Dainty Little

Hands



# Hygiene and Infection Control in Early Years Policy

## Policy Statement

This organisation puts the wellbeing of the children in its care at the core of its services. The organisation is keen to ensure that it provides a high-quality environment that is appropriate for its purpose, and that the premises are kept in a clean and hygienic condition for all children and users.

The service recognises the potential for diseases to spread relatively easily in an early years setting. It will therefore apply all recognised education sector best practice in infection control to reduce this risk.

## Legal Requirements and Guidance

This organisation will comply fully with all legislation and workplace guidance relating to hygiene.

The organisation understands that the *Early Years Foundation Stage (EYFS) Statutory Framework* requires:

* providers to ensure that their premises are “fit for purpose” and comply with the hygiene requirements of relevant health and safety legislation
* providers to ensure there are an adequate number of toilets and hand basins available and that there are suitable hygienic changing facilities for changing any children who are in nappies
* clean bedding, towels, spare clothes and any other necessary items to always be available
* providers to keep the environment in a clean and hygienic condition.

The organisation understands that the Workplace (Health, Safety and Welfare) Regulations 1992 require employers to make certain provisions to ensure the health, safety and welfare of employees with regard to the workplace environment, including:

* keeping furniture, furnishings, fittings and all surfaces in the workplace clean
* removing waste regularly
* providing an adequate number of clean, adequately lit and ventilated toilets and washing facilities for employees.

The organisation recognises that *Health Protection in Schools and Other Childcare Facilities*, published by Public Health England, represents best practice in the education sector for infection control and prevention. The guidance recommends that early years services prevent and manage infectious disease by:

* promoting immunisation
* promptly excluding unwell children or members of staff
* checking that effective handwashing is being carried out routinely.

The guidance also stresses the importance of cleaning as a key element in infection prevention. It recommends that:

* effective cleaning services are in place which keep the premises in a clean and hygienic condition throughout
* any spillages of blood, faeces, saliva and vomit are cleaned up immediately
* a written schedule is in place for the regular cleaning of toys (which can easily become contaminated with organisms from infected children)
* environmental cleaning is enhanced or stepped up during any infection outbreak (such as diarrhea and vomiting outbreaks).

## Background

Infection control is the name given to the policies and procedures which can be introduced to prevent the spread of infectious diseases among staff and children.

Early years services are an ideal environment for the spread of disease. This is because of the relatively high numbers of children mixing together, the low state of immunity of some children and the difficulties in maintaining high standards of hygiene among small children.

Bacteria and viruses that cause infectious illnesses are spread in a number of ways, most commonly either by touch, in the case of bugs like norovirus, or in the air when people sneeze, as is the case with coughs, colds and flu. Ingesting food contaminated with bacteria or viruses is another method, as is contact with infected body fluids such as blood or faeces.

## Associated Policies

This policy should be read in conjunction with policies on:

* cleaning
* dealing with sick or ill children
* food hygiene.

## Procedure

1. It is the responsibility of all staff to ensure that the premises are kept clean and hygienic at all times. Staff will be expected to tidy up and keep the premises clean within the reasonable limits of their role and to report any areas where the provision may be falling below its set standards.
2. Cleaning staff will be made aware of their key role in preventing disease and accidents, and enhancing the appearance of the premises. They will be asked to work to a written cleaning schedule which clearly states the items and areas in the premises which are to be cleaned daily, weekly, monthly, termly and annually. The schedule will also include the standards of cleanliness expected. All cleaning staff will be provided with detailed work method statements, agreed with their managers, giving easy-to-follow instructions on specific items or areas to be cleaned.
3. Cleaning staff will be requested to pay particular attention to areas where hygiene is especially important for preventing the spread of infection. This includes kitchen areas and toilet areas. Cleaning equipment must be the same as the Host School.
4. In the event of illness among the children, cleaning staff will be informed and asked to intensify cleaning for a given period.
5. Managers will undertake regular risk assessments and inspections to ensure the work schedule is being followed to the standard required and that the premises are being kept clean and hygienic.
6. To encourage and support effective handwashing, an adequate number of sinks for handwashing will be provided along with disposable soaps and paper towels.
7. All staff will be expected to display high standards of personal hygiene and to wash their hands regularly throughout the day and especially after going to the toilet or before touching food.
8. All staff must wash their hands for 20 seconds regularly throughout the day and:
	1. before preparing and eating food for mealtimes, snack times or as part of a food-related activity
	2. when any visible contamination or soiling occurs
	3. between handling raw and cooked food
	4. after handling waste food or refuse
	5. after tending children with cuts, abrasions or suspected infections
	6. after wiping their own or a child’s nose
	7. after changing a nappy
	8. after handling body fluids
	9. after going to the toilet, either with a child or by themselves
	10. after eating, coughing or sneezing
	11. after handling cleaning chemicals.
9. Care staff should help the children to keep clean throughout the day and to wash their hands appropriately, especially after using the toilet, before eating or after dirty play. A range of teaching resources will be employed including hygiene posters, lesson plans and play equipment.
10. Children with a potentially infectious disease that could be passed on to others should be excluded from attending the service until they have recovered. See the separate policy on sick or ill children.
11. Staff should always ensure that toys and equipment are inspected and cleaned regularly at the end of each play session and at the end of each day. It is known that dirty toys can spread infection and illness. Unhygienic toys should be discarded. A termly toy audit and deep clean will be arranged where old and worn-out toys will be replaced.
12. Play sand and play dough can also spread disease if dirty. It will be replaced when necessary and will be removed from use during any infection outbreak.
13. Club Managers will make appropriate pest control monitoring arrangements and respond promptly to any evidence of pests.
14. Cleaning staff will be expected to keep all cleaning materials safely and securely and out of the way of children. They will also be expected to ensure that all of their cleaning work practices include appropriate health and safety safeguards.
15. All staff will be provided with suitable personal protective equipment (PPE), such as disposable gloves and aprons. They will be trained to recognise their role in maintaining good standards of cleanliness and hygiene.
16. Any spillages of blood, faeces, saliva and vomit will be cleaned up immediately.

**Procedure when a member of staff tests positive to a highly infectious disease**

The following are general tips for cleaning/disinfecting rooms in which persons with suspected or confirmed COVID-19 were isolated.

1. Keep the door to the room closed for at least one hour before cleaning. Do not use the room until it has been thoroughly cleaned and disinfected and all surfaces are dry.
2. The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron (if one is available).
3. Open the window while cleaning is taking place.
4. Clean the environment and the furniture using disposable cleaning cloths and a household detergent followed or combined with a chlorine-based product such as sodium hypochlorite (often referred to as household bleach).
5. Pay special attention to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids.
6. Place all waste that has been in contact with the person, including used tissues, and masks if used, in a plastic rubbish bag and tie when full.
7. Cleaners should remove aprons and gloves and discard into a waste bag and then clean their hands.
8. The plastic bag should be placed into a second bin bag and tied; the cleaner will need to clean hands again.
9. Store the bag in a safe place until the result of the test is available. If the test is negative, place the waste in the normal domestic waste bin. If the test is positive, Public Health will advise what to do next.
10. Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use.
11. There is no need to clean carpets (if present) unless there has been a spillage.

**Cleaning of communal areas**

If an employee who has tested positive has spent time in a communal area or they used the toilet or bathroom facilities, then these areas should be cleaned with the same products that the Host School use, followed by a disinfectant (as outlined above) as soon as is practicably possible.

Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.

Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.

No additional disinfection beyond routine cleaning is recommended at this time.

**Waste disposal**

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a normal waste bag. Double bagging should be used. The waste bag should be disposed of by Dainty Little Hands staff only, and thrown into the normal waste.

## Potentially Infectious Spillages Procedure

Staff should treat every spillage of body fluids or body waste — such as blood, vomit, faeces and urine — with caution as potentially infectious.

As with ordinary spillages, potentially infectious spillages must be cleaned up immediately.

If the spillage involves blood and body fluid (but not urine or vomit), staff should:

* secure the area around the spillage
* assemble the required equipment
* wear appropriate personal protective equipment (PPE) (eg disposable gloves and apron)
* contain, absorb and cover the spill with disposable paper towels
* apply a chlorine releasing disinfectant, as provided by the Host School, such as a made up hypochlorite solution (10,000 ppm) or granules
* leave the area for two minutes (or as per manufacturer’s instructions) then clear away the towels/disinfectant directly into a clinical waste bag
* wash the area with a general purpose detergent and warm water using a disposable cloth/paper towels
* remove PPE and place immediately into the clinical waste bag — discard.

Solid or semi-solid matter (eg faeces) in the spillage should be removed first as this can inhibit the disinfectant.

Chlorine-based disinfectants must not be applied directly to acidic bodily fluids such as urine or vomit as potentially dangerous chlorine vapour will be released. Such spills should be mopped up with paper towels and washed with warm water and a general purpose detergent before being treated with the disinfectant solution or granules.

When using disinfectant, if there is a risk of splashing, protective goggles should be worn. Mops should never be used for cleaning up blood and body fluid spillages

## Training

The management will ensure that all new staff read the policy on hygiene and infection control as part of their induction process.

Existing staff will be provided with regular training which will include sessions on hygiene and infection control topics.

## Policy Review

This policy will be reviewed and updated annually.

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| Signed: | \_\_\_\_\_\_\_\_\_Jayne Dainty\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_27/07/2020\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Policy review date: | \_\_\_\_\_\_\_\_\_26/07/2021\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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