

Policy on Infection Control

1. Rationale and Policy Considerations

MYFRC's policy on infection control specifies the procedures to be followed in the service to protect staff (paid and unpaid)/ Volunteers Young people attending the service from the transmission of infections.

Children and Young People who spend time in group school age settings generally are open to contracting a wide range of illnesses (particularly gastrointestinal and respiratory illnesses). In order to minimise the risk of infection, Standard Infection Control Precautions should be used routinely in all early years and school aged settings.'

(Management of Infectious Disease in Childcare Facilities and Other Childcare Settings (2012) Preschool and Childcare Facility Subcommittee Health Protection Surveillance Centre (HPSC))

Adults too need to be protected, as far as possible, from the spread of any infection and MYFRC has a duty of care to all of the children/young people and adults who use the service as well as to all members of the staff team.

'Standard precautions are basic good hygiene measures (e.g. handwashing, appropriate use of protective clothing, environmental cleaning etc.) that should be practiced by all caregivers at all times and with all Young People. It is not always possible to tell who has an infectious disease, infection can be spread by a person who has no signs and symptoms of illness or is incubating an infection e.g. flu, Chickenpox. For this reason, it is essential that good hygiene practices are applied routinely in all childcare/school aged settings.' (HPSC, 2012)

The overall aims of this policy are:

- To promote and protect the health of all of the children/young people and adults in the service and reduce the risk of infection.
- To provide guidelines to parents/guardians/carers as users of the service about the attendance of sick children/young people and to keep the incidence of infectious disease to a minimum.
- To help differentiate between minor (can attend the service) and more significant (should not remain in the service) infections and to give guidance on the prevention and management of infectious disease
- It is also important to encourage and support parents/guardians to maintain their children's immunization schedules. These will be recorded in the files of individual children/Young People

Legislation and regulatory requirements

- Regulation 10 of the Child Care Act 1991 (Early Years Services) Regulations 2016, requires a Policy on Infection Control that specifies the procedures to be followed in the service to protect staff members (paid and unpaid) and children/young people attending the service from the transmission of infections.

- Regulation 23: Safeguarding Health, Safety and Welfare of Child requires that the Infection Control Policy is implemented; staff know their roles and responsibilities and have received training on the policy.
- Regulation 31: Notification of Incidents requires that where there is a diagnosis of a notifiable illness as defined in the Infectious Diseases Regulations 1981(SI No 390 of 1981) of any child attending the service or any staff members this must be notified to the Tusla Early Years Inspectorate.

Other relevant requirements include:

- The Safety, Health and Welfare at Work Act, 2005, Number 10 of 2005, sets out the general duties of all employers to manage the safety, health and welfare of their employees in any place of employment. [Guidelines on the Act and its requirements are available on the Health and Safety Authority's website: www.hsa.ie]
- The Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 (S.I. No. 572 of 2013) set down the minimum requirements for the protection of workers from the health risks associated with biological agents in the workplace. [biological agents include bacteria and viruses] The duties include carrying out a risk assessment and putting in place the appropriate measures to protect employees' health and safety.

Children/young person's need:

- The service to have efficient and effective systems and procedures in place that ensure that their health and wellbeing are protected.
- Their parents/guardians to know what their responsibility is, in helping to protect them and others in the service.

Parents/guardians need:

- To be clear on what systems and procedures are in place to protect their children from infections and to deal with any incidences of infection that occur in the service.
- To know the durations and the reasons for any exclusion periods that may apply in relation to their child during any incidences of infectious diseases and they need to know what will happen should their child become ill while attending the service.

Staff needs:

All members of the staff team need:

- To be very clear on their roles and responsibilities relating to infection control in the service.
- To know what parents/guardians must be told in relation to keeping their child away from MYFRC during any outbreak of an infectious disease and exactly what to do in the case of a child becoming ill while at the service.

Management needs:

- This policy helps with ensuring that their legislative and regulatory responsibilities relating to infection control in the service are met and that all relevant best practice guidelines are implemented in the service.
- To ensure that everyone in the staff team and all parents/guardians are clear on their roles and responsibilities in relation to protecting everyone in the service as well as the reasons for, and the required duration of, exclusion periods for any diagnosed cases of infectious illness.

National Quality Frameworks

- Tusla: Quality and Regulatory Framework
- Siolta: The National Quality Framework for Early Childhood Education
- MYFRC will also adhere to best practices for minimising the spread of infectious diseases in Management of Infectious Disease in Childcare Facilities and Other Childcare Settings (2012) Preschool and Childcare Facility Subcommittee Health Protection Surveillance Centre (HPSC)

2. Definitions/Glossary

- Infectious disease: An illness in which the symptoms and signs of illness are caused by germs. These germs can be any of a number of different types - bacteria, viruses, fungi, protozoa and parasites. For example, strep throat is caused by a bacteria called 'group A streptococcus' and impetigo, a common bacterial skin infection in children, can be caused by this or other bacteria, whereas measles, mumps and chickenpox are all caused by viruses.
- Contagious disease: Any illness caused by germs is an infectious illness, but that which can pass from one person to another is contagious. Not all infectious diseases are contagious. Ear infections are caused by germs but are not passed from child to child. Thus, although an ear infection is an infectious disease it is not a contagious disease. On the other hand, chickenpox rapidly spreads from person to person and is an example of a highly contagious infectious disease.
- Standard precautions: Basic good hygiene measures (e.g. handwashing, appropriate use of protective clothing, environmental cleaning etc.) that should be practiced by all caregivers at all times and with all children. It is not always possible to tell who has an infectious disease, infection can be spread by a person who has no signs and symptoms of illness or is incubating an infection e.g. flu, Chickenpox. For this reason, it is essential that good hygiene practices are applied routinely in all early years/school aged settings. (HPSC, 2012)
 - Cleaning: The removal of food residues, dirt and grease using a detergent.
 - Disinfection: A process that reduces the number of bacteria to a safe level.
 - Disinfectant: A chemical that will reduce the number of germs to a level at which they are not harmful.
 - Detergent: An artificial cleansing agent capable of breaking down oils and fats.
 - Sanitisers: A combined detergent and disinfectant.

- Handwashing: Use of disinfectant hand wash and single use hand drying tissue or air dryer

3. Policy Statement

The aim of this policy is to ensure an environment is provided in which children and adults are kept safe, and staff members may safely carry out their roles. This policy must be read in conjunction with Management of Infectious Disease in Childcare Facilities and Other Childcare Settings (2012) from the Preschool and Childcare Facility Subcommittee at the Health Protection Surveillance Centre (HPSC), which guides practice in infection control in this early years service.

There are three basic principles of infection prevention outlined in the HPSC guidance:

1. Handwashing is the single most effective way of preventing the spread of infection and should be used at every opportunity
2. Immunization: All children and staff should be appropriately immunized
3. Exclusion: Any unwell staff member or child should be excluded

The HPSC guide outlines the most effective ways to prevent infection and can be summarised as follows:

- To protect staff, children and Young People from the spread of infections, early years & school aged staff need to understand how diseases are spread, and which measures interrupt their spread.
- The spread of germs can be greatly reduced if standard precautions are used consistently and regularly.
- It is vital that staff receive training in the use of Standard Precautions. This is particularly important because some diseases are contagious before symptoms appear and because the disease status of a child may not be known.
- The single most important way to prevent the spread of germs is by handwashing.
- Maintaining a good standard of environmental hygiene, coupled with appropriate cleaning of toys/equipment, personal care items, utensils and bed linen as well as appropriate disposal of items soiled with body fluids are other important precautions.

Standard precautions are applied when anyone has contact with:

- Blood
- All body fluids, secretions (nasal secretions) and excretions (urine, feces, vomit) except sweat, regardless of whether or not they contain visible blood
- Non-intact skin (broken skin, sores)
- Mucous membranes (eyes and mouth).

The key elements of standard precautions taken in the service include:

- Handwashing and skin care
- Use of protective clothing, e.g. gloves and plastic apron

- Management of spillages, i.e. blood or other body fluids
- Management of cuts, bites and needle-stick injuries
- Coughing and sneezing etiquette
- Environmental hygiene
- Safe handling of laundry
- Safe handling and disposal of waste including items with sharp edges
- Food hygiene.
- A cleaning programme is in place and a rota is followed each day

Any ill Young Person in the service who becomes ill with fever, headache and vomiting will be sent home as soon as their parents/guardians can be contacted. Parents will immediately be made aware of the staff's concern for the child's wellbeing. In this situation, if there is any significant delay in contacting the Young Person's parents/guardians the Young Person will be brought directly to the local hospital Emergency Department. A child with fever, headache and vomiting must not be allowed to wait indefinitely in the service.

Parents/guardians are included in the team approach to infection control. A co-operative approach between parents and the service will help to ensure a healthy environment for the children/young people.

Parents/guardians who feel their Young Person is too ill or unwell to participate in indoor or outdoor activity, are advised to keep them home to ensure a complete recovery.

Parents/guardians must inform the service of any known infectious illness in their child/young person. This is of particular importance if the illness might affect others in the service.

Parents/guardians are informed if there are any outbreaks of infection in the service by text messages/phone calls/letters.

Parents/guardians of children with any chronic (persistent or long-term) infectious conditions will be encouraged to share this information with the service.

4. Procedures & Practices

Prevention of Spread of Infection

Handwashing

Posters of correct hand-washing procedures are available at wash hand basins for adults and children.

- Warm running water is available for hand washing at a temperature no greater than 43°C at children's wash hand basins.
- A cleaning agent such as soap is used when hand washing.
- Hand drying facilities are available disposable paper towels.
- Children's hand washing and hand drying is supervised at all times – age appropriate.

- Staff, children and young people's hands are washed and dried after using the toilet, after handling animals, after sneezing, blowing nose, coughing, or touching a cut or sore and before eating or handling food. Additionally, staff wash their hands on arrival at work and after taking a break.

Respiratory hygiene (coughing and sneezing)

All adults and children cover their mouths and noses with a tissue when coughing or sneezing. As required, we will notify the Tusla Early Years Inspectorate when the department of Public Health has confirmed to us that there is a diagnosis of a Young Person attending the service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious disease within the meaning of The Infectious Diseases Regulations 1981 (SI No 390 of 1981) and amendments. www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/

MYFRC will contact the local Department of Public Health:

- If MYFRC have a concern about a communicable disease or infection, or if we need advice on infection control.
- If MYFRC are concerned that the number of children who have developed similar symptoms is higher than normal / if we think that we may have an outbreak of infectious disease in the service.
- If MYFRC are not sure whether to exclude a child or member of staff.
- Before sending letters/Text messages/phone calls to parents/guardians about an infectious disease.

Blood and body fluid spillages

Standard Precautions as outlined in Management of Infectious Disease in Childcare Facilities and Other Childcare Settings (2012) are used when any member of staff has contact with:

- Blood
- All body fluids, secretions (nasal secretions) and excretions (urine, feces, vomit) except sweat, regardless of whether or not they contain visible blood
- Non-intact skin (broken skin, sores)
- Mucous membranes (eyes and mouth)

Spillages of blood, feces, urine and vomit are cleaned immediately using disposable cloths and disposed of in closed bin. Mops are never used for cleaning blood, urine, vomit or feces.

Extreme care must be taken in cleaning up bodily fluids using Standard Precautions. It should be assumed that blood is infectious, regardless of its source. The procedure used for dealing with blood and body fluid spillages is as outlined in Management of Infectious Disease in Childcare Facilities and Other Childcare Settings (2012).

First Aid should not be withheld if gloves are not available. While due care and caution is important in handling potentially infectious fluids, fear of infection should never prevent First Aid being given.

Avoid direct contact with blood or bloody fluids. Should blood come in contact with skin, the likelihood of transmission of infection through intact skin is very remote. DO NOT PANIC. Wash the area with soap and water. If blood splashes into the eye or mouth, rinse with water.

Laundry

- Soiled linen is washed separately at the hottest wash the fabric will tolerate.
- Gloves and aprons are used when handling soiled linen.
- Children's soiled clothing is placed in a plastic bag sealed and sent home with parents/guardians.

Waste

- Waste is recycled in accordance with local authority policy where possible.
- Foot operated pedal bins are used to dispose of gloves, aprons and soiled dressings.
- External bins are stored away from children/young peoples access.

Animals, pets including poultry and fish

- Handwashing and drying procedures are adhered to before and after handling animals, pets, poultry and fish.
- All animals, pets, poultry and fish are managed in accordance with required and appropriate instructions for their care.
- Children are not allowed unsupervised access to animals, pets, poultry and fish.
- Animal, pet, poultry vaccination and health care are in accordance with veterinary advice.

Infection control on outings

[For guidance to develop specific procedures, see Management of Infectious Disease in Childcare Facilities and Other Childcare Settings (2012)]

Perishable food

- All perishable food is kept in a refrigerator at temperatures of 0° – 5°C.
- Perishable food is not left at room temperature for more than two hours.
- Perishable food left at room temperature for two hours or longer is discarded.

A detailed Cleaning Programme is in place within the MYFRC setting out:

- the items and areas to be cleaned;
- the frequency of cleaning;
- the person responsible for doing the cleaning;
- the cleaning fluids and materials to be used;
- the equipment to be used.

Whenever possible, disposable materials are used for cleaning. Sponges are not used for cleaning and sanitising. If disposal cloths are not used, separate colour-coded,

microfiber cleaning cloths and cleaning equipment are available for kitchen areas, children's areas and toilets.

In the toilet areas, separate cloths are used for cleaning the toilet and wash-hand basin.

Mop heads and buckets are not cleaned in a sink that is used for food preparation. Mop heads are not left soaking in dirty water. Buckets are emptied after use, washed with detergent and warm water and dried before storing.

All cleaning equipment is stored clean and dry. Cleaning agents, disinfectant and detergents are used correctly and as instructed by the manufacturer.

Scheduled cleaning is carried out in a way, and at a time, that does not interfere with the care or welfare of the children.

The cleaning programme includes the following items for routine cleaning: walls, floors, windows, windowsills, ceilings, light fittings and covers, doors (including handles), toilets, wash-hand basins, cupboards, shelving, radiators and radiator covers, cots, cot mattresses, sleep mats, refrigerator, food storage facilities, sinks, tables (including underside and legs), work and play surfaces, furniture, chairs, crockery, cutlery, toys, and so on.

Other precautions

- Toys and other play materials are not allowed into the toilet area.
- A box of tissues is always readily available to all children and adults.

Immunisation

On enrolment, parents/guardians are asked for their child/young persons immunisation record.

[Full information on the schedule of immunisation is available at:

National Primary Childhood Immunisation Schedule

www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/immschedule/

Health Service Executive: Immunisation Guidelines for Ireland

www.hse.ie/eng/health/immunisation/hcpinfo/guidelines

Parents/guardians of children who are not immunised are made aware of the dangers of infectious diseases. Parents are encouraged to keep to up to date with current vaccination requirements and to ensure that the service is kept informed and the child's record updated when required.

Parents/guardians are not required to have their children immunised to gain admission to the service but where a child's immunisation record is not up-to-date parents/guardians are encouraged to have their child vaccinated.

If a child is not immunised, parents/guardians must be advised that their children and young people will be excluded from the service during outbreaks of some vaccine

preventable diseases such as Measles, Whooping Cough etc., even if their child is well. This is to protect their non-immunised children.

Some reasons why a child may not be immunised:

- The child's young age
- Medical contra-indications
- Conscientious or religious objection
- Natural immunity
- The appropriate vaccine is currently unavailable.

Exclusion periods for infectious illnesses

Ill children/young people and staff should only return when they have recovered. See exclusion notes for the different diseases outlined in Chapter 9 of Management of Infectious Disease in Childcare Facilities and Other Childcare Settings (2012). Information on the exclusions table below is taken from HSE & Managing Infectious Diseases in childcare facilities and other childcare settings).

Disease or condition	Exclusion of case
COVID – 19	Stay at home from the date you first had symptoms. You can leave home after 5 days if your symptoms have fully or mostly gone for the last 48 hours. It's OK to leave home after 5 days if you still have a mild cough or changes to your sense of smell. These can last for weeks after the infection has gone.
Chickenpox	Exclude until all blisters have dried (usually 5 days)
Cold sores (herpes simplex type 1, fever blisters)	Young children and others unable to comply with good hygiene practices should be excluded while lesion is weeping. Lesions should be covered by a dressing where possible.
Common cold	Exclusion is not necessary, but a person with a cold should stay home until he or she feels well.
Conjunctivitis	Exclude until discharge from eyes has stopped (unless a doctor has diagnosed non-infectious conjunctivitis).
<i>Cryptosporidium</i> infection	Exclude until no diarrhoea for 24 hours.
Diarrhoea (no organism identified)	Exclude until no diarrhoea for 24 hours.
Diphtheria	Exclude until medical certificate of recovery from SA Health's Communicable Disease Control Branch is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the second, at least the next 48 hours later.
Food poisoning	Exclude until well – no vomiting or diarrhoea for 24 hours.

Hand, foot and mouth disease	Exclude until all blisters are dry.
<i>Haemophilus influenzae</i> type b (Hib) infection	Exclude until person has received appropriate antibiotic treatment for at least 4 days.
Head lice (pediculosis)	Exclude until appropriate treatment has commenced.
Hepatitis A	Exclude until medical certificate of recovery is received, and until at least 7 days after onset of jaundice or illness.
Hepatitis E	Exclude for 2 weeks after illness onset, or if jaundice (yellow eyes or skin) occurs, for 7 days after the onset of jaundice.
Influenza and influenza-like illnesses	Exclude until well for 24 hours
Measles	Exclude until 4 days after the onset of the rash.
Meningitis (bacterial)	Exclude until well and has received appropriate antibiotics.
Meningitis (viral)	Exclude until well.
Meningococcal infection	Exclude until appropriate antibiotic treatment completed and until well.
Mumps	Exclude for 5 days after onset of swelling.
Norovirus	Exclude until no vomiting or diarrhoea for 24 hours.
Ringworm/tinea	Exclude until the day after appropriate treatment has commenced.
Ross River virus	Exclusion is not necessary.
Rotavirus infection	Exclude until no vomiting or diarrhoea for 24 hours.

Salmonella infection	Exclude until no diarrhoea for 24 hours.
Scabies	Exclude until the day after appropriate treatment has commenced.
Scarlet fever	See streptococcal sore throat.
School sores (impetigo)	Exclude until appropriate treatment has commenced. Any sores on exposed surfaces should be completely covered with a dressing.
Shigella infection	Exclude until no diarrhoea for 24 hours.
Shingles	Exclude until blisters have dried up unless rash can be covered with a dry dressing or clothing so others are not exposed.
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received appropriate antibiotic treatment for at least 24 hours and feels well.
Temperature/fever	Where temperature is in excess of 37.9°C
Tuberculosis	Exclude until medical certificate is produced from SA Tuberculosis Service of SA Health.
Viral gastroenteritis (viral diarrhoea)	Exclude until no diarrhoea for 24 hours.
Vomiting and/or diarrhoea	Exclude for 48 hours after symptoms pass
Whooping cough	Exclude from childcare, school or workplace and similar settings until 5 days after starting antibiotic treatment, or for 21 days from the start of any cough.
Worms	If diarrhoea present, exclude until no diarrhoea for 24 hours.

Procedure for notifying infectious diseases

When MYFRC is informed by the Department of Public Health of a diagnosis of a child attending the service or an employee, unpaid worker, contractor or other person working in the service, as suffering from an infectious disease within the meaning of the Infectious Disease Regulations 1981(SI No 390 of 1981) and amendments – See: www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/ – this will be notified to Tusla Early Years Inspectorate by the service manager using the Child Care Act (Early Years Services) Regulations 2016 Part VIII, Article 31, Notification of Incident Form.

Outbreak of an infectious disease

At MYFRC a contingency plan is in place in the event of an outbreak of an infectious disease. Areas of responsibility are clearly defined and clear channels of communication have been established between all staff members involved.

Procedure

- Notify parents, staff, children and young people
- A sign will be placed at point of entry to the premises
- A thorough clean and disinfecting process will take place of premises including toys and equipment. This process will be documented

When to contact the local Department of Public Health:

- If there is a concern about a communicable disease or infection, or advice is needed on controlling them.
- If there is a concern that the number of children who have developed similar symptoms is higher than normal.
- If there is an outbreak of infectious disease in the service.
- To check whether to exclude a child or member of staff
- Before sending letters to parents/guardians about an infectious disease.

[Although the child's doctor is legally responsible for reporting serious illness, you should phone your local Department of Public Health if you become aware that a child or member of staff has a serious or unusual illness, (for example meningitis), or if a number of children or staff have the same symptoms suggesting an outbreak.]

Risk assessment

The areas that should be covered by the safety statement are specific and are set out in Section 20 of the Safety, Health and Welfare at Work Act, 2005. The statement should be based on the identification of the hazards and the risk assessments carried out under Section 19. The following is an extract from A Guide to Risk Assessments and Safety Statements (updated 2016) Health and Safety Authority:

There are three basic steps to completing a risk assessment:

- Look at the hazards
- Assess the risks
- Decide on the control measures and implement them.

The findings of the risk assessment process must be recorded in your safety statement. You should consult with and involve your employees, along with any safety representatives, in this process. [BeSMART.ie](https://www.besmart.ie) is a free online tool that will guide you through the entire risk assessment process using simple language and easy-to-follow instructions. On completion you will have a workplace-specific safety statement that can be downloaded, edited, printed and implemented in your workplace. Register, select your business type and then work your way through a series of questions about the hazards in your workplace, answering 'yes', 'no' or 'not applicable'.

You then need to walk around your workplace, consult with your employees and make sure that no hazards have been missed (a blank template will allow you to risk assess any hazards specific to your workplace that have not been covered and you can search for additional hazards at the end of the process). When you have finished you can download, edit and print your safety statement.]

5. Communication Plan [For staff children/young people & families]

All parents/guardians, children/young people and staff will be informed of the policy and procedures regarding Infection Control on enrolment and made aware that it is applied equally to all children, aimed at maintaining a healthy environment for all children and adults.

Staff members will check with parents/guardians and children/young people that they have read and understood the policy and provide any assistance needed. A summary of this policy will be available from our office. A copy of this policy will be sent to parents/guardians upon enrolment. This policy will also be reviewed with staff at induction and annual staff training. Handouts on infection may be given to parents/guardians/carers as a guide. A copy of all policies will be available during all hours of operation to staff members, parents/guardians and children/young people in the Policy Folder located in MYFRC Office as well as the MYFRC website www.myfrc.ie

Parents/guardians may receive a copy of the policy at any time upon request. Parents/guardians and all staff members will receive written notification of any updates.

Review:

This policy will be reviewed every two years by the Manager of the MYFRC.

Signed: _____ Date: _____

Review History

- Draft 1, December 2019
- Draft 2, January 2020
- Review, January 2023
- Review, October 2025