



## Little Sparrows Nursery - Infection control policy

This policy incorporates Public Health England guidance Health protection in schools and other childcare facilities and Department for Education guidance COVID-19 infection prevention and control.

### Introduction

Schools and nurseries are common sites for transmission of infections. Children are particularly susceptible because:

- they have immature immune systems
- have close contact with other children
- sometimes have no or incomplete vaccinations
- have a poor understanding of hygiene practices

This policy provides information for staff managing a range of common and important childhood infections in settings including schools. It includes the principles of infection prevention and control to enable safe working during the coronavirus (COVID-19) outbreak.

### Infection in childcare settings

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on. Many diseases can spread before the individual shows any symptoms at all (during the infectious period).

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall.

This is usually through:

- immunisation of pupils and staff
- good hand washing
- making sure the environment is kept clean

Where a case of infection is known, measures aim to reduce or eliminate the risk of spread through information and prompt exclusion of a case.

### How infection spreads:

#### Respiratory spread:

Contact with cough or other secretions from an infected person, like influenza. This can happen by being near the infected person when they cough and then breathe in the organism; or by picking up the organism from an infected item, for example, a used tissue or on an object in the environment, and then touching your nose or mouth.

#### Direct contact spread:

By direct contact with the infecting organism, for example, contact with the skin during contact sports such as rugby and in gyms, like impetigo or staphylococcal infections.

#### Gastrointestinal spread:

Resulting from contact with contaminated food or water (hepatitis A), contact with infected faeces or unwashed hands after using the toilet (typhoid fever).

#### Blood borne virus spread:

By contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle (hepatitis B). Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections, therefore, it is essential that they are managed promptly.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or

eyes of an uninfected person. Another route of transmission is via aerosols (extremely small droplets), but this is only relevant to medical procedures for a very small number of children in education and social care settings.

In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- direct transmission, for instance, when in close contact with those sneezing and coughing
  - indirect transmission, for instance, touching contaminated surfaces
- Prevention and control. Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. Liquid soap, warm water and paper towels are recommended.
- All staff and pupils advised to wash their hands after using the toilet, before eating or handling food and after touching animals.
  - Cover all cuts and abrasions with a waterproof dressing.
  - Coughs and sneezes spread diseases. Children and adults are encouraged to cover their mouth and nose with a disposable tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.
  - Wear disposable gloves and plastic aprons if there is a risk of splashing or contamination with blood or body fluids during an activity. Gloves should be disposable, non-powdered vinyl or latex-free and CE marked. Wear goggles if there is a risk of splashing to the face.

### Bites

- If a bite does not break the skin: clean with soap and water and no further action is needed.
- If a bite breaks the skin: clean immediately with soap and running water. Record incident in accident book. Seek medical advice as soon as possible (on the same day) to treat potential infection, to protect against hepatitis B,

### Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up Immediately, wearing PPE. Clean spillages using a product which combines detergent and disinfectant (and ensure it is effective against both bacteria and viruses). Always follow the manufacturer's instructions.

Use disposable paper towels or cloths to clean up blood and body fluid spills and dispose of after use. A spillage kit should be available for bodily fluids like blood, vomit and urine.

### Sanitary facilities

Good hygiene practices depend on adequate facilities. A hand wash basin with warm running water along with a mild liquid soap. Bar soap should not be used. Place disposable paper towels next to basins together with a nearby foot-operated waste paper bin. Toilet paper should be available in each cubicle.

Gloves and aprons should be changed after every child whether nappy or assistance with use of toilet.

### Dealing with contaminated clothing

Clothing of either the child or the first-aider may become contaminated with blood or body fluids. Clothing should be removed as soon as possible and placed in a plastic bag and sent home with the child with advice for the parent on how to launder the contaminated clothing.

### COVID-19 prevention and control

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

- Minimise contact with individuals who are unwell
- Clean your hands often
- Robust hand and respiratory hygiene (catch it, bin it, kill it)
- Enhanced cleaning, including cleaning frequently touched surfaces often
- Minimise contact and mixing
- Personal protective equipment (PPE)
- Social distancing measures are implemented
- Soft furnishing, soft toys and toys that are hard to clean have been removed
- The use of shared resources has been reduced
- Air flow and ventilation is increased by opening windows and children spend more time outdoors

- Active engagement with NHS Test and Trace

### What to do if you suspect an outbreak of infection

An outbreak or incident may be defined as:

- an incident in which 2 or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

### When to report

Managers will contact the local health protection team as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. It is useful to have the information listed below available before this discussion

- total numbers affected (staff and children)
- symptoms
- date(s) when symptoms started

For suspected cases of COVID-19, the school follow the *Guidance for Childcare and Educational Settings in the Management of COVID-19* Flowchart -

The school is to telephone their local HPT as soon as possible to report any serious or unusual illness particularly for:

- Escherichia coli (VTEC) (also called E.coli O157) or E coli VTEC infection
- food poisoning
- hepatitis
- measles, mumps, rubella (rubella is also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)
- COVID-19 The full list of notifiable diseases was updated in 2010. The local HPT can also draft letters and provide factsheets for parents and carers to ensure the most up to date information is given.

## Immunisation

Parents are encouraged to have their child immunised.

## Cleaning the environment

Cleaning of the environment, including toys and equipment, is an important function for the control of infection in childcare settings. It is important that cleaning schedules clearly describe the activities needed, the frequency and who will carry them out. Cleaning standards are monitored regularly by the school. Cleaning staff should be appropriately trained and have access to personal protective equipment.

A proper colour coding system is recommended by the Health and Safety Executive. Choosing to employ a colour system in your workplace can make cleaning easy, efficient and in turn, increase general hygiene and cleanliness.

Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (red for toilets and wash rooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens).

Cloths should be disposable (or if reusable, disinfected after use).

Cleaning solutions should be stored in accordance with Control of Substances of Hazardous to Health (COSHH), and cleaning equipment changed and decontaminated regularly.

Consideration should be given to situations where additional cleaning will be required including during term time (for example in the event of an outbreak) and how the school might carry this out. A nominated member of staff should be chosen to monitor cleaning standards and discuss any issues with cleaning staff.

## Cleaning blood and body fluid spills

All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. Clean spillages using a product which combines detergent and disinfectant, and ensure it is effective against both bacteria and viruses. Always follow the manufacturer's instructions. Use disposable paper towels or cloths to cleaning up blood and body fluid spills, and dispose of after use. A spillage kit is available.

## COVID-19 advice - cleaning and waste disposal

All objects which are visibly contaminated with body fluids must be cleaned using disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.) Avoid creating splashes and spray when cleaning.

Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

### Disposal of waste:

Waste from possible cases and cleaning of areas where possible cases have been (including disposable cloths and tissues):

- Should be put in a plastic rubbish bag and tied when full.
- The plastic bag should then be placed in a second bin bag and tied.
- It should be put in a suitable and secure place and marked for storage until the individual's test results are known. Waste should be stored safely and kept away from children. The waste should not be put in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.
- If the individual tests negative, this can be put in with the normal waste
- If the individual tests positive, then store it for at least 72 hours and put in with the normal waste
- If storage for at least 72 hours is not appropriate, arrange for collection as a Category B infectious waste either by your local waste collection authority if they currently collect your waste or otherwise by a specialist clinical waste contractor. They will supply you with orange clinical waste bags for you to place your bags into so the waste can be sent for appropriate treatment.

## Toys and equipment

If toys are shared, it is strongly recommended that only hard toys are made available because they can be wiped clean after play.

The condition of toys and equipment should be part of the monitoring process and any damaged item that cannot be cleaned or repaired should be discarded.

Soft modelling and play dough should be replaced regularly or whenever they look dirty and should be included in the cleaning schedule.

Sandpits should be securely covered when not in use to protect from animals contaminating the sand. Sand should be changed regularly; as soon as it becomes discoloured or malodorous for outdoor sandpits. Sand should be sieved regularly to keep it clean.

The sand container should be washed with detergent and water, and dried before refilling with sand.

Water play troughs or receptacles should be emptied, washed with detergent and hot water and dried and stored inverted when not in use. The water should be replenished either daily or twice daily when in use and it should always be covered when not in use.

## COVID-19 advice:

Consider how play equipment is used ensuring it is appropriately cleaned between groups of children using it. Remove unnecessary items from the learning environments.

Remove soft furnishings, soft toys and toys that are hard to clean such as those with intricate parts

## Enhanced cleaning during an outbreak of infection

In the event of an outbreak of infection at school, the local health protection team will recommend enhanced or more frequent cleaning, to help reduce transmission.

Advice may be given to ensure regular cleaning of areas with particular attention to door handles, toilet flushes and taps and communal areas where surfaces can easily become contaminated such as handrails.



### COVID-19 advice:

Areas where a symptomatic individual have passed through and spent minimal time, such as corridors which are not visibly contaminated with body fluids can be cleaned thoroughly as normal. All surfaces that the symptomatic person has come into contact with must be cleaned and disinfected, including:

- objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells

Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings, following one of the options below:

Use either a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine or a household detergent followed by disinfection (1000 ppm av.cl.) Avoid creating splashes and spray when cleaning.

Any cloths and mop heads used must be disposed of and should be put into waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used.

Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

### Staff welfare Staff immunisation

All staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including Measles, Mumps, Rubella (MMR). Exclusion Staff employed in schools, nurseries and other childcare settings should have the same rules regarding exclusion applied to them as are applied to the children. They may return to work when they are no longer infectious, provided they feel well enough to do so.

### Pregnant staff

If a pregnant woman develops a rash or is in direct contact with someone with a rash who is potentially infectious, she should consult her doctor or midwife. Chickenpox can affect the pregnancy if a woman has not already had the infection. The GP and midwife should be informed promptly.

Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, the midwife should be informed immediately. All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of measles.

If a pregnant woman comes into contact with German measles she should inform her GP and midwife immediately. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

All female staff under the age of 25 years, working with young children, should have evidence of 2 doses of MMR vaccine or a positive history of Rubella.

Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child if exposed early in pregnancy. The pregnant woman should inform their midwife promptly.

#### Food handling staff

Food handlers and catering staff may present a particular risk to the health of their pupils and staff if they become infected or have close contact with diseases that can be transmitted to others via the medium of food or drink. These diseases commonly affect the gastrointestinal system (stomach and bowel) and usually cause diarrhoea or vomiting, or both.

Food handling staff suffering from such diseases must be excluded from all food handling activity in the school or nursery setting until advised by the local Environmental Health Officer that they are clear to return to work.

Staff and attenders should not be present at the school if they are currently suffering from diarrhoea or vomiting, or both. At the very least, persons suffering from gastrointestinal diseases should not return to work until 48 hours post recovery (no further diarrhoea or vomiting).

Employers are to notify their local Environmental Health Department immediately that they are informed of a member of staff engaged in the handling of food has become aware that he or she is suffering from, or is the carrier of, any infection likely to cause food poisoning.

This policy should be made clear to the person in charge of the kitchen and all catering staff at the time of appointment. Food handlers are required by law to inform their employer immediately if they are suffering from:

- typhoid fever
- paratyphoid fever
- other salmonella infections
- dysentery
- shigellosis
- diarrhoea (cause of which has not been established)
- infective jaundice
- staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
- E. coli VTEC infection

#### COVID-19 advice: Staff testing:

Access to testing is already available to all essential workers. Education settings as employers can book tests through an online digital portal. There is also an option for employees to book tests directly on the portal. Shielded and clinically vulnerable adults: Clinically extremely vulnerable individuals are advised not to work outside the home.

It is strongly advising people, including education staff, who are clinically extremely vulnerable, those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus and have been advised by their clinician or through a letter, to rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend work.

Read COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable for more advice.

Clinically vulnerable individuals who are at higher risk of severe illness (for example, people with some pre-existing conditions as set out in the Staying at home and away from others (social distancing) guidance have been advised to take extra care in observing social distancing and should work from home where possible. If clinically vulnerable (but not clinically extremely vulnerable)

individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

Living with a shielded or clinically vulnerable person:

If a child, young person or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their education or childcare setting. If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable guidance, it is advised they only attend an education or childcare setting if stringent social distancing can be adhered to and, in the case of children, they are able to understand and follow those instructions. This may not be possible for very young children and older children without the capacity to adhere to the instructions on social distancing.

If stringent social distancing cannot be adhered to, we do not expect those individuals to attend.

Follow Public Health England advice on stay at home: guidance for households with possible coronavirus infections.

Managing specific diseases and infections Please refer to Public Health England advice on specific diseases and infections -

<https://www.gov.uk/government/publications/health-protection-in-schools-and-otherchildcare-facilities/chapter-9-managing-specific-infectious-diseases>

COVID-19 The school will follow advice from the Department for Education and Public Health England:

<https://www.gov.uk/coronavirus/education-and-childcare>

This risk assessment will be reviewed on a regular basis and in light with any change in guidance. In the event a member of staff or pupil has COVID-19, the school will follow Public Health England advice.

Covid-19 Local health protection contact information Get support from your local health protection team (HPT) to prevent and reduce the effect of diseases

PHE Surrey and Sussex Health Protection Team (South East), County Hall,  
Chart Way, Horsham, RH12 1XA PHE.sshpu@nhs.net Phone: 0344 225 3861  
(option 1 to 4 depending on area)

Dated

Signed: