

Mind the germs!

Infection Control Guidance for Nurseries,
Playgroups and other Childcare Settings



Llywodraeth Cynulliad Cymru
Welsh Assembly Government



Developed in collaboration with:



www.amicus-cphva.org



www.icna.co.uk

Good hygiene is the first step to good health

Acknowledgements

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Foreword

This booklet is one of two that are being developed following the outbreak of *Escherichia coli* (*E. coli*) in South Wales schools. We wish to reinforce the importance to children and teaching staff of preventing and dealing with infections efficiently and effectively. We all need to work together to try to prevent individual cases of gastrointestinal infection and future outbreaks, which can have devastating effects.

The information contained in this booklet is aimed primarily at staff working in the Early Years (part of the new Foundation Phase*) and all pre-school childcare settings but the general points have a wider application. It provides details on gastrointestinal infections, how best to avoid infections and how to contribute to outbreak management.

We need to reinforce the culture of hand washing from an early age so that it becomes second nature to children. We recognise that children do not wash their hands as often as they should. Therefore, it is important that this basic skill is taught to children as soon as they are old enough. There is a need to provide children with the appropriate facilities to encourage them to wash their hands. As highlighted in the *E. coli* outbreak in 2005, there is a need for all childcare settings to provide soap, warm water and paper towels to ensure hand hygiene compliance.

This guidance provides simple, practical advice, which will aid staff in their understanding of infection and how to prevent it spreading in settings where young children are in contact with other children and staff.

We hope that this booklet will provide a useful guide to all staff working in the Early Years and pre-school settings.



A handwritten signature in blue ink that reads "Dr Brian Gibbons".

Dr Brian Gibbons
Minister for Health
and Social Services

A handwritten signature in blue ink that reads "Jane Davison".

Jane Davison
Minister for Education,
Lifelong Learning and Skills

* The Foundation Phase will combine what we now call the Early Years (3 - 5 year olds) and Key Stage 1 (5 - 7 year olds). Currently, 41 settings including schools, voluntary and private nurseries, playgroups and childminders, across Wales are involved in a pilot for the Foundation Phase and the national rollout will begin in 2008. Further information can be obtained from www.learning.wales.gov.uk, or by e-mailing: FoundationPhaseInfo@wales.gsi.gov.uk.

Introduction

When children are young, because their immunity may not have fully developed, they are often highly susceptible to infectious diseases. In the childcare setting, where children are in close and frequent contact with each other, infectious diseases can spread rapidly. Fortunately, there are a number of simple procedures, which you can implement in the childcare setting, to help protect children from infections, including:

- rigorous hygiene
- exclusion of children and adults with infections, when appropriate, from the childcare setting
- prompt and appropriate treatment of infections.

This booklet provides helpful advice on infection control for all those who work with young children in Wales. You can use this information to develop your own infection control procedures and policies and to help minimise the risk of infection. You may also like to share this information with parents/carers who may have concerns about controlling infections in other childcare settings, such as the home.



Definitions

- **Antimicrobial** – A product or process that kills germs (microbes) or inhibits their growth.
- **Antibacterial** – A product or process that kills bacteria or inhibits their growth.
- **CCDC** – The Consultant in Communicable Disease Control is appointed as the ‘Proper Officer’ to the local authority and has a variety of powers under the Public Health (Control of Disease) Act (1984). Their responsibilities include the surveillance, prevention and control of communicable diseases.
- **Cleaning/Cleaner** – A physical process or product that removes dirt from an object but does not necessarily reduce the level of microbial contamination.
- **Contamination** – The presence of germs on a body surface, object, or in food or water.
- **CSIW** – The Care Standards Inspectorate for Wales is a division of the Welsh Assembly Government that ensures that childcare settings meet the regulations and National Minimum Standards set by the National Assembly for Wales and the Welsh Assembly Government.
- **Decontamination** – A general term for the destruction or removal of germs to render an item safe. This will include methods of cleaning, disinfection and sterilization.
- **Detergent** – A cleansing agent that removes dirt.
- **Disinfectant** – A chemical that under defined conditions is capable of destroying germs, but not usually bacterial spores. It does not necessarily kill all germs, but reduces them to an acceptable level, e.g. a level that is not harmful to health.
- **EHO** – The Environmental Health Officer, like the CCDC, is employed by the local authority. Their role includes inspecting a wide range of premises, advising on hygiene and safety issues, and investigating outbreaks of food poisoning.
- **Faeces** – The solid waste matter discharged from the body through the anus.
- **Hygienic cleaner** – A product that removes dirt from an object or surface, and destroys some germs through an inherent antimicrobial activity. The combination of dirt removal and germ destruction reduces the level of contamination.
- **Sterile** – Free from all viable germs.

Infection and hygiene

Generally, the main sources of infection are people, domestic animals, contaminated raw food and water. Certain areas where stagnant water and waste residues accumulate such as sinks, u-bends, toilets and wet cleaning cloths readily support the growth of germs and may also become a source of infection ⁽¹⁾.

Infections can be transmitted in a variety of ways:

- Some occur by direct contact with infected people, animals, blood and other body fluids, e.g. contact with blood spills during first aid.
- Some arise by self-infection from the body's own germs, e.g. bladder infections are commonly due to normal gut organisms invading the urinary tract.
- Gastrointestinal infections (tummy upsets) usually arise from consuming contaminated food or water (food poisoning), but sometimes result from faecal germs being carried to the mouth on unwashed hands (faecal-oral transmission).
- Airborne transmission of infection occurs in two ways: either germs are carried on skin scales as they are shed from our bodies or by respiratory droplets expelled when we cough, sneeze or talk.
- Some infections spread indirectly. For example, they may be transferred via unwashed hands to surfaces. The surfaces commonly involved are hand and food contact surfaces and cleaning utensils. Although germs will eventually die on a dry surface, many species can survive on surfaces long enough to pose a risk of infection. Germs transferred via surfaces to cooked foods can multiply rapidly at room temperatures. So can germs that are transferred to wet cleaning cloths.
- Insects, other pests and pets can act as vehicles for transfer of infection.

The main principles for achieving high standards of infection control are concerned with:

- reducing or eliminating sources of infection (e.g. by cooking meat, fish and eggs properly and by excluding infectious children from the childcare setting)
- preventing transfer of contamination from these sources
- educating staff and children about good hygiene practices.

The purpose of applying a hygiene procedure is to reduce the number of germs to a level where there is no longer a threat to health. This level varies depending on the circumstances and will dictate what procedures are required. A number of procedures can be used to achieve hygienic decontamination, including:

- **Cleaning** – In many instances, e.g. for hand washing, cooking utensils, cutlery and crockery, decontamination can be achieved by using a cleaning product (soap or detergent) and water. Decontamination is only achieved if applied in conjunction with mechanical action and a rinsing process (i.e. you must wipe or scrub all the surfaces and then rinse them thoroughly with clean running water). It is not usually an effective way to decontaminate fixed surfaces, such as kitchen worktops, because they cannot be rinsed properly ⁽¹⁾.



KEY FACT

The main sources of infection are people, domestic animals, contaminated raw food and water.

- **Heat** – Heating is an effective method of decontaminating items such as clothes, cleaning utensils and fabrics (e.g. by hot machine washing or steam cleaning). Heat is also used to reduce microbial contamination of foods to a level that is safe for consumption. Generally, the higher the temperature achieved, the more germs are killed.
- **Hygienic cleaners and chemical disinfectants** – These can be used to effectively decontaminate sites and surfaces where the former methods are inadequate or impractical, e.g. to decontaminate work surfaces, toys and toilets, and when there is infection in the childcare setting.

The effectiveness of any hygiene procedure not only depends on the efficacy of the product used, but also the way the procedure is applied, i.e. in the right way, at the right time. Developing hygiene protocols for use in the childcare setting will help you to ensure that hygiene procedures are applied correctly and that the risks of infection to the children in your care, to staff and to yourself are minimised.

National Minimum Standards require that the childcare premises and equipment must be clean and that the registered person ensures that staff are informed of, and aware of the importance of good hygiene practice ⁽²⁾. The Standards also require that staff should be informed of and kept up to date with hygiene procedures and that children should be encouraged to learn about personal hygiene through their daily routine.

You can help raise children's awareness of good hygiene practices by teaching them about the importance of:

- hand washing
- nose wiping and disposal of tissues
- the spread of infection through coughing and sneezing
- using the toilet correctly.

To ensure staff are aware of and are able to carry out good hygiene practices, you should:

- include hygiene procedures in staff induction and training
- obtain information from sources such as the Environmental Health Department and the local NHS Trust and keep up to date with current recommendations
- use notices, posters and staff meetings to promote good hygiene practices
- keep a list of notifiable diseases and make sure staff are familiar with local guidelines and procedures for notifying the CCDC and EHO of outbreaks of disease
- notify the CCDC should any notifiable disease occur in your setting
- display a list of addresses and telephone numbers for key health contacts including your nearest Accident and Emergency Department, Health Centre, EHO and CCDC.

Do

- ✓ check the premises are clean and safe before the children arrive each day
- ✓ establish a daily cleaning routine for the premises, including play areas, toilets, kitchens and nappy changing areas
- ✓ establish a rota system for cleaning toys, furnishings, dressing up clothes, sand, water play area, ball pits and other equipment
- ✓ provide suitable hand washing and drying facilities.

The information that follows will help you to develop your own hygiene procedures and routines. Documenting your procedures will enable you to provide CSIW with evidence that you are achieving the National Minimum Standards ⁽²⁾.

Hand hygiene

Germs are found just about everywhere. They are transferred to our hands when we touch other people, animals, body fluids, contaminated surfaces and food, and when we cough and sneeze. They can then be passed into our bodies (e.g. when we eat food without washing our hands first), to other people, food and other surfaces that we touch. Good hand washing is the single most effective way of stopping germs from getting into our bodies and causing infection⁽³⁾. In particular, studies show that good hand washing after nappy changing and using the toilet reduces the spread of gastrointestinal infections in nurseries⁽⁴⁾.

Thorough washing with soap and running water removes most germs from our hands⁽⁵⁾. If you use solid soap, keep it in a self-draining holder. Liquid soap is better than solid soap because it is less likely to become contaminated. Using an antibacterial liquid soap gives better protection. In some circumstances, e.g. when a child has an infectious disease, it may be necessary to disinfect hands with an alcohol disinfectant solution⁽⁶⁾. Disposable paper towels are the best option for drying hands because damp towels can harbour germs⁽⁷⁾.



How should we wash our hands?



1. Wet your hands under warm running water.



2. Apply a small amount of soap.



3. Rub your palms together – away from the water.



4. Scrub your fingers and thumbs and the spaces between them.



5. Scrub your nails on your palms.



6. Remember to wash the backs of your hands.



7. Rinse your hands with clean running water.



8. Dry your hands, preferably using disposable paper towels.



■ When should we wash our hands?

Everyone should wash their hands:

- whenever they look dirty
- after touching any potentially contaminated surface (e.g. drains, cleaning cloths, waste bins, nappies, and after gardening)
- after using the toilet or helping a child to use the toilet
- after changing a nappy or handling a potty (after removing gloves)
- after contact with respiratory secretions (e.g. after coughing, sneezing or blowing your nose)
- after visiting or caring for sick relatives and friends
- after contact with blood or body fluids (e.g. faeces, vomit, respiratory secretions)
- after touching animals, their cages, feeding utensils or toys
- immediately before handling any food and immediately after handling raw food (especially chicken)
- before handling sterilized feeding equipment or preparing a feed
- before and after dressing a wound, giving or applying any medication, or applying contact lenses.

Coughing and sneezing etiquette

Everyone should cover their mouth and nose when coughing and sneezing to prevent germs spreading. If we cough or sneeze onto our hands, we are likely to spread germs to anything we touch including other people. To help stop germs spreading, make sure that children and staff are equipped with paper tissues and know how to use them. Make sure that everyone puts their used tissues in a bin and that they wash their hands after contact with respiratory secretions.

Activities

1. Explain to the children that by washing our hands we remove germs that might otherwise make us ill. Demonstrate good hand washing to the children and remind them not to share paper towels.
2. Ask the children to help draw or paint a poster that you can display to help them remember to wash their hands after using the toilet.
3. Remember that children will follow the example set by the adults who care for them. Make sure you remember to wash your own hands.

Do

- ✓ ensure both carers and children wash their hands frequently
- ✓ use a designated hand wash basin, not a sink used for food preparation
- ✓ regularly check that you have sufficient supplies of soap and paper towels available
- ✓ make sure that the hot water temperature is suitable for hand washing but not so hot that scalding could occur
- ✓ supervise children's hand washing (particularly when requested by the CCDC or EHO during an outbreak of gastrointestinal infection)
- ✓ teach children to cough or sneeze into a tissue and dispose of it carefully.

Don't

- ✗ assume children know how to wash their hands
- ✗ use a single cloth to clean a group of children's hands
- ✗ use a standing bowl of water to rinse children's hands
- ✗ allow children to eat without showing you their washed hands.

Toilet hygiene

Although toilet bowls are highly likely to be contaminated with germs, the risk of transmission is usually low ⁽⁶⁾. However, transmission may occur through direct contact with the contaminated surface, e.g. by touching the toilet, splashing or by spraying during flushing. Therefore, toilets should be checked regularly throughout the day, and cleaned and disinfected as necessary. The frequency of cleaning and maintenance procedures will depend on how many children use the facilities and whether the children have good toilet habits. Although chemical disinfectants are effective, germs multiply quite rapidly in the wet environment so a continuous release or sustained action disinfectant may be useful ⁽⁶⁾.

Frequent hand contact sites, such as toilet flush handles, taps, door knobs and waste bins are likely to be contaminated with germs and have a high risk of transferring infection. It is therefore essential to clean and disinfect these sites regularly. Toilet training equipment (potties) should be emptied in the toilet and then cleaned and disinfected after each use. They should then be dried and stored. Do not stack one inside the other.

Where possible, use disposable cleaning cloths. If you use reusable cloths, decontaminate them after each use and at least once a day. You can decontaminate cloths and other cleaning utensils by hot machine-washing (at least 60°C), by boiling or by using a chemical disinfectant, and then drying them as rapidly as possible. You should not use cloths used to clean the toilet area in other areas of the nursery.

If you use mops to clean heavily contaminated areas, e.g. spills of vomit or faeces, they must be cleaned in a designated sink, rinsed with a disinfectant, wrung as dry as possible and then dried quickly, preferably at high temperatures and then stored with the mop head facing upwards ⁽⁶⁾. Never clean a mop in a sink that is used for food preparation. Disposable or detachable mop heads that you can hot machine-wash are ideal.

Apart from cleanliness and reducing the risk of infection, you should also think about the following points regarding the toilet facilities:

- accessibility
- whether locks on toilet doors can be easily opened from the outside
- supervision of hand washing and toileting taking into account children's developing independence
- how your child to carer ratios will be affected if you need to escort children to the toilet
- safety, taking account of local environmental health requirements
- toilet training, including the safe and hygienic use and storage of potties
- if toilets need to be adapted to meet the needs of individual children.



Do

- ✓ ensure both carers and children wash their hands frequently
- ✓ clean and disinfect toilets and frequent hand contact surfaces regularly (as is practical and especially when visibly dirty)
- ✓ wear gloves for tasks where contact with body fluids is anticipated
- ✓ wash your hands when you have finished cleaning.

Don't

- ✗ use toilet cleaning cloths in other areas of the childcare setting/home
- ✗ allow potties to be cleaned or used in food preparation or eating areas
- ✗ leave mops or cloths lying in dirty water
- ✗ allow dirty cloths or mops to be reused.

Activities

1. Monitor the toilet area over the course of one day. Every hour, assess how many times the toilet(s) is used and note whether the toilet area appears clean or requires cleaning. Use this assessment to establish an effective cleaning routine.
2. Once you have established a suitable schedule, put a check sheet in the toilet area for staff to sign to confirm that they have checked and/or cleaned the toilet(s) at the appropriate times.
3. Explain to children that it is important to keep the toilet area clean. Ask children to tell you if they find the toilet/washroom dirty.

Nappies

Nappy changing provides an ideal opportunity for germs to be transmitted, not only to the baby, but also to staff and for contamination of the surrounding area ⁽⁶⁾. Nappy changing therefore requires scrupulous hygiene procedures.

Change nappies as soon as you can after they have become wet or soiled. It is important to keep the skin clean and dry. Clean the child's bottom using warm water, cotton wool and a mild baby soap or water-based baby wipe. Rinse any soap away thoroughly because it may over-dry the skin and cause irritation. Avoid fragranced wipes as they can also cause irritation and soreness in some children. Dry the skin thoroughly and allow the baby to kick for a while without a nappy if the room is warm enough, as fresh air is good for the skin. Parents/carers may provide barrier creams that help to protect the skin.

Nappy rash

Rashes in the nappy area are common. There may be red spots or just general soreness. The rash is caused by the irritating effect of urine and faeces on the skin. If they are cleaned away promptly and the baby is allowed to have the nappy off for a while, a rash should not occur. Dry, cool skin is rarely affected. Inform parents/carers of any rash that appears. If the rash fails to heal or deteriorates, advise the parent/carer to seek medical advice from their GP or Health Visitor, as it may need treatment.

Activities

1. Make a checklist of all the equipment required to change a baby's nappy. Display the list in the area set aside for changing nappies.
2. Keep notes of nappy changing routines for each baby.
3. Put a check sheet in the nappy changing area for staff to sign to confirm that they have changed the appropriate baby's nappy and cleaned the area.



Do

- ✓ change nappies according to each child's individual needs
- ✓ use a designated nappy changing area that is away from food preparation and play areas
- ✓ ensure you have all the equipment you need and access to water before you begin each nappy change
- ✓ wear a disposable apron and gloves

- ✓ use a waterproof changing mat protected with disposable paper towels
- ✓ clean any surface that is soiled or touched during nappy changing with a detergent solution followed by a disinfectant and then dry the surface
- ✓ dispose of nappies (and other soiled waste) safely by placing them in an individual plastic bag (nappy sack) before putting them in a bin lined with a second plastic liner. (Reusable nappies should be placed in a nappy bucket and disinfected using a disinfectant product. After disinfection, the contents of the bucket should be poured down a toilet, not a sink)
- ✓ launder disinfected reusable nappies and any other soiled clothing on a hot wash. Tumble dry if possible
- ✓ wash hands thoroughly after each nappy change (including after removal of gloves and after disposal of nappy or placing nappy in washing machine).

Don't

- ✗ use changing mats without protecting them with paper towels. Towels should be changed for every child and disposed of carefully after use
- ✗ use mats that are dirty or have broken or torn waterproof coverings
- ✗ leave a child alone on a nappy changing table
- ✗ share creams and lotions between children. Each child should have their own creams supplied by their parents/carer and appropriate to their personal needs
- ✗ use fingers to remove cream from containers, use a clean disposable spatula each time.

Food poisoning

Germ that cause food poisoning (gastrointestinal infections that arise from eating contaminated food) can be found in:

- raw food including meat, poultry, eggs, fish and seafood
- unwashed fruit and vegetables
- soil, intestines of humans and animals, untreated water, dust and insects.

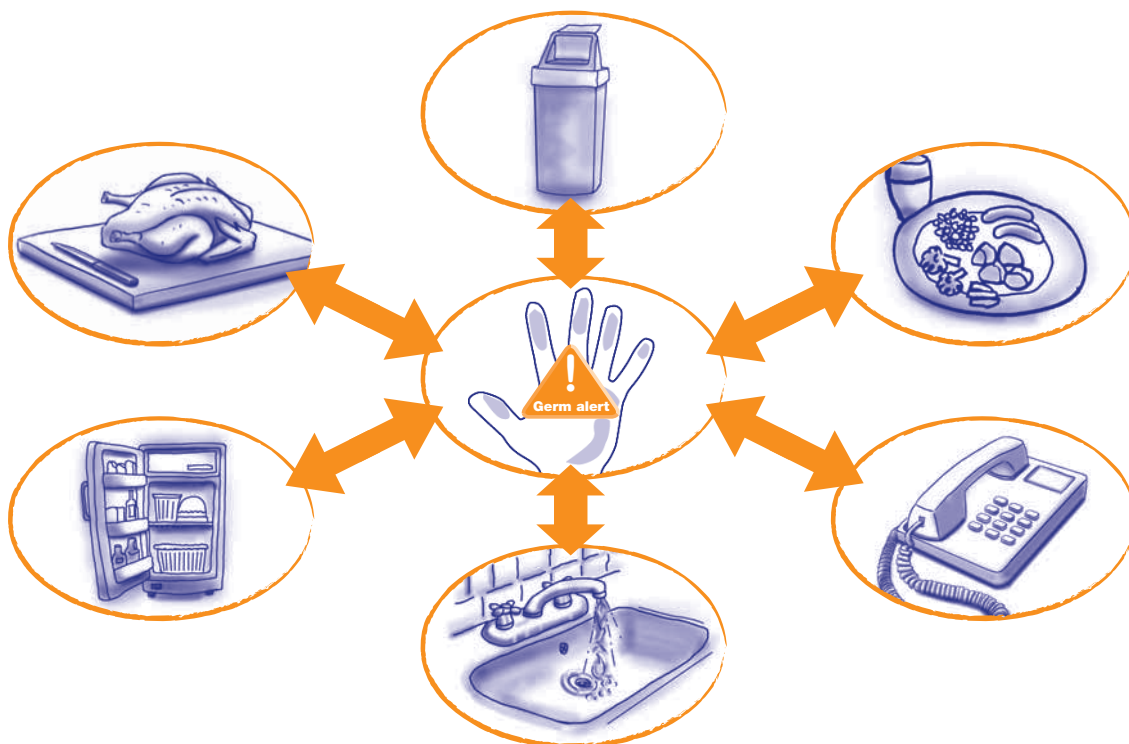
These germs include Salmonella, Shigella, Campylobacter, *Escherichia coli*, Giardia, Cryptosporidium and the virus that causes hepatitis A. If you allow these germs to survive and multiply, they can cause illness when that food is eaten. Most food poisoning germs multiply rapidly at room temperature. To restrict this growth, it is essential to keep foods such as meat, fish and dairy products in a refrigerator, at or below 5°C. Sometimes these germs spread to other foods, for example via unwashed hands, contaminated chopping boards or kitchen utensils and cause illness when those foods are eaten. This is known as cross-contamination and can occur at any point in the food production chain, from the farm to the fork.

The symptoms of food poisoning can last several days and include abdominal pains, diarrhoea, vomiting, nausea and fever. The symptoms usually begin suddenly, but can occur several days after eating contaminated food. They will usually get better on their own. However, food poisoning can be dangerous, and in some cases can kill. Some types of food poisoning germs (but not all) can also spread easily from person to person (see **Gastrointestinal infections**). The germs are carried in faeces and sometimes in aerosol droplets produced during vomiting. They can spread on unwashed hands and anything they touch (e.g. taps, food, toilet flush handles, cleaning cloths) to other people.

KEY FACT

The best way to avoid food poisoning is by cooking food thoroughly and by keeping food preparation areas and hands hygienically clean.

■ Unwashed hands spread germs



When an outbreak of food poisoning is suspected, it is important to contact an EHO who will investigate the matter to discover the cause (e.g. poor hygiene in a particular kitchen, using contaminated food) and take steps to prevent further occurrences. EHOs will also alert others to the dangers, offer advice, and where necessary prosecute offenders for breaches of food safety laws.

Good food and kitchen hygiene is essential in the childcare setting because young children are much more susceptible to food poisoning than adults are. Most food poisoning is preventable. The best way to avoid food poisoning is by cooking food thoroughly and by keeping food preparation areas and hands hygienically clean ⁽⁶⁾.

The Food Standards Agency Wales provides comprehensive food hygiene information and a wide range of useful leaflets and publications (many of them free of charge) ⁽⁸⁾.

KEY FACT

Most outbreaks of food poisoning are due to cooking food inadequately or storing food inappropriately.

■ Food and kitchen hygiene

Food preparation areas in the childcare setting must conform to environmental health and food safety regulations. Those responsible for preparing and handling food in the childcare setting must be fully aware of, and comply with regulations relating to food safety and hygiene. All staff responsible for food preparation and handling should receive appropriate training that includes storing, preparing, cooking and serving food safely and hygienically ⁽⁹⁾. In addition, you should consider:



- establishing clear routines, rotas and staff responsibilities
- monitoring and reviewing food handling procedures
- whether children will have access to the kitchen for supervised activities
- providing suitable facilities for the hygienic preparation of baby feeds
- the safe and hygienic transportation of food
- whether you have appropriate cooking and preparation utensils for the needs of the staff and children.

All surfaces must be hygienically clean before use. All hand and food contact surfaces must be decontaminated immediately after contact with contaminated material (e.g. raw meat or vegetables). You can decontaminate items such as chopping boards, cooking and feeding utensils by washing them thoroughly with hot water and detergent followed by rinsing. Where this is not feasible, surfaces (including high chairs, dining tables and other food contact surfaces) should be decontaminated using a hygienic cleaner or by wiping to remove debris and then applying a chemical disinfectant. Surfaces should be rapidly dried and maintained in a dry condition. Wiping with a cloth and a cleaning product does not decontaminate surfaces ⁽⁶⁾. Frequent hand contact surfaces, such as taps, handles, door handles and refrigerator handles should be regularly decontaminated using a disinfectant.



Where possible, use disposable cleaning cloths. Any reusable cloths should be decontaminated after each use and at least once a day by hot machine-washing (at least 60°C), by boiling or by using a chemical disinfectant, and then drying as rapidly as possible. Do not use kitchen cloths in other areas of the nursery.

Staff must take great care to prevent germs from raw food transferring to cooked and ready to eat food. You can reduce the risk of cross-contamination by:

- using different colour-coded chopping boards and knives for raw and ready-to-eat foods
- washing hands and disinfecting surfaces immediately after contact with raw food
- using disposable cleaning cloths
- keeping raw meat and defrosting food covered
- storing raw meat in a covered container at the bottom of the fridge so that juices cannot drip onto cooked and ready to eat food.



■ Baby feeding hygiene

You must thoroughly clean and decontaminate anything that goes into a baby's mouth, including feeding utensils (bottles and teats), teething aids and dummies, between every use⁽¹⁰⁾. National Minimum Standards require that you provide a separate area for the hygienic preparation of baby feeds and that you use suitable sterilization equipment for baby feeding equipment and dummies⁽²⁾. You can use a steam sterilizer, a cold-water solution, a microwave steam unit or simply boil the equipment for 10 minutes (teats need only 3 minutes) in a large pan with a lid. Whichever method you choose, follow any instructions carefully and make sure you wash your hands before handling the sterilized equipment. Sterilization will not be effective unless you remove all traces of milk and dirt, so make sure you wash and rinse all the equipment thoroughly first.



Do

- ✓ wash your hands before touching food and immediately after handling raw food, especially meat and poultry
- ✓ clean and disinfect kitchen work surfaces immediately before use and immediately after contact with raw food
- ✓ regularly clean and disinfect hand contact surfaces (e.g. handles, taps)
- ✓ regularly clear food debris from surfaces (e.g. cupboards, fridges, microwaves), and clean and disinfect them
- ✓ ensure all cooking and eating utensils are spotlessly clean before use
- ✓ use a bin with a lid and clean and disinfect it regularly
- ✓ wash fruit and vegetables well (especially if they are to be eaten raw)
- ✓ avoid contact between cooked and raw foods (e.g. use separate chopping boards and knives)
- ✓ check use-by dates and avoid damaged food or packages
- ✓ keep refrigerators at or below 5°C, and freezers at or below minus 18°C
- ✓ cook food thoroughly and evenly (especially meat). Thorough cooking will destroy most germs. However, all parts of the food must reach at least 70°C
- ✓ serve cooked food immediately, or cool and refrigerate it within 1-2 hours. Germs can multiply quickly in food left to stand at room temperature
- ✓ use a separate area for the hygienic preparation of baby feeds.

When preparing formula milk for a baby:

- clean and disinfect the work surface and then wash your hands thoroughly
- follow the manufacturer's advice on storing the formula and check that it is within its expiry date
- follow mixing and quantity instructions carefully
- only use water that has been boiled and allowed to cool
- only use sterilized feeding equipment
- make up each feed immediately prior to use. Storing made up formula milk may increase the risk of a baby becoming ill and should be avoided
- discard any milk remaining in a bottle after a feed.

Activities

1. Make a simple list of kitchen hygiene rules and display them in the kitchen area as a reminder to staff.
2. Conduct regular spot-checks to ensure staff are adhering to hygiene procedures and that kitchen surfaces and appliances are correctly maintained. For example by making sure food is stored properly, surfaces and appliances (e.g. cupboards, refrigerators, dishwashers) are free from food debris, that the fridge is running at the correct temperature, and that staff are washing their hands at the appropriate times.
3. Explain to children that not washing their hands before eating can make them ill. Make sure children show you their washed hands before eating.

Don't

- ✗ drink unpasteurised milk or give it to children
- ✗ eat raw or lightly cooked eggs or uncooked dishes made with them
- ✗ eat meat that is undercooked or still pink
- ✗ eat pâté or ripened soft cheese (camembert, brie and blue cheeses) if you are pregnant
- ✗ allow children to eat any of the above foods
- ✗ allow pets on kitchen surfaces
- ✗ refreeze food once it has defrosted
- ✗ reheat food more than once
- ✗ allow children into the kitchen, unless you are using it solely for a supervised children's activity.

KEY FACT

You cannot see, taste or smell germs. Good hygiene is the only way to ensure food is safe.

Toys and play equipment

Toys and play equipment should be a source of fun and learning for every child in the childcare setting. However, poorly designed toys, toys that are inappropriate for the child's age, used incorrectly or in bad repair can lead to injury. Where toys are frequently shared between children, they may also become a source of infection.



Selecting toys



Safety should be your main consideration when selecting toys. Any toy or play equipment that you supply must carry a BS, BSI or CE mark, indicating that safety standards are being complied with. You should also check age guidance instructions on the package. If a toy is marked 'Not suitable for children under 3 years' or carries the pictogram shown here, it means that the toy is not safe for children under 3 years, e.g. because it contains parts that an infant could choke on.

Avoid toys that have:

- sharp points, jagged edges or rough surfaces
- small detachable or insecure parts, that could be swallowed or become lodged in the throat, nose or ears. Children can choke on latex balloons
- sharp spikes or pins that could be exposed if a child pulls the toy apart
- long cords or strings. If the toy has a cord more than 30 centimetres long, cut it shorter
- caps, guns and other toys that produce loud noises that could damage hearing
- computer games and videos with flickering lights that may trigger fits in epileptic children.

If you think that a toy is unsafe, remove it from the nursery.

Don't

- ✗ put toys back into storage if they are dirty
- ✗ allow toys to remain outdoors overnight. Rain, snow and dew cause rust and damage that increase the risk of accidents.

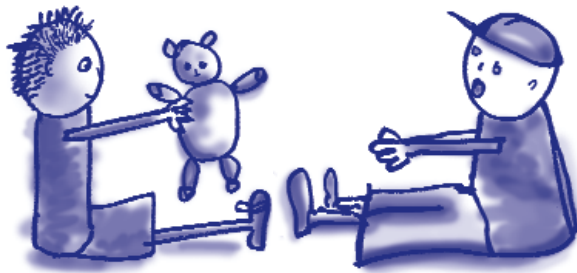
Do

- ✓ ensure that you have toys that can be cleaned
- ✓ check toys regularly for rough edges and breaks and discard any damaged toys
- ✓ remove dust regularly. Dust can trigger asthma attacks and harbour germs
- ✓ clean toys as frequently as practical and when visibly soiled
- ✓ clean hard/plastic toys regularly by washing them with water and detergent, followed by thorough rinsing and drying
- ✓ disinfect hard/plastic toys that cannot be washed, rinsed and dried thoroughly
- ✓ launder soft toys regularly in a washing machine, taking care to follow the manufacturer's washing instructions
- ✓ store toys in a clean container or cupboard
- ✓ empty paddling pools after use and store deflated or inverted. Children can drown in small amounts of rainwater collected in them. Water activities must be closely supervised
- ✓ protect sandpits (indoor and outdoor) from contamination (e.g. by using a cover) and change the sand regularly. Sandpits make tempting toilets for animals and are an ideal medium for transmitting germs such as *Campylobacter*
- ✓ carry out appropriate risk assessment on activities and the environment in which they take place.

■ Toy hygiene

Toys can become contaminated with germs from unwashed hands, spills of body fluids, or by children putting their mouths to them. Although germs will not grow in the absence of water, some germs can survive on the surface of toys in sufficient numbers to present a risk of infection. Youngsters frequently put toys and other items into their mouths, therefore contaminated toys can become a source of infection within the childcare setting.

Ideally, toys should be washed and disinfected between use by different children ⁽¹¹⁾. Although this practice may be overly cautious and somewhat impractical on a day-to-day basis, keeping toys hygienically clean when there are infections in the nursery is an important way to prevent further transmission ^(1, 10). There may be times when it is necessary to suspend certain types of communal play (e.g. sand or water play) to help prevent the spread of specific infections. The CCDC will be able to advise on this.



Activities

1. Since toys are often the first things children regard as their own, encourage them to assume responsibility by demonstrating how to use and care for toys. Check the toys regularly for damage and urge children to let you know when their toys need to be cleaned.
2. Teach children to store their toys properly in a place selected by you. Explain that putting toys away where they belong may not only prevent them from being lost, stolen or damaged, but may also prevent others from injuring themselves. Your encouragement will help to foster a sense of responsibility and teach them that care must be given to valued belongings.
3. Observe a single popular toy as it is played with throughout the day. How many children and adults touch the toy? How many children explore the toy with their mouth? Now imagine that the toy was contaminated with germs. How many people might have become contaminated or infected with the germs?
4. Keep a checklist to ensure all toys and play equipment are cleaned regularly.

Do

- ✓ clean and disinfect toys regularly during an outbreak of illness
- ✓ immediately decontaminate toys that are contaminated with body fluids (e.g. blood, vomit, nasal and eye discharge, saliva, urine and faeces) ⁽⁶⁾
- ✓ decontaminate hard/plastic toys using a chemical disinfectant or disinfectant/alcohol wipes. If the toy is visibly soiled, you will need to wash it thoroughly first
- ✓ decontaminate soft toys by laundering them on a hot wash (at least 60°C). If the toy cannot be laundered on a hot wash you will need to destroy it
- ✓ remember to wash your hands after handling contaminated toys
- ✓ drain, clean with detergent and dry receptacles used for water play after each use
- ✓ ensure children wash their hands after playing outside, and after water play, sand play or time in a ball pool
- ✓ replace soft modelling materials and dough regularly
- ✓ discourage children from putting toys in their mouths.

Don't

- ✗ allow children to take toys into the toilet area
- ✗ allow pets to share toys or the play area.

Laundry, floors and other surfaces

If you provide bedding, linen, towels and spare clothes, these could potentially become a source of cross-contamination and pose a health risk. Laundering clothing and other fabrics between uses reduces contamination and the risk of infection ⁽⁶⁾.

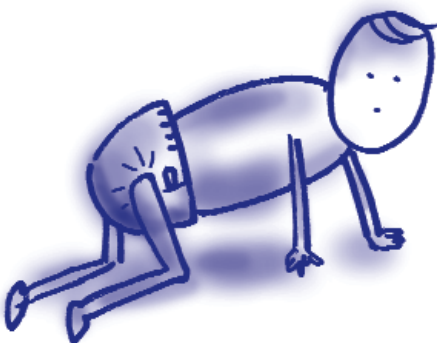


Floors, walls and furniture generally provide a low risk of contamination and a low risk of germ transfer ⁽⁶⁾. To prevent the growth of germs, these surfaces should be cleaned regularly, kept dry and well maintained. Disinfection of these surfaces is usually only necessary when they are contaminated with blood or body fluids (e.g. spills of vomit or faecal material). Spills should be cleaned immediately and any contaminated surfaces cleaned and disinfected. However, floors where young children crawl or play, require regular cleaning and disinfection, as there is a higher risk of infection.

- ✓ make sure dirty laundry is transported and stored safely
- ✓ make sure children cannot gain access to the laundry
- ✓ vacuum carpeted areas regularly and steam clean them periodically
- ✓ disinfect floors regularly, especially where babies or young children play or crawl
- ✓ wear disposable gloves to clean spills of blood and body fluids
- ✓ use disposable towels to wipe up the spill and discard in a plastic bag
- ✓ disinfect all surfaces contaminated with body fluids immediately and put any waste into a plastic bag for disposal
- ✓ after removal of spillage, clean area with a freshly prepared solution of detergent and water
- ✓ wash hands after removing gloves
- ✓ ensure disinfectant is stored in a locked cupboard after use.

Do

- ✓ make sure all staff know how to care for a child whose clothing is soiled with blood or body fluids
- ✓ if appropriate, place soiled clothing in a sealed waterproof bag for the parent to collect and launder at home
- ✓ decontaminate fabrics that may be contaminated with germs using detergent and hot water washing (at least 60°C)
- ✓ if lower temperatures are necessary, consider adding a chemical disinfectant to the wash to destroy the germs
- ✓ be aware that dry cleaning does not inactivate all germs, e.g. hepatitis B
- ✓ use products that remove organic residues (e.g. faeces, urine and blood stains) from fabric as they could harbour germs
- ✓ launder cloths and towels used in the kitchen separately from clothes and bed linen
- ✓ wash hands after contact with soiled linen



Don't

- ✗ house the washing machine in a food preparation area if possible
- ✗ rinse soiled fabrics. Flush any solid material (e.g. vomit, faeces) into the toilet and then put items in the washing machine, using the pre-wash cycle followed by a hot wash
- ✗ store clean laundry where it may become contaminated by dirty laundry
- ✗ use bleach products on carpets or wooden surfaces, or in confined unventilated areas.

Pets

Pets within the childcare setting can significantly enhance children's education. However, animals can pose a risk of infection. Even if they are apparently healthy, they can carry intestinal germs such as Salmonella and Campylobacter. They can also bring germs into the nursery on their fur and paws. Sensible precautions can help to reduce the risk of infection to an acceptable level. However, you should consider children's allergies (e.g. children with asthma may be affected by the presence of animals) or anxieties before introducing animals and make sure you consult parents/carers.

You must ensure that a knowledgeable person is responsible for the animals kept within the setting and that there is no risk of contravening safety legislation. Any animals on the premises must be safe to be in the vicinity of children and not pose a health risk. You should have a written policy to ensure full understanding of:

- the types of animal allowed
- their control and permitted behaviour whilst on the premises
- areas where animals are not allowed
- any insurance liability of owners and handlers.

Activities

1. Review your policy on keeping animals. Make sure it is up to date and includes all animals kept on the premises and any animals that visit. Check that vaccinations and treatments are up to date.
2. Make a list of each animal's daily feeding and care routines, together with contact details for the vet and display it by each animal's housing. This will help ensure continuity of care if the responsible person is absent.
3. Make sure that children understand that animals may carry germs and that they need to wash their hands after touching animals.



Don't

- ✗ allow animals to foul in children's play areas
- ✗ house or feed pets in the kitchen. If animals touch food preparation areas, make sure all surfaces are decontaminated before preparing food
- ✗ clean pet cages and tanks in the kitchen sink
- ✗ allow children access to cat litter trays
- ✗ permit children to play with animals without supervision.

Do

- ✓ ensure animals have been declared healthy by a vet and have received all relevant vaccinations before they are brought into the childcare setting/home
- ✓ ensure that if an animal becomes ill, prompt diagnosis and treatment by a vet is obtained
- ✓ ensure that animals are provided with suitable housing and food, are regularly exercised, groomed and examined for signs of illness or injury
- ✓ treat cats and dogs for worms and fleas regularly and trim claws to reduce the risk of scratches
- ✓ ensure that everyone washes their hands after they have touched animals or their equipment
- ✓ clean pet living quarters and items such as cat litter trays daily
- ✓ keep animal feeding areas clean. Animals should have their own feeding dishes that are washed separately from other dishes and utensils, using a hygienic cleaner or disinfectant
- ✓ keep pet food separate from food for human consumption
- ✓ remove cat and dog food that has not been consumed by the animal within 20 minutes of it being given to them, or cover the feeding receptacles
- ✓ discourage children from 'kissing' pets and allowing animals to lick their faces
- ✓ have a member of staff responsible for the care of the animals.

Exclusion periods

Each childcare setting should have a policy about the exclusion of children who are ill or infectious, which is discussed with parents/carers. This must include procedures for contacting a parent or another designated adult if a child becomes ill whilst in care. Excluding children who have certain infectious diseases helps to prevent other children from becoming infected. The table below provides guidance on appropriate exclusion periods for some common infections ^(12, 13, 14). Further information and a useful poster entitled 'Guidance on infection control in schools and nurseries' can be obtained from the Health Protection Agency (HPA) website ⁽¹²⁾.

Disease	Exclusion period
Chickenpox	For 5 days after rash appears
Conjunctivitis	None
Diarrhoea and vomiting	Until 48 hours after the last episode of diarrhoea or vomiting
Hand, foot and mouth disease	None
Hepatitis A	Exclude young children for 7 days after onset of jaundice. There is no need to exclude older children and adults with good hygiene
Impetigo	Until lesions are crusted or healed
Measles	For 5 days after rash appears
Mumps	For 5 days after onset of swollen glands
Ringworm	Until treatment is started
Rubella (German measles)	For 5 days after the onset of the rash
Scabies	Until treated
Scarlet fever	For 5 days after commencing antibiotics
Threadworms	None
Tuberculosis	CCDC will advise on necessary action
Whooping cough (pertussis)	For 5 days after commencing antibiotics

Your policy and procedures for excluding children who are ill or infectious should have regard to:

- confidentiality
- the rights of the individual with regards to equality of access and opportunity
- medical advice and the procedures related to infectious, notifiable and communicable diseases, e.g. National Minimum Standards state that you must notify CSIW immediately of any serious outbreak of infectious disease ⁽²⁾
- the care of a sick child while awaiting collection
- the implications for other children and staff.

The information in the following pages is based on recommendations from the HPA ⁽¹³⁾. You can obtain further information from the National Public Health Service for Wales and NHS Direct Wales ^(15,16). However, if you are ever in doubt, consult the CCDC.

Do

- ✓ make your exclusion policy available to parents/carers
- ✓ notify other parents/carers of occurrences of infections
- ✓ make parents/carers aware that they need to inform you if their child has any illness or condition
- ✓ regularly update your emergency contact numbers and children's medical details
- ✓ make contingency arrangements when parents/carers cannot be contacted or cannot collect a sick child
- ✓ keep abreast of current health issues
- ✓ seek advice from your local CCDC if in doubt.

Don't

- ✗ forget that exclusion periods also apply to staff.

Gastrointestinal infections

Gastrointestinal infections take many forms, but the main symptoms are vomiting, diarrhoea and abdominal pain. Diarrhoea is an increase in bowel frequency (three or more bowel movements within 24-hours may be indicative). A child with diarrhoea may also have loose bowel motions. There are many causes of diarrhoea, but sudden diarrhoea in children is usually due to infections caused by viruses, bacteria such as *E. coli*, Salmonella, Campylobacter and Shigella, and certain parasites such as Giardia. Infection is also the most common cause of vomiting in children. Sudden uncontrolled vomiting may indicate a viral infection. However, other important causes should be considered, such as ingestion of a harmful substance.

Gastrointestinal infections usually last only a short time, but symptoms can vary from mild to severe. For infants, gastrointestinal infections can be very dangerous because of the risk of dehydration. If the faeces are very watery and accompanied by fever, vomiting or failure to feed, then urgent medical attention is required.

KEY FACT

Good hygiene is essential to prevent the spread of gastrointestinal infections.

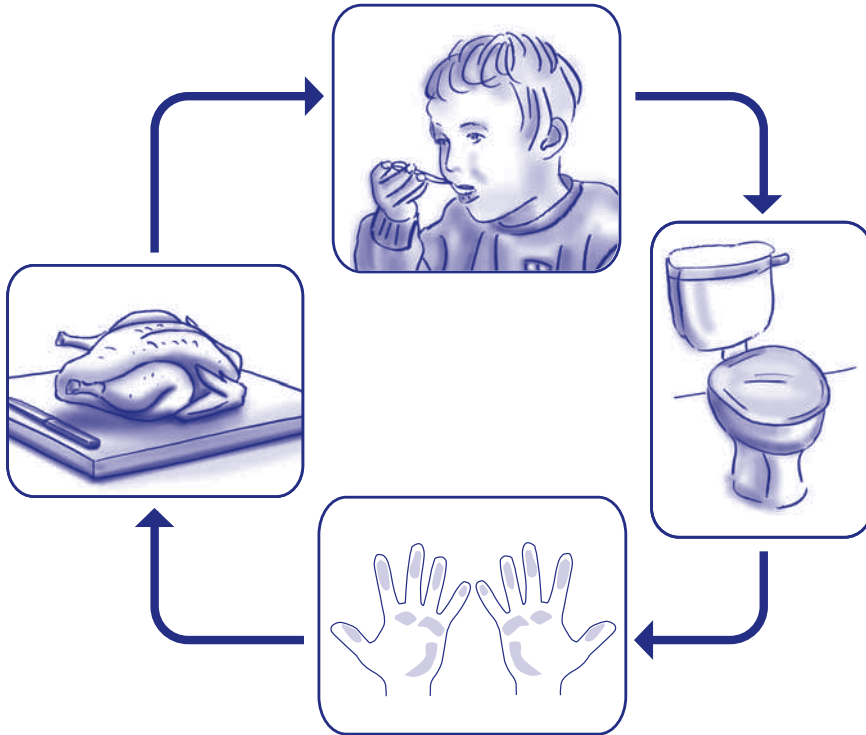
Incubation period:	Varies depending on the germ involved and can be from one hour to several days but is usually between 12 and 48 hours
Period of infectiousness:	Varies depending on the germ involved
Exclusion period:	Until at least 48 hours after symptoms have ceased
Treatment:	Treatment involves bed rest and making sure the patient drinks plenty of water to replace lost fluids. Intravenous fluid replacement is necessary for patients that become dehydrated. Antibiotics and hospitalisation may be necessary in severe cases.

■ Transmission

Gastrointestinal infections often arise by consuming food or water that is contaminated with germs (see **Food poisoning**). Infection can also occur through contact with animals (e.g. by putting unwashed hands into the mouth after touching an animal or surfaces contaminated by them). The germs can spread to others by the faecal-oral route. Germs are carried in faeces and spread on unwashed hands, e.g. to taps, flush handles, other children and food. Germs in aerosol droplets produced during vomiting can also spread through the air to others (e.g. Small Round Structured Virus or Norwalk virus). Good hygiene is essential to prevent gastrointestinal infections spreading.



How germs spread



KEY FACT

Germs spread easily from people's hands to food and kitchen surfaces. Good hand hygiene helps to prevent this.

Campylobacter

Campylobacter is the commonest cause of food poisoning in Wales. It causes severe diarrhoea and abdominal pain, 1 to 11 days after infection. Campylobacter bacteria are found in the intestines of birds (particularly poultry) and animals (particularly cattle and domestic pets). Transmission occurs through consuming undercooked meat (especially poultry), unpasteurised milk (or bird-pecked milk on doorsteps) and untreated water. It can also occur through contact with pets. Campylobacter can spread from person to person via the faecal-oral route. However, this is uncommon because the germs cannot survive long on surfaces.



Salmonella

Salmonella is the second most common cause of food poisoning. The bacteria are found in the intestines of wild and domestic animals, birds (especially poultry), reptiles, amphibians (for example, terrapins), and occasionally humans. Infection is usually due to ingesting contaminated food (most commonly meat, raw eggs, milk and dairy products). It can result from eating cooked food that has been contaminated by raw food (e.g. by using the same knife to cut raw meat and bread), or failing to cook food thoroughly. It can also occur through faecal contamination from a person or animal. Faecal-oral transmission is common in outbreaks. Symptoms appear 12 to 72 hours after infection and include watery and sometimes bloody diarrhoea, abdominal pain, nausea, vomiting, headache and fever.



■ *Escherichia coli* (*E. coli*)

Most of the *E. coli* bacteria found in the human intestine are harmless. However, vero-cytotoxin-producing *E. coli* (VTEC) 0157 is a particularly nasty form that causes bloody diarrhoea. Symptoms occur within 1 to 14 days of infection. It is a serious infection that spreads easily amongst children and can cause kidney failure.

Cattle are often carriers of VTEC 0157 and one of the main sources of infection is beef. Outbreaks are often linked to consuming contaminated beef and beef products (e.g. undercooked burgers) but also milk, yoghurt, cooked meats, meat pies, cheese, salami, raw vegetables, unpasteurised apple juice and water. They have also occurred through contact with animals, particularly on farms or in animal sanctuaries. The infection can spread rapidly from person to person via the faecal-oral route, particularly in nurseries where children are in close contact.

Dealing with gastrointestinal infections

- You must exclude anyone with vomiting or diarrhoea from the childcare setting until at least 48 hours after symptoms have ceased. All cases should see their GP for diagnosis and treatment.
- If a staff member who handles food develops diarrhoea or vomiting, seek advice from the CCDC.
- Remove any spills of faeces or vomit immediately, and clean and disinfect the surrounding area.
- In the event of children vomiting or having diarrhoea, clean and disinfect toilet seats, flush handles, taps and toilet door handles at least twice daily and whenever soiled.
- If you suspect that children in the nursery are part of an outbreak of gastrointestinal infection (two or more cases of diarrhoea or vomiting), inform the CCDC and EHO (according to local guidelines) immediately. You will need to liaise closely with the CCDC and EHO to prevent further spread.
- Keep accurate records of symptoms, children affected, dates of onset of illness and their usual location within the nursery.
- Good hygiene is important at all times. However, during an outbreak, the CCDC or EHO may recommend more stringent hygiene procedures that will help to prevent further cases. This may include:
 - tracing and destroying contaminated food
 - using an alcohol disinfectant solution to decontaminate hands
 - more frequent and rigorous disinfection of surfaces and equipment
 - discontinuing cooking activities, water and sand play
 - notifying all parents/carers of the outbreak
 - and possibly temporary closure of the childcare setting for thorough environmental cleansing.

Do

- ✓ consider the possibility that a child who is vomiting may have ingested a harmful substance
- ✓ take a vomiting child to the nearest Accident and Emergency Department if ingestion is suspected or if vomiting is accompanied by severe headache, stiff neck, severe abdominal pain, rash, particularly if widespread, or an inability to tolerate strong light or sound, or other symptom of meningitis
- ✓ give the child water to drink if no other symptoms are present
- ✓ contact parents/carers to collect a child with vomiting or diarrhoea
- ✓ ensure children's hands are thoroughly washed after every visit to the toilet and before eating
- ✓ wash hands before and after changing nappies
- ✓ exclude staff with symptoms for the whole of the required period
- ✓ understand that some infectious causes of diarrhoea and vomiting in young children may only cause symptoms of abdominal pain in adults (e.g. *Shigella*). The adult should still be regarded as infectious and excluded.

Don't

- ✗ give a vomiting child anything to eat
- ✗ leave a vomiting child unattended.

Threadworms

Threadworms are the most common intestinal parasites in Wales. They are sometimes called 'pinworms', or more accurately *Enterobius vermicularis*. The usual symptom is itching of the skin around the bottom caused by the female worms laying eggs on the skin around the anus. Scratching the anal area leads to the eggs being transmitted on fingers to the mouth, often on food eaten with unwashed hands. Repeated scratching can cause the skin to become infected and broken. Threadworm is transmitted directly from hand to mouth, and indirectly via contact with clothing, bedding, food or other articles contaminated with the worm's eggs. If threadworm eggs are present on these articles, they can remain viable for up to 3 weeks.



Incubation period:	15 – 28 days
Period of infectiousness:	Possibly indefinite if untreated
Exclusion period:	None
Treatment:	Oral drugs usually provide effective treatment but their use must be combined with hygienic measures to break the cycle of re-infection. All cases should see their GP or pharmacist for advice. If a member of the household has threadworm, the entire family will need to be treated. It is important to continue treatment as directed by the GP.

Do

- ✓ advise parents/carers to take the child to the GP for immediate treatment
- ✓ discourage scratching of the anal area
- ✓ encourage frequent changes of underclothes, night clothes and bedding and daily morning baths or showers
- ✓ advise parents/carers to ensure the infected child washes their hands immediately on waking
- ✓ advise parents/carers to ensure the infected child wears clean underpants to sleep in
- ✓ encourage parents/carers to wash clothing and bedding at 60°C to ensure threadworm eggs are destroyed
- ✓ encourage staff and children to practice good personal hygiene at all times, especially careful hand washing after visiting the toilet and before eating.

Don't

- ✗ ignore signs of infection (e.g. anal irritation); inform the parent/carer if you suspect their child has threadworms.

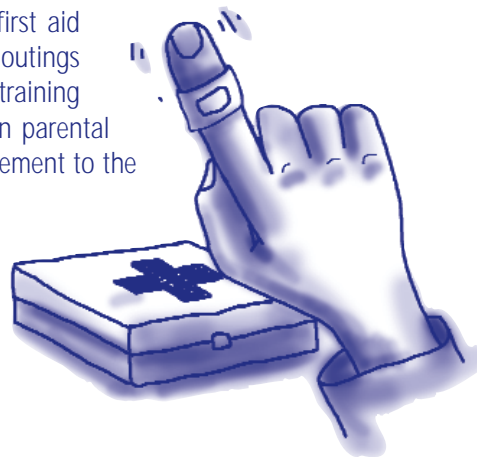
First aid

National Minimum Standards state that the childcare setting should have a first aid box complying with the Health and Safety (First Aid) Regulations 1981 ⁽¹⁷⁾. The contents must be regularly checked against a list and replaced as necessary by a designated staff member. Minimum contents for the first aid box should include:

- a leaflet giving general guidance on first aid, e.g. HSE leaflet 'Basic advice on first aid at work' ⁽¹⁸⁾
- twenty individually wrapped sterile adhesive dressings (assorted sizes)
- two sterile eye pads
- four individually wrapped triangular bandages (preferably sterile)
- six safety pins
- six medium-sized (approximately 12 cm x 12 cm) individually wrapped sterile unmedicated wound dressings
- two large (approximately 18 cm x 18 cm) sterile individually wrapped unmedicated wound dressings
- one pair of disposable gloves.

You should not keep any tablets, creams or medicines in the first aid box. The box should be clearly identifiable and must be easily accessible to staff but kept out of reach of children. You may wish to provide a first aid box in each room and have a kit for taking on outings.

At least one member of staff who has a current first aid training certificate should be on the premises or on outings at all times. The first aid qualification must include training in first aid for infants and young children. Written parental permission should be requested at the time of placement to the seeking of any necessary emergency medical advice or treatment in the future. National Minimum Standards require that you keep a signed record of any accidents to children, and notify CSIW of any serious injury or death to any child in your care or adults on the premises ⁽²⁾.



Do

- ✓ wash hands thoroughly after performing first aid procedures
- ✓ clean up any blood spills immediately
- ✓ ensure that any first aid training undertaken is regularly updated
- ✓ ensure that all carers including agency staff and volunteers are aware of the childcare settings first aid policies and procedures.

Don't

- ✗ panic when an accident occurs. Keep calm and reassure the injured person.

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Notes

How to order copies of this booklet

This publication is available in printed format and on CD-ROM in English and Welsh, free of charge to all those who work with children throughout Wales. For further details, please contact:

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