

Yankalilla Community Children's Centre

Infection Control Policy

The health and wellbeing of young children and educators is central to the creation of a high quality early childhood environment. The primary challenge is to provide a safe environment where play based learning (involving all the senses), physical closeness and warm relationships are not compromised by over protection and unnecessary anxiety.

In order to eliminate or minimise the level of risk associated with exposure to infectious disease or illness the Yankalilla Community Children's Centre will abide by the 2022 Infection Control and Disease prevention.

The five most important ways of preventing the spread of infectious disease in early childhood settings are:

1. Effective hand washing
2. Exclusion of sick children and staff
3. Immunisation
4. A high standard of Cleanliness
5. Standard precautions

1. Hand washing

Hand washing, rinsing and drying remains one of the most basic and important procedures for maintaining hygiene and preventing the spread of infection. However, to be effective, hand washing must be done properly.

Staff and children must wash, rinse and dry their hands:

- On arrival at the centre
- Before going home
- Before eating (for babies, before they are fed)
- Before preparing or handling any food – including babies bottles
- Before giving medications
- Before and After nappy changes
- After going to the toilet or assisting a child to use the toilet
- After wiping or blowing noses (staff or child's)
- After coming into contact with any bodily fluids – blood, faeces, urine, vomit
- After touching animals

During outside play time, it may not be possible for staff to come inside to wash their hands. Staff will ensure they always apply gloves before handling blood or bodily fluids. After removing the gloves and placing them in the bin, staff will apply "Hands First" antibacterial sanitiser.

Hand washing procedure:

- Wash hands with soap and running water
- Dry hands thoroughly with a clean paper towel.
- Put paper towel in bin

2. Exclusion of children and staff who are sick

Exclusion helps to prevent transmission of infectious illnesses to others and also assists in the recovery of the sick child. Children and staff must be well enough to attend and participate fully in activities. Children requiring one to one attention need home care. Parents are required to notify the Director if their child has any contagious illness.

Exclusion will be handled in accordance with the SA Health exclusion period guidelines.

(See Appendix 2)

In addition, the centre has a 24 hour exclusion policy for children who have vomited or who have excreted more than one loose bowel action. Exclusion for 24 hours gives the vomiting and diarrhoea time to subside and for normal activity and diet to be reintroduced.

In the event of an 'outbreak' of gastro (more then 3 recorded cases) it is the recommendation of the SA Health that affected children are excluded for atleast 48 hours after their last vomit or loose bowel action.

Children may return to the Centre after the prescribed exclusion period.

The exclusion guidelines also apply to staff.

In the case of a confirmed infectious disease or illness, Educators will record this on the illness record in the staffroom. If more then 3 cases of the same illness or disease have been confirmed a notice will be displayed on the front office door. When updating infectious diseases on the door only include cases in the past 2 weeks (Educators to date each case).

Identifying symptoms of an excludable infectious illness and notifying families

The staff will be vigilant in identifying symptoms which may indicate an excludable infectious illness or disease. The Centre does not have the facilities or the staff to care for sick children: therefore, children who are unwell, require one on one care or who have infections or contagious illnesses are not able to be cared for at the centre. Parents will be advised on enrolment that children who are unwell should stay home from childcare or preschool.

If a child becomes ill while they are at the centre every effort will be made to contact the parent/guardian or emergency contact people.

Parents will be contacted and child sent home when a child:

- Has difficulty breathing
- Refuses to drink fluids and eat
- Vomits
- Is coughing uncontrollably
- Complains of headaches, earache or has a discharging ear
- Needs to be comforted constantly – has no interest in play/ becomes one on one care
- Has a fever (temperature of 37.6 or higher)
- Develops a rash
- Is pale and sleepy
- Diarrhoea - 2 loose bowel actions on the same day

Unwell children will be isolated as much as practical until the child is able to be collected. If medical attention is required, an ambulance will be called, depending on the severity of the illness.

The centre will maintain a record of illnesses in the centre and an illness report form will be prepared for any child asked to be collected from the centre due to symptoms of illness.

Temperature Ranges

Classification	
Low temperature (<i>or hypothermia</i>)	<36°C
Normothermia	36 - 37.5°C
Low grade fever (<i>or normothermia</i>)	37.6 - 37.9°C
Fever (<i>or hyperthermia</i>)	≥ 38°C

3. Immunisation

Children

The most effective method of preventing certain infections is immunisation. Immunisation protects the person who has been immunised, children who are too young to be immunised and other people who have been vaccinated but did not respond to the vaccine.

All children who attend child care or kindy are expected to remain fully vaccinated as part of the SA Government immunisation strategy. As part of the enrolment process for every child, parents are

required to provide the centre with an Australian Immunisation History Statement For subsequent vaccinations, parents are reminded and required to provide a record of each vaccination within two weeks of the vaccination being administered or when next attending the service (whichever occurs first). Where an immunisation record is not provided or where the record is outdated when sighted, the child will be unable to attend until their immunisation record is updated. . .

Any occurrence of a communicable disease, including a vaccine preventable disease will be reported to on the DfE Incident Management Response System (IRMS) and relevant authorities notified in accordance with the DfE Injury Incident Reporting and Investigation Procedure. YCCC will notify all families if a case of an Immunisable illness is confirmed.

Staff

It is recommended that staff reduce their risk of transmission of infectious diseases by obtaining the following immunisations:

- Hepatitis A; Hepatitis B; Influenza; Tetanus
- Any childhood diseases they have not had (measles, mumps, rubella and chicken pox.)
- TGA approved Covid 19 Vaccination (Moderna, AstraZeneca, Pfizer)

4. A high standard of cleanliness

Reducing the number of germs in the environment can break the chain of infection.

Regular cleaning of surfaces with detergent and water, followed by rinsing and drying is the most useful method for removing germs from surfaces. Detergents and scrubbing help loosen the germs so they can be rinsed away with clean water. Drying the surface makes it harder for germs to survive or grow. The most effective method is use a container (spray bottles are NOT RECOMMENDED) of detergent and warm water (cold water can be used with a little extra scrubbing), immerse a cloth in it, wring it out, then clean the area with a vigorous scrubbing action, following by rinsing and drying.

Toys, surfaces and bedding will all be regularly cleaned to prevent the spread of infection. Baby's toys that have been mouthed will be cleaned after use on a daily basis. Joeys room to do a termly audit on toys to ensure they are in good working order. Toys used in the over 2's program will be cleaned at the end of each week. A cleaning schedule applies to the cleaning of all other toys. Any loose toys are to be placed into a container with a lid or in the washing bags that are kept in the bathroom cupboard. Toys will be cleaned in warm soapy water and dried outside in the sun (weather permitting).

The centre will be cleaned every night. Only non-hazardous cleaning products (as classified according to criteria of Safe Work Australia) will be used. During outbreaks of an infectious disease ie gastro – disinfectant will be applied to surfaces ie table tops, toys and door handles AFTER routine cleaning with detergent and water. NB: disinfectant will not kill germs if the surfaces have not been cleaned first.

5. Standard Precautions

Prompt management of accidental spills of body fluids – including blood, vomit, urine, faeces and nasal discharge reduces the potential risk to children and educators. Standard Precautions assumes that all body substances are potentially infectious. Standard Precautions (see Appendix 1) will be followed when handling:

- Blood, including dried blood
- Body substances including saliva, urine and faeces
- Broken skin (cuts and abrasions)
- Mucous membranes (lining of nose, mouth)

In the event that a child or staff member is exposed to blood or a body substance a Post Exposure Response (see Appendix 1) will be followed.

Correct procedures for dealing with blood, faeces, vomit and urine spills are detailed in Appendix 1.

Notifiable Infectious diseases

The Director will report all instances of Notifiable Infectious Diseases on IRMS and to the Director Health and Safety Services on 82267555.

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Source:

Edi.sa.edu.au - First aid and infection control standard.

Department for Education and Child Development (2013) *Infection Control Procedure*

National Health and Medical Research Council (2012) *Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Ed.)*

DfE (2021). - *Protecting children from vaccine preventable diseases procedure.*

SA Health - *Exclusion from childcare, preschool and work.* Last updated 10th August 2021

The Royal Children's Hospital Melbourne - Temperature Management

Appendix 1

Standard Precautions

Standard precautions are hygiene practices incorporating hand hygiene and the use of gloves, other appropriate PPE to eliminate or minimise the risk of exposure to an infectious disease.

1. Hands must be washed after contact with blood or a body substance
2. Water impermeable gloves must be worn when likely to be exposed to blood or a body substance, or contaminated materials.
3. Hands must be washed and dried immediately after removing gloves (gloves cannot be guaranteed to prevent skin contamination and may not remain intact during use).
4. Cuts or abrasions on any part of a child or staff members body must be covered with waterproof dressing at all times.

Safely Dealing with spills

Blood

Size of spill

Spot (e.g. drop of blood)
Less than the size of
a 50 cent coin

What to do

- Wear gloves
 - Wipe up blood immediately with a damp cloth, tissue or paper towel
 - Place the cloth, tissue or paper towel in a plastic bag or alternative; seal the bag and put it in the rubbish bin
 - Remove gloves and put them in the rubbish bin
 - Wash surface with detergent and warm water
 - Wash your hands with soap and water

Small (up to the size of the palm
of your hand)

- Wear gloves
 - Place paper towel over the spill and allow the blood to soak in
 - Carefully lift the paper towel and place it in a plastic bag or alternative; seal the bag and put it in the rubbish bin
 - Remove gloves and put them in the rubbish bin
 - Clean the area with warm water and detergent using a disposable cloth or sponge; place the cloth in the rubbish bin
 - Wipe the area with diluted bleach and allow to dry
 - Wash your hands with soap and water

Large (more than the size of
The palm of your hand)

- Wear gloves
 - Cover the area with an absorbent agent (e.g. kitty litter or sand) and allow the blood to soak in
 - Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids
 - Place the absorbent agent, the scraper and the pan into a plastic bag or alternative; seal the bag and put in the rubbish bin
 - Remove gloves and put them in the rubbish bin
 - Mop the area with warm water and detergent; wash the mop after use
 - Wipe the area with diluted bleach and allow

Faeces, vomit and urine

- Wear gloves.
- Place paper towel over the spill and allow the spill to soak in. Carefully remove the paper towel and any solid matter. Place it in a plastic bag or alternative, seal the bag and put it in the rubbish bin.
- Clean the surface with warm water and detergent, and allow to dry.
- If the spill came from a person who is known or suspected to have an infectious disease (e.g. diarrhoea

or vomit from a child with gastroenteritis), use a disinfectant on the surface after cleaning it with detergent and warm water.

- Wash hands thoroughly with soap and running water (preferably warm water).

Post Exposure Response

If a child or staff member is exposed to or comes in contact with blood or a body substance the following measures will be taken:

1. Remove contaminated clothing.
2. If blood or a body substance comes in contact with the skin, irrespective of whether there are cuts or abrasions, wash the area well with soap and water.
3. If the eyes are splashed, rinse the area gently but thoroughly with water while the eyes are open.
4. If blood or a body substance enter the mouth, spit it out and rinse the mouth with water several times, spitting the water out each time.
5. Wash hands thoroughly with soap and warm water. Pat hands dry with paper towels or air dryer.

Waste Management

If blood or a body substance is spilled on surfaces, the following infection containment procedures are to be followed:

1. Deal with the spill as soon as possible as above
2. Remove and dispose of gloves, paper towels / cleaning cloth in a sealed plastic bag after use.
3. The plastic bag may then be thrown away with household waste.
4. Wash hands thoroughly with soap and warm water. Pat hands dry with paper towel.