

Infection Control

Category: Early Years

Risk Management and Legal Implications

Failure to manage risk may impact on the delivery of Service objectives and the outcomes achieved by Service users. Education and Children's Services aim to mitigate the implications by ongoing management and review of risk in all elements of work activity.

The production of this document is one way in which we aim to reduce our exposure to risk. By providing staff with information on good practice, making reference to other guidance that is available across the Council and providing clarity on how we should do things, we can ensure that the management of risk is intrinsic to what we do.

Version Control:

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Infection Control

Introduction

'This document provides guidance on infection prevention and control for staff working within nurseries, day-care centres, playgroups, crèches, children's centres, childminders, after-school clubs and holiday clubs. This guidance should also be used by these staff involved in all outdoor activities for children.'

Staff working with children in childcare settings have a 'duty of care' to provide a safe environment for children. Social Care and Social Work Improvement Scotland (known as the Care Inspectorate) was set up under the Scottish Public Services Reform (Scotland) Act 2010 ('the Act') to register and inspect all services regulated under the Act and replaced the Care Commission on 1 April 2011.

The Care Inspectorate must take account of the National Care Standards, 'Health & Social Care Standards, My support, my life' (June 2017), when registering and regulating these service types.

[Overview - Health protection in children and young people settings, including education - version 1 - Health protection in children and young people settings, including education - Publications - Public Health Scotland](#)

Infection control safety is a legal requirement under the Health & Safety at Work Act. Infection control in childcare settings involves carrying out risk assessment and putting measures in place to control any risks identified e.g.

- the potential risk from contaminated equipment
- the environment
- blood and body fluid spills
- waste
- used linen
- children and staff who have infectious disease

As part of the Fife Health and Safety Guidance, staff have a duty to minimise risks by:

- using personal protective clothing
- taking reasonable care of themselves and others
- safe waste disposal
- providing facilities for the management of outbreaks e.g. diarrhoea and vomiting etc
- ensuring that hygienic routines are in place for staff and children

The following guidelines will help to ensure that premises, equipment and protocols will meet Standard Infection Control Precautions (SICPs), and National Care Standards.

All staff will also receive food hygiene/preparation training.

These guidelines fully endorse information provided in



- [Overview - Health protection in children and young people settings, including education - version 1 - Health protection in children and young people settings, including education - Publications - Public Health Scotland](#)
- National Care Standards, 'Health & Social Care Standards, My support, my life' (June 2017)
- Fife Council Health & Safety guidance and procedures

PART ONE – INFECTION

1. SPREAD OF INFECTION

It is important that you know how germs spread so you can help stop children becoming sick. Children should be taught how germs spread and how to stop this e.g. by hand washing.

2. ACTIONS TO PREVENT SPREAD OF INFECTION

- Parents will be asked to provide infection control information during the enrolment procedure
- Posters and leaflets will be made available to promote awareness of infection control
- Pregnant employees will be encouraged to tell midwife or GP as soon as possible should they come in contact with an infectious disease
- Parents of vulnerable children with serious conditions or suppressed immune systems who have been exposed to infections will be informed as soon as possible

3. EARLY WARNING SIGNS AND SYMPTOMS OF INFECTION

- diarrhoea
- blood in faeces
- vomiting
- continuing or severe stomach pain
- any kind of rash
- flu like symptoms
- appears unwell

If any ONE child has these symptoms staff should:

- keep the child safe and away from other children if possible
- ask parents/carer to collect child
- put in place appropriate infection control measures as described in appendix

If **MORE** than one child has any of these signs or symptoms, staff should contact Fife Health Protection Team – Telephone **0300 790 6264** E-mail; **eos.eastregionhpt@nhs.scot** and register any outbreak on the appropriate Care Inspectorate eform.



4. OUTBREAKS OF INFECTION IN CHILDCARE SETTINGS

An outbreak is defined as two or more cases of the same illness (including diarrhoea and vomiting but excluding coughs and colds) or more cases than expected; or a single case of a serious disease e.g. measles, or diphtheria

Action:

- Assess the situation (see sections above)
- Make sure adults in childcare setting
 - know and understand what infection control precautions are
 - understand how to apply these precautions
 - have the resources needed e.g. Personal Protective Equipment
 - Sign and Date to record they know and understand infection control precautions in place
- It is vital that a nominated member of staff is responsible for checking staff are keeping to these measures. It is important to keep an up-to-date list of the following
 - names of those children/staff who are ill
 - the symptoms if known
 - when the children/staff became ill through attendance management procedures
 - the date they last attended nursery
- The snack folder should be completed daily and kept fully up to date.
- Local Health Protection Team MUST be contacted.
- Inform Care Inspectorate if there is an outbreak. This is a legal requirement for childcare services to notify the Care Inspectorate of the above occurrences by completing the appropriate eform.

These procedures should be discussed once per year to make sure everyone knows what to do.

PART TWO

STANDARD INFECTION CONTROL PRECAUTIONS (SICPS)



1. Hand Hygiene:

Good hand washing practice includes:

- using warm running water
- not sharing communal bowls when washing hands
- using liquid soaps
- drying hands using paper towels or air dryers
- use anti-bacterial hand wipes when having a snack out with the nursery
- display the hand washing procedure near the sink
- staff should cover any cuts or grazes with waterproof plasters

Adults and children should wash hands:

- before and after eating or handling food or drink
- after using the toilet or nappy changing
- after blowing nose, coughing or sneezing
- touching animals or animal waste
- after contact with contaminated surfaces (e.g. food surfaces, rubbish bins, cleaning cloths)
- before and after playing with sand/water/dough/clay
- after playing outdoors

2. Respiratory Hygiene/Cough Etiquette

To stop respiratory germs spreading, children and adults should cover mouth and nose when coughing and sneezing

- if using tissue put it in the bin immediately after and then wash hands
- always wash hands after coughing and sneezing
- adults should teach children what to do after coughing and sneezing.

3. Personal Protective Equipment (PPE)

The term PPE includes single use disposable gloves and single use disposable plastic aprons. Whether you need to use PPE will depend on you coming into contact with blood and body fluids.

Always wash your hands before putting on and after taking off PPE. PPE should be stored within a cupboard or drawer or in a designated easy to clean dispenser, holder or container that protects items from potential environmental contamination. Storage must permit easy access for staff but not children. PPE should be donned and doffed according to current guidance.

Level of contact with blood and body fluids	PPE to be worn
No contact e.g. playing with child	None
Possible contact e.g. cleaning toys and equipment	Household gloves e.g. marigolds or disposable non plastic gloves
Nappy changing	disposable non plastic gloves and disposable apron.



Risk of splashing e.g. nose bleeds, vomit, urine	disposable non plastic gloves and disposable apron.
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4. Toilet Hygiene

- encourage children to attend to own toilet need with ongoing teaching and encouragement (flushing, washing hands etc)
- toilets cleaned at the end of each session with spillages cleaned as they happen. wash hands afterwards
- designated sinks in the caretaker's room or sluice for emptying toilet mops buckets, cloths and mops to be placed in appropriate bucket in laundry room ready for washing. Wash hands afterwards.

5. Toilet, Potty and Nappy Hygiene.

Nappy Changing and Changing Children:

Please refer to our nappy changing guidance. Guidance is also available on the Care Inspectorate website at www.careinspectorate.com

Using Potties:

Please refer to our nappy changing guidance. Guidance is also available on the Care Inspectorate website at www.careinspectorate.com

Using toilets

What you need

- A clean toilet and a hand wash basin.

How you do it

- Regularly inspect toilet area (including toilet seats) before used, and during the day to make sure visibly clean and flushed.
- If needed, help children use the toilet and wash their hands afterwards.
- Wash your hands after helping the children use the toilet.

6. Spillages of Blood and Body Fluids

Please refer to Fife Council's guidance and procedures.

7. If A Child Develops Diarrhoea

(Diarrhoea defined as when there are three or more loose or liquid bowel movements in 24 hours or more than often than is normal for the child)

- contact parents/carer ask to collect child as soon as possible
- remind parent /carer to wash their hands and their child's to stop germs from spreading
- the child should not return to nursery until after being free from Diarrhoea for 48 hours. (If definite infection has been identified, follow the advice from local Health protection Team.)
- as well as standard cleaning described, disinfectant should be used to decontaminate child's changing mat, toilet seat or toilet.



8. Farm visits or contact with animals

Please refer to Fife Council's guidance and procedures.

9. Cleaning:

Cleaning and disinfection are essential to prevent contamination of food from the environment of the food preparation area. The greatest risk comes from surfaces which come into direct contact with food.

Please refer to Food Management guidance and procedures

Six steps to cleaning:

1. wipe or scrape off all loose debris
2. wipe or scrub with hot water and detergent until clean
3. rinse
4. disinfect using a fresh, clean solution of disinfectant
5. rinse away disinfectant residues
6. dry

Cloths :

Yellow - Messy Area
Blue - Snack Area
Green - Art/Craft Areas
Red - Toilet Areas

- clean cloths should be used each session
- clean cloths should be kept in a clean and dry area separate from soiled or used linen
- wet cloths should be placed in the appropriate bucket in the laundry room until washed in the washing machine at the hottest temperature specified by the manufacturer

Sprays/detergents: -

- Non antibacterial surface cleaners should be used in the snack areas.
- Bactericidal Detergent/Sanitiser (BS EN 1276 OR BS EN 13697) should be used in the snack area to wash dishes.
- Staff should re wash all snack dishes using hot water and Bactericidal Detergent/Sanitiser (BS EN 1276 OR BS EN13697). Dishes should be left to soak for 5 minutes in this solution.
- Non antibacterial surface cleaners should be used in the nappy changing areas.
- Non antibacterial liquid soap should be used by the staff and children for hand washing.

However:

In the event of an outbreak of infection, anti-bacterial soaps, surface cleaner and sprays must be used, and the infection recorded on the Care Inspectorate eforms site.



Bins and Waste Control

- lined pedal bins should be used
- waste bins should never be overfilled i.e. once three quarter full, tie them up and put into main waste bin
- janitor will empty waste bins at the end of each session
- all bins should be cleaned regularly
- if emptying bins PPE should be worn
- when finished emptying any bins remove PPE and wash hands

Fridge Cleaning:

The member of staff responsible for snack should carry out this procedure:

- the fridge should be washed inside weekly using a clean cloth
- all spills should be wiped up immediately with a clean cloth
- the fridge should be defrosted regularly, and ice box washed out

Laundry:

- washing should be done in the washing machine as required
- the Utility Room door can be left open once the children have gone in order to improve the circulation of fresh air
- clean aprons for children should be supplied as needed

Baking/Cooking:

All children and adults involved are required to wash their hands and put on an apron before they begin. Food handling, preparations and cleaning should be carried out as detailed in the Food Management guidance and procedures.

Cleaning of Toys and Play Equipment:

- all staff are responsible for cleaning toys before returning them
- soft toys can be laundered using washing instructions
- hard plastic toys should be washed, rinsed and dried before going back to storage
- toys that cannot be washed may be sprayed with antiseptic, or wiped with a disinfectant wipe
- replace washed toys in a clean container
- sieve sand regularly - children can help
- wash water and sand toys with detergent and allow to dry at least once a week
- further detailed guidance for keeping different toys and equipment clean can be found in the document Infection Prevention and Control in Childcare Settings, (Day Care & Child Minding Settings) May 2018 (Supported by Scottish Health Protection Network) and in Fife Council's Health & Safety Guidance and Procedures.



PART THREE

Exclusion Periods:

The following information is displayed for parents in the main corridor of the nursery.

The information contained in this table was issued by Health Protection Scotland.

Exclusion Periods

Infection/Virus	Exclusion Period	Comments
DIARRHOEA AND VOMITING ILLNESS		
General Advice	<p>Exclude until 48 hours after the diarrhoea and/or vomiting has stopped</p> <p>Depending on the specific infection, exclusion may apply to:</p> <ul style="list-style-type: none"> Young children Those who may have hygiene practices difficult to adhere to those who prepare or handle food for others Your local HPT will advise 	<p>Diarrhoea is the passage of 3 or more loose or liquid stools per day or more frequently than is normal for the individual</p> <p>If blood is found in the diarrhoea, then the patient should get advice from their GP</p>
Common Infections:		
Norovirus	48 hours from the last episode of diarrhoea and vomiting	Discussion should always take place between the HPT and Nursery
Campylobacter	48 hours from the last episode of diarrhoea and vomiting	
Salmonella	48 hours from the last episode of diarrhoea and vomiting	
Less Common Infections		



Cryptosporidiosis	48 hours from the last episode of diarrhoea and vomiting	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
E. coli 0157	Your local HPT will advise	
Shigella (Bacillary Dysentery)	Your local HPT will advise	
Enteric Fever (Typhoid/Paratyphoid)	Your local HPT will advise	
RESPIRATORY INFECTIONS		
Coughs/Colds:	Until recovered	Consider influenza during the winter months
Flu (Influenza)	Until recovered	Severe infection may occur in those who are vulnerable to infection
Tuberculosis (TB)	Consult with your local HPT	Not easily spread by children – requires prolonged close contact for spread
Whooping Cough (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if not antibiotic treatment	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. Your local HPT will organise any contact
RASHES/SKIN		
Athlete's Foot	None	Athlete's foot is not serious – treatment is recommended
Chickenpox (Varicella Zoster)	5 days from onset of rash	Pregnant staff should seek advice from their GP if they have no history of having chickenpox. Severe infection may occur in vulnerable children
Cold Sores (Herpes Simplex)	None	Avoid kissing and contact with the sores – cold sores are generally a mild self-limiting disease
German Measles (Rubella)	6 days from onset of rash	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP
Hand, Foot and Mouth (coxsackie)	None	Contact your local HPT if a large number of children are affected
Impetigo (Streptococcal Group A skin infection)	Until sores are crusted or healed or until 48	Antibiotic treatment may speed healing and reduce infectious period



	hours after antibiotic treatment has started	
Measles	4 days from onset of rash – always consult with HPT	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing
Molluscum Contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (Infantum)	None	None
Scabies	Child can return after treatment	Two treatments 1 week apart for cases - contacts should have same treatment – include the entire household and any other very close contacts. If further information is required contact your local HPT
Scarlet Fever	24 hours after commencing antibiotics	Antibiotic treatment recommended for the affected child
Slapped Cheek Syndrome	None	Pregnant staff should seek advice from their GP – severe infection may occur in vulnerable children
Shingle (Varicella Zoster)	Exclude only if rash is weeping and cannot be covered eg with clothing	Can cause chickenpox in those who have not had chickenpox – pregnant staff should seek advice from their GP
Warts and Verrucae	None	Verrucae should be covered in swimming pools
OTHER INFECTIONS		
Conjunctivitis	None	If an outbreak occurs, contact local HPT
Diphtheria	Exclusion will apply – always consult with your local HPT	Preventable by vaccination – your local will organise all contact tracing
Glandular Fever	If unwell	
Head Lice	None	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are



		found. Regular detection (combing) should be carried out by parents
Hepatitis A or E	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	Your HPT will advise
Hepatitis B and C	None	Blood borne viruses that are not infectious through casual contact
Meningococcal Meningitis septicaemia	Until recovered – HPT will advise	Meningitis C is preventable by vaccination – there is no reason to exclude siblings and other close contacts of a case. Your local HPT will provide advice for staff and parents as required and organise all contact tracing
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination – there is no reason to exclude siblings or other close contacts of a case. Your local HPT will give advice on any action needed
Meningitis Viral	Until recovered	Milder illness - there is no reason to exclude siblings or other close contacts of a case
Mumps	5 days from onset of swollen glands	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is required for the child and all household contacts

PART FOUR

Food Handling and Hygiene:

Anyone who works in a food handling area must maintain a high degree of personal cleanliness as hands are one of the principal agents in transferring harmful bacteria to food. Handling raw and then cooked food is a particular danger.

Please refer to our Food Management Guidance and Procedures

Food Preparation:



The observance of good hygiene practices during food preparation is an important element in preventing food poisoning.

Please refer to our Food Management Guidance and Procedures

Food Purchasing:

All food used in the preparation of nursery snacks must be bought from reputable suppliers.

Please refer to our Food Management Guidance and Procedures

Use by Date:

Please refer to our Food Management Guidance and Procedures

High Risk Foods:

Please refer to our Food Management Guidance and Procedures

Food Hazard Analysis Chart:

Please refer to our Food Management Guidance and Procedures

Temperature Controls:

In accordance with the Food Safety (Temperature Control) Regulations, it is good practice to keep all perishable food covered and under refrigeration at 5 degrees centigrade or cooler.

To this effect, fridge thermometers should be placed in the warmest part of the fridge.

Records of checks must be retained and made available to senior members of staff, the Care Inspectorate and/or Environmental Health Officers on request.

Fridges should be sited in a well-ventilated area away from direct rays from the sun.

Please refer to our Food Management Guidance and Procedures

Storage of Food within the Fridge:

Please refer to our Food Management Guidance and Procedures

HOT FOOD SHOULD NEVER BE PLACED DIRECTLY IN THE FRIDGE

Snack Preparation:

Please refer to our Food Management Guidance and Procedures