Sickness, Illness, Immunisation, reporting diseases & decontamination / waste policy.

Statement of intent

It is our intention to protect the health and well being of all the children and the staff of this Nursery by excluding any child, or member of staff, who is ill or infectious.

Young children are naturally very susceptible to illness and infection. If your child is unwell, particularly if the child is vomiting, has diarrhoea we recommend your child is not brought into the nursery for 48 hours after the last case of vomiting/diarrhoea to prevent spreading infection throughout the nursery. If your child has a temperature and no other symptoms then we recommend your child is not brought into the nursery for 24 hours.

We would ask parents/carers to exercise common sense with this in order to protect all our children. In certain circumstances you may be contacted and requested to bring your child home.

In the case of certain infectious diseases the Health Protection Agency has set out guidelines for time periods that children should be kept away from nursery. A list of these will be provided on the Health Protection Agency Website. In the interest of cross infection to other children at the Nursery, parents are asked to note that children sent home with symptoms of vomiting, diarrhoea will not be admitted for a period of at least 48 hours and children who have had a temperature will not be admitted for a period of 24 hours.

Aim

If a child becomes ill at Nursery we aim to make them as comfortable as possible until their parents or an authorised adult can collect them.

The Health & safety officer: Sonya Kanchan-Lal is the designated officer for this area.

Methods

- If your child becomes ill whilst at Nursery, you will be contacted and asked to make arrangements for your child to be collected as soon as possible
- If you cannot be contacted when your child becomes ill, or has an accident, we will then contact alternative relatives/carers as named on your contact sheets
- Whilst in our care your sick child would be made comfortable
- If your child appears to have a high temperature we will monitor the temperature, offer fluids and remove clothing to help regulate his/her body temperature and inform the parents. You will be contacted as soon as possible, and permission to give Calpol may be sought to bring your child's temperature down. You will be asked to collect your child as soon as possible
- Children will not be permitted into the Nursery with any infectious disease/ ailment until the recommended period of confinement, as outlined on the Health protection Agency website.
- If you bring your child into Nursery with what appears to be an obvious illness or infection you will be asked to take your child home or make alternative arrangements. If a member of management is unavailable, a senior member of staff will make this decision

- We would ask all parents to take their child to his/her GP if they have been excluded from Nursery due to illness. We ask parents to inform us of the outcome
- Any child with sickness and/or diarrhoea **MUST** be kept away from Nursery for at least **48hrs** following the last bout of illness
- Any child with a high temperature must be kept away from the nursery for at least **24 hrs** following the last temperature
- Parent **MUST** inform staff of **ANY** medication administered prior to the child coming to Nursery **including** Calpol/Nurofen or similar –**staff will only administer Calpol from sachets that are clearly labelled with their childs name and have been brought in by parents, which have not passed the expiry date**.
- If your child is prescribed medicine that needs to be administered during nursery hours, it is parental responsibility to fill in a medicine form with as much detail as possible. Details of the dosage, timing, illness, and possible side affects must be written and signed. Separate forms filled in by staff will need to be signed on collection of your child.
- Medicines will only be administered by a First Aid Trained member of staff.
- If your child needs to take regular medicine, you may be asked to fill in a health-care plan.
- The local authorities and OFSTED will be informed of any notifiable diseases
- **We would ask all parents to adhere to the Sickness Policy as it is unfair on other children, the staff and ultimately on your child if you decide to bring them into Nursery when they are unwell.**

We strongly believe that if a child is unwell, there is no place better for them then at home.

May 2012

GUIDELINES FOR THE MANAGEMENT OF INFECTIONS IN CHILDREN ATTENDING DAY CARE FACILITIES

IDENTIFIED ILLNESS	INCUBATION PERIOD	PERIOD OF INFECTIVITY	ACTION/COMMENTS
Chicken Pox (Varicella-zoster)	12-21 days	5 days before rash until last crop of vesicles (blisters) have crusted over.	To remain away from Nursery until last crop of vesicles (blisters) have crusted over and fallen off
Colds/and respiratory infections	1-3 days	Whilst symptoms persist.	To remain away from Nursery until asymptomatic (until symptoms have cleared)
Diarrhoea and/ or vomiting-gastroenteritis	1-72 hours, depending on causative organism	Not all cases of Diarrhoea and/or vomiting are infectious.	In all cases to remain away from Nursery for a minimum of 48 hrs.

Conjunctivitis/ sticky sore eyes (staph aureus)	From time of contact	Until eyes are no longer sticky.	Spread through direct contact. To remain away from Nursery until asymptomatic (until symptoms have cleared).
Ears - sore, sticky, weeping	Maybe a chronic condition	Not necessarily infectious.	Excessive exudates may require investigation by a GP.
Mumps	12-28 days	1-3 days before swelling to 7 days after swelling has disappeared.	To remain away from Nursery until 7 days after swelling has disappeared.
Rubella - German measles	10-21 days	From 1 week before to 5 days after appearance of rash.	Highly contagious. Pregnant women who have contact must see their GP. Children to remain away from Nursery for 5 days after appearance of the rash.
Measles	9-11 days	From 4-5 before to 5 days after rash appears.	Highly contagious. Children to remain away from Nursery for 5 days after appearance of the rash.
Tonsillitis	1-3 days	For first 48hrs of antibiotic therapy.	To stay away from Nursery for first 72 hrs of antibiotic therapy.
Scarlett fever	2-4 days	For up to 21 days after onset of illness.	To remain away from Nursery for up to 21 days after onset of illness.
Whooping Cough (pertussis)	5-14 days	Up to 3 weeks after onset of symptoms.	To stay away from Nursery until symptoms have disappeared and after 7 days of antibiotic therapy.
Erysipelas	1-3 days	Until after 48 hrs of antibiotic therapy.	Highly contagious. To stay away from Nursery for first 72 hrs of antibiotic therapy.
Impetigo	1-3 days	Until skin lesions have healed over.	Highly contagious. To remain away from Nursery until topical treatment is completed and vesicles (blisters) have crusted and separated.

Policy written by Sonya Kanchan-Lal 14.5.12.
Reviewed 4.10.13 / review date: 4.10.14

Herpes simplex	1-7 days	Until vesicles (blisters) have crusted over.	Only cross infection risk to eczematous patients. Therefore these children should not mix whilst eruptions are present.
Ring worm-Tinea	Direct contact from others/ animals/ soil etc	N/A	Cross infection likely. To remain away from Nursery until topical treatment is completed unless “ring” is covered up.
Thread worms	Direct contact between anus and mouth	1. continual faecal/oral route 2. until 1-2 weeks treatment.	Strict hand hygiene of children using toilets. Strict hand hygiene of staff changing nappies and toileting children.
Scabies	Spread by mites having prolonged contact	Until treatment is completed.	To remain away from Nursery until treatment is completed.
Hand, Foot and Mouth (Stomatitis /coxsackie)	1-3 days	1-5 days or as long as symptoms persist.	To remain away from Nursery until asymptomatic (until symptoms have cleared).
Head lice	Direct contact	Until treatment is completed.	To remain away from Nursery until treatment is completed.

<u>Exclusion guidelines and procedures illness and diseases:</u>

- The exclusion guidelines outlined in this section do not include the exclusion timeframes for those infectious diseases that can be immunised against.
- Milkshake Montessori School can describe the need for exclusion be referring to the Health Department’s exclusion guidelines.
- Milkshake Montessori School’s health related exclusion procedures for infectious illnesses and diseases to apply to both children and adults.
- Milkshake Montessori School will contact the child/ren’s parents/carers as soon as possible.
- Observations such as child’s temperature, any rashes etc are documented in a separate ‘illness’ book, by the member of staff who noticed the symptoms originally.
- Ratio’s allowing, the child will be kept separately from other children with a member of staff to minimise cross infection with others.

Families, educators, students, volunteers and visitors can also display symptoms of an infectious illness or disease while in the services environment and as such, the service has an equal duty of care to all person. The immunisation and Health related exclusion policy is applicable to children and adults

- If any of the above infections are present in the Nursery we will inform parents, as appropriate, through signs and verbal communication, especially those that affect vulnerable persons, e.g. pregnant women.
- If you are unsure about any of the signs or symptoms relating to the above mentioned infections please see your GP for confirmation and reassurance
- Please note that the manager has the right to refuse admittance to any child they feel has any of the above symptoms and/or is not well enough to attend Nursery, therefore preventing the spread of infection through the Nursery and the infection of others
- Please think carefully about bringing your child into Nursery if you believe they are unwell.

Immunisations

- Milkshake Montessori will ask that parents provide details of your child's immunisation history on registering your child
- Milkshake Montessori School should have a record of those children who are not immunised. For those families who decide not to immunise their child, there may be a state or territory regulations that require the child to be excluded from the nursery until the disease outbreak is under control. This exclusion may occur even if the child is well.

Practioners:

- Practioners are encouraged to maintain their immunisation status against immunisable diseases
- Milkshake Montessori school has a record of practioners current immunisation status

Identifying symptoms of an excludable infectious illness or disease.

- Milkshake Montessori School ensures that practioners are aware of symptoms which may indicate an excludable infectious disease or illness
- Milkshake Montessori schools health related exclusion guidelines for infectious illnesses and diseases apply to both children and adults
- Excluding children, practioners, students or volunteers who have been diagnosed with an infectious disease or illness minimises cross infection.
- It is crucial that families are aware of Milkshake Montessori School's exclusion guidelines at the time of registration and orientation.
- Milkshake Montessori school will communicate with families during the exclusion period by offering clear and reliable information as to when a child can return to the nursery through emails and signs.

Milkshake Montessori School has consulted with doctors to determine exclusion:

- Children require clearance from a senior practitioner before returning to the nursery.

The following has been taken from the Health Protection Agency Website: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1279618216326
And is used alongside our policy

REPORTING INFECTIOUS DISEASES AND OUTBREAKS

Policy written by Sonya Kanchan-Lal 14.5.12.
Reviewed 4.10.13 / review date: 4.10.14

A number of specific infections are “notifiable”. This means that the clinician (e.g. doctor) who diagnoses these infections is required by law to report them to the “Proper Officer” of the Local Authority. Consultants in Communicable Disease Control (CsCDC) working at Health Protection Units are usually appointed as the Proper Officer and this is the current system in London. So locally, any doctor making a diagnosis of a notifiable disease should notify the CCDC by contacting the local Health Protection Unit or completing an Environmental Health notification form, so that the Health Protection Unit can take action to prevent the spread of the infection. The full list of notifiable diseases is available from the HPA website:
http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NotificationsOfInfectiousDiseases/ListOfNotifiableDiseases/

Reporting

The above notification system is very important for the local control of serious infections, but alone it does not always provide enough timely information to help prevent the spread of disease. To complement this system, Head Teachers or Managers are asked to telephone the HPU as soon as possible to report any serious or unusual illness that is likely to need discussion and advice and also to report cases from their school or early years setting (in staff or children), reported or suspected to be due in particular to any one of the following illnesses:
E Coli O157;
Food poisoning;
Hepatitis A/Jaundice;
Invasive Group A streptococcus;
Measles;
Meningitis;
Mumps;
Rubella (also called German measles);
Tuberculosis;
Typhoid or Paratyphoid;
Whooping Cough (also called pertussis);
Two or more cases of diarrhoea and vomiting that are suspected to have an infectious cause;
Two or more cases of scabies.

This is to prevent unnecessary concern and ensure that appropriate health protection action is taken to reduce spread of disease.
Any case of the less commonly seen notifiable diseases should also be reported - these are included in the full list of notifiable diseases available from the HPA website:
http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NotificationsOfInfectiousDiseases/ListOfNotifiableDiseases/ and includes diseases such as diphtheria and leptospirosis.

It is important that this information is telephoned to the unit as soon as possible.
Having received information from the doctor, the school or the early years setting, the HPU staff can then initiate the action necessary to control further spread of the disease.
Under these circumstances it is normal practice for Health Protection Unit staff to contact the school or early years setting to obtain more information and offer further advice.
Head Teachers and Managers may also wish to contact the HPU if there are two or more cases of the following diseases, for advice on management of the situation:
Ringworm;
Impetigo;
Hand, foot and mouth disease;
Conjunctivitis;
Parvovirus (slapped cheek syndrome/Fifth disease);

Scarlet Fever.

If over 5 cases of chicken pox or slap cheek – Milkshake Montessori School will report this to the HPA

Rash illnesses and pregnancy

In general, if a pregnant staff member or student develops a rash or has had contact with someone with a potentially infectious rash or rash illness, this should be investigated by their doctor/antenatal team. This would include exposure to rubella (German measles), measles, parvovirus B19 (slapped cheek syndrome/fifth disease). It also includes exposure to chickenpox or shingles if the pregnant woman has not had chickenpox previously. The HPU can also be called for advice on the management of pregnant staff or students if needed.

The Health Protection Unit can also be called for advice on any specific or general infection control or communicable disease issue.

Staff can encourage parents to consult their GP about a potentially sick child. This will help the notification procedure to occur, if appropriate, and ensure the correct advice can be passed to the school or early years setting.

Recording

Any illness as above will be recorded in parent contact folder and then details will be passed to the office for information to be transferred to the sickness / illness book. For ease of reporting to the HPU and to enable the head teacher or manager to identify trends of illness, it is recommended that a sickness register for children and staff is maintained and updated weekly.

Exclusion

Children's lack of prior exposure to infection and difficulties in maintaining good standards of hygiene increase the potential for infections to spread. Exclusion from the school or early years setting whilst a child is infectious is vital in preventing further spread of the disease. It is therefore very important to have written policies regarding exclusion based on expert guidance (the HPA „Guidance on infection control in schools and other childcare settings poster: http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1203496946639) which parents agree and "sign up" to. It should include the procedure for contacting parents (or another adult designated by the parent) if a child becomes ill whilst in school or the early years setting, as well as how children are cared for safely whilst awaiting collection. Unwell children should be kept away from school or nursery by the parent until a diagnosis is made and the appropriate exclusion period (if appropriate) is over.

Staff should follow the same exclusion periods as on the aforementioned HPA poster for the relevant infections if diagnosed.

Early years settings should consider how they would manage milder illnesses, such as hand foot and mouth, for which there is no exclusion period. For these milder infections, older children are able to prevent the majority of spread by maintaining good hygiene etc. However, for younger children these infections can be spread more easily and the setting should have a policy outlining further infection control precautions that may need to be out into place, such as increased cleaning, supervision etc.

Pls see below:

For foot and mouth – younger children must be supervised at all times with regards to hygiene and hand washing. They should wash their hands and face as soon as they enter the provision and regularily throughout the session especially before and after eating/going outside.

Practioners should remove and wash anything that comes into contact with their mouths.

Diarrhoea and Vomiting exclusion

Diarrhoea and/or vomiting commonly affects children and staff and can be caused by a number of different germs, including viruses, parasites and bacteria. Infections can be easily spread from person to person (by unwashed hands), especially in children. In general, it is recommended that **any staff member or child with diarrhoea and/or vomiting symptoms must stay away or be excluded from the school or early years setting until they have been free of symptoms for 48 hours (the '48 hour rule') and feel well.** Personal hygiene whilst ill must be very strict.

Outbreaks

The HPU should be informed of an outbreak of any disease. As it may be important to take prompt action to prevent further spread, **Head Teachers and Managers are advised that they should inform the HPU by telephone as soon as they suspect an outbreak** is occurring in their setting.
An outbreak is defined as there being more linked cases with similar symptoms (or a notifiable disease) than would normally be expected. This usually relates to having two or more people affected. In some instances, only one case may prompt outbreak control and pubic health measures (e.g. diphtheria)
Guidelines on the prevention and management of outbreaks of diarrhoea and vomiting in schools, nurseries and other childcare settings can be obtained from the HPU, but do please **remember to call the HPU to report the outbreak as soon as it is recognised**.

Confidentiality

The Health Protection Agency exists to reduce the impact of infectious disease and other health hazards while safeguarding the confidentiality of information about patients. Working closely with doctors, nurses and other health care professionals the Health Protection Agency monitors infections and other causes of illness in order to gain a better picture of the public's health. This work has been going on for many years and is a vital part of the health service. Recent data protection legislation and concerns about patient consent make it even more important that everyone knows how information about them is being used.
Health protection staff process information and are required to treat personal details in strict confidence. They have the same duty to maintain confidentiality as all health care professionals and deliberate or negligent breaches are disciplinary offences. Individual case reports are shared only with health care professionals involved in caring for the patient, or those investigating the source of an outbreak, such as local environmental health officers.
For further information on patient confidentiality and how information is used can be obtained by visiting the confidentiality page on the Health Protection Agency"s website: http://www.hpa.org.uk/ProductsServices/InfectiousDiseases/ServicesActivities/Surveillance/SafeguardingTheConfidentiality/ or by contacting:

Head of Clinical Governance
Health Protection Agency
61 Colindale Avenue
London NW9 5EQ
Tel: +44 (0)20 8200 4400
E-mail: caldicott@hpa.org.uk

Data protection and sharing information

The passing of information regarding incidence of notifiable diseases, as defined by Public Health (Control of Disease) Act 1984, the Public Health (Infectious Diseases) Regulations 1988 to the appropriate bodies is sanctioned by the 1998 Data Protection Act. This is because doing so is "lawful" under the act.
In addition, schools and early years settings have common law powers to share information when to do so is in the public interest, without conflict with the Data Protection Act 1998.

Policy written by Sonya Kanchan-Lal 14.5.12.
Reviewed 4.10.13 / review date: 4.10.14

It meets a condition of Schedule 3 of the 1998 Data Protection Act (Paragraph 7)
7. - (1) The processing is necessary-
a) for the administration of justice,
b) for the exercise of any functions conferred on any person by or under an enactment, or
c) for the exercise of any functions of the Crown, a Minister of the Crown or a government department

It also meets Paragraph (8) of the same Schedule
8. - (1) The processing is necessary for medical purposes and is undertaken by-
a) a health professional, or
b) a person who in the circumstances owes a duty of confidentiality which is equivalent to that which would arise if that person were a health professional.

Therefore the transfer of this data can be made in accordance with the Data Protection Act.
NB “processing” in relation to information within the Data Protection Act 1998 includes the disclosure of the information or data by transmission, dissemination or otherwise making available)
Section 175 of the Education Act 2002 places a duty to ensure the welfare of children:
"Duties of LEAs and governing bodies in relation to welfare of children
(1) A local education authority shall make arrangements for ensuring that the functions conferred on them in their capacity as a local education authority are exercised with a view to safeguarding and promoting the welfare of children.
(2) The governing body of a maintained school shall make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.
(3) The governing body of an institution within the further education sector shall make arrangements for ensuring that their functions relating to the conduct of the institution are exercised with a view to safeguarding and promoting the welfare of children receiving education or training at the institution."

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INFECTION CONTROL PRINCIPLES

Infection control (IC) refers to the different methods and strategies deployed to:
Reduce or eliminate the source of infection;
Reduce or eliminate the transmission of infection.

This can be achieved in part by the use of Standard Infection Control Principles. These evidence based principles should be used for all situations in schools and early years settings since it is not always evident when infections are present. Examples are as follows and will be detailed in the following chapters:
Handwashing;
Use of protective clothing;
Safe management and disposal of waste;
Safe handling of sharp instruments;
Decontamination: cleaning and disinfection;
Correct management of spills of blood and body fluids;
Correct handling and decontamination of laundry.

All facilities providing care for children must have up to date and regularly reviewed written policies and procedures for infection control, and staff should be trained in the correct procedures.
As schools and early years settings are not healthcare facilities, advice on other relevant topics as well as Standard Principles is also covered in these guidelines, such as:
Bites, sharps injuries and other potential exposures to blood-borne viruses;
Pest control;
Staff health;
Food and kitchen hygiene;
Visits to farms and zoos;
Pets;
Classroom equipment and toys.

If staff work with children who have medical “lines” (for the administration of medicines etc), catheters or tubes etc, general infection control principles must always be followed and further specific advice can be obtained from the school nurse service, special schools nurse or specialist nurses (e.g. continence, enteral feeding).
Advice regarding infection control queries is available from the South West London Health Protection Unit**.**

HANDWASHING

Handwashing is one of the most important ways of preventing the spread of infections. Hands are the most common way in which germs, particularly bacteria, might be transported and cause infection. When we touch other people, animals, body fluids, contaminated surfaces, food etc., we can pick up germs on our hands. These germs can then pass into our bodies and cause illness, or spread to other things that we touch (e.g. people, food, surfaces, toys).

Failure to wash and dry hands thoroughly before and/or after certain activities (e.g. after using the toilet, preparing and eating food, dressing wounds) provides the means by which many infections spread. Hand hygiene interventions (e.g. handwashing, education) can reduce the spread of infection and absenteeism substantially in school/early years setting.
It must always be assumed that every person could be carrying potentially harmful germs that might be transmitted and cause harm to others. For this reason, hand hygiene is one of the precautions which must be carried out as standard.

Soap and soap dispensers

Liquid soap is recommended as bar soap can become contaminated with micro-organisms. Soap dispensers should be wall mounted and have individual replacement cartridges which are discarded when empty. This reduces the potential for accidental contamination of the soap. Dispensers should be maintained and cleaned (including the undersides and nozzles) regularly.

Drying hands

Disposable paper towels are recommended for drying hands, as re-usable towels are often damp and can harbour germs and re-contaminate hands. Drying hands thoroughly after washing is important as wet surfaces transfer micro-organisms more effectively than dry ones. It is suggested that paper towels rub away more germs that are loosely attached to hands. Ineffective drying may also lead to skin damage. Warm air hand dryers are generally not recommended as they blow germs back onto the hands, they take longer to dry hands than paper towels, people often do not spend long enough using the dryer and they can only serve one person at a time. However, if roller towels or air dryers are used, then they must be maintained regularly. Roller towels must be replaced frequently. Cloth/cotton towels/tea towels should not be used as they allow recontamination of the hands.

Facilities

Facilities in schools and early years settings must be suitable to ensure hand hygiene is effective, in order to help control spread of infection. This includes having dedicated handwash basins (not sinks used for food preparation), adequate supplies of liquid soap and paper towels, a comfortable water temperature (not temperatures that could scald), and adequate numbers of sinks at appropriate heights. Dedicated handwashing facilities should be available in toilets (children and staff), nappy or pad changing areas, kitchens and laundry areas.

Method

Thorough handwashing with soap and water is sufficient to remove germs for most routine daily activities. Hands should be washed using the following method:
Wet hands under tepid running water;
Apply a liquid soap;
Ensure the soap comes into contact with **all** the surfaces of the hand;

Rub hands together vigorously for a **minimum** of 10-15 seconds, paying particular attention to tips of fingers, thumbs, and between fingers;
Rinse hands thoroughly under running water;
Dry hands thoroughly with good quality disposable paper towels;
Turn the tap off. Try to avoid touching the tap directly, by using the paper towel, as there is a risk of recontamination;
Dispose of paper towels in a bin (preferably foot operated to avoid contamination of clean hands).
See appendix 2 for examples of handwashing posters available from the HPU.

Points to remember:

Communal nail brushes, cloths or bowls of standing water should not be used to clean hands as they can become contaminated and spread infection;
Waste bins should be foot operated so that hands do not become contaminated when disposing paper towels;

Children may not know how to wash their hands and may need to be shown and/or supervised;
Flannels are not recommended for wiping (e.g. hands and faces after eating) as they often remain wet for a period of time and provide ideal conditions for growth of germs. Handwashing and disposable wipes for faces are recommended instead;
Nails should be kept short if providing hands on care or food preparation;
Cuts and abrasions should be covered with waterproof dressings;

Coughs and sneezes spread diseases!

Staff and children should be encouraged to cover their nose and mouth with a disposable tissue, when coughing or sneezing. Once used, the tissue should be disposed of and hands washed. If bare hands are coughed or sneezed into, they should be washed immediately.

Situations where handwashing / hand sanitizing is necessary:

Whenever visibly dirty;
After using the toilet;
After sneezing/blowing nose;
After contact with blood/body fluids (e.g. faeces, vomit);
Before preparing and serving food or drink and after handling raw food;
Before eating and drinking;
Before feeding children;
After touching animals and/or their cages, feeding utensils and toys;
After touching any potentially contaminated surface (e.g. cleaning cloths/equipment, soiled clothing);
Before and after toileting/handling potties/changing nappies and pads;
After caring for sick children;
Before and after handling any wounds/dressings;
Before handling sterilised feeding equipment or preparing a feed;
Before giving or applying any medication, or applying contact lenses;
After removing gloves and/or aprons;
After any cleaning procedure;
After dealing with waste;
After playing outside or playing with sand or water.
As a minimum, hands must be washed before an activity that could introduce an infection to a susceptible site (such as a wound) or person, and after an activity that could result in the hands becoming contaminated by germs (e.g. contact with urine or faeces).
Children may need to be supervised when handwashing to ensure it is effective, especially in the event of an outbreak of infectious disease.

Alcohol-based handrubs

Alcohol-based handrubs can be useful for rapid hand decontamination between interaction with children, particularly where access to handwashing facilities may be lacking. **It is important to note that alcohol-based handrubs are not cleansing agents to be used in place of handwashing and their activity can be inactivated by soilage/organic matter, therefore visible dirt must be removed with soap and water.**
Alcohol-based handrubs or gels offer a practical and acceptable alternative to handwashing in some situations, as long as hands are not visibly dirty or have undertaken a dirty procedure (e.g. nappy or pad changing). Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material (i.e. following the removal of gloves, after touching animals) must be washed with liquid soap and water.
The steps to perform hand hygiene using an alcohol-based handrub are the same as when performing handwashing. The handrub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry (do not use towels to dry hands). Follow

manufacturers‟ instructions for the amount of product to use and how long to rub hands together for etc. Hands should be washed with soap and water after several consecutive applications of alcohol-based handrub.
Alcohol-based handrubs and gels currently have **limited activity** against some diarrhoea and vomiting illnesses. Where symptoms of diarrhoea or vomiting are present which are suspected to be infectious (e.g. norovirus) it is important that hand hygiene is carried out with liquid soap and water.
Caution must be taken when using alcohol-based handrubs in relation to flammability and ingestion. Some institutions have raised concerns over a number of issues including: potential fire risks; accidental and intentional removal of dispensers and accidental or intentional ingestion. Local risk assessments should be undertaken and procedures put in place to address each of these issues if alcohol-based handrub is to be used. Caution must also be taken to avoid drips or spills of solutions for health and safety reasons (e.g. slips or falls).

LAUNDRY

Linen and clothing can potentially be sources of cross-infection. Using disposable cloths and mop heads, disposable paper towels and sending soiled clothing home for parents to wash is recommended practice and may negate the need for a laundry facility within the school or early years setting.
Laundering reduces the number of micro-organisms and lowers the risk of infection, provided the correct facilities and methods are followed. If a facility within the setting is required, it needs to have an appropriate washing machine and cold pre-wash cycle or a sluice cycle.
The laundry area should be situated away from food preparation areas and be inaccessible to children. There must be enough space in order that clean and dirty linen are kept well apart.

Handling linen

Personal protective equipment (PPE), e.g. disposable gloves and aprons should be used for handling dirty or contaminated clothing and linen, due to the potential exposure to body fluids.
Used linen, towels and clothes should be stored in a colour coded bag/container (usually white if not infected/foul) if it is for washing. Laundry bags should be no more than two thirds full. Ideally, reusable kitchen cloths and towels should not be used, but if they are they should be laundered separately.

Foul/infected linen should not be soaked, rinsed or sluiced by hand as the operator is at risk of inhaling fine contaminated aerosol droplets. Any solid waste (vomit, faeces etc) should be carefully disposed of into the toilet

The laundry operator should use protective clothing (disposable gloves and apron) when dealing with linen and hands should always be washed after handling linen/detergent. Correct high temperature wash programmes plus detergent products which remove organic residues (e.g. faeces, urine and blood stains) from fabric should always be used as the fabric could otherwise continue to harbour germs.

Soiled clothing

If clothing becomes soiled, do not manually rinse/soak soiled items (see above). The ideal option is to flush any solid material (e.g. vomit, faeces) into the toilet carefully avoiding splashing, and then place into a sealed, waterproof bag for the parent to collect and wash at home.
It is preferable not to launder soiled clothing in schools or early years settings, We explain to parents that washing or rinsing soiled clothing increases staff exposure to germs that may cause disease. Although receiving soiled clothing is not pleasant, parents should be reminded that such a policy protects the health of all staff and children.

Face flannels should not be used, as they often remain damp and can harbour germs. Disposable wipes should be used instead.

We do

✔ ensure used linen and linen bags/receptacles are taken to the laundry area which cannot be accessed by children and are not placed on inappropriate surfaces, e.g. those that are touched frequently/used for other purposes. Do not store in corridors
✔ ensure foul/soiled/infected linen is thrown away

We do not

✘ manually rinse/soak soiled items
✘ place/drop linen on the floor or on other surfaces which may be touched frequently as this could then lead to contamination

WASTE MANAGEMENT

Milkshake Montessori School has a contracted operator to collect all waste weekly from the nursery.
Some wastes are harmful to health or the environment, either immediately or over a period of time. These are known as hazardous wastes. If school/early years settings produce hazardous waste, there is a statutory duty to ensure it is disposed of correctly. Hazardous waste is a very broad term for a wide range of substances and may include infectious waste, cleaning chemicals, waste electronics and laboratory chemicals.
The following guidance should be considered alongside other local and national guidance. More detailed guidance on the correct disposal and the colour coding of waste is available from the Department of Health website:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063274
and from the Environment Agency:
http://www.environment-agency.gov.uk/

Waste streams:

Domestic waste (clear or black bags)

Domestic waste is similar in nature and composition to waste generated in the home. Domestic waste should not contain any infectious materials, sharps or medicinal products. Domestic waste may be placed in clear or black bags for disposal. Small quantities of offensive/hygiene waste may be put in the domestic waste stream – see below for amounts.

Offensive/hygiene waste (yellow/black bags)

Soiled or human hygiene waste (e.g. incontinence waste, sanitary products, plasters, small dressings, nappies, disposable gloves and aprons) that is not generated by a healthcare practitioner is assumed (for the purposes of waste classification) to present no risk of infection, unless a health care practitioner gives specific advice to the contrary. However this type of waste is contaminated with blood and/or bodily fluids and may cause offence, so is classified as “offensive/hygiene waste". If this type of waste is produced in quantity (i.e. over 7kg in any collection interval) it should be segregated and placed in yellow/black bags, to alert those in the waste management chain to its contents, and collection by a registered waste contractor arranged. If the quantity of offensive/hygiene waste is less than 7kg in one collection interval, then it may be sealed in plastic bags and put in the black bag (domestic) waste stream.
Those who have a duty of care for waste must ensure appropriate risk assessments and procedures are in place to identify circumstances where the above advice may not apply, for example, where there is an outbreak of infectious gastrointestinal disease. Infectious waste in that circumstance is „hazardous" and should be placed in orange bags and a hazardous waste collection arranged (see below).

Milkshake Montessori School ensures that there is a setting waste contract in place

In general:
Waste contaminated with body fluids can be disposed of in the domestic waste stream if:
it is produced in small quantities – i.e. less than 7kg (approx 1 bin bag) in one collection period

and
it is not infectious (after a risk assessment)

NB – sharps must always be disposed of into sharps containers and never placed in waste bags
For reasons of practicality, if schools/early years settings wish to use one sharps container but use sharps for a variety of reasons (e.g. vaccinations, insulin administration), then a yellow and purple sharps receptacle could be used.

General waste principles:

For these waste systems to work effectively, staff must be provided with appropriately coloured and labelled waste bags and sack holders (bins). They must be positioned in locations that meet the requirements of the work practice, and as close to the point of production of waste as possible;
Waste bags should not be filled more than ¾ full before being tied closed and removed/ replaced;
Bags should be securely sealed – plastic tie closures should be used for healthcare waste sacks;

Bags should be labelled to indicate their origin, e.g. coding on the sack itself, or label showing the name and postcode of the school/early years setting.
Where waste accumulates in small quantities daily, the interval between collections should be as short as is reasonably practical. For infectious waste (excluding sharps) the collection period should be no less than once a week, unless the waste is refrigerated (this must be in separate dedicated fridges).
Clear information and training must be available for those working where waste is generated – posters displayed at appropriate locations showing the different waste streams and types of waste may be helpful
Waste should be stored securely (in a locked, dedicated area) to prevent harm to the environment or to human health. The area should be pest-proof, under cover from the elements and inaccessible to animals, children and the public. There should be correct segregation compartments for the different types of waste produced
The schools waste bins are located at the front of the building.
Waste should not accumulate in corridors or other places accessible to pupils or members of the public
All waste bins should be foot operated, lidded, clean and in good working order

General Sharps Waste Principles:

Sharps should never be discharged to allow disposal into a certain type of box;
Boxes used for the disposal of sharps and liquid medicinal waste must be leak proof;
Sharps boxes must be collected when ¾ full and must never exceed the permissible marked mass;
Sharps receptacles should be exchanged at regular intervals of no less than 3 months – even if seldom used;
Sharps containers must comply with BS 7320 (1990)/UN 3291 standards;
Sharps containers should be correctly assembled, labelled with date, school/early years name and signed;

Store sharps containers safely and securely, off floor level, below shoulder height and out of reach of children;
Sharps containers should be available at, or taken to, the point of use;
Sharps should be stored safely away, inaccessible to children and the public;
For more information on sharps safety and prevention and management of accidents, please see chapter on sharps injuries and other potential exposures to blood borne viruses;

For more information call the Environment Agency (08708 506 506) or your local Health Protection Unit.

Discarded sharps, syringes or drug litter found on school/ early years setting premises

There is a potential for blood borne virus transmission via a sharps injury/discarded needle injury, as mentioned in earlier chapters of this guidance (Sharps Injuries And Other Potential Exposures To Blood Borne Viruses (BBVs)). If discarded needles, sharps or drug litter are found on the school/early years setting premises, staff should be aware of the procedures to follow, to minimise risk of accidental injury or disease transmission. It is advisable to obtain advice from the Environmental Health Department and carry out a risk assessment prior to this situation occurring.
If needles/syringes or any drug litter is found:
Cordon off the area;
Do not touch any of the items;
Contact the Environmental Health Department at the local council for safe removal;
If needles or syringes are regularly found, then contact and inform the police.

Sickness, transmission and management

The purpose of infection control procedures is to reduce the number of germs to a level where there is no longer a threat to health. This can be done by reducing/removing the source of infection or preventing the transmission of germs from the source. Although this level can be variable according to the specifice setting and will require risk assessment, the main ways this can be achieved is for the team to ensure.

- Comprehensive and ongoing infection control education programmes for staff (e.g. basic hygiene measures such as the importance of handwashing, food hygiene, cleaning etc.)
- Up to date and regularly reviewed infection control policies and procedures for use in the school and early years settings to help ensure that the risks if infection to the children and staff are minimised eg. having comprehensive exclusion policies for ill staff and children.
- Promotion of childhood immunisations and ensuring opportunities are taken to remind parents of the importance of their children being up to date with the current UK immunisation schedule.
- The use of an infection control audit tool appropriate for the setting. This can help school and early years setting staff not only monitor and document current practices but to identify both good practice/facilities and those that could be improved pr updated.

For futher information:

www.hpa.org.uk: