Infection Control

September 2012
Version 1

Immunisation

Almost all of the children at Rainbow will undergo some form of immunization whilst they are with us. Rainbow through their immunization stages.

Below is a grid which shows the national immuniastion schedule.

When to immunise	**Diseases protected against (vaccine given)**
2 months old	Diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib) (DTaP/IPV/Hib) Pneumococcal infection (PCV)
3 months old	Diphtheria, tetanus, pertussis, polio and Hib Meningitis C (Men C)
4 months old	Diphtheria, tetanus, pertussis, polio and Hib Pneumococcal infection Meningitis C
Around 12 months old	Hib Meningitis C
Around 13 months	Pneumococcal infection Measles, mumps and rubella (MMR)
3 years four months old	Diphtheria, tetanus, pertussis, polio Measles, mumps and rubella
12 to 18 years old	Diphtheria, tetanus and polio (Td/IPV) Human Papilloma Virus (HPV)

For more information on immunisations and for the latest schedule, see www.immunisation.nhs.uk

- Children from abroad may have missed some or all of their immunisations and parents should be advised to see their GP or practice nurse.
- Some childhood immunisation programmes, such as hepatitis B, influenza and TB, only target children at particular risk of these diseases
- The GP or practice nurse should be contacted regarding appropriate immunisations when considering travelling abroad.

Hand Washing

Facts

Hand washing is the single most important means of controlling the spread of infection. Hands are the most common way, in which, microorganisms, particularly bacteria are transported.

Failure to wash and dry hands thoroughly before and/or after certain activities, such as after using the toilet and before preparing and eating food, provides the means by which many infections spread. This can potentially lead to serious consequences.

Children will need adequate support from staff in hand washing. hand washing before lunch must be supervised by a member of staff.

Procedure

Rainbow staff and volunteers are required to wash their hands at regular intervals throughout the day, including (but not limited to):

- On entering the building or transferring from office work into the children's room
- Own visits to the toilets and supporting children with toileting
- Before and after nappy changing (even when wearing gloves), including in-between each child's whose nappy is changed
- Removing gloves or aprons
- After nose blowing
- After touching animals
- Before and after any kind of first aid
- Any cleaning duties at all
- On coming inside from the garden
- Before and after food preparation or serving
- After picking things up from the floor
- After shaking hands with visitors

Soap dispensers

Liquid soap must be used, staff should ensure that there is soap an hand sanitizer available in each room (this forms part of the daily health and safety checklist).

Drying hands

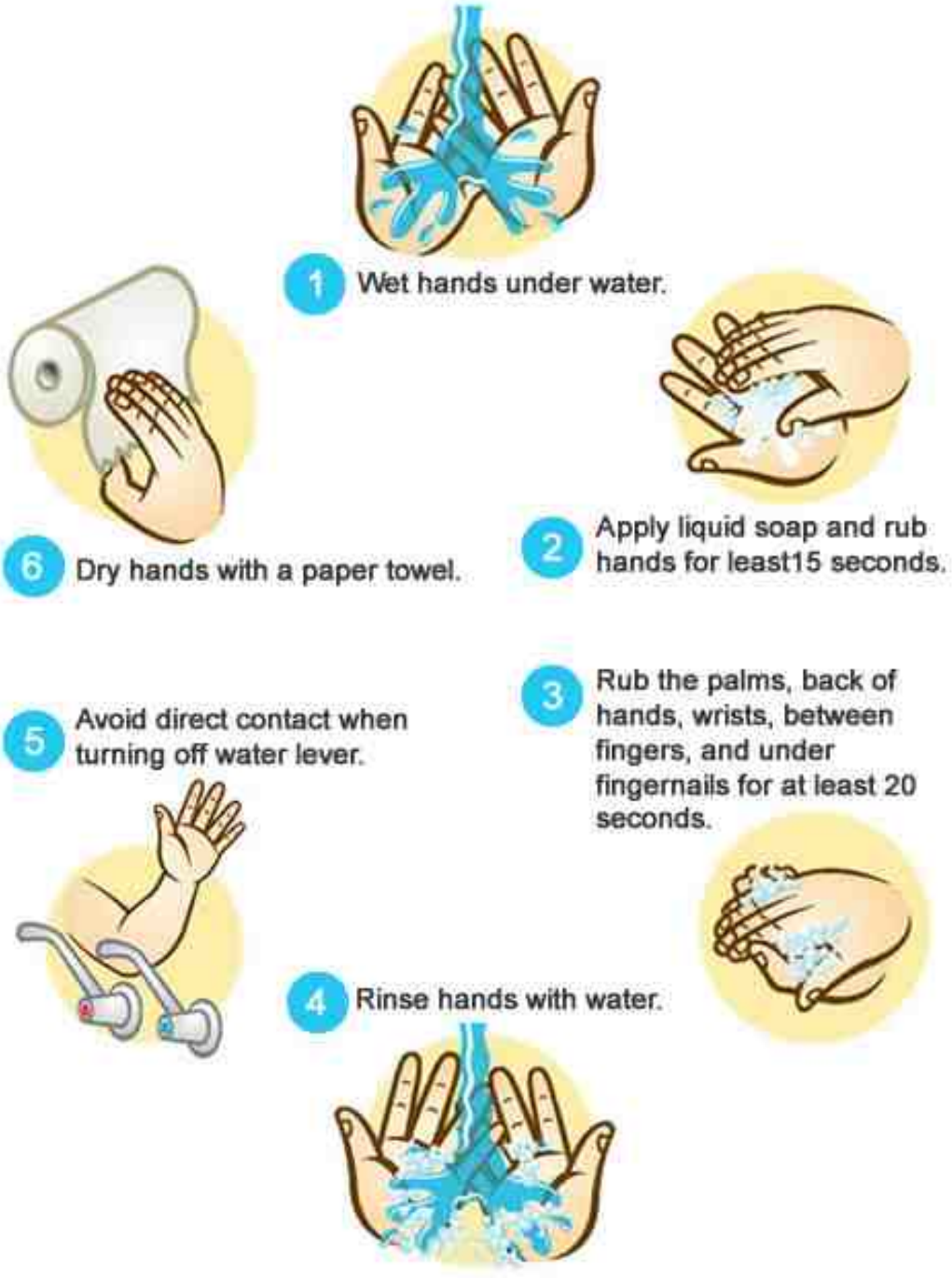
Drying hands thoroughly after washing is important as wet surfaces transfer micro- organisms more effectively than dry ones and it is thought that paper towels rub away more organisms that are loosely attached to hands. Ineffective drying can also lead to skin damage.

Facilities

There are a number of hand washing basins provided in and around the nursery building, these should be used for washing hands and not food preparation sinks.

Method

Thorough hand washing with soap and water is sufficient to remove organisms for most routine daily activities. Hands should be washed using the following method:



Prevention of blood borne infection

Facts

Some infections can be transmitted through significant exposure to others' blood or body fluids. This exposure can occur by a variety of ways, for example:

- if skin is pierced with a sharp object contaminated with another person's blood or body fluid
- via bites, and splashes of blood and body fluids to the eyes, nose, mouth or broken skin.

The three most important infections transmitted in this way are hepatitis B, hepatitis C and HIV, all of which can cause severe or fatal illnesses.

Individuals may be unaware of their diagnosis or have no symptoms. It is, therefore, important that **ALL blood and body fluids are treated as potentially infectious** and that standard infection control precautions are followed when dealing with blood and body fluids in all circumstances.

Additional precautions are not usually necessary when dealing with children who are known to have such infections and confidentiality must be maintained at all times. This means that all staff may not be aware of children's HIV status for example. Rainbow will provide information to staff on a need to know basis, and will abide by parental wishes.

There is no evidence that blood borne infections can be transmitted if blood or body fluids fall on intact skin, or if an infected person coughs or sneezes near others. Similarly, skin contact, shared use of facilities such as toilets, water fountains or telephones, sharing glasses, plates and cutlery, or swimming in a pool do not pose any risk of these infections.

Routine procedure

1. Always wear protective covering when dealing with blood and body fluids; including a disposal apron and gloves
2. Cover all cuts and grazes with waterproof dressings
3. Ensure that all clinical waste, including sanitary towels, is disposed of properly (using the yellow bag system)
4. Ensure that razors, toothbrushes or other implements that could become contaminated with blood or body fluids are not shared.
5. Ensure that syringes, lancets and needles are single use and are disposed of properly (see Section on Sharps Injuries). Never re-sheath or re-use needles, lancets or other sharps

6. Include children with hepatitis B, hepatitis C or HIV infections in all regular activities. No precautions, other than standard infection control precautions, are necessary in relation to these children.

7. Rainbow senior management team recommend that all staff ensure that they have hepatitis B vaccination and periodically check their immunity levels

8. If there are situations where blood or other body fluids may be spilt, or where sharps are handled staff should ensure that they wear closed toe footwear to protect their feet

Dealing with Blood and Bodily Fluid spillages

It is important that spillages of blood, faeces, vomit or other body fluids are dealt with immediately, as they can pose a risk of transmission of infection and disease. Rainbow staff should following this procedure:

If a spillage occurs:

1. Ensure children are supervised, by calling on other staff if necessary

2. Ensure a member of staff can give their full attention to the spillage, and other children are not in the direct vicinity and not put at risk (cross-infection)

3. Cordon off the area where the spillage has occurred

4. Cover cuts and abrasions on any areas of the skin with a waterproof dressing

5. Put on a disposable apron and gloves

6. Carefully dispose of any broken glass or sharp instruments, using a disposable scoop (or cardboard), without touching them directly with hands.

7. Discard into a sharps container

8. Use disposable equipment when cleaning spillages and dispose of as clinical waste,

9. Discard items that cannot be cleaned or decontaminated re-usable cloths and mops should not be used

10. Place disposable paper towels on blood spillage to mop up excess and then dispose in a clinical waste bag

11. Pour bleach solution (1 part bleach to 10 parts water dilution) on top of spillage area and leave for at least two minutes.

12. Use paper towels to wipe up the bleach and spillage and then discard into clinical waste bag

13. Using disposable paper towels wash the area with water and detergent and dry thoroughly. Discard paper towels into clinical waste bag

14. Discard gloves and apron and other protective clothing used into a clinical waste bag

15. Mops used to clean up body fluids should be rinsed in the cleaning sink (in cupboard in the baby room nappy room) with a disinfectant solution and dried

16. Wash and dry hands thoroughly

17. Complete an incident report form and file in the day file

18. Inform the manager

19. Expect to spend approximately 10 minutes dealing with the spillage

If the spill is on soft furnishings or carpets, bleach should not be used. Detergent and water should be used to clean the spill and dry as soon as possible.

The manager will need to consider whether a deep clean using steam is required following the incident. Where a steam clean is ordered, this should be recorded on the *Additional Measures* log.

If blood spillage has already dried: Apply a bleach solution to a wet paper towel & clean spillage area

Blood Spills on clothing:

1. Wear gloves to handle soiled clothing

2. Remove affected clothing and put in a plastic bag for parent/carer/ to wash at home

3. When clothes are washed they should be placed in a cool wash, followed by the hottest wash cycle that the garments will stand (this advise should be given to parents/carers)

4. Always use gloves to remove soiled clothing from bag

5. Do not soak or manually rinse garments first

6. Discard the bag in the yellow clinical waste bag

Body fluid spillages (including vomit)

1. Wear disposable gloves and disposable apron, and facial protection if Required

2. Remove any spills (e.g. faeces, vomit) immediately from the area, using paper towels. Using disposable cloths/paper towels, clean and disinfect the surrounding area using hot water and detergent, then dry.

3. Disinfectant the area using a bleach solution as described in the section above

4. Discard all waste (e.g. used cloths, paper towels, gloves and aprons) as clinical waste

5. Wash and dry hands thoroughly

6. Record on an incident form and report to the manager, using the same protocols as listed above

Do not Use reusable cloths or mops to clean up spillages or blood or body fluids

Bites

Facts

Human bites resulting in puncture or breaking of the skin are potential sources of exposure to blood borne infections. Animal bites can also transmit infection.

If a bite has punctured the skin then there can be a risk of infection from bacteria, such as Staphylococcus aureus and viruses such as hepatitis B, hepatitis C and HIV. To reduce the risk of infection, treatment may be needed for the biter and recipient such as antibiotics or tetanus immunisations.

There is a risk of a blood borne virus, such as hepatitis B or HIV, being transmitted if the skin is broken and the risk is higher if there is blood in the biter's saliva.

Procedure

All bites at the nursery must be referred to the first aider, who will assess whether the skin has been broken and the risk of infection. Where skin is broken, the first aider will contact NHS direct for advice if they have any concerns regarding infection.

An accident form will be completed and the incident reported to parents/carer on collection. If the bite has broken the skin and here is a significant risk of infection, the incident must be reported immediately to the manager and parents/carer informed by telephone.

Staff dealing with bites will ensure that they:

1. Clean the wound thoroughly under copious amounts of running water and gently encourage bleeding

2. Cover with a waterproof dressing

3. Seek medical attention without delay if the skin is broken (contact NHS direct, and where necessary ask parent/carer to go to GP or hospital depending on severity of the bite and extent of risk)

4. Complete accident form, and inform parents/carers

Procedure for unwell children

Policy statement: When children are not well, they need to be cared for at home by their primary carers. They need time to recover and feel better. At nursery they risk becoming more sick, and are more vulnerable to other infections, viruses or diseases that may be carried by others. Having sick children in the nursery also increases the risk of an outbreak in the nursery and puts other children and staff at risk. For these reasons, the following procedures have been put into place to help safeguard sick children and the other children and staff. Children should usually be well for a period of two days, before returning to nursery.

When a child comes to nursery and a staff member suspects they are unwell:

1. Nursery staff will discuss their concerns with the parent/carer immediately
2. If the parent/carers discloses that the child has been unwell, staff should check the exclusion policy to see how long the child should be excluded from the provision, and advise them accordingly
3. If the parent/carer insists that the child is well, a staff member can take the child's temperature before admitting them to the nursery
4. If the temperature is normal (37oC) the child can be admitted to the nursery, but staff should maintain a high level of supervision, and keep a record of any concerns, if the child becomes sick in anyway, then the child must be sent home
5. Where staff have any concerns in admitting a child, they can refer to the manager, the deputy or the senior practitioner
6. NHS direct can also be called for advice if necessary: 0845 4647

When a child becomes ill at the nursery

1. Nursery staff will provide comfort and reassurance to the child in a separate room or space away from other children, in order to contain any illness
2. Make immediate contact with the parent/carer and where contact cannot be made the emergency contact will be contacted
3. Parents/carers are expected to arrive within a maximum of 60 minutes to pick up sick children and take them home or to the doctor
4. An incident form should be completed by the staff member who dealt with the situation, and this form is held on the child's file
5. The incident should be reported to the manager and the absence register completed
6. The parent/carer should be advised of the exclusion period once the illness is confirmed
7. In the interest of infection control, the area or room where the child was comforted, whilst waiting to be picked up, should be subject to a deep clean, this must be recorded in the 'Additional Measures' log

Exclusion

Rainbow operate a strict exclusion policy in relation to all staff, volunteers and children who have encountered an infectious disease. Both staff and children **must** stay away from nursery for the minimum periods set out in the table below for each infectious disease.

The reason for these is exclusion is to help to isolate the infection and prevent others from contracting it and risking an outbreak throughout the nursery, it is also appropriate that people who have been sick take adequate amounts of time to recuperate and regain their strength and bring their immune system back to a strong level.

Infectious Disease	Exclusion rules
Athletes Foot	Do not exclude – recommend visit to pharmacy for treatment
Chicken pox	For 5 days from onset of rash.
Diarrhoea and/or vomiting	For 48 hours from last episode of diarrhoea or vomiting (ie the 48 hour rule applies).
E.coli O157	Exclusion is important for some children. Consult the HPU.
Flu.	Until recovered
Food poisoning	Until free of symptoms (diarrhoea and/or vomiting) for 48 hours.
Hand, Foot and Mouth	Do not exclude
Hepatitis A,	For 5 days from onset of jaundice for children under five
Herpes Simplex (Cold sores)	Do not exclude. Avoid contact with the sore/s
Impetigo	Until lesions are crusted or healed.
Measles.	For 5 days from onset of rash
Molluscum Contagiousum	Do not exclude (a self-limiting condition)
Mumps	For 5 days from onset of swollen glands.
Ringworm	Do not exclude but ensure treatment is commenced as prescribed by a GP.
Roseola (infantum)	Do not exclude
Rubella	For 6 days from onset of rash.
Scabies	Child can return after first treatment has commenced.
Scarlet Fever	For 5 days from commencing antibiotics.
Shigella (dysentery)	Exclusion may be necessary. Consult the HPU.
Shingles	Exclude only if rash is weeping, and exclude until weeping has ceased
Tuberculosis	For two weeks after treatment has started. HPU will advise on action.
Typhoid (and	Exclusion is important for some children. Always consult

paratyphoid)	with HPU.
Warts and verruca	Do not exclude. Must be covered if shoes off.
Whooping Cough	For 5 days from commencing antibiotic treatment. (Longer if antibiotics not started early).
Cryptosporidiosis	Exclude for 48 hours after the last episode of diarrhoea
Conjunctivitis	Do not exclude, unless outbreak – then contact HPU. Avoid contact with eyes
Diphyheria	Exclude immediately and all members of family – contact HPU and undertake contact trace
Glandular fever	Until recovered
Head lice	Exclude until there are no live lice, treatment is required only where live headlice have been found
Meningitutis	Until recovered
MRSA	Do not exclude
Threadworm	Do not exclude. Treatment required for affected child and family members

These exclusion guidelines have come from the Health Protection Agency document; *Guidance on infection control in schools and other childcare settings*, April 2010.

Any staff or parents who do not abide by the exclusion rules stated above or comply with exclusion requests from the management team, may be subject to disciplinary action or risk loosing their place at the nursery.

Diarrhea and Vomiting Outbreak

This procedure should be followed if there are two or more cases of vomiting and diarrhea in the same week.

Recognition
Infection can be spread within any establishment very easily. By implementing this infection control policy notifying promptly to our local health protection unit, Rainbow are confident that the necessary action can be taken which will minimise the spread of infection.

Actions

1. Practical management

The germs responsible for diarrhoea & vomiting outbreaks are usually either bacterial or viral. The important part in controlling an outbreak is prevention of the spread of the disease & protection of the unaffected children, staff and visitors. Disease can be introduced to the nursery by people being in close contact with a person who is ill with symptoms. Disease can also be between people within the nursery due to poor infection control practices. It is not always possible to identify staff or children suffering with, or incubating, a disease. Therefore ensuring robust infection control practice is in place is an important infection control measure.

Transmission routes for spreading germs can be either one or more than one of the following:

1. food
2. hand to mouth
3. airborne

Symptoms will vary depending on the germ causing illness and may be either just diarrhea or vomiting or both.

The three most important practical aspects for the management of diarrhoea and vomiting outbreaks are:

1. Exclusion of affected children & staff during illness and for 48 hours after symptoms have stopped
2. Enhanced cleaning of the environment and equipment
3. Effective hand washing

2. Exclusion

Exclusion is vital for any symptomatic staff or children. They should not return to the nursery for 48 hours after normal bowel habits have returned and/or vomiting has stopped. Following any exclusion, the manager should ensure that

appropriate checks are made to ensure that all staff are fit to return to work and have observed the 48 hour exclusion period.

3. Cleaning of the environment and equipment

During and directly after any outbreak, Rainbow will increase the cleaning regime to ensure that adequate additional measures are being taken to control any possible infections. We will increase the frequency of environmental cleaning using clean, disposable cloths, dedicated mops/mop buckets for toilet areas, hot water and diluted bleach (in recommended dilutions for environmental cleaning) in communal areas. Particular attention focus will be on toilet seats, door/ toilet handles and sink taps, on soft play areas, changing areas and water play areas.

Bleach will be used as the cleaning agent of choice, as it will kill both bacteria and viruses. It is important that diluted bleach is used according to manufacturers' instructions and is used to clean the areas where the most likely to transmit the germs as mentioned above. Obviously on some surfaces (i.e. on carpets/soft furnishings) bleach will not be suitable to use, in which case steam cleaning (or machine washing in the case of soft furnishings) will be deployed instead.

During an outbreak, hard toys will be washed daily in Milton and rinsed and dried. Stock rotation should occur to limit the number of toys accessible at once. Soft toys should not be used during an outbreak, nor should the sand and water play areas or play dough. Cookery activities for the children should also be suspended for the duration of the outbreak.

<u>Guidance on cleaning up vomit</u>

If a vomiting outbreak occurs the person vomiting can spread the infection some distance. Virus particles contained in the vomit can land and contaminate the environment, which will mean other children and staff can become infected. Vomit should be cleaned up immediately and the area contained. People who clear up the vomit should protect themselves by wearing disposable gloves, a plastic apron and ensure the area is well ventilated. Paper towels or tissues should help soak up the excess liquid and prevent further contamination. Water and detergent should be used in the first instance and pouring bleach directly onto vomit produces large amounts of chlorine gas.

4. Hand washing

Hand washing is vital to prevent person-to-person transmission. Hand-washing should be frequent and it will be actively encouraged for both staff and children.

For staff, alcohol hand-rub (70% alcohol content plus emollient) is sometimes a useful addition to soap and water for hand decontamination during outbreaks of infection. Alcohol gel is not recommended for use on norovirus (winter vomiting disease). It can be used after hand-washing as an extra measure to using soap and water during an outbreak or as an alternative to soap and water ON HANDS

THAT ARE VISIBLY CLEAN ONLY. Alcohol hand-rub cannot be used to clean organic matter from hands. In order to prevent the build up of alcohol hand rub on the hands, hands should be washed with liquid soap and water after three applications and when hands are visibly dirty.

Duty of Care

Everyone has a duty of care to protect themselves and others. They therefore should disclose relevant information/ symptoms etc. asked for and take the necessary action advised by such agencies as the local Health Protection Unit. Adherence by everyone to policies, record keeping, hand washing, cleaning and prompt exclusion will stop the transmission of the germs quickly.

Communicable Diseases Fact Sheets

It is not the role of Rainbow staff to diagnose any kinds of infections or diseases that children at the nursery may have or contract, nor is it the role of the staff to advise on treatments to be undertaken. All children whom are unwell or sick should seek professional medical advise and visit their GP, or in serious cases or emergencies, they should visit the Emergency department of their local hospital.

It is the role of Rainbow staff however to alert parents and carers to any signs of illness or sickness, to describe any symptoms that have been observed and to advise parents/carers to seek medical attention. Rainbow staff should also ensure that any prescribed exclusion periods are adhered to. This is the responsibility of all staff, and any concerns should be raised with the manager, or in their absence the deputy.

The following fact sheets provide an overview of a range of common communicable diseases. These fact sheets are provided for both parents/carers and staff to as guidance, to alert to possible illnesses, not as a diagnostic tool. The fact sheets on the following pages, cover the following communicable diseases:

1. Chickenpox
2. Conjunctivitis
3. E. Coli O157
4. Fifth Disease
5. Erythema Infectiosum
6. Food Poisoning
7. Glandular Fever
8. Hand, Foot and Mouth Disease
9. Head Lice
10. Hepatitis A
11. Hepatitis B
12. Hepatitis C
13. HIV & AIDS
14. Influenza
15. Malaria
16. Measles
17. Meningitis (overview)
18. Meningococcal Meningitis & Septicaemia
19. MRSA
20. Mumps
21. Norovirus
22. Parvovirus B19
23. Pertussis
24. Ringworm
25. Rubella (German Measles)
26. Scabies
27. Scarlet Fever
28. Shingles
29. Slapped Cheek Syndrome
30. Threadworm
31. Tuberculosis
32. Typhoid and paratyphoid
33. Warts/Verruca
34. Whooping cough (Pertussis)