



Hygiene and Infection Control

Policy

Maintaining an effective level of hygiene is one of the most important and regularly implemented practices in a service. Effective hygiene strategies and practices assist services to protect all persons from, and minimise the potential risk, of disease and illness.

Educators will minimise the spread and risks of infectious disease in childcare settings by using standard infection control precautions against the transmission of infection.

Cubby House on Campus – Early Learning Centre (“Cubby”) is committed to preventing the spread of infectious diseases/illnesses through the implementation, monitoring, and maintaining of health and hygiene strategies including but not limited to hand hygiene, effective cleaning procedures, identifying and excluding sick children and educators with symptoms of infection and an understanding and knowledge of health and hygiene principles. As per the CCMS immunisation program, Cubby is a “no immunisation, no care” centre to help prevent serious infectious diseases from spreading through the community.

Any educator, family, child or other stakeholder who has contracted a serious infectious disease will be excluded from the care and work environments until a doctor’s certificate is obtained stating that they can return to work/care environment.

Background

The service promotes hygienic practices and prevents the spread of infection through the following strategies:

- Effective hand washing/hygiene
- Hygienic cleaning techniques
- Hygienic handling, storage, and disposal of bloody fluids
- Maintenance of hygienic environments
- Knowledge of infectious diseases and exclusion guidelines
- Exclusion of sick children and educators
- Promoting immunisation and maintaining records of children’s and educator’s immunisation
- Cubby has a duty of care that all personal are provided with a high level of protection during the hours of operation.

Practices

Standards precautions are a set of practices that assist in minimising the risk of cross infection and provide a basic level of infection control. The precautions support the assumption that all bodily fluids are potentially infectious, therefore all persons are treated equitably when implementing hygiene practices to minimise cross infection and to protect everyone.

Some of these practices, which are relevant to children's services, are:

- Hand washing/hygiene
- Hygienic cleaning techniques
- Using protective products and equipment such as gloves
- Safe handling and disposal of body fluids
- Safe storage of materials that have come into contact with bodily fluids; and
- Maintaining a hygienic environment

HANDWASHING

- Remove any jewellery that may stop you washing all surfaces of your hands.
 - Wet hand with warm running water
 - Apply liquid soap
 - Rub hands together to cover all surfaces of your hands. Make sure you wash all over your hands including the back, wrists, down the sides of your fingers and thumbs and the tips of your fingers and thumbs.
 - Rub hands together for 20 seconds.
 - Rinse hands making sure you have removed all the soap and bubbles.
 - Take time to dry your hands thoroughly with single use paper towel
- The above will usually take between 40-60 seconds.

WHEN TO WASH HANDS

- On arrival (this reduces new germs being introduced to the service)
- At the start and end of every play session.
- Before handling food including a baby's bottle
- Before preparing/serving food
- Before and after assisting children to eat
- Before and after changing a nappy
- Before and after assisting a child to the toilet
- After blowing your nose, sneezing, or coughing
- After cleaning up blood faeces, urine, vomit, or other bodily fluids
- Before and after touching any cut, wounds, or rashes (yours or a child's)
- After handling dirty items e.g.: handling rubbish
- After handling/patting animals
- After removing gloves
- After going to the toilet, yourself
- After wiping a child's runny nose
- Before and after administering medication
- After playing outside
- Before going home (this prevents taking germs home)

- When your hands are visibly dirty

BABIES NEED TO HAVE THEIR HANDS WASHED AS WELL

Babies need to have their hands washed as often and as thoroughly as older children. If the baby can stand at an appropriately sized hand basin, you need to wash and dry their hands just as you would yourself. If the baby is unable to stand at a hand basin, wash their hands with either pre-moistened towelettes or wet disposable cloths, and then pat dry with paper towel or their own towel.

WHEN WIPING CHILDREN'S NOSES

- Using a disposable tissue wipe the nose
- Place the tissue into a plastic-lined rubbish bin
- Wash and dry your hands

HAND CARE

Always wash your hands with a mild soap or sorbolene cream and water. Use a hand cream if your skin is dry to help prevent it from cracking. Remember infectious germs can enter through broken skin.

Do not use a barrier cream on broken skin.

TO HELP STOP THE SPREAD OF INFECTIOUS DISEASES

- Clean the indoor environment of the service daily. The following need to be cleaned and checked regularly throughout the day for cleanliness: the toilet, nappy change areas, food preparation areas, taps, door handles, nappy change surfaces and benches.
- Use neutral detergent and water for cleaning.
- Keep all surfaces clean and dry.
- Wash and clean shared toys and play equipment at the end of each day and ensure that they are well maintained. Please note that many toys can be washed on the top shelf of the dishwasher.
- Any toys that have been mouthed, coughed, or sneezed on or that have been handled by a sick child must be cleaned immediately or removed from the play environment until it can be cleaned.
- Launder daily all soiled linen, cloth nappies, towels, facecloths, and clothing.
- Ensure that children and staff do not share brushes, combs, toothbrushes, bottles, dummies, towels, facecloths, or handkerchiefs.

- Ensure safe storage, disposal or laundering of soiled nappies
- Always wear gloves where you might be exposed to blood, faeces, urine, or other bodily fluids, including any activity where there might be contact with a child's mucous membranes such as the nose, mouth, or genital area, or when handling any items or materials that have come into contact with blood or body fluids.
- In an outbreak of a vaccine preventable disease, exclude children who are not immunized or are too young to have been immunized on advice from the local Public Health Unit.
- Exclude children who have a respiratory infection, diarrhoea, any vaccine preventable disease, a transmissible skin infection not yet being treated, or any other infectious disease.
- Clean blood and bodily fluid spills according to standard infection control precautions

PLAYDOUGH

Make sure that anyone handling playdough washes their hands before and after use. Store the playdough in the fridge and throw it away at the end of each week.

Playdough must be thrown out if a sick person/child has handled it.

STANDARD INFECTION CONTROL PROCEDURES FOR THE CLEANUP OF BLOOD AND OTHER BODILY FLUIDS.

- Wear gloves
- Place paper towel over spill
- Carefully remove paper towel and its contents
- Place paper towel in a plastic bag and seal it
- Place the plastic bag in an external rubbish bin
- If it's a large spill of body fluid carefully wash it into the sewerage system instead of using paper towels
- Put new gloves on
- Clean surface with warm water and detergent and allow to air dry
- Remove gloves
- Wash hands thoroughly with soap and warm water.

To minimise the spread of infectious diseases between children, staff, and visitors:

- At enrolment of each child the Director/Administrator will discuss with families their children's general health and current health status and document this information on the enrolment form.
- Families together with educators will discuss any health issues at interview and determine whether an individual health plan needs to be developed.
- Educators will contact families of children who are ill in care and ask them to

collect their child.

- Under the Food Act (1989) staff will be excluded from handling duties if they have pustule infections (such as boils) of the skin that cannot be covered or who are ill from gastroenteritis or hepatitis A.
- Educators may request from the Public Health Unit a clearance for children and educators who have diphtheria, hepatitis A, polio, tuberculosis, or typhoid.
- All educators and persons visiting or normally residing in the service must conform to all infectious disease policies.
- Educators must advise families that when children have commenced treatment with a medication, the child cannot attend care for at least 24 hours to ensure the child is recovering and is not having side effects from medication.
- Any child or educator who has been unable to work/attend care because of an infectious illness may be asked to obtain a medical certificate from their doctor which specifically states that the child or educator is not infectious and is able to return to care or to work.
- When a child has been hospitalised for any reason, they may not return to care for 24 hours after they are discharged. The family will need to supply a medical certificate to state that the child is fit to return to care
- If a family does not supply a clearance certificate educators have the right to refuse care until a certificate is presented.
- Children and educators will be excluded from the care environment if they are suffering from any of the following:
 - Behaviour that is unusual for the individual child for example a child that is normally active and who suddenly becomes lethargic or drowsy
 - A high temperature or fever
 - Loose bowels
 - Faeces which is grey, pale or contains blood
 - Vomiting
 - Discharge from the eye or ear
 - Skin that displays rashes, blisters, spots, crusty or weeping sores
 - Loss of appetite
 - Dark Urine
 - Headaches

- Stiff neck or other muscular and joint pain
- Continuous scratching of scalp or skin
- Difficulty in swallowing or complaining of a sore throat
- Persistent, prolonged or severe cough; or
- Difficulty in breathing.

In all instances educators will implement First Aid procedures where necessary. (Refer to First Aid Policy).

<i>Policy Action</i>	<i>Process Development</i>
Sources/ Further Reading	<p>Frith, J, Kambouris, N, & O’Grady, O (2003) <i>Health and Safety Policies in Family Day Care model policies & practices</i> (2nd edn).</p> <p>ACT Health Posters, “How to stop the spread of flu” 2009</p> <p>National Health and Medical Research Council, <i>Staying Healthy in Child Care. Preventing Infectious Diseases in Child Care</i> 2nd Edition 2012</p> <p>Hand Hygiene Australia, <i>Clean Hands All Hands – Information for caregivers of children</i>. 2019</p> <p>National Quality Standards 2.1.2, 2.1.3, 2.1.4, 2.3.1, 2.3.2, 3.1</p> <p>Education and Care Services National Regulation 77, 88, 96, 106, 109, 110, 112, 115</p>

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