

Infection Control Policy

At Askea Community Childcare Centre It is our aim to minimise the spread of infection for staff and children through the implementation of controls which reduce the transmission and spread of germs. We aim to promote and maintain the health of children and staff through the control of infectious illnesses and notifiable diseases.

Principle of Infection Control Policy

This policy is underpinned by the Childcare Act 1991 [Early Years Services] Regulations 2016, Regulations 10, 23, 31, Child Care Act 1991 (Registration of School Age Services) Regulations 2018, Our Duty to Care 2002, Children First National Guidelines for the Protection & Welfare of Children, The Safety, Health and Welfare at Work Act 2005. Children's Services Regulations **Guidance** Document for Early Years Services: COVID-19 2020; HPSC Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic 2020.

Rationale

The Policy on Infection Control will specify the procedures to be followed in the service to protect staff (paid and unpaid) and children attending the service from the transmission of infections and notifiable diseases.

'Children who spend time in group childcare settings such as the preschool setting generally are open to contracting a wide range of illnesses (particularly gastrointestinal and respiratory illnesses). Infants and toddlers are at particular risk of infection - they explore the environment with their mouths, have poor control of their secretions and excretions, have little immunity to common illnesses and require a lot of hands-on care from adults. In order to minimise the risk of infection, Standard Infection Control Precautions should be used routinely in all settings.'

(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 notifiable diseases and the service has a duty of care to all of the children 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 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 childcare settings.'

(HPSC, 2012)

Standard infection prevention and control procedures in childcare settings are always important but even more so in a pandemic situation. A heightened awareness by staff, parents and children (where age appropriate) is required so they know to protect each other and how to recognise and report symptoms of COVID-19 infection.

An atmosphere of fear and an overwhelming preoccupation with hygiene can be harmful to children without materially reducing the risk of infection beyond what can be achieved with a common sense approach (HPSC, 2020).

The overall aims of this policy are:

- To promote and protect the health and wellbeing of all children and adults in the service by having efficient and effective systems and procedures in place.
- To reduce the risk of infection and notifiable disease.
- To provide guidelines to parents/guardians/carers as users of the service about the attendance of sick children and to keep the incidence of infectious and notifiable 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 diseases and notifiable diseases.
- To inform parents/guardians regarding the systems and procedures which are in place to protect their children from infections and to deal with any incidences of infection and notifiable disease which occur in the service.
- To provide information for staff and parents/guardians regarding the reasons for and the required duration of, the exclusion periods which may apply during any incidences of infectious diseases and notifiable diseases.
- To ensure clarity for staff regarding their roles and responsibilities relating to infection control in the service.
- To provide guidance for staff and information for parents/guardians, on the procedures to be followed in the event of a child or adult becoming ill while at the service.
- To ensure that the legislative and regulatory responsibilities relating to infection control in the service are met and that all relevant best practice guidelines are implemented.

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 Covid-19, 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. Covid-19 is a notifiable, highly infectious, viral disease which spreads more so in adults than children.
Notifiable disease	All medical practitioners, including clinical directors of diagnostic laboratories, are required to notify the Medical Officer of Health(MOH)/Director of Public Health (DPH) of certain <u>diseases</u> . This information is used to investigate cases thus preventing spread of infection and further cases, e.g. Covid-19
Covid-19	A new illness which can affect the lungs and airways. The World Health Organisation (WHO) are still learning about how easily the virus spreads from person to person and how to control it. It is important to keep up to date and make

	sure you are using the most up to date guidance available.
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, Covid-19, Chickenpox. Standard infection prevention control procedures in childcare settings are always important but even more so in a pandemic situation (HPSC, 2020).
Cleaning	The removal of food residues, dirt and grease using a detergent.
Disinfection	A process that reduces the numbers 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.
HPSC	Health Protection Surveillance Centre.
Pandemic	The World Health Organisation defines ' <i>pandemic</i> ' as "a worldwide spread of a new disease". While pandemic can be used for a disease that has spread across an entire country, the word is generally reserved for diseases that have spread across continents or the entire world.

(with references from: Health Protection Surveillance Centre, Preschool and Child Care Facility Subcommittee, Management of Infectious Disease in Child Care Facilities and Other Child Care Settings (2012); Health Protection Surveillance Centre, Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic (2020).)

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), Children's Services Regulations Guidance Document for Early Years Services: COVID-19 2020; HPSC Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic 2020, which guides practice in infection control in Askea Community Childcare Centre.

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 notifiable diseases and should be used at every opportunity.
2. **Immunisation** - all children and staff should be appropriately immunised.
3. **Exclusion**. any unwell staff member or child should be excluded.

Effective ways to prevent infection including Covid -19:

- To protect staff and children from the spread of infections and notifiable diseases, staff need to understand how diseases are spread and which measures interrupt their spread.

- The spread of viruses and bacteria can be greatly reduced if standard precautions (see below) and additional pandemic precautions are used consistently and regularly.
- It is vital that staff receive training in the use of Standard Precautions and additional Pandemic Precautions (see below). This is particularly important because some diseases are contagious before symptoms appear and because the disease status of a child or adult may not be known.
- The single most important way to prevent the spread of viruses and bacteria is by handwashing.
- Maintaining a good standard of environmental hygiene, coupled with appropriate cleaning of toys, 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, faeces, 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 sharps
- Food hygiene.

Covid-19 Pandemic Precautions we will take in the service are:

1. Provide up to date information issued by HPSC www.hpsc.ie
2. Raise awareness of the signs and symptoms:
 - Promote awareness of COVID-19 and of the symptoms of COVID-19 among staff, parents and children for example with posters and other messages.
 - Advise staff members who are ill not to attend work and to follow HSE guidance on self-isolation.
 - Advise parents not to present their children for childcare and education if the child has symptoms of a viral respiratory infection or if there is someone in the household suspected or known to have COVID-19.
 - Advise staff members not to present for work if they have been identified as a Contact of a person with COVID-19.
 - Advise staff members who develop symptoms at work to bring this to the attention of the Childcare Manager promptly and to follow HSE guidance on self-isolation.
 - Promote good hand and respiratory hygiene as described below and display posters throughout the service.
3. Limiting the extent to which groups of people mix with each other
 - Arrangements for dropping off and collecting children to and from the service will be organised to maintain distance between parents/guardians and between parents/guardians and staff.

- There are marked waiting areas that support social distancing. A staff member will come to receive the child and avoid, or limit, physical contact with the accompanying adult. A similar process will be followed for collection of children.
 - The structuring of children and staff into groups or “pods” to limit contact. To the greatest extent possible children and adults will be cared for/deliver care in the same pod. Children and staff from individual pods will not share indoor/outdoor play spaces or toys with other pods. Floating staff will be limited to break cover within these pods.
 - A record will be retained of the staff and children within each pod on each day to facilitate Contact Tracing in the event of an episode of infection.
4. Physical distancing measures
- A distance of 2 metres is recommended for physical distancing by the National Public Health Emergency Team. In the context of childcare this is relevant to distancing between adults when they are not engaged in childcare activity (for example when on breaks and arriving for work). It is not possible to observe physical distancing from a young child who is being cared for and it is not practical to enforce physical distancing between young children who are being cared for in a group.
 - Staggering of the canteen and other communal facilities, e.g. outdoor playground, will be incorporated in staff rosters and playground rosters to avoid crowding. In particular staff will try to manage entry and exiting to avoid close contact in doors and hallways between children and staff from different pods.
5. Additional hygiene and cleaning regimes
- Where possible children are taught how to clean their hands and about respiratory hygiene.
 - Hand sanitisers are available outside the canteen, playrooms and toilets and children will be encouraged to use them as appropriate.
 - Hand sanitiser dispensers are readily available in every room and hand wash sinks are within easy walking distance
 - Hand sanitiser dispensers are positioned safely to avoid risk of ingestion by young children.
 - Hand-washing facilities, including soap and clean towels/disposable towels, are well maintained.
 - Soap is neutral and non-perfumed to minimise risk of skin damage.
 - The National Public Health Emergency Team recommends the use of cloth face coverings in certain indoor settings. It is generally not appropriate for childcare workers to apply this when caring for children but the guidance is applicable for interaction between adults when not caring for children
6. Selection and management of toys and equipment from an infection prevention viewpoint
7. Additional physical distancing, cleaning and disinfecting procedures will be implemented when there is a suspected and/or confirmed case (See Appendix 1).

Infectious illness can cause significant ill health among children and adults and can be transmitted by direct or indirect contact including:

- Contact with infected people or animals.
- By infecting oneself with the body’s own germs.
- By hand to mouth transmission.
- By the air / by insects, pests, animals.
- Indirect transmission e.g. toys, door handles, toilets, floors, table tops etc.
- By direct contact – person to person.

Key Good Practice Points for Staff

- Do not attend for work if you have symptoms of respiratory virus infection.
- Avoid touching your eyes, nose and mouth - respiratory viruses need access to these body sites in order to cause infection.
- Clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water.
- Observe respiratory hygiene and cough etiquette i.e. when coughing and sneezing cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.
- If you do not have a tissue cough into your upper arm or the crook of your elbow - do not cough into your hand.

Illness Exclusion

Children are excluded **only** if they are actually ill, present a danger or a risk to others (children or adults) or are unable to benefit from the service's normal activities.

There are some particular illnesses where exclusion is necessary. In general, parents/guardians are asked to keep their child away from the service, and staff members are required to stay away until they have seen their GP if any of the following are evident:

- Diarrhoea and vomiting.
- A temperature of 101°F / 38°C or above.
- Eye discharge.
- Rash or skin disorder.
- Strep throat.
- An earache or a bad cough.

Note: Diarrhoea can be due to infectious and non-infectious causes. Common non-infectious causes include antibiotic use or food intolerance. Other diseases such as coeliac disease and cystic fibrosis can have diarrhoea as a symptom. With these situations the diarrhoea is not usually associated with symptoms such as vomiting and fever. This type of diarrhoea is not contagious and will not spread to other people.

This list applies to symptoms seen before any GP visit or diagnosis. Specific exclusion periods are necessary, and are applied, for particular diagnosed illnesses as outlined in Appendix 2.

(This guide is printed and available for easy consultation by all staff members in the service)

<http://www.hpsc.ie/a-z/lifestages/childcare/>

Any child in the service who becomes ill with fever, headache and vomiting will be sent home as soon as their parents/guardians can be contacted. A child with fever, headache and vomiting must not be allowed to wait indefinitely in the service.

Parents will immediately be made aware of the staff's concerns for the child's wellbeing.

In this situation if there is any significant delay in contacting the child's parents/guardians the Emergency Services will be called while efforts continue to contact the child's parents/guardians.

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.

Parents/guardians who feel their child is too ill or unwell to participate in indoor or outdoor activities 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. This is of particular importance if the illness might affect others in the service, for example, if a child develops chickenpox, measles, Covid-19 or other such contagious illnesses.

Parents/guardians are informed if there are any outbreaks of infection in the service.

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

Immunisation

- Keeping immunisation records for all children attending the service is a legal requirement. Prior to enrolment parents/guardians are asked for a copy of their child's immunisation passport or record card. This should contain dates of vaccinations. (Appendix 3: Vaccination Schedule). Where dates are not available all attempts to acquire these should be recorded.
- 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. Where a child's immunisation record is not up to date parents/guardians are encouraged to have their child vaccinated.
- Parents /guardians are required to inform the service if their child has not received any of the standard vaccinations.
- Parents/guardians are not required to have their children immunised to gain admission to the service but, where children attending the Service are not immunised, the Service requires the parents/guardians to complete a disclaimer in the form set out in Appendix 4.
- Parents/guardians of children who are **not** immunised are made aware of the dangers of infectious diseases.
- If a child is not immunised, parents/guardians will be advised that their children 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 child.
- Staff in the service should be immunised against infectious diseases
- All female staff members need to know if they are immune to Rubella. (A simple blood test can tell if someone is susceptible to infection.) All parents/guardians/carers and staff members will be notified of any known incidence of Rubella in the service.

Procedures & Practice

Prevention of Spread of Infection

Hand Washing is the single most effective way of preventing the spread of infection; its purpose is to remove or destroy germs present on the hands.

Handwashing

- Posters of correct hand washing procedures are available at wash hand basins for adults and children.
- Warm running water, at a temperature no greater than 43°C, is available for hand washing at children's wash hand basins.
- We provide a cleaning agent, soap, to be used when hand washing

- Hand drying facilities are available i.e. disposable paper towels.
- Children's hand washing and hand drying is supervised at all times, except for school age children.
- Hands are washed and dried after using the toilet, after handling animals, after sneezing, blowing nose, coughing, touching a cut or sore and before eating or handling food.

Hand washing should be performed as follows:

Children and staff:

All children and staff must wash their hands immediately upon arrival to the service before play/work begins, when leaving the service and immediately after outdoor play.

Staff must also wash their hands;

Before:

- Eating, smoking, handling/preparing food or assisting a child with respiratory hygiene, feeding a child.
- Preparing meals, snacks and drinks for themselves and handling children's bottles, cups, or crockery/food.
- Administering medication
- Caring for a sick child
- Nappy changing
- Administering First Aid

After:

- Eating
- Sneezing and coughing
- Using the toilet or helping a child to use the toilet
- Wiping children's noses/mouth
- Playing with or handling items in the playground – e.g. toys, sand, water
- Handling secretions e.g. from a child's nose or mouth, from sores or cuts
- Administering medication
- Caring for a sick child
- Cleaning up vomit or faeces
- Handling or dealing with waste
- Removing disposable gloves and/or aprons
- Handling pets/pet litter, animals/cages/animal soil, etc.
- Cleaning the service
- Washing/handling of soiled clothes
- When hands are dirty
- Administering First Aid

Nails should be cut short and free from polish. Hands and fingers should be free from jewellery and acrylic nails.

Children must wash their hands;

Before:

- Eating

After:

- Eating
- Using the toilet/nappy change


- Coughing and sneezing
- When hands are dirty
- Handling secretions from their nose or mouth, from sores or cuts
- Playing with or handling items in the playground – e.g. toys, sand, water
- Handling waste disposal
- Handling pets/pet litter, animals/cages/animal soil, etc.
- Handling of soiled clothes

Washing your hands

Hand washing is important:


- If hands are not clean they can spread germs.
- **You should wash your hands thoroughly and often** with soap and warm water and **especially:**
 - When hands look dirty
 - Before and after preparing, serving or eating food
 - Before and after dealing with sick people
 - Before and after changing the baby's nappy
 - Before and after treating a cut or a wound
 - After handling raw meat
 - After going to the toilet or bringing someone to the toilet
 - After blowing your nose, coughing or sneezing
 - After handling rubbish or bins
 - After handling an animal or animal litter/droppings
 - After contact with flood water
- A quick rinse will not work – your hands will still have germs. To wash hands properly:
 - Rub all parts of the hands and wrists with soap and water for **at least 15 seconds** (or as long as it takes to sing the "Happy Birthday to you" song two times!)
 - Don't miss out on washing your finger tips, between your fingers, the back of your hands and the bottom of your thumbs – the pictures here will help.

Getting ready to wash your hands:




1

- Remove hand & wrist jewellery - rings, watch, bracelets



2


- Wet hands thoroughly under warm running water



3


- Apply a squirt of liquid soap to cupped hand

Washing your hands - take at least 15 seconds/the time it takes to sing the "Happy birthday to you" song twice!




4

- Rub palm to palm 5 times making a lather/suds




5

- Rub your right palm over the back of your left hand and up to your wrist 5 times
- Repeat on the other hand




6

- With right hand over the back of left hand, rub fingers 5 times
- Repeat on the other hand




7

- Rub palm to palm with fingers interlaced



8


- Wash both thumbs using rotating movement



9


- Wash nail beds—rub the tips of your fingers against the opposite palm

Rinsing and drying your hands:



10


- Rinse hands well making sure all the soap is gone



11

- Dry hands fully using a clean hand towel or a fresh paper towel
- Bin paper towel after use

Remember -
Clean hands save lives &
stop the spread of many infections



Heilbrunnacht na Seirbhíse Sábháilte
Health Service Executive
Compiled by Dept of Public Health, Midlands.
January 2016

Adapted from [Handwashing technique poster HSE Strategy for Antimicrobial Resistance in Ireland](#); additional image: [Dreamstime.com](#); Putting some soap on hands © Adamgregor

Method:

- Dry with paper towel using a patting motion to reduce friction, taking special care between the fingers.
- Use the disposable paper towel that has been used to dry the hands to turn off taps.
- Dispose of the disposable paper towel in a waste bin.
- Staff should provide assistance with hand washing at a sink for infants who can be safely cradled in one arm and for children who can stand but not wash their hands independently.
- A child who can stand should either use a child-size sink or stand on a safety step at a height at which the child's hands can hang freely under the running water.
- After assisting the child with hand washing, the employee should wash his or her own hands.

Alcohol-Based Hand Rub/Gels i.e. Sanitisers:

- Hand sanitiser may be used as an alternative to handwashing where handwashing facilities are not readily available outdoors. Hand sanitisers should be placed out of reach of young children. Children should always be supervised whilst using a hand sanitiser.
- Hand sanitiser is available at all entrances and exits to the service and at the entrance to each care room. The sanitiser should be used each time an adult or child enters and leaves a room.
- When soap and running water are not readily available, for example on a field trip or excursion, an alcohol based hand rub/gel may be used (the alcohol content should be at least 60%). The alcohol based hand rub must be applied vigorously over all hand surfaces.
- Alcohol based hand rubs are only effective if hands are not visibly dirty, if hands are visibly dirty then liquid soap and water should be used.
- It is safe to let children use alcohol based hand rubs/gels with adult supervision but it is important to let children know that it should not be swallowed. **Supervision is vital.**
- It is also important to store it safely so children cannot get access to it without an adult. The alcohol content of the product generally evaporates in 15 seconds so after the alcohol evaporates it is safe for children to touch their mouth or eyes.
- Water is not required when using an alcohol rub/gel.

Alcohol based hand rubs/gels are not a substitute for hand washing with soap and running water and are used only as an additional infection prevention/ control measure during the Covid-19 pandemic and in the absence of running water and soap facilities.

Respiratory hygiene (coughing and sneezing)

All adults and children should cover their mouth and nose when coughing and sneezing to prevent viruses and bacteria spreading.

In addition:

- A plentiful supply of disposable paper tissues is readily available for nose wiping.
- Foot operated pedal bins which are lined with a plastic bag are provided for disposal of used/soiled tissues.
- Cloth handkerchiefs should not be used.
- A different tissue should be used on each child, and staff must wash their hands after nose wiping.
- Children and staff should be taught to cover their mouth with a tissue or to use their elbow, not their hands, when they cough or sneeze and to wash their hands afterwards.
- Everyone (staff and children) should put their used tissues in a closed bin and wash their hands after contact with respiratory secretions.

Respiratory Hygiene and Cough/Sneeze Etiquette

Coughing and Sneezing

- Turn your head away from others
- Use a tissue to cover your nose and mouth



- Drop your tissue into a waste bin



- No tissues? Use your sleeve



- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds



Nose Blowing Procedure

Tissues are available always and children will be taught the following etiquette for nose blowing.

1. Get a tissue
2. Fold it in half
3. Blow nose gently
4. Wipe nose clean
5. Throw tissue away in bin
6. Wash hands
7. Staff supporting children to clean their nose must wash their hands before and after helping them.



Additional Precautions during Covid-19 Pandemic

Personal Hygiene:

- Additional handwashing is required when caring for children who are teething or dribbling.
- Particular attention should be paid to personal hygiene when caring for young children who require close physical contact and comfort. Contact points such as neck or arms may become contaminated with secretions or mucous and these should be washed immediately.
- Visibly soiled clothing of staff or children should be changed, and hands washed.
- Children's faces, particularly wobblers and toddlers, must be kept clean of secretions by careful and gentle washing.
- Staff must ensure they have an adequate quantity of additional clean clothes to change into if required throughout the day.
- Each child should also have an adequate supply of additional clean clothes available to them in the service.

Other Standard Precautions

Cleaning the environment

- A cleaning programme is in place. (See samples in Appendix 8)
- Detergents and disinfectants are used correctly according to the manufacturers' instructions.

Cleanliness and Hygiene:

- The premises will be maintained in a clean, hygienic state throughout the day and a cleaning record is kept. (See samples in Appendix 9, 10, 11 & 12)
- Sanitisers are available throughout the building and at entry and exit points to the service.
- Staff are responsible for the materials and equipment used and for ensuring areas are clean, hygienic and safe at all times.
- Children will be encouraged to care for their environment.
- Toys and other play materials are not allowed into the toilet area.
- Individual combs, hairbrushes, toothbrushes are clearly labelled with the child's name and not shared.

Cleaning routines and procedures are in place and are closely monitored and recorded.

Cleaning:

Cleaning is essential in the prevention of infection. Thorough cleaning followed by drying will remove large numbers of germs but does not necessarily destroy germs. Deposits of dust, soil and microbes on environmental surfaces have been implicated in the transmission of infection. Routine cleaning with household detergents and warm water is considered to be sufficient to reduce the number of germs in the environment to a safe level.

A "clean as you go" policy is currently in place and each room will have individual cleaning supplies and refuse bags. These will be stored out of reach from children.

Procedures for routine cleaning/cleaning agents

- Play surfaces are cleaned, rinsed and dried before use or when visibly soiled.
- Routine cleaning is accomplished using warm water and a general purpose neutral pH detergent.
- Manufacturer's instructions are always followed when using detergents and disinfectants with regard to the use of personal protective clothing and dilution recommendations.
- Water is changed frequently as dirty water is ineffective for cleaning.
- Toilets, sinks, wash hand basins and surrounding areas are cleaned when required - at least twice daily.

Additional Cleaning Precautions during Covid-19 Pandemic

We have increased the frequency and extent of cleaning regimes to ensure that they include:

- cleaning regularly touched objects and surfaces using a household cleaning product
- paying particular attention to high-contact areas such as door handles, grab rails/ hand rails in corridors/stairwells, plastic-coated or laminated worktops, desks, access touchpads, telephones/keyboards in offices, and toilets/taps/sanitary fittings.
- wearing rubber gloves when cleaning surfaces. It is important to wash the gloves while still wearing them, then wash your hands after you take them off.

Cleaning Cloths:

- Cleaning cloths used in the playrooms, kitchen and sanitary accommodation are colour coded and washed separately at a temperature 60°C or above.
- Disposable tissue cleaning roll is available for cleaning and drying in all rooms.

Toys and Equipment:

- In order to reduce the risk of cross infection, all toys are cleaned on a regular basis (i.e. as part of the routine cleaning schedule) and toys that are shared by different children are cleaned between uses.

Additional Precautions for Toys during Covid-19 Pandemic

- The selection and management of toys from an infection prevention viewpoint has taken place in line with existing national guidance.
- Toys that are easy to clean and disinfect (when necessary) and dry have been selected.
- In the context of the pandemic, the use of certain types of toys (e.g. soft toys, stuffed toys, play dough) has been considered carefully. If their use is considered important for the children, sharing of these items between children, in so far as is practical, will be avoided.
- Play dough will be replaced daily and soft toys will be washed regularly.
- If soft toys/comfort blankets that are essential for some children they must be personal to the child, they must not be shared and they must be machine washable.
- Jigsaws, puzzles and toys which children are inclined to put in their mouths will be washed and disinfected.
- Children will be discouraged from putting shared toys into their mouths.
- Clean toys/equipment will be stored in a clean container or clean cupboard.
- Manufacturer's cleaning instructions will always be followed.
- Hands are washed after handling contaminated toys and equipment.
- When children are cared for in pods, or when there are morning and afternoon groups in the same room, sharing of toys between these groups will be avoided to the greatest extent possible for example by having separate boxes of toys for each group.

Children's Rooms:

- Checklists are posted on the wall of the room and must be completed daily. All staff also receive their own personal tasks to be signed off.
- Staff are responsible for keeping their rooms clean and tidy.
- Room environments must always be kept clean. Toys, games and work equipment must be placed on the shelves in an orderly fashion at all times.
- At least once a day, even in winter, the children's playrooms and staff-rooms are aired and the windows opened.
- When children are sleeping within a room, windows will be open to circulate fresh air.
- Children's bedding is washed regularly and may need to be washed daily if children develop specific infections.

Additional Precautions for children's Rooms during Covid-19 Pandemic

- Throughout the day, even when the weather is cold, windows will be opened periodically to circulate fresh air within the room.

Toilets [see Toileting Policy]

- Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled. Attention is paid to toilet seats, toilet handles, door handles and wash hand basins, especially taps.
- Separate cloths are used for cleaning the toilet and wash hand basin to reduce the risk of spreading germs from the toilet to the wash hand basin.

Routine environmental cleaning principles

The following basic principles are followed:

- All areas will be cleaned regularly as part of a written cleaning policy and rota outlining methods and frequency of cleaning.
- Staff responsible for environmental cleaning will understand the basic theory underlying each practice and product to achieve a high standard of cleanliness.
- Separate colour coded cleaning cloths and cleaning equipment will be available for kitchen areas, children's areas and toilets. Cloths will be made from a non-shedding fibre and can either be disposable or reusable.
- Disposable cloths will be disposed of each day.
- Reusable cloths will be laundered daily on a hot wash cycle (at least 60°C) in a washing machine and then tumbled dried.
- Mop heads will be removed and washed in the washing machine at 60°C at the end of each day or in accordance with the manufacturer's instructions.
- Mop heads/buckets will not be cleaned in a sink that is used for food preparation. Mop heads will not be left soaking in dirty water.
- Buckets will be emptied after use, washed with detergent and warm water and stored dry.
- All cleaning equipment will be stored clean and dry. If equipment is stored wet, it allows germs to grow increasing the risk of spreading infection within the premises.

Additional Precautions for Environmental Cleaning during Covid-19 Pandemic

- Gloves will be used for cleaning.
- Hands will be washed and dried after cleaning.
- Hand sanitiser will be used when leaving each room.
- Cloths and mops are used in one room only and replaced each time for cleaning other rooms.
- Water for mop buckets is changed after use in each room.

Personal protective clothing

Protective clothing is used when required (gloves and aprons).

Gloves:

Disposable gloves are worn when dealing with blood, body fluids, broken/grazed skin and mucous membranes (e.g. eyes, nose and mouth). This includes activities such as:

- Cleaning up blood e.g. after a fall or a nose bleed.
- General cleaning.
- Handling waste.

Gloves should be single use and well-fitting.

Change gloves:

- After caring for each child.
- After doing different care activities on the same child.
- Wash hands after gloves are removed.

Remember gloves are not a substitute for hand washing.

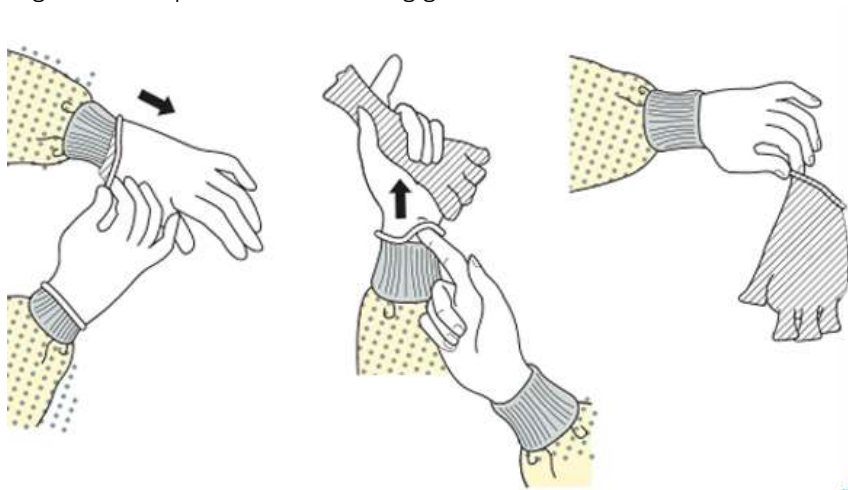
Types of Gloves:

- Disposable non-powdered latex or nitrile gloves are recommended. Synthetic vinyl gloves may also be used but users should be aware that gloves made of natural rubber latex or nitrile have better barrier properties and are more suitable for dealing with spillages of blood or body fluids.
- Gloves should conform with the European Community Standard (CE marked).

- Polythene gloves are not recommended as these gloves tear easily and do not have good barrier properties.
- Latex free gloves should be provided for staff or children who have latex allergy.

How to Remove Gloves:

- Peel the first glove back from the wrist.
- Turn the glove inside out as it is being removed. Remove the glove completely and hold in the opposite hand.
- Remove the second glove by placing a finger inside the glove and peeling it back. Pull the glove off over the first glove.
- The outside surface of the glove should not be touched.
- Hand washing should be performed following glove removal.



Source: US Centres for Disease Control and Prevention

Aprons:

- Wear a disposable apron if there is a risk of blood or body fluids splashing onto your skin or clothing, for example during activities such as cleaning up spillages of body fluids (e.g. blood, vomit, urine) or dealing with nose bleeds.
- Change aprons after caring for individual children.
- Wash hands after removing the apron.
- Aprons should be disposable, single use and water repellent. The apron should cover the front of the body from below the neckline to the knees.
- Cloth aprons or gowns are not recommended.
- Remove the apron by breaking the neck ties first, then break the ties at the back and roll up the apron without touching the outer (contaminated) surface.
- If gloves and an apron are worn remove the gloves first followed by hand washing.

Additional Precautions for PPE during Covid-19 Pandemic

Face Masks

Face covering use is not practical for everyone and children under 13 years should not wear a face covering unless specifically advised to do so by a healthcare provider.

Be aware that face coverings can pose a strangulation hazard and, in that context, are not appropriate for use in the service with the following exceptions:

Caring for a sick child:

- Staff may choose to wear a disposable mask when caring for a sick child displaying signs and symptoms of Covid-19 while waiting for parent/guardian to arrive.
- Wash and dry hands before removing mask from its packaging.
- Hold the mask by the side strings to hook over ears.
- Ensure it is covering your nose and mouth.
- Once the face covering is in place, try not to touch the front of it.
- If your face mask becomes wet or soiled remove it and replace with a fresh one.
- When you remove the face mask do so without touching the front of it and place it in a bag, seal and dispose in a bin.
- Wash and dry your hands after use.

For staff using masks coming to and from the service:

- Face coverings must be removed before starting work.
- Carry and use a sealable clean waterproof bag (e.g. zip lock bag) for storage of used face coverings if worn prior to starting work or during breaks away from children. Have a clean face covering in a separate sealable waterproof bag to be used after work is finished.
- Clean your hands as soon as possible after removal of a face covering.
- Launder used face coverings on the evening of use at a temperature of at least 60 degrees Celsius.
- Check face coverings regularly for wear and damage and dispose of face coverings that are damaged.
- Dispose of face covering that are no longer required.
- Do not lower the face covering to speak, eat, smoke or vape. If you need to uncover your nose or mouth remove the face covering and place in the bag for face coverings use.
- Do not use face coverings instead of self-isolation.
- Do not use face coverings instead of hand hygiene.
- Do not allow other people to use a face covering that you have used (until laundered).
- Do not place used face coverings on surfaces that are likely to be touched by other people.
- Do not discard face coverings in the service or public places other than into refuse bins.

Blood and body fluid spillages

Extreme care must be taken in cleaning up bodily fluids. Standard Precautions are used when any member of staff has contact with:

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

Cleaning Spillages of Body Fluids: (e.g. blood, urine, faeces or vomit)

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll to soak up the spillage.

- Clean the area using warm water and a general purpose neutral detergent using a disposable cloth. Mops are never used for cleaning body fluids.
- Apply a disinfectant to the affected surface.
- Dry the surface thoroughly using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves, apron and cloths in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Dealing with Cuts and Nose Bleeds:

When dealing with cuts and nose bleeds, staff should follow the service's First Aid procedure. They should:

- Put on disposable gloves and apron.
- Stop the bleeding by applying pressure to the wound with a dry clean absorbent dressing.
- Place a clean dressing on the wound and refer the child for medical treatment if needed, e.g. stitches required or bleeding that cannot be controlled.
- Once bleeding has stopped, dispose of the gloves and apron safely immediately in a manner that prevents another person coming in contact with the blood, i.e. bag separately prior to disposing into general domestic waste bag.
- Wash and dry hands.

Additional Precautions for First Aid during Covid-19 Pandemic

- Try to assist at a safe distance from the casualty as much as you can and minimise the time you share a breathing zone.
- If the child/adult is capable, ask them to assist you, but treating the casualty properly should be your first concern. Remember the 3P model – preserve life, prevent worsening, promote recovery.
- If needed, only deliver CPR by chest compressions and use a defibrillator (if available) – **don't** do rescue breaths.
- If a serious illness or injury is suspected, when calling 999, the call handler must be told if the patient has any COVID-19 symptoms.
- First Aid boxes have been supplied with additional items which will be replenished when used:
 - a surgical mask
 - disposable apron
- Staff delivering any first aid will safely discard disposable items and clean reusable ones thoroughly.
- Wash hands thoroughly with soap and water or an alcohol-based hand sanitiser as soon as possible.

Children who are known to be HIV positive or Hepatitis B positive should not be treated any differently from those who are not known to be positive.

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.

Intact skin provides a good barrier to infection and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. 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.

Staff should always wash their hands after dealing with other people's blood even if they have worn gloves or they cannot see any blood on their hands.

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.
- Nappies are stored in a leak proof airtight bin which is easy to clean.
- Foot operated pedal bins are used to dispose of gloves, aprons and soiled dressings.
- External bins are stored away from children's access.

Pest Control

- All waste will be disposed of in a hygienic manner, sealed tightly in waste bags and placed in lidded bins. These will be checked regularly for cracks or holes which could allow pests access the waste.
- The outdoor area will be checked for any signs of pests as part of the daily Risk Assessment
- Any damage to the exterior of the building which might allow pests to enter will be repaired in a timely manner
- Should the presence of a pest be identified either inside or outside the building the Pest Control company will be called to manage the situation.
- The Company responsible for pest control at the Centre is Rentokil.

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.

Soothers

- Soothers for use in the service will be left in the service and sterilized each day by microwave steaming.
- Soothers are stored in individual labelled containers for each child and out of children's reach when not in use.

Infection control on outings

- Where food and drinks are brought on the outing, food safety guidelines must be followed.
- Children must have their hands cleaned before eating. Hand wipes or hand sanitizer will be used in the absence of running water and soap.
- Children will be supervised when washing hands after toileting.
- There will be at least one holder of a current First Aid Responder certificate present at all times. They will be responsible for the first aid kit and carry a mobile phone.
- Children will have access to drinking water and be kept well hydrated during all outings.

Food and Kitchen Hygiene:

Germs can be spread in many ways while working with foods in the kitchen. In order to prepare food hygienically, it is important to ensure that a high standard of personal hygiene is maintained in

conjunction with effective cleaning of food preparation areas and equipment. This is necessary in addition to careful handling, preparation, cooling etc. of food.

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.

Nappy Changing and Toileting

Hygienic nappy changing practice is important to prevent germs being transmitted to other children, staff, and to the surrounding environment (See Nappy Changing and Toileting Policy)

Staff undertaking nappy changes should not be involved in the preparation, cooking or serving of food. If this is unavoidable, staff should wear appropriate disposable gloves and aprons and wash their hands.

Illness

When a child is unwell, parents/guardians are asked to keep them at home if they are unable to participate in all of the activities of the day and/or if there may be a risk of passing the illness to another child or adult in the service.

This is likely if the child has any of the following symptoms:

- Difficulty breathing or shortness of breath
- Dry cough
- Chest pain or pressure
- Loss of speech or movement
- Diarrhoea and vomiting
- A temperature of 101°F / 38°C or above
- Eye discharge
- Rash or skin disorder
- Strep throat
- An earache or a bad cough.

COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness and recover without hospitalization. They must stay at home and self-isolate.

If a child becomes ill, appears unwell or develops a low grade temperature in the service the Childcare Manager will inform the parent/guardian/carer.

- Low grade temperatures (less than 37.9 deg.) will be treated in the centre with a prior signed medicine consent form.
- When a child develops a temperature of 38C while in the centre, staff will try to cool the child by removing necessary clothing and parent will be informed. If a parent of a child attending for more than 3 hours per day advises staff to administer 'Calpol' staff will administer in accordance with the Administration of Medication Policy. **If the child's temperature does not retreat below 37.9C after 20 minutes the parent is contacted by the Childcare Manager and child must be collected immediately.**

- Children who present no other symptoms of being unwell other than a temperature and play as normal will be treated as above and monitored by staff. Parents will be contacted to collect the child if the child displays signs of being unwell thereafter.
- A child who presents as being lethargic or listless may have to be collected immediately from the centre (after consulting with parent/guardian) where it has been established that is not the norm for a child who may be just tired and in need of rest/sleep.
- Children who attend the service for 3 hour or less each day and show signs of being unwell or develop a temperature of 38C will have to be collected immediately.
- We will do our best to keep a sick child separate from well children.
- If it is suspected that the child is displaying symptoms of Covid-19, the child will be cared for and remain at a 2 meter distance from other children while the parent/guardian is contacted to inform them of this and requested to collect the child.
- As the virus is spread by droplets and is not airborne the physical separation is enough to reduce the risk of spread to others even if they are in the same room.

Where a child becomes acutely ill during service hours, the child will be encouraged to go and lie down or rest. This is an obvious comfort to the child, but also importantly, it allows supervision of the child while awaiting the arrival of their parents/guardians and removes any acutely ill child from close contact with other children thus decreasing the risk of spread of infection.

Any child ill with fever, headache and vomiting will be sent home as soon as their parents/guardians can be contacted. Parents will be advised to contact their doctor immediately.

If there is any significant delay in contacting parents/guardians of the child with fever, headache and vomiting the Emergency Services may be called while efforts continue to try to contact the child's parents/guardians. A child with fever, headache and vomiting must not be allowed to wait indefinitely in the service.

In addition to these symptoms, children with meningococcal infection often develop a rash that starts as red spots but will progress to purple freckles and blotches, and even bruising (see Appendix 5 & 6). If this occurs CALL AN AMBULANCE, GET MEDICAL ATTENTION first and then contact the parents/guardians.

See Appendix

Exclusion from the Service:

Children and staff will be excluded from the service based on the time frames outlined in the Exclusion Table (Appendix 2).

To ensure the safety and health of all our children and staff those who have any of the following conditions will be excluded from the service:

- Acute symptoms of food poisoning/gastro-enteritis.
- A temperature over 38 degrees which cannot be reduced
- A deep, hacking cough.
- Severe congestion.
- Difficulty breathing or untreated wheezing.
- An unexplained rash (see exclusion list also).
- Vomiting (48 hours from last episode).
- Diarrhoea (48 hours from last episode).
- Lice or nits –[see Head Lice Policy in Infection Control Policy](*not necessary if treated*)
- An infectious /contagious condition. (Appendix 5)

- A child that complains of a stiff neck and headache with one or more of the above symptoms.

Any child or staff member who is a close contact of a person with a confirmed diagnosis of Covid-19 or suspected of having COVID-19 must not attend the service and remain at home in quarantine for 14 days.

Reporting/Recording of Illness:

- The Childcare Manager will record all details of illness reported to them by staff, or reported by parents/guardians of a child attending the service. These details will include the name, symptoms, dates and duration of illness.
- Staff and parents/guardians must report any infectious illness, or similar, to the Childcare Manager.

During the Covid-19 Pandemic, details of all Persons entering the service will be recorded to facilitate contact tracing in the event of a person using or visiting the service being confirmed as a Covid-19 case.

Outbreak of an infectious disease

- Parents/guardians will be informed should staff, children or visitors to the service report the presence of any contagious condition to the Childcare Manager. Unwell children and staff will be excluded from the service until the appropriate exclusion period for that illness is finished.
- Staff will be informed of any additional infection control measures necessary
- Parents/Guardians will be notified either by Notice Boards for common child infections or individual letters for serious infections, detailing the following:
 - Name of the Infectious Disease
 - Date of notice
 - Signs and symptoms
 - What steps to take if you suspect you/child may have the infectious disease
 - Exclusion period from the service

Any child or adult with symptoms of an infectious illness will be asked not to attend the service until they are no longer infectious. The management of the service will ensure all areas of the premises are thoroughly disinfected, including play areas, toilets, toys and all equipment.

A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children or staff return to the service.

We will contact the local Department of Public Health:

- If we have a concern about a communicable disease or infection, or if we need advice on infection control.
- If we 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 we are not sure 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, the Childcare Manager will phone the local Department of Public Health if we become aware that a child or member of staff

has a serious or unusual illness, (for example meningitis, Covid-19), or if a number of children or staff have the same symptoms suggesting an outbreak.

Procedure for notifying infectious diseases

When the service 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 Childcare Manager using the Child Care Act (Early Years Services) Regulations 2016 Part VIII, Article 31, Notification of Incident Form

When the service is informed by the Department of Public Health or by a person i.e. staff member/parent that a child attending the service. or an employee, unpaid worker, contractor or other person working in the service, has been diagnosed with Covid -19of the Childcare Manager will use the form in Appendix 13 for the specific notification of Covid-19.

Risk assessment

Askea Community Childcare Centre has a Risk Assessments and Safety Statement.

In the event of a child or adult displaying signs and symptoms or contracting an infectious disease a risk assessment will be carried out, documented and shared with relevant persons to help contain and manage the risks of infection to other children and adults within the service.

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.

(See samples in Appendix 5, 6 & 7)

The findings of the risk assessment processes will be recorded in the service Safety Statement.

Communication Plan For staff & families

All parents/guardians 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 that they have read and understood the policy and provide any assistance needed.

A summary of this policy will be included in the parent information pack. 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 and parents/guardians in the Policy Folder located in Reception.

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.

Related Policies, Procedures and Forms

- Risk Assessments
- Safety Statement
- Health and Safety Policy
- Equipment Policy
- Accidents and Incidents Policy
- Drop Off and Collection Policy
- Key Worker Policy
- Settling In Policy
- Personal Belongings Policy
- Open Door Policy
- Nappy Changing and Toileting Policy and Procedures
- First Aid Policy
- Confidentiality Policy
- Records and Record Keeping Policy
- Outdoor Policy
- Outings Policy
- Sun Protection Policy
- Fire Safety Policy
- Partnership with Parents Policy
- Recruitment Policy
- Volunteer Policy
- Induction Forms
- Tusla COVID-19 Notification form for Early Years services, (2020)
- List of Notifiable Illnesses
- Exclusion periods for infectious illnesses
- Handwashing Procedures
- Policy on Administration of Medication
- Confidentiality Policy
- Records and Record Keeping Policy
- Admissions Policy incl. Registration Form
- Tusla Notification of Incidents Form
- List of Notifiable Illnesses
- Exclusion periods for infectious illnesses
- Absence Policy

References/Supporting Documents/Related Legislation

- Child Care Act 1991 (Early Years Services) Regulations 2016
- Tusla: Quality and Regulatory Framework
- Management of Infectious Disease in Childcare Facilities and Other Childcare Settings (2012) and Appendices
- Guidance on Infection Control in Schools and other Childcare Settings (2016) Public Health England produced with the assistance of the Royal College of Paediatrics and Child Health.
- Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings) October 2016 Health Protection Scotland NHS National Services Scotland
- A Guide to The Safety, Health and Welfare at Work Act, 2005 Health and Safety Authority

- A Guide to Risk Assessments and Safety Statements (updated 2016) Health and Safety Authority
- Tusla: Children’s Services Regulations Guidance Document for Early Years Services: COVID-19 (2020)
- HSE: HPSC Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic (2020).

Who Must Observe This Policy:

This policy must be observed by all Managers and all staff members.

Contact Information

If you need more information about this policy contact:

Name	Veronica Doran, Childcare Manager
Phone number or email	0599135206

Date this policy was created	January 2016
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Date this policy was reviewed	June 2020
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Date this policy will be reviewed	In line with any changes to current guidance for practice issued by HSE, HPSC and Tusla.
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Appendix 1

Procedure for cleaning when a person with suspected COVID-19 is identified in Askea Community Childcare Centre

All surfaces that the person has been in contact with should be cleaned and disinfected.

Cleaning/disinfecting rooms where a child or staff member with suspected or confirmed COVID-19 was present:

- Once the room is vacated, the room should not be reused until the room has been thoroughly cleaned and disinfected and all surfaces are dry.
- Clean the room and the furniture using disposable cleaning cloths and a household detergent followed by disinfection with household bleach.
- The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron.
- Pay special attention to frequently touched flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids.
- Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use.
- Carpet mats do not require special cleaning unless there has been a spillage.

Cleaning of communal areas if a person is diagnosed with COVID-19

- If a child or adult diagnosed with COVID-19 spent time in a communal area like a play area or sleeping area or if they used the toilet or bathroom facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible.
- Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

Laundry if a person is diagnosed with COVID-19

- Laundry, for example from cots, should be washed at the highest temperature that the material can stand.
- Items can be tumble dried.
- Rubber gloves must be worn when handling dirty laundry and items should be held away from your clothing. Hands should be washed thoroughly with soap and water after removing the gloves
- If gloves are not available, hands should be washed thoroughly after handling laundry.

Managing rubbish if a person is diagnosed with COVID-19

- All personal waste including used tissues and all cleaning waste should be placed in a plastic rubbish bag.
- The bag should be tied when it is almost full and then place it into a second bin bag and tied.
- Once the bag has been tied securely it should be left in the designated area. The bags should be left for three days before collection by the waste company.

Key Good Practice Points for Staff

- Do not attend for work if you have symptoms of respiratory virus infection.
- Avoid touching your eyes, nose and mouth, respiratory viruses need access to these body sites in order to cause infection.
- Clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water.
- Observe respiratory hygiene and cough etiquette for example when coughing and sneezing cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.
- If you do not have a tissue cough into your upper arm or the crook of your elbow - do not cough into your hand.

Appendix 2: EXCLUSIONS

This is minimum exclusion periods as recommended by the HSE. The service will impose longer periods if it has a concern

Chickenpox:	Until scabs are dry; this is usually 5-7 days after the appearance of the rash.
Conjunctivitis:	Exclusion of affected children until they recover, or until they have had antibiotics for 48 hours.
COVID-19:	Very specific exclusion criteria apply for each case and will be advised by the Department of Public Health.
Diarrhoea:	48 hours from last episode.
Diphtheria:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Food poisoning:	Until authorised by GP.
Glandular Fever:	Exclusion is not necessary.
Haemophilus Influenzae Type B: (Hib)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Hand, Foot and Mouth Disease:	While the child is unwell he/she should be kept away from service. If evidence exists of transmission within the day centre exclusion of children until the spots have gone from their hands may be necessary.
Head Lice:	Exclusion is not necessary [if treated]
Hepatitis A: (Yellow Jaundice, Infectious Hepatitis):	Recommended while the child feels unwell, or until 7 days after onset of jaundice, whichever is later.
Hepatitis B: (Serum Hepatitis)	Children will be too ill to attend the service and families will be given specific advice about when their child is well enough to return.
Impetigo:	Until lesions are crusted and healed, or 24 hours after commencing antibiotics.
Influenza and Influenza-like Illness: (Flu and ILI)	Remain at home for 7 days from when their symptoms began. Children should not re-attend the service until they are feeling better and their temperature has returned to normal.
Living with HIV/AIDS:	Exclusion is not necessary.

Measles:	Exclude the child while infectious i.e. up to 4 days after the rash appears.
Meningitis:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Meningococcal Disease:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Molluscum Contagiosum:	Exclusion is not necessary.
MRSA: (Meticillin-Resistant Staphylococcus aureus)	Children/infants known to carry staphylococcus aureus (including MRSA) on the skin or in the nose do not need to be excluded from the Child Care setting. Children who have draining wounds or skin sores producing pus will only need to be excluded from a Child Care setting if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.
Mumps:	The child should be excluded for 5 days after the onset of swelling.
Pediculosis (lice):	Until appropriate treatment has been given
Pharyngitis/Tonsillitis:	If the disease is known to be caused by a streptococcal (bacterial) infection the child or member of staff should be kept away from the service until 24 hours after the start of treatment. Otherwise a child or member of staff should stay at home while they feel unwell.
Polio:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Poliomyelitis:	Until declared free from infection by GP
Pneumococcus:	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Respiratory Syncytial Virus:	Children who have RSV should be excluded until they have no symptoms and their temperature has returned to normal. Contacts do not need to be excluded.
Ringworm:	Children need not be excluded from service once they commence treatment.
Rubella: (German Measles)	For 7 days after onset of the rash, and whilst unwell.
Scabies:	Not necessary once treatment has commenced.

Scarlet fever:	Once a patient has been on antibiotic treatment for 24 hours they can return to the service, provided they feel well enough.
Shingles:	Until scabs are dry.
Slapped Cheek Syndrome:	An affected child need not be excluded because he/ she is no longer infectious by the time the rash occurs.
Temperature:	Over 38 degrees
Tetanus: (Lockjaw)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Tuberculosis (TB):	Recommendations on exclusion depend on the particulars of each case, e.g. whether the case is "infectious" or not. The Department of Public Health will advise on each individual case.
Typhoid and Paratyphoid:	Very specific exclusion criteria apply; your local Department of Public Health will advise.
Viral Meningitis:	Children with the disease will usually be too ill to attend the service. Contacts do not need to be exclude.
Vomiting:	48 hours from last episode of vomiting
Whooping Cough: (Pertussis)	The child is likely to be too ill to attend the service and should stay at home until he/she has had 5 days of antibiotic treatment or for 21 days from onset of illness if no antibiotic treatment.
Worms:	Exclusion is not necessary.
Verrucae:	Exclusion is not necessary.

Appendix 3: VACCINATION SCHEDULE

Preschool immunisation schedule for children born since July 2008

Age to Vaccinate:	Type of Vaccination:
At birth (Note: BCG no longer given since October 2016)	BCG tuberculosis vaccine (given in maternity hospitals or a HSE clinic)
At 2 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B PCV (Pneumococcal Conjugate Vaccine)
At 4 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B Men C (Meningococcal C)
At 6 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B Men C (Meningococcal C) PCV (Pneumococcal Conjugate Vaccine)
At 12 months Free from your GP	MMR (Measles, Mumps, Rubella) PCV (Pneumococcal Conjugate Vaccine)
At 13 months Free from your GP	Men C (Meningococcal C) Hib (Haemophilus influenzae B)
At 4 - 5 years Free in school or from your GP	4 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis)

	<ul style="list-style-type: none"> • Polio (Inactivated poliomyelitis) MMR (Measles, Mumps, Rubella)
At 11 - 14 years Free in school	Td <ul style="list-style-type: none"> • Diphtheria • Tetanus
At 12 years (1st year second level school) Girls only Free in school	HPV (Human Papillomavirus)

Appendix 4:

DISCLAIMER TO BE SIGNED BY PARENTS WHERE CHILDREN ARE NOT VACCINATED

NAME OF CHILD: _____

CHILD'S DOB : _____

I have decided that my child will not be vaccinated according to the HSE recommended schedule.

I understand that in a group childcare setting the consequences may include:

- Contracting the illness that the vaccine is designed to prevent
- Transmitting the disease to others
- I understand that if there is a disease breakout this may necessitate my child staying at home. This will only be done with advice from a medical practitioner and in the best interest of all children.

All information regarding your child remains confidential.

Signed: _____

Parent/Guardian

Appendix 5: SPECIFIC DISEASES

Head Lice

Head lice can be a common problem in preschool children. Head lice crawl and require head to head contact for transmission. It is our policy to be proactive and manage the treatment. Parents/guardians have a responsibility to adhere to all our recommendations, working together to address this common health concern.

- Parents/guardians have the primary responsibility for the detection and treatment of head lice.
- Parents/guardians must check their child's head regularly, even if they don't suspect their child has head lice.
- All cases must be reported to the person in charge. Parents/guardians must state when appropriate treatment was commenced.
- Parents/guardians will be informed and advised on the correct procedures to take.
- Notification will be displayed on the parent's notice board and information given if required.
- Confidentiality will be adhered to in every case reported.
- We suggest children with long hair should have it tied back.
- There are a variety of effective preparations, shampoos and lotions available. It is vital that parents/guardians follow instructions accurately.

It is important to remember that anyone can get head lice, however infestation is more likely among small children due to nature of how they play. Head lice do not reflect standards of hygiene either in the home or preschool environment

Meningitis and Meningococcal

Both these diseases are most common in children, there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur throughout the year, the majority of cases occur during the winter months. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. The most common germs that cause meningitis are viruses and bacteria:

Viral Meningitis is rarely life threatening, although it can make people very unwell. Most people make a full recovery, but sufferers can be left with after effects such as headaches, tiredness and memory loss.

Bacterial Meningitis can be life threatening and needs urgent medical attention. Most people who suffer from bacterial meningitis recover but many can be left with a variety of after effects and one in ten will die.

Signs and Symptoms:

Meningitis and septicaemia (blood poisoning) are not always easy to recognise, and symptoms can appear in any order. Some may not appear at all. In the early stages, the signs and symptoms can be similar to many other more common illnesses, for example flu. Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately. Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick), and muscle pain, with cold hands and feet. A rash that does not fade under pressure (see 'The Glass (tumbler) Test' below) is a sign of meningococcal septicaemia. This rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises.

The spots or rash are caused by blood leaking into the tissues under the skin. They are more difficult to see on darker skin, so look on paler areas of the skin and under the eyelids. The spots or rash may fade at first, so keep checking.

However, if someone is ill or is obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all.

Spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin.

A fever, together with spots or a rash that do not fade under pressure, is a medical emergency.

Procedure for Managing a Suspected Case of Meningitis:

- If a member of staff suspects that a child is displaying the signs and symptoms of meningitis the child's doctor or our doctor on call will be contacted immediately and the child's parents/guardians called.
- If a GP is not available, the child will be taken straight to the nearest A and E Department. A member of staff will escort the child to hospital if the parent is unavailable.

Procedure when a case of Meningococcal Disease (Meningitis and /or Septicaemia) Occurs within an Early Years' service:

- The public health team will usually issue a letter to other parents/guardians to inform them of the situation. The aim of this letter is to give information about, reduce anxiety and prevent uninformed rumours.
- Meningitis literature (out-lining signs and symptoms) will be provided for parents/guardians by the public health team. The Meningitis Trust can provide further information and support free of charge.
- Antibiotics will be offered to persons considered to be 'close contacts'. These are usually immediate family members or 'household' contacts. Antibiotics are given to kill off the bacteria that may be carried in the back of the nose and throat: this reduces the risk of passing the bacteria on to others. In certain situations, a vaccine may also be offered. These actions are coordinated by the public health team.
- There is no reason to close the Child Care service.
- There is no need to disinfect or destroy any equipment or toys that the child has touched.

The likelihood of a second case of meningococcal disease is extremely small. However, if two or more suspected cases occur within four weeks in the same Child Care facility, then antibiotics may be offered to all children and staff, on the advice from the public health doctor. During this time staff and parents should remain vigilant. Parents/guardians are advised to contact their GP if they are concerned or worried that their child is unwell.

For more information, www.meningitis-trust.ie or 24-hour helpline 1800 523196

Hand, Foot and Mouth

Hand, Foot and Mouth (HFMD) is a viral illness that causes fever, painful blisters in the throat and mouth, and sometimes on the hands, feet and bottom. HFMD is often confused with foot-and-mouth (also called hoof-and-mouth) disease, a disease of cattle, sheep, and swine; however, the two diseases are not related—they are caused by different viruses. Humans do not get the animal disease, and animals do not get the human disease.

The viruses that cause it are called Coxsackie viruses that live in the human digestive tract. Several types of this family of viruses can cause Hand, Foot and Mouth so unfortunately you can get it more than once. These viruses are usually passed from person to person through unwashed hands and via

surfaces which have viruses on them. They can also be spread by coughing. It is more common to catch them from someone when they are in the early stages of their illness. Although anyone is at risk of becoming infected, children are generally more susceptible. HFMD is more common in summer and autumn and there is no immunisation.

Symptoms:

- The disease usually begins with a fever, poor appetite, malaise (feeling vaguely unwell), and often with a sore throat.
- One or 2 days after fever onset, painful sores usually develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks.
- A non-itchy skin rash develops over 1–2 days. The rash has flat or raised red spots, sometimes with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia.
- A person with HFMD may have only the rash or only the mouth sores.

How Hand, Foot, and Mouth Disease Is Spread:

- Infection is spread from person to person by direct contact with infectious virus. Infectious virus is found in the nose and throat secretions, saliva, blister fluid, and stool of infected persons. The virus is most often spread by persons with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.
- Infected persons are most contagious during the first week of the illness. The viruses that cause HFMD can remain in the body for weeks after a patient's symptoms have gone away. This means that the infected person can still pass the infection to other people even though he/she appears well. Also, some persons who are infected and excreting the virus, including most adults, may have no symptoms.
- HFMD is not transmitted to or from pets or other animals.

Treatment of HFMD:

There is no specific treatment and antibiotics are not effective as it is a viral infection. Most children with HFMD recover completely after a few days resting at home. Plenty of fluids help. Any fever or discomfort can be helped with a children's pain relief such as Calpol.

Prevention of HFMD:

A specific preventive for HFMD is not available, but the risk of infection can be lowered by following good hygiene practices.

- Hand washing is the mainstay of prevention of transmission and control of outbreaks. Children and carers should wash their hands before eating or preparing food, after using the toilet or especially after changing nappies, after contact with an ill child, after contact with animals and whenever hands are visibly soiled. (See Infection Control Policy)
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 part of bleach to 4 parts water)
- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD
- Children should be kept away from the service whilst unwell. If evidence exists of transmission within the service, exclusion of children until the spots have gone from their hands may be necessary.

Note: HFMD is communicable immediately before and during the acute stage of the illness, and perhaps longer as the virus may be present in the faeces for weeks.

The incubation period is 3 to 6 days and the condition may last from 7 to 10 days.

COVID-19

COVID-19 is a new illness that can affect your lungs and airways. It is caused by a new coronavirus (SARSCoV-2), which is spread mainly through tiny droplets scattered from the nose and mouth of a person with infection. The droplets can be scattered when the infected person coughs, sneezes, talks or laughs.

To infect you, it has to get from an infected person's nose or mouth into your eyes, nose or mouth.

This can happen - if:

- You come into close contact with someone who is shedding the virus and who is coughing or sneezing
- You touch - with your hands - surfaces or objects that someone who has the virus has coughed or sneezed on, and then touch your mouth, nose or eyes without having washed your hands thoroughly.

The virus that causes COVID-19 does not spread through the air over long distances (it is not airborne). This means that being in the same big room or in the same outside play area does not spread infection unless people are very close to each other or are touching the same things.

As COVID-19 is a new illness, we are still learning about how easily the virus spreads from person to person and how to control it, so it is important to keep up to date and make sure you are using the most up to date guidance available.

This information is available from the following links:

- HSE-HPSC: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- HSE Hub: <https://www2.hse.ie/coronavirus/> • Department of Health: <https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-coronavirus/>

COVID-19 can be a mild or severe illness. Severe illness is much more common in older people (especially older than 70) and in people vulnerable for other reasons. Severe illness is much less common in children and young adults in good health.

Symptoms include fever (high temperature), cough, shortness of breath, difficulty breathing. People with symptoms of infection are very important in spread of the disease. Symptomatic people appear to be most infectious for other people in the early days after symptoms begin.

Infection can also spread from people in the day or two before they get symptoms and it can spread from some people who get an infection but have no symptoms or such mild symptoms that they take little notice of them (asymptomatic spread). People are no longer infectious for other people 14 days after they have developed symptoms.

Testing for COVID-19 is based on taking a sample from the back of the nose and throat and examining if for virus genes in the laboratory.

If people have symptoms should they should self-isolate as quickly as possible and telephone their doctor. Their doctor will arrange testing for them if they need a test. When a person is diagnosed with COVID-19 the HSE works to identify people that the person was in close contact with since they got symptoms and for the 2 days before they got symptoms.

People identified as close contacts are at a higher risk of developing infection. They are asked to self-isolate for 14 days and are offered testing even if they do not develop symptoms.

Information on COVID-19 and Children

For further information, see the HSE website.

In the months since the COVID-19 pandemic started we have learned that:

1. Children seem generally less likely to catch infection.
2. Children seem more likely than adults to have no symptoms or to have mild disease. Symptoms in children include cough, fever, runny nose, sore throat, diarrhoea and vomiting.
3. Children have rarely been the person who brought COVID-19 into a household when household spread has happened.
4. Children are not more likely than adults to spread infection to other people.
5. There are some recent reports that the virus that causes COVID-19 may trigger a rare inflammatory disease called PIMS in some children. PIMS stands for Paediatric Inflammatory Multisystem Syndrome.

Symptoms:

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- Cough,
- Difficulty in breathing,
- Fever (38.0° C [100.4° F] or greater using an oral thermometer).

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

Procedure for Managing a Suspected Case of Covid-19:

- If a member of staff suspects that a child is displaying the signs and symptoms of Covid-19 the child's doctor or our doctor on call will be contacted immediately and the child's parents/guardians called. The staff member caring for the child while waiting for pick-up will need to be prepared to have contact with the child as necessary. It is essential to avoid touching their own nose, mouth or eyes while caring for a symptomatic child and to perform hand hygiene.
- If a staff member develops signs and symptoms of Covid -19 they will be asked to go home without delay and contact their G.P. by telephone. They should remain 2 metres away from others if possible and wear a surgical mask if they can tolerate doing so.
- In an emergency call an Ambulance and explain that the child or staff member is unwell with symptoms of Covid 19. A member of staff will escort a child to hospital if the parent is unavailable.
- The room will need to be cleaned and all contact surfaces disinfected before use by others.

How to help prevent spread of all respiratory infections including COVID-19:

Current information shows that COVID-19 can spread easily from people who have symptoms. It also can spread to some degree from an infected person even before they develop any symptoms.

For these reasons this guidance is based on two key parts:

1. Do whatever is practical to make sure that people with symptoms of COVID-19 do not enter a childcare setting at any time.
2. Take all practical precautions to reduce the chance of spread of virus all of the time just in case an infectious person with no symptoms is in the childcare setting. This includes greater attention to hand hygiene, respiratory hygiene and cleaning. It also means limiting contact between people, keeping groups as small as possible and limiting mixing of people between the different groups. If someone

who is not sick is shedding the virus, but they only mix with one fairly small group the number of people exposed to risk of infection is smaller.

They should not come to the service and should restrict their movements for 14 days from symptom onset. The last five days of these 14 should be fever free.

Appendix 6:

Seek medical attention immediately if you are worried that someone has Meningitis / Septicaemia.

Meningitis and septicaemia

Know the symptoms

Red symptoms are more specific to meningitis and septicaemia and less common in milder illnesses. Not everyone gets all these symptoms.

MENINGITIS	SEPTICAEMIA
Fever and/or vomiting	Fever and/or vomiting
Severe headache	Limb/joint/muscle pain
Rash	Cold hands and feet/shivering
Stiff neck	Pale or mottled skin
Dislike of bright lights	Breathing fast/breathless
Very sleepy/vacant/difficult to wake	Rash
Confused/delirious	Very sleepy/vacant/difficult to wake
Seizures (fits)	Confused/delirious

HOW TO DO THE TUMBLER TEST

- 1 If there is a rash, press the side of a clear tumbler against it.
- 2 If, through the glass, the rash does NOT change colour, contact a doctor.
- 3 If the rash DOES fade and loses colour under pressure it's unlikely to be meningitis
- 4 Do the test every hour as, in rare cases, the rash can change.

Appendix 7

Coronavirus COVID-19



Know the signs



High Temperature



Shortness of Breath



Breathing Difficulties



Cough

For 8 out of 10 people, rest and over the counter medication can help you feel better.



Wash



Cover



Avoid



Clean



Stop



Distance

If you have symptoms, self-isolate to protect others and phone your GP. Visit [hse.ie](https://www.hse.ie) for updated factual information and advice or call 1850 24 1850.

Protection from coronavirus.
It's in our hands.



Rialtas na hÉireann
Government of Ireland

Appendix 8: CLEANING ROUTINES

Cleaning Routines for Toys:

Toys may be implicated in the transmission of potentially harmful germs and the development of infection in young children. Steps must be taken to ensure toys are maintained in a safe and usable state by regular inspection, scheduled cleaning and appropriate storage.

Soft Toys: should be kept to a minimum because they are porous, support microbial growth and can be difficult to clean. Soft toys must be subject to machine washing (Monthly or more often as necessary) and thorough air drying/tumble drying (according to manufacturer's instructions). Repeated decontamination of soft toys can compromise the integrity of the fabric and create a choking hazard, therefore ensure thorough checking takes place before and after use.

Hard Surface Toys: should be washed at least monthly or sooner if visibly soiled. Toys with moving parts or openings can harbour dirt and germs in the crevices and must be washed and scrubbed using soap and warm water/detergent wipes, before thorough rinsing and drying.

Mouthed Toys: Mouthed toys are to be cleaned on a daily basis using hot water and Milton. In order to reduce the risk of cross infection, it is important that all mouthed toys that are shared are cleaned between uses by different children.

Mechanical/Electrical Toys: should be surface wiped monthly or more often as necessary, using a damp cloth that has been rinsed in hot, soapy water or detergent wipes followed by thorough drying.

Books: should be inspected weekly and the surfaces wiped using a disposable cloth that has been rinsed in hot, soapy water/ detergent wipes followed by thorough drying. Books with signs of dampness or mildew must be discarded.

Dressing up Clothes: All clothes must be washable and washed at a temperature of 60 degrees for 10 minutes. Clothes must be laundered weekly or more often as necessary. The storage box or rail must also be cleaned regularly.

Toilets:

Toilets are checked regularly and cleaned appropriately as necessary.

Bins and Recycling:

The room should have two bins; one for green bin recycling and one for everything else. Children will be encouraged to use the appropriate bins. Staff should ensure that bins are never allowed to overflow. If it is full empty it. The bins should be emptied and rinsed out at the end of every day. If a bin has a lid, the lid must be closed at all times.

Staff Hygiene:

It is imperative to wash hands after handling bins, cleaning up vomit or urine, cleaning children's noses, before handling food, after handling food etc. This will help in the battle against infections.

Spillages and Hazards: The Safety, Health and Welfare at Work Act, 2005 applies.

Spillages:

In the interests of health and safety the following procedures must be used when cleaning up spillages:

- Disposable gloves are provided by the service and must be used by staff to clean up any body spillages or faeces. When changing nappies or any clothing, which has urine or faeces on it, this procedure should also be observed.
- Warning notices should be displayed where appropriate.
- Any vomit or blood should be dealt with immediately by wearing disposable gloves and applying Milton directly on to the spillage, before cleaning up.

Hazards:

If you discover anything, which may be a potential hazard to you, the children, other staff or members of the public who may be using the service you must take immediate remedial action. Report the hazard to the Manager who will record the hazard and take the appropriate action to rectify the hazard

SAMPLE DAILY CLEANING ROUTINE:

- Wipe down all shelves in warm soapy water.
- Wash all table tops and wipe down table legs with a mild disinfectant.
- Wash down sink and surrounding counter area.
- Clean fridge as required, check dates on food, and remove if necessary.
- The fridge should be wiped out inside with antibacterial spray.
- The outside of the fridge is to be cleaned with a mild disinfectant.
- Wipe down window sills in warm soapy water. Clean windows with warm soapy water if necessary.
- Clean door handles and light switches.
- Wipe all exposed woodwork with a mild disinfectant.
- Wash all skirting boards with warm soapy water.
- Empty bin and replace bag.
- Replace hand towels and hand washing liquid as required.
- Clean toilet and disinfect toilet seat and base.
- Wash sink and disinfect taps.
- Empty bins and replace new bag, paper towels and toilet paper.
- Sweep/vacuum and wash floors with warm soapy water.

Appendix 9: Cleaning Record .1**Weekly Cleaning of Equipment Record****Week beginning:**

Equipment	Monday Initial	Tuesday Initial	Wednesday Initial	Thursday Initial	Friday Initial
Cars					
Dolls/Play equipment					
Construction area					
Dress-up clothes					
Water equipment					
Sand/Equipment					
Home corner equipment					
Jig saws/Table top activities					
Shelves					
Door Handles/Light Switches					
Window sills					
Cupboards					
Bookcase					
Tables & Chairs					
Sink & Worktop					
Sweeping Floors					
Bins					

Appendix 10: Cleaning Record .

Fridge Temperature and Cleaning / Week: _____

Date	Time checked	Temperature recorded	Signature	Cleaned	Signature
Monday	AM: PM:			Monday	
Tuesday	AM: PM:			Tuesday	
Wednesday	AM: PM:			Wednesday	
Thursday	AM: PM:			Thursday	
Friday	AM: PM:			Friday	

Appendix 11: Cleaning Record .3

Toilet Area Cleaning Record

Cleaning Sheet for:

Week beginning:

	Time	Toilets	Sinks	Dispensers	Switches	Floor	Signed
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Communal Areas Cleaning Record Covid-19

Cleaning Sheet for:

Week beginning:

	Time	Dispensers	Switches	Door Handles	Stair Railings	Floor	Signed
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Appendix 12: Cleaning Record .4

Cot Linen Changing Record

Day and Date

Cot No	Changed	Tick	Time	Signature
	Sheet			
	Blanket			
Cot No	Changed	Tick	Time	Signature
	Sheet			
	Blanket			
Cot No	Changed	Tick	Time	Signature
	Sheet			
	Blanket			
Cot No	Changed	Tick	Time	Signature
	Sheet			
	Blanket			
Cot No	Changed	Tick	Time	Signature
	Sheet			
	Blanket			
Cot No	Changed	Tick	Time	Signature
	Sheet			
	Blanket			
Cot No	Changed	Tick	Time	Signature
	Sheet			
	Blanket			

Appendix 13

Early Years Inspectorate COVID-19 Notification Form
Child Care Act (Early Years Services) Regulations 2016
Part VIII, Article 31



Service Name:
Service Address:
TU number: Date:

Please indicate the nature of the incident

- Confirmed case(s) of COVID-19 for any child attending the service
- Confirmed case(s) of COVID-19 for any staff member
- Potential closure of a service
- Other relevant information

Summary of the Notification

Actions taken by the registered provider

Details of person completing this report:

Name: Contact No:

Please email completed forms to ey.reception@tusla.ie