



## Infection Control Policy

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| <b>Approved by Trust Board</b>            |  |
| Approved by Trust Recognised Trade Unions |  |
| Review Date                               |  |

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### 1. THE LAW

The Public Health (Control of Disease) Act 1984 the Public Health (Infectious Diseases) Regulation 1988 and the Health Protection Regulations 2010 require that specific diseases are reported to the Proper Officer.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires the reporting of work-related accidents, diseases and dangerous occurrences.

The Environmental Protection Act 1990 and the Controlled Waste Regulations of 1992 govern how waste is stored and disposed of.

Food hygiene matters are controlled by the Food safety Act 1990 and Food Safety & Hygiene (England) Regulations 2013

### 2. KEY ACTION POINTS

- Ensure that all employees understand and practice the principles of infection control in all school activities.
- If infection occurs follow the guidance given.

### 3. MANAGEMENT ISSUES IN INFECTION CONTROL

#### 3.1 Definition of Terms Commonly used in Infection Control

**A Carrier** – is someone who is harbouring and/or excreting a bacteria or virus without suffering from illness.

**A Case** – is someone who has the infection and has the symptoms.

**A Contact** – is someone who has been exposed to an infected person or a contaminated environment so that he or she could become infected. Employees are seen as contacts where children are the case, just as children are contacts if the staff are ill. Employees are usually the contacts. Where staff may be vulnerable to serious effects, this will be mentioned under individual illnesses. The person in charge must decide whether staff need more advice in the case of some illnesses, for example hepatitis.

There should be no assumption about who is or is not a contact.

Some children will be more vulnerable to the serious effects of specific infections, due to an underlying illness for example leukaemia.

**Food Handler** - is any person whose work involves touching unwrapped foods to be consumed raw or without further cooking.

**Incubation period** - is the time between a person becoming infected and actually showing signs of illness.

**Period of Infectivity** – is the time a person remains infectious. This can include the incubation period above.

**Isolation** – is a way of separating a person with an infection to help prevent this infection from spreading.

**Route of transmission** – is the way in which an infection is passed from one person to another, these include:

- a) direct from person to person, by touch, by breathing in germs, by sexual contact, and contact with blood or infected body fluids and by the faecal – oral route
- b) indirect ie via contaminated food or water
- c) via contact with animals or insects carrying infection
- d) from mother to baby before or during birth (or during breast feeding)

#### 3.2 Outbreak Plan

Food poisoning or infectious disease can occur at any time and forward planning on your part could help reduce the severity, length and outcome of any given outbreak.

It is recommended that each Head teacher formulates an outbreak policy which meets the particular needs of their area, taking into account the information contained in this document.

##### Definition of an outbreak

An outbreak has been defined as two or more related cases of infectious disease or an incidence of infectious disease in excess of some expectation.

Occasionally one case of an infection with important public health implications may be considered an outbreak eg a case of polio or diphtheria.

##### The objectives of an Outbreak Plan are as follows:

1. to ensure prompt action
2. to determine the cause of the outbreak

3. to prevent further spread
4. to prevent recurrence
5. to ensure all necessary agencies are promptly informed of a possible outbreak

To achieve these objectives it is essential to have an outbreak plan which is based on the following principles

- All staff should be aware of the definition of an outbreak
- All staff know who to inform in the event of a suspected outbreak
- All staff are familiar with the infection control policies within the establishment
- The outbreak plan should be regularly reviewed
- Good communication networks are established, both within the establishment and with outside agencies

### **Who to Inform**

- a) General practitioner
- b) The CEO, Principal, Head teacher
- c) Registration Officer
- d) Consultant in Communicable Disease Control (CCDC) (Public Health England)
- e) Environmental Health Officer (if outbreak of diarrhoea)
- f) Relatives
- g) Other personnel specific to area of work ie teachers, supply teachers, SSAs, etc
- h) Infection Control Nurse
- i) Telford & Wrekin's Occupational Health Unit.

**Support and further advice is available if required from the following:**

**Public Health England Centre (PHE) Health Protection Team – 0344 225 3560 (option 2-option2)**

Infection Prevention & Control Team – 01743 277671

School Nurses: Wellington 01952 246577  
Stirchley 01952 596677  
Newport 01952 825059  
Shifnal 01952 462862

School nurse would refer on if needed.

### **Environmental Health Officers**

Telford & Wrekin Council - 01952 381818

### **Health and Safety**

Telford & Wrekin Occupational Health - 01952 383630

## Outbreak plan within the school

### Points to Remember:

- Ensure relevant agencies have been informed
- Relevant microbiological specimens will need to be collected, advice and help will be available
- In residential establishments it may be possible to care for all affected children in one area of the building
- Review extra requirements to cope with outbreak eg staffing levels, linen, disposables
- Ensure adequate facilities to launder soiled linen and dispose of any additional waste
- In-service training and updates on infection control are essential for good practice. During an outbreak, relate these good practices to the type of infection causing the outbreak.
- Ensure food service staff are aware of their particular obligations to report illness under the Food Safety & Hygiene (England) Regulations 2013.

### Further information

GPs, hospital clinicians and environmental health officers are responsible for notifying PHE about a case of food poisoning or infectious disease. It is essential to ensure this has been done.

Instituting and managing an outbreak plan in the community is the responsibility of PHE. They may decide to convene an Outbreak Control Team, which may include a member of staff from the childcare establishment involved.

List of Notifiable Diseases under Health Protection (Notification) Regulations 2010

|  |  |                                   |
|--|--|-----------------------------------|
| Acute Encephalitis                           | Acute Meningitis   | Acute Poliomyelitis               |
| Acute Infectious Hepatitis                   | Anthrax  | Botulism                          |
| Brucellosis                                  | Cholera  | Diphtheria                        |
| Enteric Fever (typhoid or paratyphoid fever) | Food poisoning   | Haemolytic Uraemic Syndrome (HUS) |
| Infectious Bloody Diarrhoea                  | Invasive group A Streptococcal Disease and Scarlet Fever | Legionnaire Disease               |
| Leprosy                                      | Malaria  | Measles                           |
| Meningococcal Septicaemia                    | Mumps  | Plague                            |
| Rabies                                       | Rubella  | SARS                              |
| Smallpox                                     | Tetanus  | Tuberculosis                      |
| Typhus                                       | Viral Haemorrhagic Fever (VHF)                           | Whooping Cough                    |
| Yellow Fever                                 |  |                                   |

**It is the doctor's responsibility to notify these diseases to the Department of Public Health.**

### Other Infectious Diseases

If a teacher becomes aware of any case, or suspected case, of infectious disease affecting any scholar in the school, the fact should be notified at once by phone to PHE on the number above.

If a large numbers of children are absent with flu like symptoms or diarrhoea/vomiting for example, this must also be reported to PHE on the number above.

Wherever, in addition to notified cases and contacts, there are a considerable number of children absent from unknown causes, please contact PHE as above.

## Food Handlers

Under the Food Safety & Hygiene (England) Regulations 2013, food handlers have a duty to report the following illnesses to their employer:

- Vomiting
- Diarrhoea
- Skin rashes
- Boils
- Infected cuts
- Any discharge from ears, eye, nose or other parts of the body.

### ***They should also report:***

1. Any attack of diarrhoea and vomiting on holiday, even if they are well on return to work.
2. If they have had close contact with anyone suffering from any of the above symptoms

NB If the Head teacher requires advice about a person's fitness to work, he/she should seek this from PHE or the Environmental Health Officer.

## 3.3 Working with Parents and Press

For cases likely to cause concern among parents or attract the interest of the press, PHE will tell you what advice to give to parents.

Advice should also be sought over what comments to give to the press. With many infections only laboratory tests will confirm the diagnosis. Sometimes these can take several days to complete. Normally it should suffice for a school to simply confirm whether or not a presumptive diagnosis of a particular disease has been made and to divert further technical questioning PHE.

If asked what action the school or nursery is proposing to take, the comment should be that the school will comply with whatever medical advice is given by PHE.

## Exclusion

### Exclusion of children

Exclusion periods play an important part in limiting the spread of infection. The purpose is to separate a child with a potentially dangerous infectious disease from other children so the infection does not spread.

Headteachers acting on behalf of the Local Authority or School Governors can exclude children. The Consultant in Communicable Disease Control has legal powers to exclude but these are very rarely required.

It is suggested that other childcare establishments make their exclusion policy explicitly known to parents/guardians, preferably in the documentation that is completed and signed when the child is first registered at the establishment.

Exclusion periods for children have no legal basis they are minimum periods and recommended on the basis of current research. It is generally expected that a child would only return to school/nursery/playgroup if well enough to benefit from it.

Please refer to: [Guidance on Infection Control in Schools and other Childcare Settings](#)

## **Exclusion of staff**

### **General Staff**

The same rules of exclusion apply to all members of staff and to peripatetic workers who come to the establishment.

### **Staff involved in Food Handling**

The Food Safety & Hygiene (England) Regulations 2013 state that a person engaged in food handling is directed to inform their supervisor if they are suffering from or have been in contact with certain infections (see Outbreak Plan). The supervisor should exclude the employee and inform the EHO.

## **4. GENERAL INFECTION CONTROL GUIDELINES:**

### **4.1 Handwashing**

#### ***GOOD HANDWASHING IS THE SINGLE MOST IMPORTANT MEASURE IN THE PREVENTION OF THE SPREAD OF INFECTION***

Proper hand washing facilities are very important for staff, children and visitors.

These should include:

- Use of hot and cold running water
- Use of liquid soap
- Use of disposable paper towels for hand drying

The difficulties in supervising large numbers of children to ensure they wash their hands correctly is obvious therefore:-

1. Children should be instructed in correct hand-washing methods as part of a planned health promotion programme.
2. Adults in contact with children are in an ideal position to continually reinforce the “hand-washing message”.

Please see leaflets and instruction on correct hand-washing methods, these can be photocopied.

### **4.2 Personal Protection against Infection**

There are many reasons why one person could be more susceptible to infections than another. It is important to consider the wider societal and environmental issues, for example poverty, damp housing and overcrowding.

**An individual may be susceptible because of:-**

- Cuts/abrasions on skin allow entry of infecting organisms
- Lack of immunisations
- Underlying disease weakening the body's ability to fight infection
- Drug treatments with the same effect as above
- Poor dietary intake
- Stress

### **Personal Protection – children and carers**

- Cover all cuts and abrasions on hands and arms
- Maintain high standards of personal hygiene at all times
- Ensure that immunisations are kept up to date
- Use protective clothing supplied appropriately

- Administer prompt First Aid in the event of injury

### **PERSONAL PROTECTION IS A TWO WAY PROCESS.**

**Employers have responsibilities as set out in health and safety legislation.**

**Employees have a responsibility to practice safely using the guidance and means provided by employers.**

Infection within an establishment may need the introduction of additional protective measures.

**Carers, by practical example, can influence the child's ability to protect themselves and others from infections.**

#### **4.3 Immunisation**

##### **Immunisation for adults**

Protection against polio and tetanus should be kept up to date.

Women of child bearing age who are unsure if they have had rubella (German measles) can be tested and if the test is negative are advised to have the rubella vaccine.

Other vaccines may be recommended in the event of an outbreak.

For up to date information on Immunisation for children you can refer to:

<https://www.gov.uk/government/collections/immunisation>

#### **4.4 Protective Clothing**

All staff are advised to wear clothing which can be easily laundered should contamination with Body fluids occur.

The following protective clothing should be provided:

1. Latex gloves where exposure to body fluids may occur
2. Disposable plastic aprons for use:
  - When nappy changing
  - Whenever there is a risk of contamination of clothing with body fluids
  - When clearing spillages of body fluids

There may be circumstance where additional protective measures need to be taken.

It is a legal requirement under the Personal Protective Equipment at Work Regulations 1992 for the employer to ensure that suitable protective equipment is provided to his employees who may be exposed to a risk to their health or safety while at work. Except where and to the extent that such risk has been adequately controlled by other means which are equally or more effective.

Employers shall ensure that an assessment is made to determine whether the personal protective equipment they intend to provide is suitable.

#### **4.5 Cleaning**

**Environmental hygiene is an essential part of infection control**

**Do not disinfect until you have cleaned first**

The purpose of cleaning is:

- To maintain appearance
- To maintain function of an object
- To control bacteria

All three purposes should be considered when choosing a cleanser.

Thorough cleaning will remove contaminants such as:

- Dust or soil
- Large numbers of bacteria
- Organic matter such as blood or faeces which harbour bacteria or Viruses.

Thorough drying of equipment and good ventilation of areas will further reduce numbers of bacteria.

### **Important points**

- Each establishment should have a planned cleaning regime to cover all areas and equipment
- Cleaning equipment should be colour coded for use in individual areas such as food service areas, toilets and bathrooms, general accommodation and outdoors.
- Cleaning equipment should ALWAYS be thoroughly washed after use and stored to dry:
- Mop Head upwards
- Buckets inverted
- Cloths (if not disposable) preferably dried outdoors
- Vacuum filters should be changed regularly
- Tanks in scrubbing machines emptied and drained
- Brushes removed and cleaned

### **Bacteria have been found in water that has been allowed to accumulate in equipment**

#### **For those responsible for purchasing equipment**

- Check with manufacturers cleaning instructions for equipment, including children's toys
- A good quality detergent is adequate for most situations
- Detergents which are anionic/non-ionic have good detergent qualities for environmental cleaning, for example any good quality liquid detergent such as Fairy Liquid
- Cationic detergents are less efficient cleaners but manufacturers will stress their ability to destroy bacteria NB this ability is somewhat limited eg Roccal, Dettol ED, Cetavlon, Tego, Zephirin, Jeyes Pine
- Consider Health and Safety COSHH implications of products purchased.
- A list of cleaning chemicals that meet BS EN 1276 and BS EN 13697 can be found here <http://www.disinfectant-info.co.uk/>

### **4.6 Disinfection**

In most areas thorough cleaning with a good quality detergent solution will be adequate to maintain good hygiene standards and control bacteria.

The use of disinfectants is recommended as follows:

- In food service areas
- When clearing up spillages of body fluids
- During outbreaks of specific infections
- Many schools will use disinfectants in showers, changing rooms and toilets. When a disinfectant is used at the correct strength it will reduce the numbers of bacteria or viruses present to a level not harmful to health.

**Thorough cleaning is essential as disinfectants will not work in the presence of dirt or organic matter such as faeces.**

## Chlorine - based disinfectants

These disinfectants are widely recommended as they are active against HIV and Hepatitis viruses and a wide range of bacteria.

### There are 2 Groups:

1. Hypochlorite – eg Chlorox, Domestos, Milton
2. Sodium dichloroisocyanurates (NaDCC) – eg Presept, Sanichlor, Haz-tab, Titan, Diversey

### Please note:

NaDCC tablets, powders, granules are very stable when stored dry but in common with all Hypochlorites unstable in solution; solutions must, therefore, be used immediately.

They must be diluted and used according to manufacturer's instructions to be effective.

Dilutions of hypochlorite solutions eg Domestos

|                            |                                 |
|----------------------------|---------------------------------|
| Blood spills               | 1 part solution/10 parts water  |
| Environmental Disinfection | 1 part solution/100 parts water |
| Utensils, catering )       |                                 |
| Surfaces and equipment )   | 1 part solution/500 parts water |

**NB** Consider Health and Safety COSHH implications when using Chlorine based disinfectants.

### Five do's for using disinfectants

- **Do** measure disinfectant and water correctly
- **Do** use a clean, dry bucket
- **Do** wash and clean dirt away first then disinfect the area
- **Do** throw away your disinfectant solution when today's work is done
- **Do** remember that incorrectly stored disinfectants can become contaminated by bacteria and actually spread infection

### Eight don'ts for using disinfectants

- **Don't** expect a disinfectant to sterilise
- **Don't** store cleaning tools in disinfectant
- **Don't** "top up" disinfectant solutions
- **Don't** use yesterday's solution – make up fresh
- **Don't** use any disinfectant that is not supplied by the establishment you work for
- **Don't** mix two disinfectants together
- **Don't** add detergent to a disinfectant solution
- **Don't** expect disinfectant to make dirt safe

**Remember - clean first then disinfect if necessary**

## 4.7 Spillages

### SPILLAGES - BODY FLUIDS

**BODY FLUIDS – VOMIT, DIARRHOEA, URINE, SPUTUM  
(if blood stained treat as for blood spills)  
A SPILLAGE KIT SHOULD BE PROVIDED**



**GLOVES AND PLASTIC APRON MUST BE WORN**



**PLACE SOILED CLOTHING IN PLASTIC BAG AND SEAL FOR DISPATCH TO LAUNDRY OR HOME**



**CLEAN AREA WITH FRESH SOLUTION OF DETERGENT AND HOT WATER  
USE PAPER TOWELS OR DISPOSABLE CLOTHS  
NEVER USE A MOP**



**THOROUGHLY CLEAN AREA AGAIN WITH A FRESH DETERGENT SOLUTION AND ALLOW TO DRY  
(If preferred a freshly made up disinfectant solution can be used at this stage)**



**CARPETS AND UPHOLSTERY CAN NOW BE SHAMPOOED IF REQUIRED**



**DISCARD ALL DISPOSABLES IN A PLASTIC BAG AND SEAL PLACE IN BLACK HOUSEHOLD  
WASTE BAGS  
(If it is possible dispose as clinical waste in yellow waste bags)**



**THOROUGHLY CLEAN ALL EQUIPMENT USED WITH FRESH SOLUTION OF DETERGENT AND  
WATER**



**WASH HANDS THOROUGHLY**

## BLOOD SPILLAGE

**Gloves and Plastic Apron MUST be worn**



**NaDCC powder  
(Sanichlor, Presept)**

**Sprinkled over spillage, leave for  
time period indicated in usage  
instructions**

**OR**

**Cover spillage with paper  
towels and pour 1%  
Hypochlorite solution on top**

**Hypochlorite solution on top**



**Wipe up immediately with paper towels  
Without kneeling on the floor  
DO NOT USE A MOP**



**Dispose of waste in yellow plastic bags  
If this is not possible use a plastic bag  
And SEAL, then place in a  
Black household waste bag**



**WASH HANDS THOROUGHLY**

**Wet, Soap, Wash, Rinse, Dry  
Stop germs spreading, the power is in your hands.**

**Have you washed your germs away? Wash your hands**

## 4.8 Waste Disposal

If problems arise, advice can be obtained by contacting the Waste Regulation Authority of the Environment Agency.

***Specific advice should be sought from the above re disposal of:***

- Radioactive waste
- Cytotoxic waste
- Pharmaceutical waste

The categories of waste most frequently seen in child care establishments are:

1. **General Waste** – a mixture of paper packaging etc possibly with a proportion of putrescible (eg food) waste.  
Disposal Method – Black bag collection. Disposal – land fill  
NB Aerosols, glassware and cans – separate disposal or carefully wrapped in newspaper. Secure tamper proof storage prior to collection. Disposal – Land fill. Consider recycling.

2. **Waste Food** – the bin for waste food should not be used for paper refuse. Ideally it should be removed from premises at the end of each working day. External storage facilities should be cleaned thoroughly on a planned basis.

Dustbin lids should fit tightly to prevent insect and animal access.

3. **Clinical Waste** – definition:

Any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products (see above) swabs or dressings, syringes, needles or other sharp instruments.

It should be disposed into yellow clinical waste bags.

Needles and other sharps should be put into British Standard lockable SHARP BOX. Once boxes are  $\frac{3}{4}$  full they should be sealed and locked prior to disposal. Sharps boxes should not be placed inside a yellow bag.

**Dangers of injury and cross infection are due to the inappropriate disposal of needles or sharp instruments into waste disposal bags, instead of a sharps box.**

### **Please take care**

Because the amount of clinical waste generated in a child care setting may be small, please note the following:

1. **Small amounts** – ie up to  $\frac{1}{4}$  of a full size yellow waste bag per week can be disposed of via black bag household waste (see below re sharps).
2. **Larger amounts** - ie more than  $\frac{1}{4}$  of a full size yellow waste bag per week. This should be disposed of as clinical waste in yellow bags and weekly collection organised via Telford & Wrekin Council collection service (tel. 01952 619251) or private registered waste collection service.

**\*NB** The correct disposal method for nappies or pads can be assessed as above.

3. Waste containing sharps or the presence of specific infections will require all clinical waste to be disposed of via Telford & Wrekin Council collection service (tel. 01952 384040). Clinical waste must be stored in an area secure from the public. Storage surfaces should be impermeable (ie not wood) to ensure adequate decontamination and clearance of spills.

## **AVOIDANCE OF INJURY – STAFF EDUCATION**

### **All staff who are required to move bags of clinical waste by hand should:**

- Check bags are effectively sealed
- Handle bags by the neck only
- Know the procedure in case of accidental spillage (see flow chart)
- Ensure origin of waste is clearly marked on the bag
- Understand special problems relating to sharps injury
- Be aware of procedure if sharps injury occurs (see below)
- Use protective clothing as provided eg heavy duty gloves
- Wear sturdy footwear to prevent injury, if sharps are accidentally spilled.

## **SAFE DISPOSAL OF WASTE IS AN INTEGRAL PART OF GOOD INFECTION CONTROL MEASURES**

### **If you are injured by a suspect needle or other sharp you should:**

- Encourage bleeding of small puncture wounds by gently squeezing. Do not suck the area.
- Wash the affected area with soap and warm running water, but do not scrub. Do not use antiseptics or skin washes.
- Accidental splashes of body fluids into mouth or eyes should be rinsed with warm water or saline. Rinsing should be done before and after removing contact lenses. Water used for rinsing the mouth should not be swallowed.
- Change blood soaked clothing.

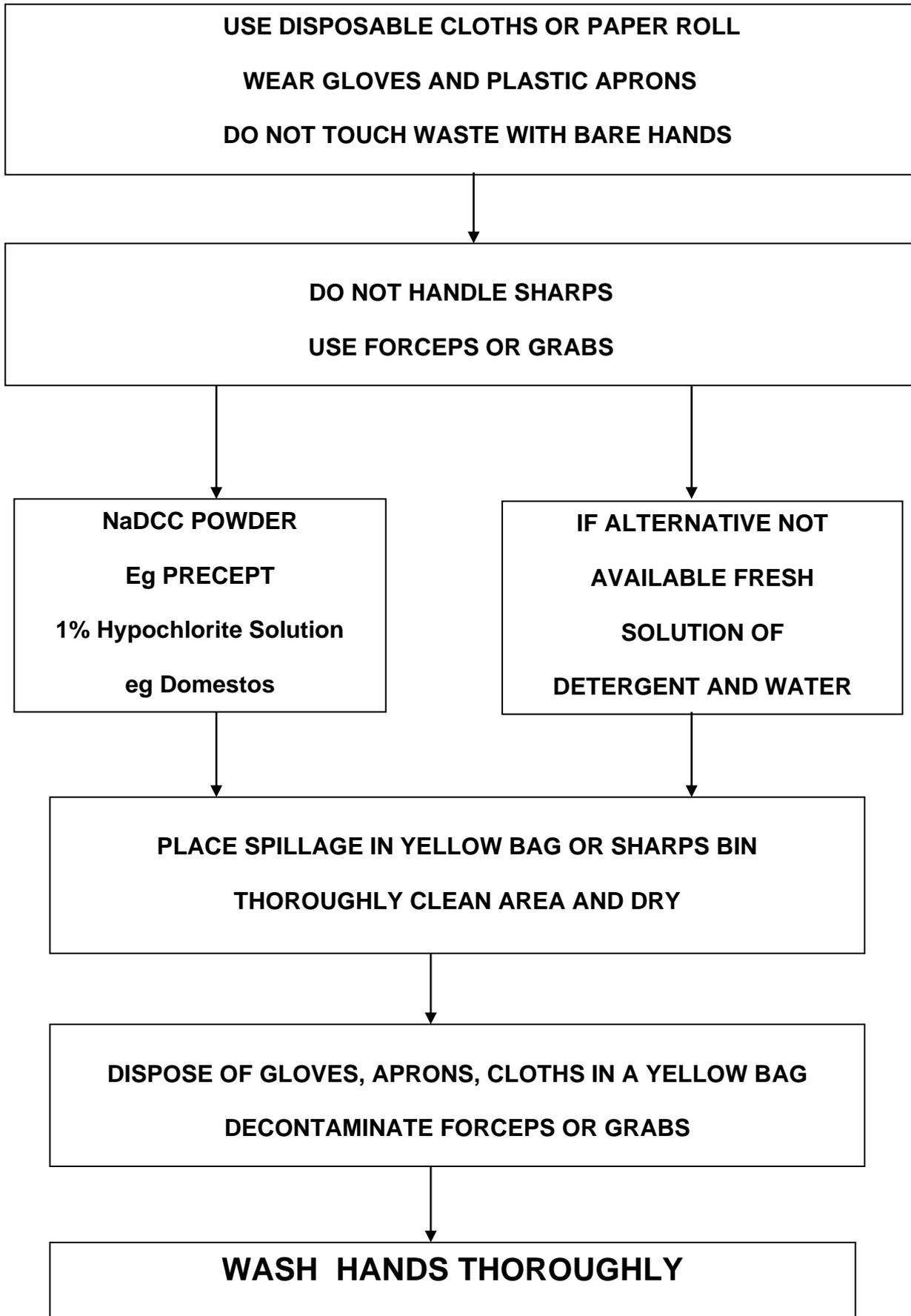
### **In all cases the casualty must be instructed to:**

- **Contact their doctor, NHS Direct or Accident and Emergency department *immediately* for further advice explaining that they may have been exposed to a blood borne virus. (This is because if the employee is at high risk of exposure to hepatitis B then rapid post injury immunisation may be offered. A sample of their blood may be taken and stored by the pathology department for future reference.)**
- Report the injury to their manager
- Report the injury to Internal Health & Safety

Further advice can be obtained from:

- Internal Health & Safety on 01952 383627
- PHE on 0344 225 3560 (option 2-option2)

## SPILLAGES OF CLINICAL WASTE



## 4.9 Laundry

This guidance applies to all laundry facilities in child-care premises.

Employers have an obligation to:

1. Prevent risk of infection to staff handling linen.
2. Ensure staff are aware of potential dangers associated with wrongful disposal of sharp objects in linen bins.

### ***Laundry can be divided into:***

1. Used i.e. normally soiled
2. Foul ie contaminated with urine, faeces, vomit or blood
3. Infected ie laundry arising from use where an infection is known
4. Heat sensitive eg children's clothing

Where laundry services are provided by contractors off site, advice should be sought to ensure correct segregation of linen and clothing prior to dispatch.

### ***Protection of staff and clients***

1. Linen should not be sorted or counted in client area
2. Hands must be washed after handling all laundry
3. Protective clothing should be available and used ie rubber gloves, plastic aprons.

### ***Where laundry is done on site***

- Used linen should not be manually soaked or sluiced – use pre-wash cycle on machines.
- Disinfection of linen will normally be achieved with the machine programmed on a hot wash and the linen going through the drying cycle.
- If heat sensitive clothing is categorised as infected, this can be disinfected by the addition of a bleach to the penultimate rinse (150ppm available hypochlorite dilution). Bleach should not be used on fabrics treated for fire retardant).

### **Storage**

All clean linen must be stored in a dry area above floor level – not in a bathroom or sluice areas.

It is essential that washing machines and dryers are serviced regularly to ensure the temperatures are achieved as stated.

Ideally, drainage from machines should be closed rather than into an open sump from the machine.

## 5. INFECTIOUS DISEASES A - Z

For a list of infectious diseases and information for each refer to:

<https://www.gov.uk/health-protection/infectious-diseases>

## 6. BLOOD BORNE VIRUSES

For further information on blood borne disease please see

<http://www.hse.gov.uk/biosafety/blood-borne-viruses/index.htm>

## 7. ANIMALS IN CHILD CARE PREMISES

### 7.1 General points

The value of pet therapy is widely accepted as an aid to stimulation and communication within all age groups.

It is well documented that infectious diseases can be acquired from a variety of domestic pets.

Please seek specialist veterinarian advice before acquiring a residential pet and avoid exotic animals and animals with unstable temperaments which need expert handling.

- Animals should be kept clean and healthy. Animals should have all vaccinations up-to-date and records kept.
- Animals should be checked annually by a vet.
- Animals should be de-wormed regularly and records kept.
- **Animals should not be allowed in food service areas**
- Young animals eg puppies and kittens are more likely to carry infections.
- Please remember if any children in your care are known to be immuno compromised they should avoid handling them until the animals have had primary inoculation and have been wormed.
- Reptiles are not suitable as pets in schools and nurseries as all species carry salmonella.
- **All children, staff and visitors, must wash their hands after handling pets**  
This should be emphasised as an integral part of caring for the pet.
- Careful disposal of water/litter and thorough cleaning is needed.
- Any regurgitated food, vomit, urine or faeces should be cleared wearing disposable gloves, using disposable cloths and discarded into a plastic bag.
- The area should be cleaned thoroughly with hot water and detergent and then disinfected if required.
- **Wash hands when the task is completed**
- Wear gloves when dealing with excreta and the cleaning of cages.
- Cleaning equipment and gloves should be designated for this sole purpose.
- Pregnant women **should not** undertake these tasks unless absolutely necessary and take care when doing so.
- Litter should be changed daily. (NB see Toxoplasmosis).

### 7.2 Feeding

- Animal feed must not be stored in the kitchen.
- Pest proof containers are essential for dried foods.
- Never feed raw or undercooked meat or unpasteurised milk as animals can also acquire disease from these, which they may then spread to humans.
- A designated feeding area with fresh water available and designated feeding utensils should be kept clean at all times.
- Do not share food with animals.

### 7.3 First Aid

If a bite or scratch occurs:

- Apply first aid - encourage local bleeding from minor wounds
- Wash thoroughly with soap and water
- Cover
- Seek medical advice

### 7.4 Personal Protection:

- Do not allow pets to lick you.
- Always cover wounds or skin lesions to prevent contact with animal saliva.
- Be aware that some individuals have allergies to animals.
- Continually reinforce the good hygiene principals of pet care to all those in contact with the animals.

## 7.5 Safe Disposal of Deceased Pets

- Options include
- incineration
  - burial in animal cemetery
  - Telford & Wrekin Council Environmental Maintenance or vets may arrange to remove deceased pet
  - buried within grounds of establishment (after seeking relevant permission)

## 7.6 Animals Visiting the Premises

- If the animal is unwell it should **NOT** visit.
- Keep animals away from staff/children who are known to have an allergy.
- Emphasise the importance of personal hygiene and hand washing after children handle the animal.

## 7.7 Feral animals (Strays) Wild Birds/Animals

The term “Feral” usually refers to a domestic breed of animal that lives in the wild eg cats. Institutions often have a stable feral population who frequent out-houses for example. They become a problem if numbers are large this can be dealt with by a neutering programme.

- These feral animals are likely to have disease from eating wild animals.
- Wild animals carry disease or parasites. Wild birds can transmit food poisoning organisms such as campylobacter and salmonella.
- Do not attempt to make pets of these wild animals/birds even though they may visit the premises regularly.
- Sick or injured wild or feral animals/birds should not be brought into the establishment, refer to veterinarian or RSPCA.

## 7.8 Water Play and Cryptosporidium

All water play equipment used for messy play pond dipping etc should be emptied after use to prevent the growth of cryptosporidium in stagnant water.

## 7.9 Outside visits – Farms

Before undertaking a visit to a farm you should refer to the guidance given at [www.visitmyfarm.org](http://www.visitmyfarm.org) which has lots of useful information and guidance including a [checklist](#).

## 8. INFECTION CONTROL CHECKLIST

### A checklist for Schools

This is included for guidance purposes. Some of the items on the check-list may not be relevant to your establishment and it may be necessary to add others for areas offering specialised care. It is intended as an aide-memoire and we hope you will find it useful.

| ENVIRONMENT  |  |     |    |
|--------------|--|-----|----|
| Medical Room |  | Yes | No |
| 1            | Hand wash basin, liquid soap and paper towels are available                        |     |    |
| 2            | All sterile products are stored above floor level                                  |     |    |
| 3            | Items of sterile equipment are in date (randomly select two items and check dates) |     |    |
| 4            | Dressing trolleys are clean and in good state of repair                            |     |    |
| 5            | Bed linen is changed and laundered regularly and immediately between               |     |    |

|    |  |  |  |
|----|--|--|--|
|    | use or following contamination   |  |  |
| 6  | Mattress cover is in a good state of repair  |  |  |
|    | <b>Toilet Areas</b>  |  |  |
| 7  | Toilets areas are clean and free from extraneous items   |  |  |
| 8  | Toilets are in good repair and clean (floors free of spillage)                                 |  |  |
| 9  | Appropriate cleaning materials are available   |  |  |
| 10 | Toilet, urinals and wash basins are at a suitable height                                       |  |  |
| 11 | Hot and cold water is supplied   |  |  |
| 12 | Soap, toilet paper and drying towels are provided  |  |  |
| 13 | Cloth towels (if used) are changed at least daily  |  |  |
| 14 | Paper towel dispensers are replenished at regular intervals                                    |  |  |
| 15 | There is no evidence of misuse of soap, toilet paper or towels                                 |  |  |
| 16 | Disposal units for sanitary towels are provided  |  |  |
| 17 | Children wash their hands before lunch   |  |  |
| 18 | Separate toilet and hand washing facilities are available for staff                            |  |  |
|    | <b>Changing areas</b>  |  |  |
| 19 | Changing areas are clean and free from extraneous items  |  |  |
| 20 | There is no evidence of multi-use toilet items eg creams                                       |  |  |
| 21 | There are impervious surfaces for changing children  |  |  |
| 22 | Changing mats are in good repair with cleaning programme between use                           |  |  |
| 23 | Adequate waste bins are provided   |  |  |
| 24 | Hand wash basin, liquid/bar soap and paper towels are available                                |  |  |
| 25 | Protective clothing is provided for staff  |  |  |
|    | <b>Miscellaneous</b>   |  |  |
| 26 | Cleaning equipment is colour coded according to area of use eg kitchen, toilets, general areas |  |  |
| 27 | All cleaning equipment is thoroughly cleaned after each use and stored dry                     |  |  |
|    | <b>WASTE DISPOSAL</b>  |  |  |
| 28 | A waste disposal policy and/or chart is available to staff                                     |  |  |
| 29 | Clinical waste, food waste, household waste and glass is segregated correctly                  |  |  |
| 30 | Waste bags are less than 2/3rds full, securely sealed and labelled                             |  |  |
| 31 | There are foot operated bins in working order for clinical waste (yellow bag)                  |  |  |
| 32 | Waste bags are stored safely, secure from access by public and children                        |  |  |

|    | <b>SHARPS HANDLING AND DISPOSAL</b>                           | <b>Yes</b> | <b>No</b> |
|----|---|------------|-----------|
| 33 | Sharps boxes are available and conform to ICC recommendations |            |           |
| 34 | Box is less than 2/3rds full                                  |            |           |

|    |  |  |  |
|----|--|--|--|
| 35 | Box is free from protruding sharps   |  |  |
| 36 | Sharps box is assembled correctly  |  |  |
| 37 | Sharp box is labelled with point of source   |  |  |
| 38 | Sharps are disposed of directly into sharps box following use                              |  |  |
| 39 | Sharps boxes are stored above floor level and safely out of reach of children              |  |  |
| 40 | Appropriate storage and collection arrangements for sharps boxes are in place              |  |  |
| 41 | Written procedure is available for all staff on action to be taken following sharps injury |  |  |

| <b>EQUIPMENT</b> |  |  |  |
|------------------|--|--|--|
| 42               | Suction equipment is clean and dry. Catheter is not attached                       |  |  |
| 43               | Thermometers are stored dry  |  |  |
| 44               | There is no evidence of single use items being reused                              |  |  |
| 45               | Vaccine transport, storage and usage is within current guidelines                  |  |  |
| 46               | Toys are wipe able or machine washable and are clean and in a good state of repair |  |  |
| 47               | A first aid box is available at a central point                                    |  |  |
| 48               | The first aid box contains waterproof plasters                                     |  |  |
| 49               | Disposable gloves are located within (or next to) the first aid box                |  |  |

| <b>DISINFECTANTS</b> |  |  |  |
|----------------------|--|--|--|
| 50                   | Written instruction about the correct dilution and use of disinfectants are available to staff |  |  |
| 51                   | Spillage and splashes of blood are removed with appropriate disinfectants                      |  |  |
| 52                   | Gloves and aprons are available  |  |  |
| 53                   | A deep sink is available for washing equipment and used only for this purpose                  |  |  |
| 54                   | A disinfectant policy is available for decontamination of all reusable equipment               |  |  |

| <b>PRACTICE</b> |  |  |  |
|-----------------|--|--|--|
| 55              | Written instruction about the correct dilution and use of disinfectants are available to staff |  |  |
| 56              | Leaflets emphasise correct hand washing techniques are available                               |  |  |
| 57              | A poster demonstrating good hand washing technique is available by at least one sink           |  |  |
| 58              | Gloves are available (sterile and non sterile) and worn where applicable                       |  |  |
| 59              | Disposable plastic aprons are available and worn where applicable                              |  |  |
| 60              | Staff can demonstrate good hand washing techniques   |  |  |

|    |   |  |  |
|----|---|--|--|
| 61 | Staff can locate the Infection Control Policy   |  |  |
| 62 | Staff can describe cleaning and disinfectant procedure in event of blood/body fluid spillage accurately |  |  |

## 9. USEFUL REFERENCES

***These references are in addition to those already included in texts:***

Ayliffe GAJ, Coats D & Hoffman PN (1993)

Chemical Disinfection in Hospitals

Public Health Lab Service

Benenson A (1990)

Control of Communicable Diseases in Man 16<sup>th</sup> ED

American Public Health Association

BMA (1990)

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ISBN 07279 02946

Consumer Protection Act (1987) London HMSO

The General Product Safety Regs 1994

SI 1994: 2328

Control of substances Hazardous to Health Regs 1999 ACOP

ISBN 0717604276

Department of Health (1996)

Immunisation Against Infectious Disease (HMSO)

First Aid at Work: General Guidance for Inclusion in First Aid Boxes

ISBN 0717604403

First Aid at Work

H&S (First Aid) Regs 1981 and guidance ACOP

ISBN 0717604268

Our Health & Safety Policy Statement

A guide to preparing a safety policy statement for a small business

ISBN 071704241

Personal Protective Equipment at Work Regs 1992

Guidance on regulation

ISBN 0717604152

Safe Disposal of Clinical Waste London HMSO

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