

Polasaithe Naíonra Céimeanna Beaga

Polasaí 39: Employee Infection Control



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1. Employee Infection Control

Employers, owners and managers of childcare and early years services have a legal duty to protect employees at work as laid out in the Health and Safety Act (2005).

It is our aim to minimise the spread of infection for staff and children through the implementation of controls that 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.
- We aim to control infection by providing on-going infection control training for staff (see also Hand-washing, Toileting, Food Hygiene, Cleanliness and Hygiene, Illness and Infection Control Policies).
- All staff should be made aware at induction (and regularly thereafter) of the need for exclusion if they develop symptoms of gastrointestinal illness, fever or skin rashes any one of which may pose a risk of infection to children (and others).
- Staff and children are required to have up to date immunisations.
- All new staff including temporary and part time staff will undergo induction training including training in infection prevention and control.

Child Care Act 1991(Early Years services) Regulations 2016([Síolta Standard 9: Health and Welfare](#)) ([National Standard 12: Health Care](#), [National Standard 18: Facilities](#)).

Disease control is most likely to be successful when the following three principles are followed:

1. Hand washing should be used at every opportunity.

2. Immunisation: **ALL** children **AND** staff should be appropriately immunised.
3. Exclusion - Any un-well **staff member** or **child** should be excluded.

Immunisations:

Staff that are appropriately immunised pose a significantly smaller risk to the children in their care and, in turn, protected against the dangers that certain vaccine preventable infectious diseases pose to themselves and to their unborn children. Immunisation is an important public health preventive measure and it is the responsibility of all citizens to ensure they avail of the immunisation services provided by the State. Staff should ensure that they are adequately immunised prior to commencement of employment.

- All staff should have up-to-date rubella and tetanus vaccinations as a minimum. Additional checks/vaccinations such as TB, polio or Hepatitis A should be maintained as good practise.

Pregnant Staff:

It is important that staff who are pregnant or planning a pregnancy should ensure that they are appropriately immunised and compliant with infection control precautions.

If a pregnant woman* develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage. The GP and antenatal carer will arrange a blood test to check for immunity. The same virus as chickenpox causes shingles, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- Rubella (German measles). If a pregnant woman comes into contact with rubella, she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Disclaimer:

New employees who do provide evidence of vaccinations or who have not had vaccinations will be asked to sign a disclaimer indicating that they have been fully informed of the risks inherent in this choice of action.

Whilst they may choose to incur such risk themselves, they must be made fully aware of their particular responsibility to minimise risk to others (e.g. children in their care and colleagues) and to report exposures to relevant infections should they arise. Work exclusion on a temporary basis may then be necessary.

Compliance with infection control requirements is considered an essential contractual pre-requisite for all employees.

Exclusions and Notification of Exposure to Infectious Conditions:

As outlined in your contract of employment, you are expected to report for work each business day unless you are incapacitated by illness, absent with the prior permission of Management or otherwise unavoidably absent. In our business, it is essential that we have an adequate number of workers to care for the children. It is in your interest, your colleagues and the child that you are of full health and wellbeing.

If you are suffering from a contagious illness you should not work with children, i.e. gastro-enteritis, etc. and must inform the person in charge immediately.

Exclusion guidelines as recommended by the Preschool Environmental Health Officer apply in the case of all suspected infectious conditions. These guidelines are contained in our policies and procedures and displayed in the service and extend to both children and staff.

Staff and Parents/guardians will be informed should staff, children or visitors to the service report the presence of any contagious condition to the person in charge

An exclusion policy applies for all persons suffering from an infectious disease in the service for both staff and children. Any person suffering from diarrhoea or vomiting, infectious cough/upper respiratory tract infection, communicable parasitic infection on hands/arms (scabies etc.) shall be excluded from the service until symptoms subside and the person has been medically cleared to return.

Employees who are well but who have an ill family member at home with an infectious condition or if they have been in contact with any infectious conditions must inform the person in charge. This information will remain confidential.

Any person returning to work following an absence that could have health and safety implications (infectious disease, back complaint) must provide Fitness to Work Cert from their doctor.

Unwell children will be excluded from the service until the appropriate exclusion period for that illness is finished. (See Illness Policy)

Children and Staff should remain at home if they are suffering from general diarrhoea or vomiting until 48 hours after being symptom free.

Reporting:

Staff will report to Management any exposures to infections should they arise as soon as possible. This may be through visits to other childcare services, family members, friends or any other persons. This will allow the person in charge to inform any staff whom this disclosure may impact upon. If an employee has an infectious disease, they should not come to work in the first instance without consulting with the person in charge and confirming that the particular infectious disease has passed its incubation period. Work exclusion on a temporary basis may then be necessary.

Management Responsibilities:

- The person in charge will keep records of staff and children's immunisations.
- The person in charge 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.
- The person in charge will report an outbreak of any infectious disease to the Preschool Environmental Health Officer and the Public Health Department.
- A worker specific risk assessment shall be completed, when Management is notified of the pregnancy of an employee. Suitable controls shall be introduced in to the workplace to ensure the work completed by the employee in question does not pose a risk of injury or ill health to mother/baby, so far as is reasonably practicable. In particular issues around, lifting and carrying children, furniture, equipment, materials, seating provisions and notification of any infectious conditions that have been reported.
- The person in charge will notify the staff and parents/guardians if a member of staff has been in contact with an infectious condition. The member of staff involved will remain strictly confidential.
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children or staff member return to the service.

Controlling Infection:

The purpose of employing infection control procedures is to reduce the number of germs to a level where there is no longer a threat to public health.

This is done by on-going infection control training for staff i.e. – importance of hand washing, food hygiene, cleaning routines etc. thus ensuring hygiene is applied correctly and the risk of infection is minimised.

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.

All Staff are aware of the procedures for dealing with appropriate daily and weekly cleaning routines and bodily fluid spillages. Management checks all cleaning.

Infectious illness can cause significant ill health among young children 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, tabletops etc.
- By direct – person to person.

Hand Hygiene:

- Hand washing facilities are always available for children and include hot (not exceeding 43 degrees C) and cold water, liquid soap and paper hand towels.
- Hand washing facilities are available in all toilets, the kitchen, and Naíonrarooms.
- Children are encouraged and reminded to wash their hands after using the toilet, before eating and after playing outside. See Hand Washing Policy.
- We also occasionally use anti-bacterial alcohol gel.

Staff must wash their hands:

- before preparing or serving food
- before eating or drinking
- after going to the toilet
- after assisting children at the toilet
- after dealing with any body fluids
- after cleaning procedures
- after caring for sick children
- after handling soiled clothing or items
- after dealing with waste
- after removing disposable gloves and/or aprons
- after tea and lunch breaks
- after smoking

Hand Washing Technique:

Wet hands under hot water (not exceeding 43°C for children to prevent scalding), apply liquid soap, rub vigorously paying particular attention to palms, backs, wrists, fingernails and fingers and rubbing between each finger and around the thumbs, rinse, dry thoroughly using disposable paper towels and turn off taps using the paper towel. (See Hand Washing Policy)

Nose Blowing Procedure:

Tissues are available at all times 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



Get a tissue.



Fold the tissue in half.



Blow nose gently.



Wipe nose clean.



Throw tissue away.



Wash hands.

Infectious Diseases Relevant to Childcare Staff:

The following are diseases relevant to childcare staff. Many are vaccine preventable (i.e. they can be prevented by appropriate immunisation). Staff should be fully immunised, i.e. they should have completed their own childhood immunisation schedules. They should make available to the Occupational Health service or doctor carrying out their PEHA (Pre-Employment Health Assessment) all details of their immunisation records to date. All staff working with children should have evidence of immunity to mumps, measles and rubella (MMR). Immunisation should be in accordance with National Immunisation Guidelines.

Chickenpox (Varicella):

Chickenpox infection in pregnancy may cause more severe illness and poses a risk to the foetus. All female staff of childbearing age should discuss testing for Chickenpox immunity with their GP (or occupational health provider).

Those with negative serology should be offered vaccination. All other non-immune staff should also be offered vaccination.

Hepatitis A:

Hepatitis A infection in young children is usually sub-clinical (very mild illness, with little or no symptoms or signs). However, children with sub-clinical illness may still be a source of infection to others. Therefore, those working in day-care centres and other settings with children who are not yet toilet trained may be at increased risk. Under normal circumstances, the risk of transmission to staff and children can be minimised by careful attention to personal hygiene. There is no indication for routine vaccination of childcare staff against hepatitis A. However, if a case of hepatitis A is identified in a childcare facility, staff and children should be offered passive immunoprophylaxis and/or active immunisation in accordance with National Immunisation Guidelines.

Hepatitis B:

Hepatitis B has been reported to occur more frequently in institutions for those with intellectual disability, including day care facilities. Childcare staff in these institutions should receive hepatitis B vaccine. There is no indication for childcare staff elsewhere to receive hepatitis B vaccine routinely since good implementation of standard precautions should provide adequate protection against blood and body fluid exposure. Furthermore, now that hepatitis B vaccine has been included in the routine childhood immunisation schedule, infants and young children will not pose a risk in the future. There is no need for staff with chronic hepatitis B infection to be excluded from working in a childcare setting.

Influenza:

Influenza has a tendency to spread readily through congregate settings such as schools and long stay residential institutions. Outbreaks of influenza also occur in childcare facilities and childcare workers are likely to have a risk of infection similar to healthcare workers in paediatric settings. As a result, childcare

workers who are in recognised risk groups for influenza should ensure that they are fully immunised against influenza (risk groups for seasonal influenza can be found on the website of the National Immunisation Office at [http://www.immunisation.ie/en/Adult Immunisation/Flu Vaccination](http://www.immunisation.ie/en/Adult%20Immunisation/Flu%20Vaccination)).

Measles:

All staff working with children should have evidence of immunity to measles. Infection with measles during pregnancy can result in early delivery or even loss of the baby. Therefore, if a non-immune pregnant woman is exposed to measles, her GP or antenatal care provider should be informed immediately to ensure appropriate management.

Mumps:

All staff working with children should have evidence of immunity to mumps.

Rubella (German Measles):

All staff working with children should have evidence of immunity to rubella. Rubella may have devastating consequences on the developing baby if a non-immune mother is exposed in early pregnancy. If a pregnant woman comes in contact with rubella and is unaware of her immune status, she should contact her GP or antenatal care provider immediately to ensure appropriate investigation.

Slapped Cheek Disease (Parvovirus B19):

Simple hygiene measures including scrupulous hand washing provide the most effective method of prevention and control of this viral disease. There is no vaccine available. Parvovirus B19 can occasionally affect an unborn child. Therefore, women exposed early in pregnancy (before 20 weeks) should inform their GP or antenatal care provider to ensure appropriate investigation and follow-up.

Tuberculosis (TB):

The pre-employment health assessment (PEHA) should include a risk assessment for tuberculosis (screening questions for active TB, previous history of TB, the possibility of recent exposure to active TB and the individual's BCG immune status). Those undertaking such assessments should be familiar with the National Guidelines on the Prevention and Control of Tuberculosis in Ireland 2010 found at www.hpsc.ie/hpsc/A-Z/VaccinePreventable/TuberculosisTB/Guidance/

Childcare workers can be considered to be high priority (if they come from countries with annual TB notification rates of $\geq 40/100,000$ TB cases per year) or low priority if not. All staff should be aware of the classic symptoms of TB (persistent cough of at least three weeks duration, night sweats, anorexia and weight loss) and should be encouraged to report such symptoms should they arise. They should be made aware (e.g. at induction) of the particular vulnerability of young children to infectious TB.

