

COVID-19

Standard Pre Covid-19 Policies

Infection Control

Risk Management

June 2020

This is a standard Pre-COVID-19 Infection Control Policy. It is provided with this pack in the event that you wish to update your standard pre-COVID-19 infection control policy. The COVID-19 Policy and Response Plan is additional to and compliments the standard policy. Edit as appropriate by paying particular attention to red type which may not be appropriate and may need to be removed.

INFECTION CONTROL



This policy should be read in conjunction with the COVID-19 Policy and Response Plan during the COVID-19 Emergency Period

Document Title:	Infection Control
Document Author:	Ciara Watson
Person(s) responsible for developing, distributing and reviewing Policy	Ciara Watson
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This policy has been communicated to parents/guardians and staff.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

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

(with references from: Health Protection Surveillance Centre, Preschool and Child Care Facility Sub-committee, Management of Infectious Disease in Child Care Facilities and Other Child Care Settings)

Policy and Procedure:

It is the policy of the Service to:

- Protect children attending the service from the transmission of any kind of infection
- Protect persons working in the Service from the transmission of any kind of infection.
- To build infection control into the Service's programme of activities.
- To use signage such as hand washing signs and nose blowing signs which are beneficial to adults and child friendly.

Breakout of Illness/Diseases

In the event of an outbreak of any infectious disease, all parents will be verbally informed. A dated notice informing all parents of any infectious disease outbreak, will be displayed on the notice board / on the front door.

Reporting/Recording of illness:

A contingency plan is in place should an outbreak of an infectious disease occur. All staff roles and responsibilities regarding reporting procedures are clearly defined. Staff will report any infectious illness to the Manager.

The Manager will report an outbreak of any infectious disease to the HSE Preschool Environmental Health Officer and the Public Health Department.

The Manager will record all details of illness reported to them by staff or reported by parents of a child attending the Service. These details will include the name, symptoms, dates and duration of illness.

Notifiable Diseases

The following will be notified to TUSLA within three days of the Service becoming aware of a notifiable event:

Diagnosis of a preschool child attending the service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious

disease within the meaning of the Infectious Disease Regulations 1981(SI No 390 of 1981) and amendments

When to contact the local Department of Public Health

- If there is a concern about a communicable disease or infection, or advice is needed on controlling them.
- If there is a concern that the number of children who have developed similar symptoms is higher than normal.
- If there is an outbreak of infectious disease in the service.
- To check whether to exclude a child or member of staff
- Before sending letters to parents/guardians about an infectious disease.

The Manager will also report an outbreak of any infectious disease to the HSE Preschool Environmental Health Officer and the Public Health Department.

The Manager will record all details of illness reported to them by staff or reported by parents of a child attending the Service. These details will include the name, symptoms, dates and duration of illness.

Exclusion:

Exclusion guidelines as recommended apply in the case of all suspected infectious conditions. These guidelines are contained in our policies and procedures and available in the Service.

- Parents/guardians will be informed should staff, children or visitors to the Service report the presence of any contagious condition to the Manager. Unwell children and staff will be excluded from the Service until the appropriate exclusion period for that illness is finished.
- Arrangements are in place to provide relief cover while staff are on sick leave.

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.

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, table tops etc.
- By direct – person to person.

Reporting/Recording of Illness:

- Staff and parents/guardians must report any infectious illness, or similar, to the Manager.
- Manager (or nominated person) will record the outbreak on an Incident Form and report an outbreak to TUSLA/ Environmental Health Officer and the Public Health Department.
- Manager will record all details of illness reported to them by staff or reported by parents/guardians of a child attending the Service. These details will include the name, symptoms, dates and duration of illness.

Exclusion from the Service:

- We advise parents and staff that sick children or adults should not attend
- Children and staff will be excluded from the Service based on the time frames outlined in the exclusion table [APPENDIX H]
- A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children or staff return to the Service.
- In the event of an outbreak of any infectious disease, all parents/guardians will be verbally informed. A dated notice informing all parents/guardians of any infectious disease outbreak will be displayed on the notice board.

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

- Acute symptoms of food poisoning/gastro-enteritis.
- An oral temperature over 38 degrees which cannot be reduced.
- A deep, hacking cough.
- Severe congestion.
- Difficulty breathing or untreated wheezing.
- An unexplained rash (see exclusion list also).
- Vomiting (48 hours from last episode).
- Diarrhoea (48 hours from last episode).
- Lice or nits – [see Head Lice Policy in Infection Control Policy]
- An infectious /contagious condition.
- A child that complains of a stiff neck and headache with one or more of the above symptoms.

Immunisations:

- We encourage parents/guardians to vaccinate their children
- All children must provide up to date records of immunisations (Appendix H Immunisations). This should contain dates of immunisations. Where dates are not available all attempts to get these should be recorded.
- Where children attending the Service are not immunised the Service requires the parents/guardians to complete a disclaimer in the form set out in Appendix I which also confirms that children may be required to be excluded in the event of a breakout of disease. Where Staff working in the Service are not immunised the

Service requires such staff members to complete a disclaimer in the form set out in Appendix

Hand Hygiene:

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

Hand washing signs will be on display at all wash-hand basins

Children's hand washing will always be supervised by staff

Staff are required to follow proper hand washing and drying techniques, and this will form part of induction and on-going training

Staff must wash their hands:

Before:

- The start of the work shift.
- Eating, smoking, handling/preparing food or assisting/feeding a child.
- Preparing meals, snacks and drinks (including babies' bottles).
- Nappy Changing/personal care.

After:

- Using the toilet or helping a child to use the toilet.
- Nappy changing/ handling potties.
- Playing with or handling items in the playground – e.g. toys, sand, water.
- Handling secretions e.g. from a child's nose or mouth, from sores or cuts.
- Cleaning up vomit or faeces.
- Handling or dealing with waste.
- Removing disposable gloves and/or aprons.
- Handling pets/pet litter, animals/cages/animal soil, etc.
- Cleaning the service
- Washing/Handling of soiled clothes
- Coughing and sneezing
- When hands are dirty

Children should hand wash and be supervised doing so:

Before:

- Eating

After:

- Using the toilet
- Nappy changing
- Playing with or handling items in the playground
- Handling secretions
- Handling or dealing with waste.
- Handling pets/pet litter, animals/cages/animal soil, etc. [if applicable]
- Coughing and sneezing
- When hands are dirty

Hand washing should be performed as follows:

- Wet hands under warm running water to wrist level.
- Apply liquid soap. Lather it evenly covering all areas of the hands for at least 10 seconds. Include the thumbs, fingertips, palms and in between the fingers, rubbing backwards and forwards at every stroke (see hand washing technique).
- Rinse hands off thoroughly under warm running water.
- Dry with paper towel using a patting motion to reduce friction, taking special care between the fingers.
- Use the disposable paper towel that has been used to dry the hands to turn off taps.
- Dispose of the disposable paper towel in a waste bin using the foot pedal to avoid contaminating hands that have just been washed.
- Staff should provide assistance with hand washing at a sink for infants who can be safely cradled in one arm and for children who can stand but not wash their hands independently.
- A child who can stand should either use a child-size sink or stand on a safety step at a height at which the child's hands can hang freely under the running water.
- After assisting the child with hand washing, the employee should wash his or her own hands.



Facilities for Hand Washing:

We provide the following:

- Wash hand basins with hot and cold running water. The hot water is controlled at a maximum of 43 degrees C.
- Paper hand towels and liquid soap.

Alcohol-based Hand Rub/Gels:

When soap and running water are not readily available, an alcohol-based hand rub/gel may be used (the alcohol content should be at least 60%). The alcohol-based hand rub must be applied vigorously over all hand surfaces. Alcohol based hand rubs are only effective if hands are not visibly dirty, if hands are visibly dirty then liquid soap and water should be used. It is safe to let children use alcohol-based hand rubs/gels, but it is important to let children know that it should not be swallowed. Supervision is vital. It is also important to store it safely so children cannot get access to it without an adult. The alcohol content of the product generally evaporates in 15 seconds so after the alcohol evaporates it is safe for children to touch their mouth or eyes. Water is not required when using an alcohol rub/gel.

Alcohol based hand rubs/gels are not a substitute for hand washing with soap and running water.

Respiratory Hygiene (Coughing and Sneezing):

Everyone should cover their mouth and nose when coughing and sneezing to prevent germs spreading. In addition:

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

Nose Blowing Procedure:

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

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



Get a tissue.



Fold the tissue in half.



Blow nose gently.



Wipe nose clean.



Throw tissue away.



Wash hands.

Nappy Changing: [see also separate policy on nappy changing]

To Prevent cross-contamination

Hygienic nappy changing practice is important to prevent germs being transmitted to other children, staff and to the surrounding environment:

- Changing mats are waterproof, have an easily cleanable cover and are in good repair with no breaks and tears
- The nappy changing procedure will be on display in the nappy changing area
- Staff undertaking nappy changes should not be involved in the preparation, cooking or serving of food. If this is unavoidable, staff should wear appropriate disposable gloves and aprons and wash their hands.
- Ensure all the equipment is at hand and that hands are clean before starting.
- Single use disposable gloves must be worn, i.e. powder free synthetic vinyl or latex gloves.
- Ensure creams and lotions are not shared between children. Creams and lotions for each child should be individually labelled
- Dispose of nappies and gloves by placing in a leak proof, cleanable and sealable/ airtight container. Only disposable nappies should be allowed.
- Solid faecal matter may be disposed of into the toilet.
- Clean and dry the changing mat after each use. Clean, then disinfect using a disinfectant, (according to manufacturer's instructions), rinse and dry after use.
- All surfaces must be cleaned and disinfected daily (including nappy changing unit and surrounding surfaces).
- Staff and child must always wash their hands after every nappy change using warm water and liquid soap.
- Hands should be dried by means of single use disposable paper towels.
- The changing mats must be checked on a regular basis and discarded if cover is torn or cracked.

Cleanliness and Hygiene:

To prevent cross-contamination:

- Toys and other play materials are not allowed into the toilet area.
- Individual combs, hairbrushes, toothbrushes are clearly labelled with the child's name and not shared.

- Sunhats are stored separately
- Aprons and paper-towels are in dispensers and not openly left on shelves
- Gloves and aprons are used to clean up bodily fluids
- Soothers are stored separately and sterilised regularly
- Cots and sleeping mats are placed 50cm apart
- Detergents and disinfectants are used correctly according to manufacturer's instructions
- The premises will be maintained in a clean, hygienic state throughout the day and a cleaning record is kept.
- Staff are responsible for the materials and equipment used and ensure they are clean, hygienic and safe always.
- Children will be encouraged to care for their environment.
- Cleaning routines and procedures are in place and are closely monitored and recorded.
- Disposable cloths will be used for all cleaning purposes and discarded regularly.

Toilets

To prevent cross-contamination:

Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled. Attention should be paid to toilet seats, toilet handles, door handles and wash hand basins, especially taps.

- Separate cloths are used for cleaning the toilet and wash hand basin to reduce the risk of spreading germs from the toilet to the wash hand basin.
- Trainer seats (supplied by the parents if required) are thoroughly cleaned and disinfected after each use. These must stay in the service.

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

To prevent cross-contamination:

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towels to soak up the spillage.
- Clean the area using warm water and a general-purpose neutral detergent; use a disposable cloth.
- Apply a disinfectant to the affected surface.
- Dry the surface thoroughly using disposable paper towels.

- Dispose of soiled/sodden paper towels, gloves, apron and cloths in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Blood Spillages:

To prevent cross-contamination:

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towels to soak up the spillage.
- Apply a disinfectant to the affected surface. It should be left in contact with the surface for at least two minutes (check the manufacturer's instructions).
- Wash the area thoroughly with warm water and a general-purpose neutral detergent and dry using disposable paper towels.
- Dispose of soiled/sodden paper towels, gloves, apron and cloth in a manner that prevents any other person coming in contact with these items e.g. bag separately prior to disposal into a general domestic waste bag.
- Wash and dry hands thoroughly.
- Change clothing that is soiled immediately.

Dealing with Cuts and Nose Bleeds:

To prevent cross-contamination:

When dealing with cuts and nose bleeds, staff should follow the Service's first aid procedure. They should:

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

Children who are known to be HIV positive or Hepatitis B positive should not be treated any differently from those who are not known to be positive. Intact skin provides a good barrier to infection and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. Staff should always wash their hands after dealing with other people's blood even if they have worn gloves or they cannot see any blood on their hands.

Gloves:

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

- Nappy changing.
- Cleaning training seats
- Cleaning up blood – e.g. after a fall or a nosebleed.
- General cleaning.
- Handling waste.

Gloves should be single use and well fitting.

Change gloves:

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

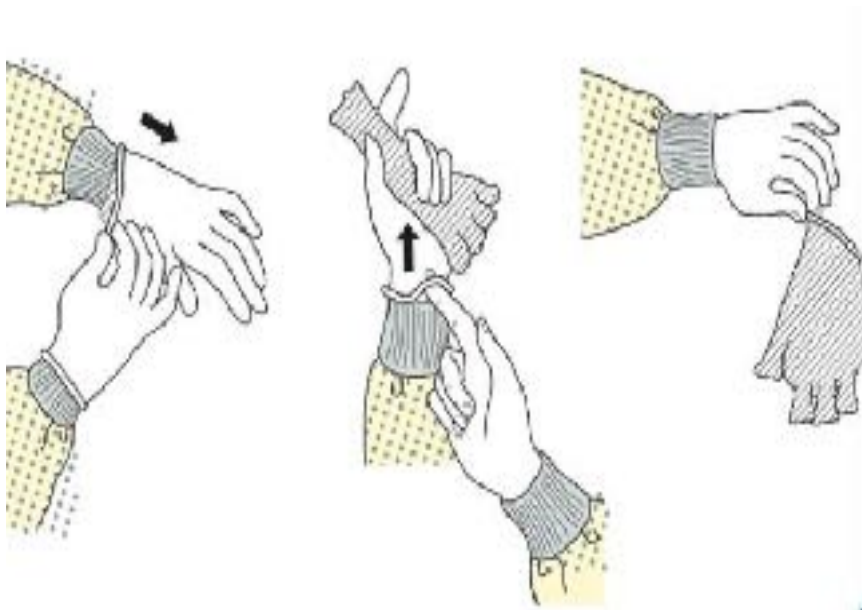
Remember gloves are not a substitute for hand washing.

Types of Gloves:

- Disposable non-powdered latex or nitrile gloves are recommended. Synthetic vinyl gloves may also be used but users should be aware that gloves made of natural rubber latex or nitrile have better barrier properties and are more suitable for dealing with spillages of blood or body fluids.
- Gloves should conform with the European Community Standard (CE marked).
- Polythene gloves are not recommended as these gloves tear easily and do not have good barrier properties.
- Latex free gloves should be provided for staff or children who have latex allergy.

How to Remove Gloves:

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



Source: US Centers for Disease Control and Prevention

Aprons:

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

Perishable food is kept in a refrigerator at temperatures of between 0 and 5 degrees

Note: Do not leave perishable food at room temperature for more than two hours. Perishable food brought from home, including sandwiches, should be kept in a fridge or cool place below 5°C.

If food is left at room temperature for more than 2 hours, it will be discarded.

Parents this year have been asked not to bring in perishable foods so that food does not need to be refrigerated. This will minimise the opportunity for cross contamination in the fridge.

Cleaning:

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

- Play surfaces are cleaned, rinsed and dried before use or when visibly soiled.
- Routine cleaning is accomplished using warm water and a general-purpose neutral pH detergent.

- Manufacturer's instructions are always followed when using detergents and disinfectants with regard to the use of personal protective clothing and dilution recommendations.
- We do not guess measurements and always use a measure. Extra measures will not kill more bacteria or clean better – it will damage work surfaces, make floors slippery and give off unpleasant odours.
- Water is changed frequently as dirty water is ineffective for cleaning.
- Disinfecting surfaces are then rinsed.
- Toilets, sinks, wash hand basins and surrounding areas are cleaned when required at least twice daily.

Cleaning Cloths:

Cleaning cloths used in the playrooms, kitchen and sanitary accommodation are washed separately.

Toys and Equipment:

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

Children's Rooms:

- Checklists are posted on the wall of the room and must be checked daily.
- Staff are responsible for keeping their rooms clean and tidy.
- All room environments must be clean always. Toys, games and work equipment must be placed on the shelves in an orderly fashion at all times.
- During the day the room should be ventilated regularly.

If A Child Becomes Ill When Attending the Service:

- Parents/guardians will be informed of our concerns and procedures we are taking and will be asked to collect their sick child. We may need to call a GP or use emergency services.
- If a parent cannot be reached the next named on the emergency list will be contacted.

- If a child's temperature is raised it will be monitored, recorded and medication administered, if required.
- We advise that sick children must be kept at home.

Risk Assessment

Our risk assessments as part of our Health and Safety Statement

There are three basic steps to completing a risk assessment:

- Look at the hazards
- Assess the risks
- Decide on the control measures and implement them.

The findings of the risk assessment process will be recorded in our safety statement.

We will involve our employees, along with any safety representatives, in this process.

Signed: _____ **Date:** _____
Name:

Person responsible for approving the Policy

APPENDIX G: EXCLUSIONS

These are minimum exclusion periods as recommended by the HSE. The Service may impose longer periods if it has a concern

Chickenpox:	Until scabs are dry; this is usually 5-7 days after the appearance of the rash.
Conjunctivitis:	Exclusion of affected children until they recover, or until they have had antibiotics for 48 hours.
Diarrhoea:	48 hours from last episode.
Diphtheria:	Very specific exclusion criteria apply and will be advised on by the Department of Public Health.
Food poisoning:	Until authorised by GP.
Glandular Fever:	Exclusion is not necessary.
Haemophilus Influenzae Type B: (Hib)	Children with the disease will be too ill to attend the service. Contacts do not need to be excluded.
Hand, Foot and Mouth Disease:	While the child is unwell, he/she should be kept away from Service. If evidence exists of transmission within the day centre exclusion of children until the spots have gone from their hands may be necessary.
Head Lice:	Exclusion is not necessary [if treated]
Hepatitis A: (Yellow Jaundice, Infectious Hepatitis):	Recommended while the child feels unwell, or until 7 days after onset of jaundice, whichever is later.
Hepatitis B: (Serum Hepatitis)	Children will be too ill to attend the Service and families will be given specific advice about when their child is well enough to return.
Impetigo:	Until lesions are crusted and healed, or 24 hours after commencing antibiotics.
Influenza and Influenza-like Illness: (Flu and ILI)	Remain at home for 7 days from when their symptoms began. Children should not re-attend the Service until they are feeling better and their temperature has returned to normal.
Living with HIV/AIDS:	Exclusion is not necessary.
Measles:	Exclude the child while infectious i.e. up to 4 days after the rash appears.
Meningitis:	Children with the disease will be too ill to attend the Service. Contacts do not need to be excluded.

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

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

APPENDIX H: VACCINATION SCHEDULE:

Preschool immunisation schedule for children born since July 2008

Age to Vaccinate:	Type of Vaccination:
At birth (Note: BCG no longer given since October 2016)	BCG tuberculosis vaccine (given in maternity hospitals or a HSE clinic)
At 2 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B PCV (Pneumococcal Conjugate Vaccine)
At 4 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B Men C (Meningococcal C)
At 6 months Free from your GP	6 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B Men C (Meningococcal C) PCV (Pneumococcal Conjugate Vaccine)
At 12 months Free from your GP	MMR (Measles, Mumps, Rubella) PCV (Pneumococcal Conjugate Vaccine)
At 13 months Free from your GP	Men C (Meningococcal C) Hib (Haemophilus influenzae B)
At 4 - 5 years Free in school or from your GP	4 in 1 <ul style="list-style-type: none"> • Diphtheria • Tetanus • Whooping cough (Pertussis) • Polio (Inactivated poliomyelitis) MMR (Measles, Mumps, Rubella)
At 11 - 14 years Free in school	Td <ul style="list-style-type: none"> • Diphtheria • Tetanus
At 12 years (1st year second level school) Girls only Free in school	HPV (Human Papillomavirus)

APPENDIX I: DISCLAIMER TO BE SIGNED BY PARENTS WHERE CHILDREN ARE NOT VACCINATED

NAME OF CHILD: _____

CHILD'S D.O.B: _____

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

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

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

All information regarding your child remains confidential

Date:

Signed: _____

Parent/Guardian

APPENDIX J: DISCLAIMER TO BE SIGNED BY A STAFF MEMBER WHO IS NOT VACCINATED

NAME OF STAFF MEMBER: _____

I have decided not to be vaccinated according to the HSE recommended schedule.

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

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

Signed: _____

Name of Staff Member

APPENDIX K: SPECIFIC DISEASES

Head Lice:

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

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

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

Meningitis and Meningococcal:

Both these diseases are most common in children, there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives.

Although cases can occur throughout the year, the majority of cases occur during the winter months. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord. The most common germs that cause meningitis are viruses and bacteria:

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

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

Signs and Symptoms:

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

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

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

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

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

Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

Procedure for Managing a Suspected Case of Meningitis:

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

Babies and Toddlers		Children and Adults	
Meningitis <input type="checkbox"/> and Septicaemia <input type="checkbox"/> often occur Together <input type="checkbox"/>		Meningitis <input type="checkbox"/> and Septicaemia <input type="checkbox"/> often occur Together <input type="checkbox"/>	
Fever, cold hands & feet	Flappy, listless, unresponsive	Fever, cold hands & feet	Stomach cramps & diarrhoea
Refusing food	Drowsy, difficult to wake	Vomiting	Spots/Rash see Glass Test
Vomiting	Spots/Rash see Glass Test	Drowsy, difficult to wake	Severe headache
Pale, blotchy skin	Rapid breathing or grunting	Confusion & Irritability	Stiff neck
Fretful, dislikes being handled	Unusual cry, moaning	Severe muscle pain	Dislike bright lights



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

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

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

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

Hand, Foot and Mouth:

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

The viruses that cause it are called Coxsackie viruses that live in the human digestive tract. Several types of this family of viruses can cause Hand, Foot and Mouth so unfortunately you can get it more than once. These viruses are usually passed from person to person through unwashed hands and via surfaces which have viruses on them. They can also be spread by coughing. It is more common to catch them from someone when they are in the early stages of their illness. Although anyone is at risk of becoming infected, children are generally more susceptible. HFMD is more common in summer and autumn and there is no immunisation.

Symptoms:

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

How Hand, Foot, and Mouth Disease Is Spread:

- Infection is spread from person to person by direct contact with infectious virus. Infectious virus is found in the nose and throat secretions, saliva, blister fluid, and

stool of infected persons. The virus is most often spread by persons with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.

- Infected persons are most contagious during the first week of the illness.
- The viruses that cause HFMD can remain in the body for weeks after a patient's symptoms have gone away. This means that the infected person can still pass the infection to other people even though he/she appears well. Also, some persons who are infected and excreting the virus, including most adults, may have no symptoms.
- HFMD is not transmitted to or from pets or other animals.

Treatment of HFMD:

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

Prevention of HFMD:

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

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

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

RISK MANAGEMENT

This policy should be read in conjunction with the COVID-19 Policy and Response Plan during the COVID-19 Emergency Period



See also Health and Safety Statement and Risk Assessment Sheets

Document Title:	Risk Management
Document Author:	Ciara Watson
Person(s) responsible for developing, distributing and reviewing Policy	Ciara Watson
Method of communication of policies to staff (email / hard copy / induction training)	Staff Whatsapp and online
Method of communication of policies to parents/guardians (full policies via email, hard copy)	Parents WhatsApp and online
Date the Document is Effective From:	02/09/2020
Scheduled Review Date:	Annually

This policy has been communicated to parents/guardians.

Relevant staff know the requirements and have a clear understanding of their roles and responsibilities in relation to this policy. Relevant staff have received training on this policy.

Statement of Intent:

To ensure the health, safety and welfare of all children and adults on the premises or while engaged in off-site activities. Risk will be managed through a range of assessments. The Risk Management Strategy is included in the Service's Safety Statement.

Definitions

A **hazard** is anything with the potential to cause injury or ill health, for example chemical substances, dangerous moving machinery, or threats of violence from others.

Risk is the chance that someone will be harmed by the hazard. It also takes account of how severe the harm or ill health effect could be and how many people could be affected.

A **Risk Assessment** is '... a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm.' [A Guide to Risk Assessments and Safety Statements](#) Health and Safety Authority, 2016

It is a written document that records a three-step process (HSA, 2016):

1. Identifying the hazards in the workplace(s) under your control.
2. Assessing the risks presented by these hazards.
3. Putting control measures in place to reduce the risk of these hazards causing harm.

A further two steps are also required:

4. Recording findings and implementing them.
5. Reviewing the assessment and updating it if necessary

Risk Assessments give details of the following:

- The potential hazard or risk being assessed
- The current controls
- Assessing the risk
- Additional controls if required
- The person responsible for implementing controls

Risk Assessments are completed to identify any potential hazards which pose a risk to:

- The service being well governed
- The health, welfare and development of each child
- The safety of children
- The premises being safe

The following risk assessments will be carried out and will be documented. Risk Assessments will show who was involved in the risk assessment process

- Annual/Quarterly/Monthly Risk Assessment, as appropriate, of the entire building and operations.
- Daily Risk assessment of classrooms, sanitary areas, sleep areas and outdoors.
- The risk assessment following any accident or incident.
- The risk assessment of outings and/or travel.
- Risk assessment of individual children
- The risk assessment of children with specific illnesses, conditions and allergies through the development of medical care plans.
- The risk assessment of pregnant employees.
- The risk assessment of any Garda vetting disclosures.

The people involved in developing risk assessments include health and safety personnel, management, staff and children's parents, where necessary

Risk Assessment of Individual Children

Individual risk assessment is an assessment of the potential risks that might occur in relation to a child and their individual needs. It is completed if the individual needs of a child warrant it, for example, a child with allergies, medication requirements or difficulties relating to their behaviour. An individual risk assessment provides an input to a child's Individual Care Plan and is kept in the child's individual record

The Risk Assessment Procedure

Risk Assessment is where you examine the service to find out what could cause harm to children, workers or visitors. The purpose is to identify the risks and then eliminate or control the risk:

- STEP 1: Identify the risks
- STEP 2: Decide who might be harmed
- STEP 3: Evaluate the risks and decide on precautions
- STEP 4: Record your findings
- STEP 5: Review and update

When thinking about risk assessment, remember:

- A **hazard** is anything that can cause harm for example:
 - Sockets left uncovered
 - No first aider on premises
 - A worker lifting sleep mattresses against manual handling advice
 - Food being served without gloves
- A **Risk** is the chance (high or low) that the hazard will cause harm.

Identify Hazards:

- Walk around the service (outside and inside).
- Use a risk assessment checklist.
- Ask employees in each room if they can identify hazards as they may have noticed something.
- Check manufacturer's instructions to ensure workers are using equipment or materials properly.
- Check accident and incident forms – you may identify hazards this way.

What to do when you identify risk:

- Get rid of the hazard (e.g. removing a mat that is a tripping hazard).
- Control the risk so that harm is unlikely (e.g. covering a socket).

Risk Assessment of Employees, volunteers and others.

We have in place comprehensive recruitment, selection and Garda vetting procedures plus staff absence, training and staff ratio policies.

Risk assessment documents will be kept for one year or longer, if advised by the Insurance Company

Safety:

Employees Shall:

- Take reasonable care of their own Safety, Health and Welfare and that of any other person or children in their care that may be affected by their acts or omissions while at work.
- Familiarise themselves with and always conform to the Service's Safety, Health and Welfare policies.
- Observe all safety rules and co-operate with their employers to comply with any of the relevant statutory regulations and directives.
- Use any suitable appliance, protective clothing, convenience or equipment in such a manner as to provide the protection intended for securing their Safety, Health and Welfare while at work.
- Conform to all instructions given by the management and others who have a responsibility for Safety, Health and Welfare.
- Use only as intended the correct equipment for the jobs with all appropriate safety devices and keep tools in good condition.
- Direct any suggestions or concerns on matters of Safety, Health and Welfare to the Health and Safety Officer.
- Report to the Health and Safety Officer, without delay, all accidents, damage, defects or issues of safety. This includes accidents or near misses, whether persons are injured or not.
- Carry out hazard checks in their own area of work daily.
- Participate in statutory training as required (Paediatric First Aid, Manual Handling, Food Hygiene and Fire Safety).

Employees shall not:

- Intentionally or recklessly interfere with, or misuse any appliance, protective clothing, convenience, equipment or other means or things provided in pursuance of any of the relevant statutory provisions or otherwise, for securing the Safety, Health and Welfare of persons arising out of work activities.

- Carry out any tasks, which they feel they are not competent to carry out, or which involves unreasonably high risks.
- Be under the influence of any intoxicants likely to affect their ability to work safely or to supervise children. **Staff members must report any medical issue likely to affect their safety or that of the children or their colleagues as soon as possible to management.**