue roll. The used blue roll should be disposed of in the nappy bin.
- Any soiled clothes should be double bagged and a label with the child's name put onto the bag. This should then be placed immediately into the soiled box located in the changing room and will be taken home daily.
- Staff should ensure they wash their hands thoroughly using the appropriate hand washing procedures (liquid soap) then dry using disposable paper towels before and after each change (even when wearing gloves).
- Children should be encouraged to wash their hands after being changed in the same way.
- Staff should ensure they complete the 'changing children' pro-forma if they change a child's nappy or clothing for any reason.
- Individual children's nappies, creams/lotions, wipes etc. will be clearly labelled and stored securely and hygienically within the nursery. These will only be used for the child they have been identified for.
- Nappy bins will be disposed of by a specialist third-party on a regular basis in line with the contract entered in to by East Renfrewshire Education Department.
- Only cleaning materials, resources and equipment identified for the changing area should be used in this area. These should not be used in any other area of the nursery class.

### **Food and Kitchen Handling and Hygiene**

Milk will be removed from the external wrapper on arrival and stored in the milk fridges immediately. Milk should be stored in date order with oldest date at the front of the fridge.

- Staff member responsible for snack will record the temperature of all fridges both in the morning and afternoon. This should be recorded onto the record sheet noting any required actions.
- Fridges in the food preparation area must be cleaned out at the end of each week by the person with responsibility for snack that week, ensuring that any milk/food substances are disposed of as appropriate. The fridges should be washed using hot, soapy water (bactericidal manual dish washing liquid) then dried using disposable paper towels.
- Food should be stored in date order in the fridge with oldest at the front. Any opened tubs/packets etc. should be fully sealed (using a plastic clip where needed) and a label applied detailed when it was opened and when to be used by (where appropriate).

- When fresh fruit is delivered, it should be removed from any outer packaging and washed where appropriate before being stored in the large storage tubs.
- Any opened packets should be sealed using a plastic clip and a date a label should be applied, detailing when the item was open and use by date (if appropriate).
- Food cupboards must be cleaned on a regular basis, using hot, soapy water (bactericidal manual dish washing liquid) then dried using disposable paper towels. Use by dates should be checked on all food items and resources and replenished as appropriate.
- If cookers have be used, once cool, they should be cleaned using hot, soapy water (bactericidal manual dish washing liquid) then dried using disposable paper towels.

Daily tasks in the food preparation will include:

- Dishwasher must be put on first thing in the morning to ensure it reaches maximum temperature (this takes roughly 20 minutes).
- Similarly at the end of the day, the dish washer must be put onto a cleaning cycle then sprayed with Sterex+ and dried using disposable paper towel. It should then be turned off at the main switch.
- Loading/unloading dishwasher throughout the day, drying any excess water from dishes using a disposable paper towel before storing in the cupboard.
- Surfaces to be wiped down using hot, soapy water (bactericidal manual dish wash) followed by Sterex+, and then dried using disposable paper towels.
- The snack/lunch trolleys should be cleaned after each use using Sterex+ then dried using disposable paper towel.

Only cleaning materials, resources and equipment identified for the food preparation area should be used in this area. These should not be used in any other area of the nursery class.

### **Exposure Injury or Bite**

In the event of an exposure injury or bite, NHS guidance will be adhered to and a record of the injury kept (**Appendix vi**).

### **Covid-19 Guidance and Procedures**

#### **What is coronavirus disease (COVID-19)?**

We now have spread of COVID-19 within communities across Scotland. This means that everyone in the community should take extra precautions to ensure they practice good hand hygiene, physical (social) distancing, and follow “stay at home” advice. Further information on these precautions can be found on **NHS Inform** - <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

#### **What are the typical signs and symptoms of COVID-19?**

Common symptoms include: new continuous cough **or** fever **or** loss of/ change in sense of smell or taste. These symptoms can range from a mild-to-moderate illness to severe acute respiratory infection. For most people the symptoms of COVID-19 will be mild.

All staff, including children and young people, must inform a member of staff or responsible person if they begin to feel unwell. If the affected person has respiratory symptoms they should go home as soon as possible and self-isolate.

A ventilated space (P6a) should be available for pupils/staff who become symptomatic to wait in until they can be collected or safely get home. Staff should practice social distancing with the child who is symptomatic and be wearing PPE.

Clear guidance for staff to follow implementing the measures outlined in the [non-healthcare settings guidance](#) is available.

### **Enhanced Hygiene and Cleaning Practices**

Children and staff must adopt effective hygiene and infection control procedures by promoting:

- Effective Hand Hygiene – Washing hands for more than 20 seconds with soap and water at regular times:
  - Upon arrival to the nursery
  - Before and after eating
  - After toileting
  - When moving between different areas
  - After being changed
  - Before playing with shared resources (building blocks, sand, playdough etc)
  - At regular intervals throughout the day

Staff should supervise children washing their hands and support children to do so thoroughly. Children should always use running water to wash their hands and never a communal bowl.

- Catching coughs and sneezes in tissues or cover mouth and nose with sleeve or elbow (not hands).
- Disposal of tissues into a bin and washing hands immediately.
- Regular cleaning of hard surfaces, door handles, sink areas or when the area becomes contaminated through a cough or sneeze.

- Daily cleaning of **all** hard surfaces, resources (both indoor and out) with warm soapy water at the end of the nursery session. Staff must record and sign these cleaning procedures when completed on the **Area Cleaning Record** form.
- Staff cleaning communal work spaces (nursery office computer, phone, playroom computers etc) after every use with appropriate sanitising wipes.
- Fortnightly deep clean using anti-viral spray throughout the nursery environment to reduce risk of infection.

All staff should ensure adherence to guidance outlined in current risk assessment sections 8 and 9 relating to Covid 19 with regards to control methods to protect health and safety. See Appendix

For more information, please visit <https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/pages/infection-prevention-and-control/> to view the government guidance relating to infection control in early years settings.

### **Provision of Intimate Care**

Some children and young people, may require the provision of intimate care, which can encompass personal care. In the circumstances described above, staff need to increase their level of self-protection, such as considering whether it is possible to complete duties differently to minimise close contact and increasing cleaning of frequently touched surfaces, and carrying out more frequent handwashing.

Handwashing should always be practiced before and after the use of PPE. Staff carrying out intimate care should wear an apron and gloves; face coverings will be made available to staff if desired.

Children's wellbeing and care needs will be met by the staff members in their own zone. Children will continue to be changed in the nursery changing room; staff should continue to adhere to enhanced hygiene procedures in regards to this room ie: washing hands before use, cleaning after use including wiping door handles, etc. and children washing hands after being changed. Staff should also wear a mask in the nursery changing room as this is a communal space.

### **Caring for Children in Small Groups**

If required to go in to bubbles, children will be assigned one of three zones in the playroom, in which the children will remain with the same group of peers and nursery staff. Children will not need to be physically distanced in their zone, though can be encouraged to spread out. Strategic placement of furniture such as 2 chairs to a table rather than 4, use of dividers to separate areas etc. will support this. Children are to be in groups of 17-26 with at least four members of staff working with them each area.

Staff will need to be close to children to ensure they feel secure in the learning environment. If a child is in distress for any reason, staff should continue to support that child in the manner required (cuddling, holding hand etc). All adults should ensure they continue to adhere to social distancing at all times.

Consideration should be given to the removal of unnecessary items in the setting to maximise capacity and decrease the number of items requiring cleaning, while ensuring the children still have adequate resources and furnishings to support quality experiences.

If children are attending nursery through a blended placements, they will be given individual risk assessments.

### **Minimising Contact Between Those Groups**

If in bubbles, children will be encouraged to remain within their allocated zone throughout the day. Staff will continue to be vigilant with children, discussing and encouraging children to stay in their allocated zone. There should be minimal sharing of resources between groups. If this is necessary, resources should be cleaned/quarantined for 72 hours before moving.

Staff will ensure that children have all washed hands thoroughly before eating. Children will not be permitted to touch the snack or lunch of another child and therefore should be encouraged to have their own eating space. The space where children have eaten will be cleaned in between children accessing the area. When in bubbles, all food, including lunch, will be consumed in individual zones.

Children will continue to engage with a breadth of experiences as they are able to move around the nursery playroom, including free flow access to the outdoor space at all times. If children move in to bubbles, both children and their key adults working in that zone will move to another at the start of a new learning block. This ensures all children will be able to engage with a variety of experiences throughout the time they spend in nursery. Each zone will be deep cleaned during this time of transition.

### **Maximising Use of Outdoor Spaces**

All groups of children will be children have access to all curricular areas through the learning environment both in and out of doors. Children will leave their own waterproof clothing and welly boots in the nursery.

If outdoor equipment is being used, staff should ensure that multiple groups of children do not use it simultaneously, as well as considering appropriate cleaning between groups of children using it.

Children will have the option to eat snack outside throughout the year to continue to maximise the use of the outdoor space.

To ensure all children are able to access outdoors throughout the day, staff should consider learning experiences that make use of the wider surroundings of the nursery environment (MUGA, school playground etc.).

### **Physical Distancing between Adults in the Setting, Including Parents at Drop-Off and Pick-Up Times**

A member of staff (DHT, SCDO, Nursery Teachers (NT)) will welcome individual children and allow them enter nursery through the main door in order to minimise staff coming in to contact with other adults as much as possible. The staff who are answering the door must wear a mask at all times. This will be done in a staggered process to ensure no overcrowding when entering the building. Nursery staff will support children to remove their shoes and jackets at their designated coat hook and proceed to their zone where CDOs will warmly welcome them, ensure they wash their hands and mark off on the register. Coat hooks will be staggered to ensure enough space between children during this transition.

Staff should continue to be vigilant when working in the playroom and ensuring that they remain at the appropriate distance from other adults at all times. When in communal spaces (cloakroom, changing room, nursery office, when travelling around the school building), staff should wear masks in addition to remaining socially distant.

### **Monitoring and Review**

The DHT and SCDO will monitor this policy, engaging with relevant stakeholders and service users. The policy will be reviewed in October and updated as required.

Next review: January 22

Policy author: A Shaw, August 2021

## Appendix i- NHS guidance on exclusion periods due to illness or infection

Main points:

- Any child who is unwell should not attend regardless of whether they have a confirmed infection
- Children with diarrhoea and/or vomiting should be excluded until they have no symptoms for 48 hours following their last episode
- Children with unexplained rashes should be considered infectious until assessed by a doctor
- Contact a member of the HPT if required for advice and always if an outbreak is expected

| Infection or symptoms                                   | Recommended Exclusion   | Comments  |
|---|---|---|
| <b>1. Rashes/ skin infections</b>                       |   |   |
| <b>Athletes foot.</b>                                   | None.   | Not serious infection child should be treated.  |
| <b>Chickenpox (Varicella Zoster).</b>                   | Until all vesicles have crusted over (usually 5 days).                      | Pregnant staff should seek advice from their GP if they have no history of having the illness.                              |
| <b>Cold sores (herpes simplex).</b>                     | None.   | Avoid kissing and contact with the sore.  |
| <b>German measles (rubella).</b>                        | 7 days before rash and 7 days after.  | Preventable by vaccination (MMR x 2 doses). Pregnant staff should seek prompt advice from their GP.                         |
| <b>Hand Foot and Mouth (coxsackie).</b>                 | None.   | If a large number of children affected contact HPT. Exclusion may be considered in some circumstances.                      |
| <b>Impetigo (Streptococcal Group A skin infection).</b> | Until lesions are crusted or healed or 48 hours after starting antibiotics. | Antibiotics reduce the infectious period.   |
| <b>Measles.</b>   | 4 days from onset of rash.  | Preventable by immunisation. (MMR x 2 doses). Pregnant staff should seek prompt advice from their GP.                       |
| <b>Ringworm.</b>  | Not usually required unless extensive.                                      | Treatment is required.  |
| <b>Scabies.</b>   | Until first treatment has been completed.                                   | 2 treatments are required including treatment for household and close contacts.   |
| <b>Scarlet fever.</b>                                   | Child can return 24 hours after starting appropriate antibiotic treatment.  | Antibiotic treatment is recommended for the affected child.   |
| <b>Slapped cheek/fifth disease. Parvovirus B19.</b>     | None (once rash has developed).   | Pregnant contacts of a case should consult their GP.  |
| <b>Shingles.</b>  | Exclude only if rash is weeping and cannot be covered.                      | Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. |
| <b>Warts and verrucae.</b>                              | None.   | Verrucae should be covered in swimming pools, gymnasiums and changing rooms.  |
| <b>2. Diarrhoea and vomiting illness</b>                |   |   |

|  |  |  |
|--|--|--|
| <b>Diarrhoea and/or vomiting.</b>  | 48 hours from last episode of diarrhoea or vomiting.   |  |
| <b><i>E. coli</i> O157 STEC Typhoid and paratyphoid (enteric fever) <i>Shigella</i> (dysentery).</b> | Should be excluded for 48 hours from the last episode of diarrhoea for <i>E. coli</i> O157. Further exclusion may be required for some children until they are no longer excreting. Exclusion is also variable for enteric fever and dysentery. HPT will advise. | Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. |
| <b>Cryptosporidiosis.</b>  | Exclude for 48 hours from the last episode of diarrhoea.   | Exclusion from swimming is advisable for 2 weeks after the diarrhoea has settled.  |
| <b>3. Respiratory infections</b>   |  |  |
| <b>Flu (influenza).</b>  | Until recovered.   | If an outbreak/cluster occurs, consult your local HPT.   |
| <b>Tuberculosis.</b>   | Advised by HPT on individual cases.  | Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.  |
| <b>Whooping cough (pertussis).</b>   | 48 hours from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.  | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks.                                  |
| <b>4. Other infections</b>   |  |  |
| <b>Conjunctivitis.</b>   | None.  | If an outbreak/cluster occurs, consult your local HPT.   |
| <b>Diphtheria.</b>   | Exclusion is essential. Always consult your local HPT.   | Family contacts must be excluded until cleared to return by your local HPT. Preventable by vaccination.                            |
| <b>Glandular fever.</b>  | None.  |  |
| <b>Head lice.</b>  | None.  | Treatment is recommended only in cases where live lice have been seen.   |
| <b>Hepatitis A.</b>  | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).   |  |
| <b>Hepatitis B, C, HIV/AIDS.</b>   | None.  | Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.                                   |
| <b>Meningococcal meningitis/septicaemia.</b>   | Until recovered.   | Meningitis ACWY and B are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case.    |
| <b>Meningitis due to other bacteria.</b>   | Until recovered.   | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts.    |
| <b>Meningitis viral.</b>   | None   | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.        |

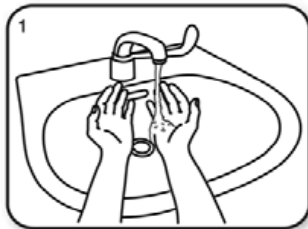
|                     |   |  |
|---------------------|---|--|
| <b>MRSA.</b>        | None.   | Good hand hygiene and environmental cleaning.  |
| <b>Mumps.</b>       | Exclude child for 5 days after onset of swelling. | Preventable by vaccination (MMR x2 doses).   |
| <b>Threadworms.</b> | None.   | Treatment is recommended for the child and household contacts.                         |
| <b>Tonsillitis.</b> | None.   | There are many causes, but most cases are due to viruses and do not need an antibiotic |

**Appendix ii- Checklist of measures to use during an outbreak of infection,  
including vomiting diarrhoea**

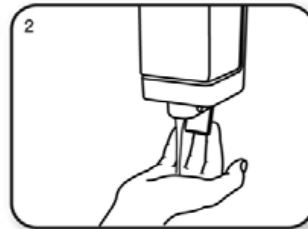
| <b>What to do during an outbreak</b>  | <b>Sign</b> | <b>Date and time</b> |
|---|-------------|----------------------|
| Alert the Health Protection Team as soon as you suspect there may be an outbreak of infection   |             |                      |
| Remind staff to report their own illnesses, and illnesses in children in their care, as soon as possible.   |             |                      |
| Identify a person who will keep records of children and staff involved in the outbreak and report these to the Health Protection Team.  |             |                      |
| These should include the following:<br>Symptoms, with dates for when they started and stopped (if known)<br>Absences, with dates for when they began and ended  |             |                      |
| Identify a person who will:<br><ul style="list-style-type: none"> <li>• contact the parent or guardian and ask them to collect their child;</li> <li>• record the time parents are asked to collect the child, and the actual time they collect them;</li> <li>• keep ill children away from other children until they are collected; and</li> <li>• make sure the parent or guardian knows that the child must not return until after 48 hours of being free of symptoms.</li> </ul> |             |                      |
| Identify a person to provide parents with information supplied by your HPT (for example, by photocopying the information and distributing it as necessary).   |             |                      |
| Tell the Care Inspectorate From the 1 April 2011 it is a legal requirement to notify Social Care Social Work Improvement Scotland (known as the Care Inspectorate)  |             |                      |

## Appendix iii- NHS guidance on handwashing

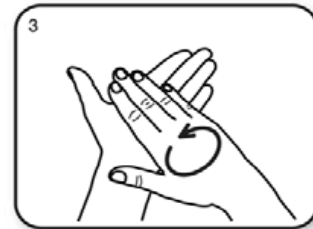
Source: World Health Organisation



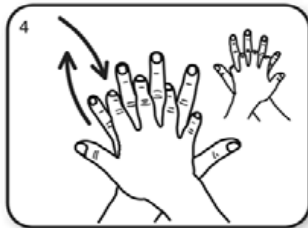
Wet hands with water



Apply enough soap to cover all hand surfaces



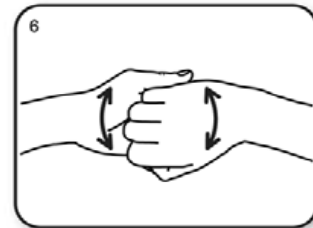
Rub hands palm to palm



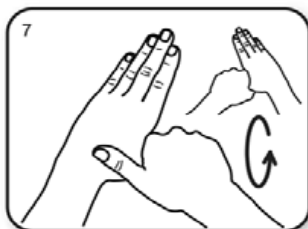
Right palm over the back of the other hand with interlaced fingers and vice versa



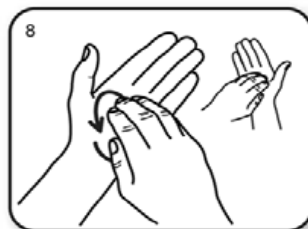
Palm to palm with fingers interlaced



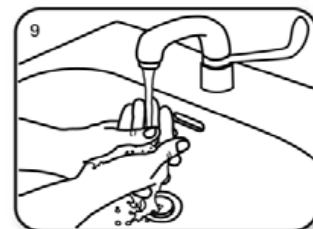
Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and vice versa



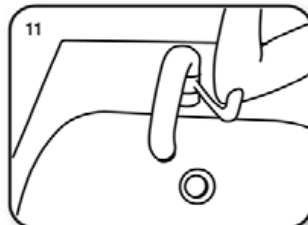
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



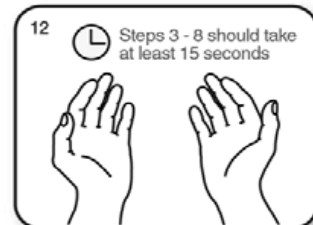
Rinse hands with water



Dry thoroughly with towel



Use elbow to turn off tap



...and your hands are safe

#### Appendix iv- Cleaning schedule template

For the Week Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ Zone Number \_\_\_\_\_

| <b>Clean the following DAILY</b> | <b>M</b> | <b>T</b> | <b>W</b> | <b>Th</b> | <b>F</b> |  |
|----------------------------------|----------|----------|----------|-----------|----------|--|
| Counters and Hard Surfaces       |          |          |          |           |          |  |
| Tables                           |          |          |          |           |          |  |
| All Resources                    |          |          |          |           |          |  |
| Doors and Door Handles           |          |          |          |           |          |  |
| Sink Areas                       |          |          |          |           |          |  |
| Coat Racks                       |          |          |          |           |          |  |
| Floor                            |          |          |          |           |          |  |
| Outdoor Resources                |          |          |          |           |          |  |
| Table Tops and Chairs            |          |          |          |           |          |  |
| Bins                             |          |          |          |           |          |  |

**When cleaning please use blue roll and antibacterial spray. Please initial the box when you have completed.**

| <b>Area cleaned</b> | <b>Reason cleaning required</b> | <b>Staff Initials</b> |
|---------------------|---------------------------------|-----------------------|
|                     |                                 |                       |
|                     |                                 |                       |
|                     |                                 |                       |
|                     |                                 |                       |
|                     |                                 |                       |
|                     |                                 |                       |
|                     |                                 |                       |
|                     |                                 |                       |
|                     |                                 |                       |
|                     |                                 |                       |
|                     |                                 |                       |

**When cleaning is required please use blue roll and antibacterial spray. Please indicate reason cleaning is required and initial the box when completed.**

## Appendix v- Guidance on keeping equipment/ resources clean

| Item  | How to Clean  | Frequency                                  | Comments   |
|---|---|--|--|
| Dolls.  | General-purpose detergent and hand-hot water as necessary. Dry thoroughly with paper towels or a clean towel that you wash immediately after using it.  | Inspect before use and clean as necessary. | Remove any damaged dolls and throw them  |
| Play dough and plasticine                               | Wash all the cutting tools using general-purpose detergent and hand-hot water. Dry thoroughly using paper towels or a clean towel that you can wash immediately after using it.<br>If the tools do not have wooden parts, wash in dishwasher. | At least once a week.                      | Before and after using play dough or plasticine, children and staff must wash and dry their hands. Play dough and plasticine should not be used during any outbreak of an infection.<br>You should replace the play dough and plasticine regularly, in line with the manufacturers' instructions. Store homemade play dough in an airtight container. Replace each week and if visibly soiled. |
| Soft toys.  | Wash, when visibly dirty with general-purpose detergent and hand-hot water, rinse and dry. If toy is machine washable, wash using manufacturers' instructions.  | Inspect before use.                        | Check that the toy is machine washable before you buy it.  |
| Toy box and storage box.                                | Clean with general-purpose detergent and hand-hot water if visibly dirty.   | Inspect before use.                        |  |
| 'Treasure basket' (sea shells, wood, leaves and so on). | Wipe clean with general-purpose detergent and hand hot water if dirty.  | Inspect before use.                        | Wash hands after play.   |
| Wooden toys.  | Wipe clean with general-purpose detergent and hand-hot water if dirty.  | Inspect before use.                        | Wooden toys.   |
| Computers and electronic games.                         | Wipe over with non-antibacterial appropriate cleaning wipes and use in line with the manufacturers' instructions.   | Inspect before use.                        |  |
| Dressing up clothes.                                    | Wash, when visibly dirty in washing machine or general-purpose detergent and hand-hot water, then rinse and dry.  | Inspect before use.                        | Check that the clothes are machine washable before you buy them.   |
| Play mats (fabric).                                     | Clean in line with the Manufacturers' instructions ? machine washable   | Inspect before use.                        | Check that play mats are able to be cleaned before buying them.  |
| Play mats (plastic).                                    | Clean with general-purpose detergent and hand-hot water as necessary, and dry thoroughly with   | Every day and when visibly dirty           | Inspect to check that the mats are intact. Throw away damaged mats.  |

|  |   |   |   |
|--|---|---|---|
|  | paper towels or clean towel that you can wash immediately after use.  |   |   |
| Internal Sandpits and containers.                            | Clean the sandpit and container with general-purpose detergent and hand-hot water. Before refill, dry thoroughly with paper towels or a clean towel that you can launder immediately after using it.  | Inspect before use. Change at the end of each term or when visibly dirty. | If the sandpit is outside, cover at night, when not in use and inspect before use.  |
| Slides, swings, climbing frames and other outdoor equipment. | If contaminated by birds or garden pests, decontaminate as described in 'Dealing with spillages of body fluids' in section 5.5.   | Before use, inspect for contamination by birds or garden pests.           | If possible, cover at night.  |
| Toothbrushes   | After toothbrushing, rinse toothbrushes under a running tap, and then store them in a way that prevents them coming into direct contact with any other toothbrush or aerosols from toilets/ sinks.  | Inspect before use.   | Children must have their own toothbrush.<br>Children should be supervised when brushing their teeth.<br>Staff should wash their hands after helping children to brush their teeth.<br>See the 'National Standards for Toothbrushing Programme Early Years & Childhood' at <a href="http://www.child-smile.org.uk/professionals/childsmile-core/toothbrushing-programme-national-standards.aspx">http://www.child-smile.org.uk/professionals/childsmile-core/toothbrushing-programme-national-standards.aspx</a> . |
| Water play equipment   | Wash with general-purpose detergent and hand-hot water, after each session. Dry the equipment thoroughly with paper towels or a clean towel that you can wash immediately after using it.   | Inspect for general cleanliness.  | Remove any damaged play equipment and throw it away.  |
| Play tables that become dining tables.                       | Clean surfaces with a 'food safe' cleaning product. General-purpose detergent and hand-hot water is satisfactory.   | Clean before using for food.  | Tables should be intact.  |
| Compost & Gardening activities.                              | Gloves should be worn and hands washed after activity. Planting should occur either outdoors or on surfaces with disposable paper covering. Loose compost should be swept up and any contaminated surfaces or tools cleaned with detergent. |   |   |

## **Appendix vi- Exposure injuries or bites**

**Exposure injury or bite** Perform first aid to the exposed area immediately

Skin/tissue affected Eyes/mouth affected

- Encourage the area to bleed
- Do not suck the damaged skin or tissue
- Wash/irrigate with warm running water and non-antimicrobial soap
- If running water is unavailable use pre-packed solutions e.g. sterile water/saline for irrigation
- Rinse/irrigate copiously with water
- Use eye/mouth washout kits if available
- If contact lenses are worn, remove then irrigate
- Report/document the incident as per local procedures and ensure that any corrective actions or interventions are undertaken
- Ensure that the item that caused the injury is disposed of safely