

Procedure Title:	Infection Control/Controlling Biological Hazards
Effective Date:	June 2019
Review Date:	Every 2 years

INTRODUCTION

At Inner City Care there are two stages in the biological hazard identification process. They are identifying:

- potential sources of infection, and
- activities and tasks where biological hazards exist.

At Inner City Care risk assessment reflects on:

- the way in which biological hazards may be transmitted
- the type and frequency of any exposure to biological hazards
- whether the risk of exposure is associated with workplace layout, design, equipment and or workplace procedures
- the knowledge and training of employees in relation to biological hazards
- the availability and use of Personal Protective Equipment (PPE)
- the monitoring and review of other current risk control measures and the need for new risk control measures.

At Inner City Care risk control strategies include:

- implementing standard precautions
- personal hygiene
- an infection control programme
- employee training and supervision
- eliminating work practices which involve unnecessary exposure to blood or body fluids
- reducing employee exposure by containing or isolating the source of the infection
- effective house keeping practices
- appropriate waste management
- personal protective equipment (PPE)
- vaccination
- posters
- seeking advice from health and medical professionals
- notifying the Public Health Unit, when required to do so
- informing employees, visitors, families and all persons at or near the workplace when an infectious disease is present at the service
- when risk control measures are implemented they are monitored for their effectiveness and reviewed as necessary

PROCEDURES

1. HANDWASHING:

AIM:

To ensure regular and appropriate hand washing by staff and children.

REASON:

An effective hand washing procedure reduces transmission of infectious diseases and is the best way to control infection in a childcare centre.

PROCEDURES:

For staff:

Hand washing should take 10 – 15 seconds using soap and warm running water. All surfaces of the hands should be cleaned, lathering vigorously the front, back and sides of the hands, wrists, between the fingers and under nails. Rinse hands with fingers pointing down for another 10 seconds. Count to 10 as you wash and then rinse. Dry hands with a single use paper towel and turn taps off with paper towel and then discard paper towel in the bins provided.

Educators and staff should always wash hands:

- on arrival at the Centre
- before preparing food or infant bottles
- after eating or feeding a child
- after toileting yourself or a child
- after changing children's nappies and underpants
- before and after giving medication and first aid
- after wiping a child's nose, or sneezing or blowing your own nose
- after cleaning up any bodily fluids
- after wearing disposable gloves
- after handling pets or other animals
- after handling raw food and garbage
- after putting on or taking off shoes
- after cleaning up
- after being involved in messy activities
- before going home

For children:

Children will be taught to wash their hands in the same way as educators as part of the daily programme. Experiences can include songs and stories with hand washing as a topic. Teach children that washing their hands will prevent the spread of germs and illness. Supervise children to ensure they develop good hand washing habits.

Hands should be washed on arrival at the Centre to reduce the introduction of germs. Hand washing before leaving prevents germs being taken home.

Children should always wash hands:

- on arrival at the Centre
- before eating
- after going to the toilet or having their nappy changed
- after touching nose secretions or sores
- after playing outside
- after handling pets or animals
- after putting on or taking off their shoes
- before going home

Hand basins only must be used for hand washing. The craft sinks should only be used for washing art/craft materials, the kitchen sinks should only be used for washing eating and drinking utensils, the

laundry sink will only be used for washing toys, and the baby bath will only be used for washing babies, the baby bath sink may be used only for hand washing, the laundry sluice sink will be used for rinsing out soiled pants.

2. NAPPY CHANGING:

AIM:

To ensure that nappy changing is conducted in a way that will minimise the risk of infection to children and staff whilst also reducing the usage of toxic products.

REASON:

A number of infectious diseases can be transmitted in urine and faeces. Care must be taken to protect staff and minimise spread to other children by changing nappies hygienically.

PROCEDURE:

- Have the child walk to the change table or carry a small child away from your body to avoid any contact with the child's soiled clothing, except with your hands.
- Make sure the supplies you need are ready. Never leave the child unattended on the table.
- Place a disposable paper towel on change table surface and put child's bottom on the paper.
- Put disposable gloves on each hand and remove the child's nappy and any soiled clothes. Rinse soiled clothes afterwards and put them in a plastic bag, tying off the ends.
- Fold the nappy inwards resealing the sticky tabs so that the nappy is in a tight bundle and then put the nappy in the plastic lined bin under the change table.
- Clean the child's bottom with disposable bottom wipes. Wipe front to back, once per wipe using fresh wipes where necessary. Use lotion if necessary.
- Discard disposable bottom wipe in plastic lined bin under change table. Remove paper towel and discard this in the same bin.
- Remove plastic gloves, peeling them back from wrists, without touching the contaminated surface. Discard in nappy bin.
- Put on new nappy and dress the child. Now you can pick up the child and hold close to you. Wash the child's hands.
- Spray the nappy change table surface with neutral detergent water solution and wipe the surface dry with paper towel.
- Wash your hands thoroughly (refer to above procedure) and make sure to put child's clothing in its proper place. Hands may be washed in the baby bath sink as babies are bathed in the separate baby bath.

In general:

- Parents changing their child's nappy at the Centre should follow the above procedure. On arrival the parents must change their child's nappy and record it in the Baby Business Diary or on the bathroom toddler whiteboard.
- The Centre's nappy change procedure should be displayed in the nappy change area.
- Use the steps available for a walking child – especially if the child weighs more than 12 kilograms.
- Surfaces should be kept clean, waterproof and free of tears or crevices.
- The nappy change mats should be wiped down all over with soapy water at sleep time and at the end of the day.
- All nappy changing solutions, creams etc. must be kept off the change area and out of reach of children.

3. TOILETING:

AIM:

To ensure that toileting and toilet training is conducted in a way which minimises the risk of infection to children and staff.

REASON:

A number of infectious diseases can be transmitted in urine and faeces.

PROCEDURE:

Children develop toileting skills at individual rates and the staff will work in conjunction with the parents to decide when a child is ready to begin toilet training.

Two staff members regularly check the toilet training children and take them to the toilet individually or with their friends if they prefer. Always wear gloves when involved in toileting procedures.

The toilet training children should be taken to the toilet by their parents upon arrival and have the time and movement recorded on the toilet training white board. The staff will then take the children to the toilet:

- before morning tea
- before lunch
- before sleep time
- after sleep time
- before afternoon tea
- around 4-4.30pm
- before snacks
- and parents should take their child to the toilet before going home.

Encourage child to flush toilet after use. Help the child wash her/his hands after toileting, following the hand washing procedure. Regularly ask older children if they are counting to 10 whilst washing and rinsing, and supervise thoroughness of their lathering with soap and rinsing.

Rinse any soiled clothes and then place in a plastic bag in the child's locker. Wash your own hands thoroughly in accordance with hand washing procedure. For spilt urine or faeces follow the procedures described following under cleaning and disposal of body fluids – urine, blood, vomit and faeces.

4. CONTACT WITH BODY FLUIDS:

AIM:

To minimise the risk of infection from blood and body fluids by treating all blood and body fluids as if they could be infectious.

REASON:

Blood and body fluids may contain viruses such as Hepatitis B or HIV. Everyone should avoid contact with an injured child's blood or body fluids.

PROCEDURE:

- All cuts and abrasions, particularly on hands of staff, are to be covered with a band aid or appropriate dressing at all times.
- Wear disposable gloves if possible before attending to a child who is bleeding, or as soon as possible get someone wearing gloves to take over from you.
- If there is a spill of blood or body fluids onto a child or adult, wash the affected area with warm soapy water.
- If blood or body fluid is spilled and splashed in the eyes or on mucus membrane, rinse with running water for several minutes.
- If blood or body fluid contacts an open wound or broken skin, wash the area thoroughly with soap and running water.
- When finished dealing with spill or covering wound, remove gloves and put them in a disposable nappy bin.
- Scrub any implement used from the first aid box with neutral detergent and water and wash your hands thoroughly when finished.
- If blood or body fluid contact eyes, open wounds or mucus tissues report this to the Director.

5. CLEANING:

AIM:

To maintain the Centre in a clean and sanitary condition by regular and efficient cleaning of toys and equipment, washrooms, floors and surfaces, clothing and linen.

REASON: Many harmful micro-organisms (germs) survive in body secretions which contaminate the Centre environment. These germs can be transmitted from the environment by staff or children as a result of touching. The mouthing of toys or other objects can transmit infectious diseases.

PROCEDURE;

Cleaning Materials:

Whenever possible use single-use cleaning materials such as wipes or paper towels which are then disposed of appropriately. Alternatively, colour-coded cloths or sponges for use in each area and store them separately.

Cleaning up of blood, body fluids and general dirt should be done with neutral detergent and water and thorough scrubbing. We aim to minimise the use of toxic products.

Toys and Equipment:

- As far as possible infants and toddlers should be discouraged from sharing mouthed objects and this requires close supervision.
- Use only washable toys. Personal non-washable toys should be kept in a child's locker for use by that child only at appropriate times.
- All toys in use which are being mouthed should be washed daily in neutral detergent and water and left to dry overnight.
- Books and puzzles which are visibly dirty should be wiped with neutral detergent and water and left to dry.
- Dummies and infant bottles must not be shared Children's bottles and dummies should be rinsed and placed in their pigeon holes after use. Do not allow children to wander around with bottles or cups as other children may attempt to drink from the same container. Centre bottles and dummies should be washed in neutral detergent and water and then soaked in Milton or a similar product for at least one hour.

General Surfaces:

- All surfaces which are touched frequently such as tables, bench tops and floors should be cleaned with neutral detergent and water daily. Table tops in playrooms should also be cleaned with neutral detergent and water before and after all meals.
- Whenever possible single-use cleaning materials such as wipes and paper towels should be used and then disposed of appropriately. Alternatively, use colour-coded cloths or sponges for use in each area and store them separately.

Washroom and Nappy Change Area:

- Toilets and nappy change areas should be washed with neutral detergent and water in the middle of the day and at the end of each day.
- Washroom surfaces – floors, taps, doorknobs and basins should also be cleaned with soapy water in the middle and at the end of each day.
- Low shelves, doorknobs and other surfaces less frequently touched by children should also be cleaned on a regular basis.

Linen and Clothing:

- Linen, towels and spare clothing are to be kept clean and sanitary and no personal clothing or linen items are to be shared.
- All linen should be kept separate for each child between laundering. Bed linen should be washed weekly, or between use by different children. Washers and bibs should be washed after each use.
- Carry all soiled linen away from the body to the laundry basket and wash all linen in hot water to then be dried in the tumble dryer.
- Linen contaminated with blood and/or body fluids should first be rinsed off in the porcelain sink in the laundry and then laundered separately from the other washing.

Kitchen:

- Keep all kitchen surfaces and all dishes and utensils meticulously clean.
- Cloths used for dishes and utensils should be changed and washed and laundered daily.
- Kitchen refuse must be deposited in a lined bin with a close-fitting lid and removed from the kitchen daily.
- Cutting-boards should be made of non-porous materials and scrubbed with hot soapy water for three minutes after each use. They will be left to air dry at the end of each wash. Boards with crevices or cracks should be discarded. Boards are colour coded for correct usage.

Sandpit:

- Keep the sandpit securely covered to prevent contamination by animals.
- To clean a sandpit contaminated by blood, body fluids or animal faeces, etc:
 - remove contaminated sand
 - cover the sandpit with pool salt by sprinkling it on the sand and then raking the area
 - renew the sandpit with fresh sand regularly

6. FOOD HANDLING:

AIM:

To ensure that food is prepared, kept and served hygienically.

REASON:

Bacteria such as those causing food poisoning grow well in food. Certain infectious diseases such as gastro-enteritis can be spread through food. Germs can be spread from the food preparer or from utensils or surfaces on which the food is prepared.

STAFF EXCLUSION FROM DUTIES:

Under the NSW Food Act (1989) any staff member involved in food-handling who has boils or other pustular infections of the skin on the arms or face, or is suspected of having any gastrointestinal infection must be excluded from food handling duties when sick or when they have cuts, wounds or skin lesions on hands which cannot be adequately covered.

GENERAL:

- Staff must wash hands before, during and after preparing and handling food, as well as wearing gloves.
- Staff should be excluded from food handling when ill.
- Choose foods processed for safety, only pasteurised milk may be used, home preserved food, food from unlabelled, dented rusted or bulging cans must not be used.
- Fruits and vegetables are to be washed thoroughly even if the skin is to be removed.
- All perishable foods should be stored in sealed containers in the refrigerator and kept below 4 degrees Celsius. Food should be cooked thoroughly.
- Frozen meat, fish and poultry must be thoroughly thawed before cooking. Use microwave or fridge for thawing, food is not to be left thawing on bench or sink.
- All parts of cooked food must reach a temperature of 70 degrees Celsius during the cooking process. Cooked poultry which appears raw near the bone should be returned to the oven until it is cooked properly.
- If possible, eat cooked foods immediately. Avoid keeping foods hot for long periods of time. Cooked foods prepared in advance are to be kept hot at 60 degrees Celsius or over, or kept cold at 4 degrees Celsius or below.
- Reheat cooked foods thoroughly. All parts of food being reheated must reach 70 degrees Celsius, then set to cool before serving. Reheat food only once.
- Cold food to be served hot should be at 60 degrees Celsius within one hour of removing from fridge. Hot food to be served or stored cold must be at 50 degrees Celsius within 4 hours of completing cooking.
- Avoid contact between raw and cooked foods, as cooked foods are easily contaminated by raw foods. They should be stored apart and utensils should be washed between use on raw and then ready to eat food.
- When preparing food wear disposable gloves and tongs and serving spoons should be used when serving food.
- Keep all kitchen surfaces, dishes, cups and utensils meticulously clean. Protect food from insects, rodents and other animals. Store foods in tightly sealed containers for best protection. All foods should be kept covered until served.

Serving Food:

- Clean tables before meals are served.
- Make sure children's and staff's hands are washed before eating.
- Serve food using tongs onto individual plates for each child.
- Staff should wash hands before spoon-feeding a child. If interrupted to attend to another child, wash hands before resuming.
- Make sure children do not share food, plates, cups or utensils and explain that sharing food can spread germs.
- Throw out leftovers in the kitchen bin only – not in the playroom or nappy changing room bins.

Milk, formula and breast milk:

- Never warm bottles in the microwave; instead place bottle in a jug of hot water in the staff room or in the bottle warmers in the Backroom.
- Parents are to provide ready prepared bottles of formula and water daily for their child. Parents are also responsible for collecting the empty bottles at the end of the day. If necessary, staff must prepare formula strictly to the instructions on the container.
- Heat milk for bottles only once. Never freeze or reheat formula and always discard leftover formula and milk.
- Breast milk should be stored in the refrigerator for no more than 48 hours, or in a deep freezer not longer than 3 months. It should be labelled with the child's name and dated before storing.
- Care should be taken to ensure breast milk is never given to another child.
- Defrost breast milk in the refrigerator or by running under cold water. Never put breast milk in boiling water as it will curdle. Never reheat or refreeze breast milk.
- Ask mother to supply breast milk in separate small quantities to prevent wastage. Always encourage and support any mother supplying breast milk or coming to the Centre to breast feed her baby.

In relation to the provision of training:

- all employees likely to be exposed to biological hazards are adequately trained and supervised. Records of training undertaken by employees are noted on the Employee Training Form which is retained in the Employee Training Register.
- workplace information and training include (but are not limited to):
 - the induction programme for new employees
 - ongoing opportunities for professional development
 - the provision of specific workplace instructions
 - targeted posters prominently displayed
 - regular workplace consultation

ASSOCIATED POLICIES/PROCEDURES

WHS Employee Responsibilities, Food Preparation and Handling Procedure,

This policy/procedure was based on the recommendations of the KU Health and Medication Policies and the Draft Health and Safety in Child Care Centres Model Policies and Practices – 2003 2nd Ed and Managing OHS in Children's Services, Sue Tarrant – Lady Gowrie Child Centre, Sydney, 2002. Staying Healthy in Childcare 5th Ed.