

## 37. Hygiene and Infection Control



### Introduction

It is important that staff and educator's role- model positive health and safety practices and that children are adequately supervised, assisted and encouraged in their daily health and hygiene routine. Education and care environments must be hygienically maintained to reduce the possible spread of infection and illness.

### Purpose

The health, safety and wellbeing of the educators, staff, families and children will be the priority of our centre. Effective hygiene practices will implemented by the centre to minimise exposure to and the risk of infections spreading.

### Goals – What are we going to do?

- The centre aims to maintain a healthy and hygienic environment for children, educators, staff and families by providing professional cleaning services on a daily basis.
- The service will ensure that additional procedures are implemented to minimise the potential risk of disease and illness. These procedures will include:
  - Spot and routine cleaning by educators
  - Effective hand washing practices
  - Identifying and excluding sick children and educators as per the Infectious diseases and the Illness policy
  - Maintaining updated immunisation records as per the Infectious diseases policy
  - Effective handling, storage and disposal or washing of soiled items; and
  - The use of personal protection equipment
  - Contact with and safely dealing with spills
  - Storage and sterilisation of children's dummies.

### Strategies – How will it be done?

#### Approved Provider will:

- Ensure procedures that prevent the spread of infectious diseases are designed to be implemented by educators and volunteers.

- Ensure that the Nominated Supervisor, educators, staff and volunteers are aware of the need to implement health, hygiene practices and safe food handling and storage practices in order to minimise risks for the children in the education and care

### Nominated Supervisor will:

- Ensure that educators, staff and volunteers implement health, hygiene practices and safe food handling and storage practices in order to minimise risks for the children in the centre.
- Ensure that in the event of an infectious disease being identified within the children, families, staff or educators in the centre, steps are taken to prevent the spread of the infectious disease and that parents and emergency contact details are notified about the occurrence of an infectious disease as soon as possible.
- Maintain up-to-date immunisation records for all children. Families will be given reminder notifications when scheduled immunisations are due. If any outbreak occurs within the education and care service children who are not immunised will be excluded as per the Infectious Diseases policy.
- Introduce cleaning systems that prevent contamination and cross infection. Cleaning buckets, cloths, mops etc will be clearly labelled, coded to indicate their specific use and stored in a location inaccessible to children.
- Ensure that new educators, casual educators and volunteers are informed about the strategies and procedures implemented by the centre to keep themselves and the children protected.
- Prioritise training and professional development for educators regarding current hygiene and infection control practices.
- Place a copy of hand washing procedures near all hand washing areas for educators to follow.
- Ensure hand sanitising stations are set up throughout the centre.
- Notify the Management team and work cover authority if there has been exposure to bodily fluids that may present the risk of the transmission of blood borne diseases.

### Educators will:

- Engage in training, research and professional development about current hygiene and infection control practices.
- Be responsible for routine cleaning of the centre. This will include sweeping and mopping floors after meal and activity times, wiping tables with neutral detergent before and after meals, sanitising toys and equipment after use; and particularly after children have mouthed toys. The sandpits will be raked daily, covered each night and the sand cleaned frequently.
- Ensure that children's handwashing areas have a visual procedure available for children to refer to. Educators will role model correct hand washing techniques and give verbal reminders to children when washing hands.
- Wash hands and skin with warm water and soap after any contact with blood, faeces, urine, vomit or any other bodily fluid.

- Monitor children's health and wellbeing while they are at the centre: Educators will observe children's activity carefully. If a child shows symptoms such as lethargy, high temperature, vomiting, skin rash, difficulty in breathing, diarrhoea or when educators have concerns about a child's health, they will immediately inform the Nominated Supervisor and the family. (Implement the Incident, Injury, Trauma and Illness and the Infectious Diseases policies.)
- Wear gloves at all times when assisting a child with soiled or wet their clothing, and during nappy change and toileting routines. (Nappy Change and Toileting policies.)
- Cover any cuts, abrasions, dermatitis or open skin on hands with a water resistant dressing.
- Clean nappy change mats and areas after each use following the Nappy Change policy and procedure.
- Spot clean nappy change and bathroom areas as required during the day and clean the areas thoroughly once daily.
- Effectively manage bodily fluid spills and accidents (see attached detailed procedure for Contact with and safely dealing with spills). The educator will: avoid direct contact with the spill; use personal protective equipment; contain the spill as far as possible using paper towel, disposing of it in a sealed plastic clinical waste bag; clean the spill using neutral detergent; allow the area to dry; notify the Nominated supervisor and work cover authority if there has been exposure to bodily fluids that may present the risk of the transition of blood borne diseases.
- Administer first aid to any educator who has blood or bodily fluids splash into their eyes or mouth by irrigating the eyes for 5-10 minutes and/or blow nose and spit out and rinse out the mouth.
- Store and dispose of soiled nappies and other soiled items appropriately as per nappy change and toileting policies. Soiled items not belonging to an individual child or family that have been exposed to bodily fluids will be rinsed in cold water and washed separately in a machine using hot water.
- Encourage children to use cough and sneeze etiquette by covering their noses and mouths with a tissue or coughing and sneezing into their elbow and to wash and dry their hands afterwards. Model this behaviour.
- Prevent the sharing of brushes, toothbrushes, bottles, dummies, towels, face cloths and handkerchiefs.
- Wear gloves when serving and preparing food. Children's cups, plates and bowls along with all kitchen utensils used in the preparation of food will be sanitised in the dishwasher.
- Use every precaution to minimise the risk of infection within the centre for themselves, the children and the families.
- Children's dummies, when not in use, will be sanitised using a Milton solution and then stored in an individual storage compartment box labelled with each child's individual name.

### Related Legislation

- Education and Care Services National Law Act
- Education and Care Services National Regulations: Regulations 77, 88, 168
- The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2011

### Links to other policies and documents

- Nappy change policy and procedure
- Toileting policy and procedure
- Incident, injury, trauma and illness policy
- Infectious disease policy
- Cleaning and maintaining the environment
- Enrolment and Orientation

Links to Education and Care Services National Regulations:  
77, 88, 168

Links to National Quality Standards/Elements:  
2.1, 3.1

### Sources

- Staying Health in Childcare
- SafeWork NSW – [www.safework.nsw.gov.au](http://www.safework.nsw.gov.au)
- Centre for Community Child Health (The royal Children's Hospital) – [www.rch.org.au](http://www.rch.org.au)
- Community Early Learning Australia - CELA

## Contact with and safely dealing with Blood and Bodily Fluids



### Safely dealing with blood

The best way to clean a blood spill depends on the size of the spill. Below will help educators and staff to decide on the most appropriate cleaning strategy to minimise risk and exposure to diseases through contact with blood and bodily fluids.

#### **Spot (eg drop of blood less than the size of a 50-cent coin)**

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

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

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

#### **Large (more than the size of the palm of your hand)**

- Wear gloves
- Cover the area with an absorbent agent (eg sand) and allow the blood to soak in
- Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids
- Place the absorbent agent, the scraper and the pan into a plastic bag or alternative; seal the bag and put in the rubbish bin
- Remove gloves and put them in the rubbish bin
- Mop the area with warm water and neutral cleaner; wash the mop after use
- Wipe the area with diluted bleach and allow to dry
- Wash your hands with soap and water

### Safely dealing with Faeces, Vomit or Urine

When cleaning up spills of faeces, vomit or urine, the following procedures should be used:

- Wear gloves
- Place paper towel over the spill and allow the spill to soak in. Carefully remove the paper towel and any solid matter. Place it in a plastic bag or alternative. Seal the bag and put it in the rubbish bin
- Clean the surface with warm water and neutral detergent, and allow to dry.
- Wash hands thoroughly with soap and warm running water.

## Contact with blood and bodily fluid

**Be aware that for skin contact with blood:** the risk of contracting blood borne diseases including HIV through skin contact with blood is low but is more likely if there are open cuts, abrasions, skin cracking or infections that are uncovered. Wash off with warm water and soap as soon as possible, and cover all open skin with a water resistant occlusive dressing.

**If blood or body fluids splash into the eyes:** rinse for 5 to 10 minutes with water, or sterile eye irrigation solution if available, **if wearing contact lenses**, rinse the eyes with the lenses in, remove the lenses and rinse the eyes again, and do not put the contaminated lenses back in.

**If blood or body fluids splash into the nose or mouth:** blow your nose or spit out and rinse and rinse with water.

**Contact with saliva, tears and biting:** HIV has been found in saliva and tears in low concentrations and risks of transmission from spitting, kissing, wiping noses and eyes is considered to be very low, however standard infection control precautions should still be followed, contact with saliva and nasal secretions may transmit other infectious diseases, the risk of HIV infection from biting is considered to be very low and requires the skin to be broken. If a bite has resulted in breaking the skin, wash with soap and running water, cover with a clean dressing, and advise the family of the injured child to seek urgent medical advice about risks of infection and further management, rinse the biting child's mouth with water to prevent cross- infection from the bitten child.

**Giving first aid and cardiopulmonary resuscitation (CPR):** use a disposable mask or a mask with a one-way valve, available from St John Ambulance or Red Cross First Aid, use gloves when applying first aid to bleeding wounds.

**Needle stick or sharps injuries involving exposure of any staff, children or visitors to blood or body fluids:** wash the injured area with soap and running water, dry the wound and cover with a water resistant occlusive dressing, dispose of the object that caused the injury, wear gloves and use forceps or tongs to pick up the object, and discard into a sealed firm container to be disposed of (preferably a yellow biohazard sharps container which are commercially available), for advice, contact the ASC Needle stick Injury Hotline on **1800 804 823**.

**Clothes, toys or other objects that have been contaminated by blood or body fluids:** wear gloves and a protective apron or overalls, mop excess fluid with disposable paper towel, and wash with neutral detergent and water (don't use hot water as this makes blood coagulate and stick to surfaces and stain). Any **contaminated clothing**, cloths or cleaning implements should be washed in neutral detergent and hot water. If using a washing machine, wash contaminated and non-contaminated materials separately, use the longest cycle for contaminated material, and if washing by hand, wear gloves.

**For any form of possible exposure to HIV or other blood borne diseases** (needle stick injury, skin contact, splash into eyes, nose or mouth, or biting): seek medical advice as soon as practical about risk of infection and post exposure treatment including HIV and hepatitis B and C treatment and testing regardless of the known or presumed infection status of source person of the blood or body fluid, write an injury report (see Incident, Injury, Trauma and Illness Policy), report the injury to the Public Health Unit, WorkCover Authority and Public Liability insurance as appropriate.

**Be aware of responsibilities under the Anti-Discrimination Act** in relation to not discriminating when enrolling children or employing staff who may be living with HIV/AIDS or may have Hepatitis B or C infection.