



John Scottus Pre-School

Infection Control Policy

This policy will be available to view and examine by all members of the school community: Parents, Staff, Board of Management and Trustees. They will be available for inspection in the Pre-school classroom in Old Conna, Ferndale Rd, Rathmichael, Co Dublin and on our School website.

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

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 Subcommittee, Management of Infectious Disease in Child Care Facilities and Other Child Care Settings)

Policy and Procedure:

1. Play Pod Structure

It is not possible to observe physical distancing when caring for a young child and it is not practical or advisable to enforce physical distancing between young children. Therefore, the spread of infection is minimised by organising children and staff into groups or "play-pods" to the extent that this is practical. A 'play-pod' comprises a group of children and the adult(s) who remain with that group as keyworker(s). The intention is that the same staff and children stay together each day, through the day,

as far as possible. The objective is to limit interactions and sharing of facilities between play-pods. In our classroom the play-pods will be separated by lightweight partitions of sufficient height to limit children interacting with each other. There is no requirement for solid partitions from floor to ceiling.

2. Exclusion

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

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 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 A updated to reflect COVID-19 guidelines]
- 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.

3. Immunisations

1. All children must provide up to date record of immunisations (Appendix B: Immunisations). This should contain dates of immunisations. Where dates are not available all attempts to get these should be recorded.

2. Staff in the service will be immunised against infectious diseases.

4. Handwashing

Handwashing 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. Germs can be picked up in lots of ways. They can be transferred onto our hands when we touch other people, animals, contaminated surfaces, food and body fluids. These germs can then enter our body and make us ill or they can be passed to other people or to the things that we touch. Germs picked up onto the hands can be effectively removed by thorough handwashing with soap and running water. Handwashing protects both children and staff.

The dos and don'ts of handwashing

DO

- Keep nails short, clean and free of nail varnish, nail extensions, and false nails
- Care for your hands. Moisturise hands regularly to keep the skin in good condition
- Use warm running water and liquid soap and pat hands dry with disposable paper towels rather than rubbing them, to prevent skin irritation
- Cover any cuts or abrasions with a waterproof dressing and change as necessary
- Supervise children's handwashing and assist where necessary

DON'T

- Wear jewellery - one ring e.g. a plain gold or silver band is permitted
- Use nailbrushes as germs multiply on wet nailbrushes.
- Carry out direct care if you have moist lesions on your hands e.g. weeping dermatitis - seek medical/ occupational advice.
- Assume children know how to wash their hands – show them
- Use a single cloth or a bowl of water to clean a group of children's hands
- Allow children to eat without washing their hands

Handwashing is the single most effective way of preventing the spread of infection

When should childcare staff wash their hands? Handwashing is recommended when childcare staff arrive at work, when moving from one childcare group to another and whenever the hands are visibly dirty. In addition, handwashing must also be carried out:

Before

- The start of the work shift
- Eating, smoking, handling/preparing food
- Preparing meals, snacks and drinks

After

- Using the toilet or helping a child to use the toilet
- 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

How to wash hands

Handwashing 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, finger tips, palms and in between the fingers, rubbing backwards and forwards at every stroke (see Posters on handwashing technique in the Resources section)
- 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

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 Celsius.
- Paper hand towels and liquid soap.

Alcohol-based Hand Rub/Gels:

When soap and running water are not readily available, for example on a field trip or excursion, 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.

Method

- Apply the required volume of the product to the palm of one hand and rub the hands together. The amount of gel used should be sufficient to keep the hands wet for at least 15 seconds.
- Ensure all surfaces of the hands and fingers are covered with the gel and keep rubbing until the hands are dry. As with any other household product or chemical, care should be taken to ensure that children do not accidentally ingest handwashing products. Children should not have independent use of containers of alcohol gel. Avoid touching the area around a child's eyes just after using an alcohol gel as the child may experience a stinging sensation.

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

Handwashing and Young Children

Good handwashing habits should be taught to children.

This can be done by;

- Showing children a good handwashing technique (See Posters on handwashing in Resources section)
- Supervising and assisting children to wash their hands
- Always leading by good example

5. Respiratory Hygiene and Cough Etiquette:

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, with their elbow when they cough or sneeze and to wash their hand 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.

6. Toilets:

- Toilet areas are cleaned frequently during the day in accordance with the cleaning schedule and immediately if soiled. Attention 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 are thoroughly cleaned and disinfected after each use.

7. Protective Clothing

Protective clothing Basic protective clothing (i.e. gloves and aprons) are required for incidents where contact with blood or body fluid is anticipated. This includes dealing with non intact (broken) skin. Gowns and masks are not required in childcare settings.

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:

- Cleaning up blood – e.g. after a fall or a nose bleed.
- 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.

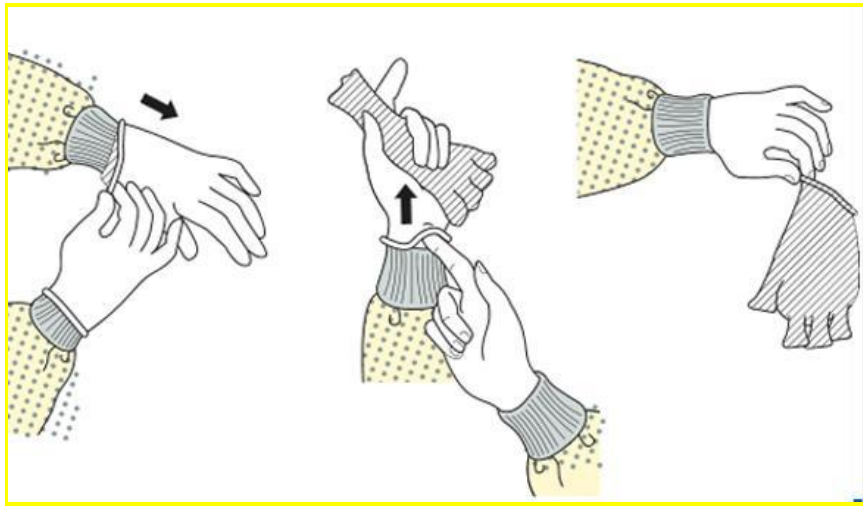
Types of Gloves:

- 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 Centres for Disease Control and Prevention

Aprons:

Wear a disposable apron if there is a risk of blood or body fluids splashing onto your 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.

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

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll 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:

- Put on disposable plastic apron and gloves.
- Use absorbent disposable paper towels or kitchen towel roll 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:

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 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.

8. Food and Kitchen Hygiene

Germs can be spread in many ways while working with foods in the kitchen. In order to prepare food hygienically, it is important to ensure that a high standard of personal hygiene is maintained in conjunction with effective cleaning of food preparation areas and equipment. This is necessary in addition to careful handling, preparation, cooling etc. of food.

Unless unavoidable, those staff involved in toileting children should not be involved in food handling. Where this situation is inescapable, care workers should change their outer clothing and wash their hands thoroughly prior to handling food.

9. Cleanliness and Hygiene (See Cleaning Procedures & Routines Appendix D)

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 re cleaned when required at least twice daily.

Cleaning Cloths:

- Cleaning cloths used in the playrooms, kitchen and sanitary accommodation are washed daily.
- Separate cleaning cloths are used for each Play-Pod

Toys and Equipment:

Selection and management of toys from an infection prevention viewpoint:

- Choose toys that are easy to clean and disinfect (when necessary) and dry.
- In the context of the pandemic, the use of certain types of toys (e.g. soft toys, stuffed toys, play dough) needs to be considered carefully. If their use is considered important for the children avoid sharing of items between children in so far as is practical. Play dough should be replaced daily and soft toys should be washed regularly.
- If soft toys/comfort blankets are essential for some children they should be personal to the child, they should not be shared and they must be machine washable.
- Jigsaws, puzzles and toys that children are inclined to put in their mouths must be capable of being washed and disinfected.
- Check all play equipment regularly for signs of damage e.g. breaks or cracks. If these items cannot be repaired or cleaned, they must be discarded.

- Store clean toys/equipment in a clean container or clean cupboard.
- Do not allow toys to be taken into the toilet area.
- Toys must not be stored in the toilet area, or toilet lobby area. A designated toy storage area should be provided.
- Always follow the manufacturer's cleaning instructions.
- Always wash your hands after handling contaminated toys and equipment.
- In the case of an outbreak, the use of certain toys (e.g. soft toys, stuffed toys, play dough) may need to be curtailed.

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.
- Toys and educational resources are not shared between play-pods
- Only toys that are being used as part of the curriculum plan are stored in the play-pod. All additional toys are stored in our Educational Resources Library
- Staff clean all toys/educational resources before returning them to the Educational Resources Library
- During this Pandemic toys (including soft furnishings) that are not easily cleaned will not be used in our Pre-School

Children's Rooms:

- Room and must be checked daily and online checklist completed.
- 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.

10. If a Child or Staff Member becomes Ill while Attending our Pre-School

If a child becomes unwell

- 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.

If a staff member becomes unwell (not with COVID-19 related symptoms)

- They will be asked to go home straight away.

COVID-19 Specific Guidelines

1. Key Good Practice Points for Staff Members

- Do not attend for work if you have symptoms of respiratory virus infection.
- Avoid touching your eyes, nose and mouth, respiratory viruses need access to these body sites in order to cause infection.
- Clean your hands regularly using an alcohol-based hand rub (if hands are not visibly soiled) or by washing with soap and water.
- Observe respiratory hygiene and cough etiquette for example when coughing and sneezing, cover your mouth and nose with a tissue. Discard the tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.
- If you do not have a tissue cough into your upper arm or the crook of your elbow -do not cough into your hand.

2. If a child or staff member is in the childcare facility at the time that they feel unwell and develop COVID-19 symptoms

If a child feels unwell and develops symptoms while at Pre-School

- If a child develops any symptoms of acute respiratory infection including cough, fever, or shortness of breath while in the care facility, a staff member will need to take them to the place that is planned for isolation. Our safe place for children is the outdoor porch area, directly outside the classroom.

- Call their parent or guardian and ask them to collect their child as soon as possible
- Remember the virus is spread by droplets and is not airborne so the physical separation is enough to reduce risk of spread to others even if they are in the same room.
- The Manager will care for the child waiting for pick-up. The Manager will wear a mask and may prefer to wear gloves in this situation although they are not strictly necessary as the virus does not pass through skin. Whether gloves are worn or not it is essential to avoid touching your own nose, mouth or eyes while caring for a symptomatic child and to perform hand hygiene. If gloves are used, you must perform hand hygiene immediately after removal and safe disposal of gloves.

If a staff member develops symptoms of acute respiratory infection including cough, fever or shortness of breath while at pre-School:

- They will be asked to leave without delay and contact their GP by telephone.
- They should remain the correct social distance from others if possible.
- They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow.
- If they can tolerate doing so, they should wear a surgical mask.
- If they must wait, then they should do so in an area away from others (outdoor porch area).
- If they need to use toilet facilities, they should wipe contact surfaces clean and clean their hands after attending the toilet.

In an emergency, the ambulance will be called, and it will be explained that the child or staff member is unwell with symptoms of COVID-19.

- The room will need to be cleaned and contact surfaces disinfected once they leave.
- If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available and it needs to be cleaned and contact surfaces disinfected before use by others.

3. If there is a confirmed case of COVID-19 at our Pre-School

- All individuals with symptoms of COVID-19 should contact their GP for further advice.
- If the doctor arranges testing and the test comes back as positive for SARS-CoV2 (COVID-19) they (or their parent) will be contacted by Public Health to identify anyone who has been in contact with them during the period when they were likely to have been infectious.
- The childcare setting will then be contacted by local Public Health staff of the HSE to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.
- An assessment of each childcare setting where this may occur will be undertaken by HSE public health staff.
- Advice on the management of children and staff who came into contact with the case will be based on this assessment.
- The HSE Public Health staff will also be in contact individually with anyone who has been in contact with the case to provide them with appropriate advice.
- Cleaning of communal areas such as classrooms and toilets is outlined later in this document.
- Symptomatic people should self-isolate and arrange to get tested for COVID-19.
- Confirmed COVID-19 cases should continue to self-isolate at home for a minimum of 14 days and should not return to the childcare setting until they are advised that it is safe to do so.
- Close contacts of a confirmed case should go home and restrict their movements for 14 days. They should not attend Pre-School during that time. They will be offered testing for COVID-19 and will need to stay away from Pre-School for 14 days even if the virus is not detected on the tests. This is because some people who are infected do not have a positive test at the time the test is taken.

4. Advice on how to clean childcare settings where there were children, or staff with suspected or confirmed COVID-19

Droplets carrying the virus that causes COVID-19 can fall from the air on to surfaces such as tabletops, toys, and other things that we touch. If people contaminate their hands while sneezing or coughing, they may contaminate surfaces by touching

them. A person may become infected when they touch a contaminated object or surface and they then touch their own mouth, nose or eyes. For example, someone may touch a contaminated door handle and then rub their eyes or put something in their mouth. The virus cannot grow on surfaces, but it can survive if they are not cleaned. The virus gradually dies off over time and under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours. Regular cleaning of frequently touched hard surfaces and of hands will therefore help to reduce the risk of infection. Once a person with suspected COVID-19 is identified in a childcare setting all surfaces that the person has been in contact with should be cleaned and disinfected.

General tips for cleaning/disinfecting rooms where a child or staff member with suspected or confirmed COVID-19 was present

- Once the room is vacated, the room should not be reused until the room has been thoroughly cleaned and disinfected and all surfaces are dry.
- Disinfection only works reliably on things that are clean. When disinfection is required it is always as well as cleaning never instead of cleaning.
- The person assigned to clean the area should avoid touching their face while they are cleaning and should wear household or disposable single use non-sterile nitrile gloves and a disposable plastic apron (if one is available).
- Clean the environment and the furniture using disposable cleaning cloths and a household detergent followed by disinfection with a chlorine-based product such as sodium hypochlorite (often referred to as household bleach). Chlorine based products are available in different formats including wipes. Alternatively use a two in one process of cleaning and disinfection with a single product for example certain wipes.
- If you are not familiar with chlorine based disinfectants then please refer to the HPSC Management of Infectious Diseases in Schools available at <https://www.hpsc.ie/az/lifestages/schoolhealth/>
- Pay special attention to frequently touched flat surfaces, the backs of chairs, door handles and any surfaces or items that are visibly soiled with body fluids.
- Once the room has been cleaned and disinfected and all surfaces are dry, the room can be put back into use.

Cleaning of communal areas if a person is diagnosed with COVID-19

- If a child or adult diagnosed with COVID-19 spent time in a communal area like a play area or sleeping area or if they used the toilet or bathroom facilities, then these areas should be cleaned with household detergent followed by a disinfectant (as outlined above) as soon as is practicably possible.
- Pay special attention to frequently touched sites including door handles, backs of chairs, taps of washbasins, toilet handles. Once cleaning and disinfection have been completed and all surfaces are completely dry, the area can be put back into use.

Laundry if a person is diagnosed with COVID-19

- Laundry for example from rest mattresses should be washed at the highest temperature that the material can stand.
- Items can be tumble dried and ironed using a hot setting/ steam iron if required.
- Household/rubber gloves can be worn when handling dirty laundry and items should be held away from your clothing. The gloves can be washed prior to removal and dried for reuse. Hands should be washed thoroughly with soap and water after removing the gloves
- If gloves are not available, hands should be washed thoroughly after handling laundry.

Managing rubbish if a person is diagnosed with COVID-19

- All personal waste including used tissues and all cleaning waste should be placed in a plastic rubbish bag.
- The bag should be tied when it is almost full and then place it into a second bin bag and tied.
- Once the bag has been tied securely it should be left somewhere safe. The bags should be left for three days before collection by the waste company.

Appendix A: Exclusions

This is 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.
COVID-19	14 days after first signs of symptoms
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 Influenza 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 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 necessary 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; your 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 exclude.
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 B: Immunisations

Pre-school 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 C: Specific Diseases

This section is intended as a brief guide to common infectious diseases in childhood. It is not intended as a diagnostic guide or as a substitute for consulting a doctor.

It is crucial that any children or staff members who are unwell should not attend our Pre-School

Information on COVID-19

COVID-19 is a new illness that can affect your lungs and airways. It is caused by a new coronavirus (SARSCoV-2), which is spread mainly through tiny droplets scattered from the nose and mouth of a person with infection. The droplets can be scattered when the infected person coughs, sneezes, talks or laughs. To infect you, it has to get from an infected person's nose or mouth into your eyes, nose or mouth. This can happen - if:

- You come into close contact with someone who is shedding the virus and who is coughing or sneezing
- You touch - with your hands - surfaces or objects that someone who has the virus has coughed or sneezed on, and then touch your mouth, nose or eyes without having washed your hands thoroughly.

The virus that causes COVID-19 does not spread through the air over long distances (it is not airborne). This means that being in the same big room or in the same outside play area does not spread infection unless people are very close to each other or are touching the same things.

As COVID-19 is a new illness, we are still learning about how easily the virus spreads from person to person and how to control it, so it is important to keep up to date and make sure you are using the most up to date guidance available. This information is available from the following links:

- HSE-HPSC: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- HSE Hub: <https://www2.hse.ie/coronavirus/>
- Department of Health: <https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-coronavirus/>

COVID-19 can be a mild or severe illness. Severe illness is much more common in older people (especially older than 70) and in people vulnerable for other reasons. Severe illness

is much less common in children and young adults in good health. Symptoms include fever (high temperature), cough, shortness of breath, difficulty breathing. People with symptoms of infection are very important in spread of the disease. Symptomatic people appear to be most infectious for other people in the early days after symptoms begin. Infection can also spread from people in the day or two before they get symptoms and it can spread from some people who get an infection but have no symptoms or such mild symptoms that they take little notice of them (asymptomatic spread). People are no longer infectious for other people 14 days after they have developed symptoms. Testing for COVID-19 is based on taking a sample from the back of the nose and throat and examining if for virus genes in the laboratory. If people have symptoms they should self-isolate as quickly as possible and telephone their doctor. Their doctor will arrange testing for them if they need a test. When a person is diagnosed with COVID-19 the HSE works to identify people that the person was in close contact with since they got symptoms and for the 2 days before they got symptoms. People identified as close contacts are at a higher risk of developing infection. They are asked to self-isolate for 14 days and are offered testing even if they do not develop symptoms.

Information on COVID-19 and Children (For further information, see the HSE website)

In the months since the COVID-19 pandemic started we have learned that:

1. Children seem generally less likely to catch infection.
2. Children seem more likely than adults to have no symptoms or to have mild disease. Symptoms in children include cough, fever, runny nose, sore throat, diarrhoea and vomiting.
3. Children have rarely been the person who brought COVID-19 into a household when household spread has happened.
4. Children are not more likely than adults to spread infection to other people.
5. There are some recent reports that the virus that causes COVID-19 may trigger a rare inflammatory disease called PIMS in some children. PIMS stands for Paediatric Inflammatory Multisystem Syndrome.

How to help prevent spread of all respiratory infections including COVID-19

Current information shows that COVID-19 can spread easily from people who have symptoms. It also can spread to some degree from an infected person even before they develop any symptoms. For these reasons this guidance is based on two key parts:

1. Do whatever is practical to make sure that people with symptoms of COVID-19 do not enter a childcare setting at any time.
2. Take all practical precautions to reduce the chance of spreading the virus all of the time just in case an infectious person with no symptoms is in the childcare setting. This

includes greater attention to hand hygiene, respiratory hygiene and cleaning. It also means limiting contact between people, keeping groups as small as possible and limiting mixing of people between the different groups. If someone who is not sick is shedding the virus, but they only mix with one fairly small group the number of people exposed to risk of infection is smaller

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 don't 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 parent's 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 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 after effects 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 after effects 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 and 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	Floppy, 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, dislike being handled	Unusual cry, moaning	Severe muscle pain	Dislike bright lights

HOW TO DO THE TUMBLER TEST

- 1 If there is a rash, press the side of a clear tumbler against it.
- 2 If, through the glass, the rash does NOT change colour, contact a doctor.
- 3 If the rash DOES fade and loses colour under pressure it's unlikely to be meningitis
- 4 Do the test every hour as, in rare cases, the rash can change.

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 (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 2 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.

The incubation period is 3 to 6 days and the condition may last from 7 to 10 days.

Appendix D: Cleaning Procedures & Routines

Cleaning Routines for Toys:

Toys may be implicated in the transmission of potentially harmful germs and the development of infection in young children. Steps must be taken to ensure toys are maintained in a safe and usable state by regular inspection, scheduled cleaning and appropriate storage. During this Pandemic, toys (including soft furnishings) that are not easily cleaned will not be used in our Pre-School. Toys and educational resources are not shared between play-pods

Soft Toys: should be kept to a minimum because they are porous, support microbial growth and can be difficult to clean. Soft toys must be subject to machine washing (Monthly or more often as necessary) and thorough air drying/tumble drying (according to manufacturer's instructions). Repeated decontamination of soft toys can compromise the integrity of the fabric and create a choking hazard, therefore ensure thorough checking takes place before and after use. During this Pandemic, toys (including soft furnishings) that are not easily cleaned will not be used in our Pre-School.

Hard Surface Toys: should be washed at least monthly or sooner if visibly soiled. Toys with moving parts or openings can harbour dirt and germs in the crevices and must be washed and scrubbed using soap and warm water/detergent wipes, before thorough rinsing and drying.

Mouthed Toys

Mouthed toys are to be cleaned on a daily basis using hot water and Milton. In order, to reduce the risk of cross infection, it is important that all mouthed toys that are shared are cleaned between uses by different children.

Mechanical/Electrical Toys: should be surface wiped monthly or more often as necessary, using a damp cloth that has been rinsed in hot, soapy water or detergent wipes followed by thorough drying.

Books: should be inspected weekly and the surfaces wiped using a disposable cloth that has been rinsed in hot, soapy water/ detergent wipes followed by thorough drying. Books with signs of dampness or mildew must be discarded.

Dressing up Clothes: All clothes must be washable and washed at a temperature of 60 degrees for 10 minutes. Clothes must be laundered weekly or more often as necessary. The storage box or rail must also be cleaned regularly. During this Pandemic, the use of dress-up clothes will be considered carefully and only used when it is deemed the benefit out ways the risk. Dress-up clothes will not be shared between play-pods.

Sand Pit: Rake the sandpit every morning and afternoon, keep the sandpit covered when it is not being used. Sieve the sand weekly and wash the sand play toys weekly and allow to dry. Replace sand every 2 or 3 months or more often as necessary. During this Pandemic, the use of sand will be considered carefully and only used when it is deemed the benefit out ways the risk.

Play-dough: During this Pandemic, the use of play-dough will be considered carefully and only used when it is deemed the benefit out ways the risk.

Toilets:

Toilets are checked regularly and cleaned appropriately as necessary.

Bins and Recycling:

The room should have two bins; one for green bin recycling and one for everything else. Children will be encouraged to use the appropriate bins. Staff should ensure that bins are never allowed to overflow. If it is full empty it. The bins should be emptied and rinsed out at the end of every day. The lid must be closed at all times.

Staff Hygiene:

It is imperative to wash hands after handling bins, cleaning up vomit or urine, cleaning children's noses, before handling food, after handling food etc. This will help in the battle against infections.

Hand Sanitizers:

As most common germs are transmitted through hand contact we have placed hand sanitizers at the front door for all visitors to use to help reduce the risk of spreading infection.

Spillages and Hazards: The Safety, Health and Welfare at Work Act, 2005 applies.

Spillages:

In the interests of health and safety the following procedures must be used when cleaning up spillages:

- Disposable gloves are provided by the service and must be used by staff to clean up any body spillages or faeces. When changing any clothing, which has urine or faeces on it, this procedure should also be observed.
- Warning notices should be displayed where appropriate.
- Any vomit or blood should be dealt with immediately by wearing disposable gloves and applying Milton directly on to the spillage, before cleaning up.

Hazards:

If you discover anything, which may be a potential hazard to you, the children, other staff or members of the public who may be using the service you must take immediate remedial action. Report the hazard to the Manager who will record the hazard and take the appropriate action to rectify the hazard

Disinfection procedure

In some situations, toys/equipment may need to be disinfected following cleaning. For example:

- Toys/equipment that children will place in their mouths.
- Toys/equipment that have been soiled with blood or body fluids.

During an outbreak of infection:

- If disinfection is required:
- Use a chlorine based disinfectant at a concentration of 1,000ppm available chlorine (See <https://www.hpsc.ie/a-z/lifestages/childcare> Appendix F on Chlorine Based Disinfectants).
- Rinse and dry the item thoroughly.

Note: Always follow the manufacturer's cleaning/disinfecting instructions and use recommended products to ensure effective usage and to ensure equipment is not damaged.

Daily, Weekly & Monthly Cleaning Procedures

Please see on-line checklists for assigned cleaning duties.

Mealtimes Cleaning Routine – Room Leader/Classroom Assistant/Primary Teacher

Before Meals

- Tidy away educational resources from tables.
- Wash all tables with warm soapy water.

After Meals

- Wash all tables and chairs (if necessary) with warm soapy water.
- Sweep floor if required.

Classroom & Bathroom Areas

Daily Classroom Cleaning Routine – Room Leader/Cleaning Assistant

- Tidy play-pod and put away educational resources.
- Wash all door handles with warm soapy water and wipe light switches.
- Wash all tables with warm soapy water.
- Wash all chairs with warm soapy water.
- Wash down classroom sink and surrounding counter area.
- Wash down all sleep mats.
- Disinfect all areas.
- Sweep and wash floor.

Daily Toilet Cleaning Routine – Room Leader/Cleaning Assistant

- Replace hand towels, toilet rolls and hand washing liquid as required.
- Clean toilet seat and rim with disposable towel and disinfectant spray, disinfect base.
- Wash sink and disinfect taps.
- Sweep and wash floor.

Daily Garden Tidying Routine – Room Leaders

- Tidy garden area and store away educational resources/outdoor toys.

Weekly Classroom Cleaning Routine – Room Leaders

- Wipe down windowsills in warm soapy water.

- Wash all skirting boards with warm soapy water.
- Clean windows if necessary.
- Wash all exposed woodwork with warm soapy water.
- Disinfect all areas.

Weekly Toilet Cleaning Routine – Cleaning Assistant

- Wipe down all exposed woodwork (e.g. shelving, press doors, doors)

Weekly Outdoor Cleaning Routine – Cleaning Assistant

- Sweep down outdoor changing area and steps.

Monthly Classroom Cleaning Routine – Room Leaders

- Wipe/ Wash all toys and educational resources with warm soapy water/antibacterial spray and sterilise as appropriate

Kitchen Area

Daily Kitchen Cleaning Routine - Catering Assistant

- Clean kitchen sink and surrounding area.
- Clean handwashing sink.
- Clean food preparation, serving areas and trolleys.
- Load and empty dishwasher.
- Hang out clothes from washing machine on clothes dryer.

Daily Kitchen Cleaning Routine - Cleaning Assistant

- Empty kitchen bin and wipe with antibacterial spray and disposable towel.
- Sweep floor in kitchen area.
- Empty bins throughout Pre-School & Primary and wipe out using antibacterial spray and paper towel.

Weekly Cleaning Routine - Catering Assistant

- Clean fridge as required, check dates on food, and remove if necessary.
- The fridge should be wiped out inside with antibacterial spray.
- The outside of the fridge is to be cleaned with a mild disinfectant.
- Clean windowsills and skirting board in kitchen area.
- Tidy and clean crockery press as required.
- Clean food bins as required, check dates on food, and remove if necessary.

- Clean cooker as required.

Staff Areas

Daily Staffroom Cleaning Routine –Cleaning Assistant

- Wash all door handles with warm soapy water and wipe light switches.
- Wash table with warm soapy water.
- Wash chair with warm soapy water.
- Disinfect all areas.
- Sweep and wash floor.

Daily Staff Toilet Cleaning Routine – Cleaning Assistant

- Replace hand towels, toilet rolls and hand washing liquid as required.
- Clean toilet seat and rim with disposable towel and disinfectant spray, disinfect base.
- Wash sink and disinfect taps.
- Sweep & wash floor.

Weekly Staffroom Cleaning Routine – Cleaning Assistant

- Wash all skirting boards with warm soapy water.
- Clean door if necessary.
- Wash all exposed woodwork with warm soapy water.
- Disinfect all areas.

Weekly Staff Toilet Cleaning Routine – Cleaning Assistant

- Wipe down all exposed woodwork (e.g. shelving, press doors, doors)