



Policy on Infection Control

(with Guidance)

The policy on Infection Control for Bright Beginnings Preschool specifies the procedures to be followed in the service to protect staff (paid and unpaid) and children attending the service from the transmission of infections.

The safety and wellbeing of children and staff is prioritised, while adhering to public health advice to minimise the spread of COVID-19. Staff will be supported with information, training and guidance to ensure their safety and the safety of the children that they care for.

1. Rationale and Policy Considerations

Bright Beginnings Preschool has a duty of care to all the children and adults who use the service as well as to all members of staff (where applicable).

This extended policy includes information around specific concerns relating to COVID-19 and is used in conjunction with the Risk Management Policy and Service Incident Plan.

The overall aims of this policy are to:

Heighten awareness by staff, parents, and children (where age appropriate) so that they know how to protect each other and how to recognise and report symptoms of infection, including COVID-19 infection.

- To promote and protect the health of all children and adults in the service and reduce the risk of infection.
- To provide guidelines to parents/guardians/carers as users of the service about the attendance of sick children and to keep the incidence of infectious disease to a minimum.
- To help differentiate between minor (can attend the service) and more significant (should not remain in the service) infections and to give guidance on the prevention and management of infectious disease

This requires the service to balance the need for a practical and sensible level of caution with the need to provide a nurturing and supportive environment for children. We believe that an atmosphere of fear and an overwhelming preoccupation with hygiene can be harmful to children without materially reducing the risk of infection beyond what can be achieved with a common-sense approach.

2. Legislation and Regulatory Requirements

- Regulation 10 of the Child Care Act 1991 (Early Years Services) Regulations 2016, requires a Policy on Infection Control that specifies the procedures to be followed in the service to protect staff members (paid and unpaid) and children attending the service from the transmission of infections.
- Regulation 23: Safeguarding Health, Safety and Welfare of Child requires that the Infection Control Policy is implemented; staff know their roles and responsibilities and have received training on the policy.
- Regulation 31: Notification of Incidents requires that where there is a diagnosis of a notifiable illness as defined in the Infectious Diseases Regulations 1981(SI No 390 of 1981) of any child attending the service or any staff members this must be notified to the Tusla Early Years Inspectorate.

3. Policy Statement

The aim of this policy is to ensure an environment is provided in which children and adults are kept safe and staff members may safely carry out their roles during the COVID-19 Pandemic and beyond.

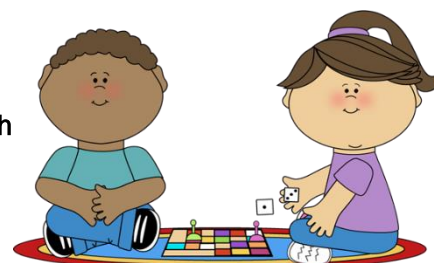
We have a common understanding that:

- To protect staff and children from the spread of infections, staff understand how diseases are spread and which measures interrupt their spread.
- The spread of germs can be greatly reduced if standard precautions are used consistently and regularly.
- It is vital that staff receive training in the use of Standard Precautions. This is particularly important because some diseases are contagious before symptoms appear and because the disease status of a child may not be known.
- The single most important way to prevent the spread of germs is by handwashing.
- Maintaining a good standard of environmental hygiene, coupled with appropriate cleaning of toys, personal care items, utensils, or linen as well as appropriate disposal of items soiled with body fluids are other important precautions.

4. Procedures and Practices for Adults and Children

Our infection control procedures are grouped into 4 main categories:

- A. How we Communicate and Raise Awareness
- B. How we limit the extent to which group of people mix with each other
- C. How we manage Hygiene
- D. Our Cleaning Programme





A. How we Communicate and Raise Awareness

We have developed a clear pathway for communication of changes in policy and practice and any other relevant information for parents/guardians. All information is current and accessible.

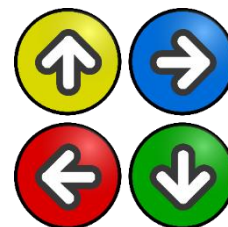
We will use information leaflets, digital platforms, emails, text messages, video/voice calls as methods to communicate effectively with parents. Information communicated to parents/guardians includes the following:

- Revised policies of the service
- Drop off and collection procedures
- Temperature checks of children that have an elevated in temperature during the day
- Advising parents/guardians to phone the registered provider if their child becomes unwell and cannot attend the service
- Inform parents/guardians that any child is displaying symptoms such as a cough, fever or breathing difficulties should not attend the service
- The Covid-19 Service Incident Plan

In order to raise awareness of COVID-19, we also

- **Promote awareness** of COVID-19 and of the symptoms of COVID-19 among staff, parents and children for example with posters (age appropriate for children), leaflets, copies of policies and other messaging.
- **Staff training** on the revised policy on infection control, risk management, incident plan, hygiene procedures, play-pods, Drop off and collections, PPE etc.
- A **record of staff training** will be maintained.
- Allocated staff will be assigned to one **group /play-pod of children**.
- Advise staff members that are ill **not to attend work** and to follow HSE guidance on self-isolation.
- Advise parents **not to present their children for childcare** if the child has symptoms of a viral respiratory infection or if there is someone in the household suspected or known to have COVID-19.
- Advise staff members not to present for work if they have been identified as a **contact of a person with COVID-19**.
- Advise staff members that develop symptoms at work to bring this to the attention of their manager promptly and to follow HSE guidance on **self-isolation**.
- Promote good hand and respiratory hygiene as described below and **display posters** throughout the facility.

B. How we limit the extent to which group of people mix with each other



Complete and accurate **records of attendance** will be kept for all children and adults and any visitors to the service. In addition, any grouping of children and staff in a play-pod should be recorded. This will assist with **contact tracing** should it be necessary.

Dropping off and Collection

Arrangements for dropping off and picking up children from our service is organised to maintain distance between parents and guardians and between parents and guardians and the childcare staff as far as is practicable. We will keep parents informed as arrangements change over time.

We will schedule arrival and collection times for individual children so that all children do not arrive or leave at the same time as far as is practicable. **We will provide parents with clear information specific to our setting on this (see Drop off and Collection Schedule).** Parents/guardians may wait in cars to avoid congregating at the entrance to help us do this. Distancing markers will be placed outside the service where possible. Children should be brought straight to their specific care room on arrival.

If/when applicable* Where children are walked to our early childhood service or travel by public transport, we provide marked waiting areas that support social distancing. A member of staff will receive the child and avoid or limit physical contact with the accompanying adult.

A similar process will be followed for collection.

How we will manage Groups or 'Play-Pods'



Where possible, we aim to reduce the spread of infection by structuring children and staff into discrete groups or "Play-Pods" **to the extent that this is practical.** Pod sizes will be kept as small as is reasonably practical in the specific context of the room we are operating from. Allocated staff will be assigned to one group /play-pod of children.

When managing Pods, we will continue to operate within regulatory adult-child ratios (see additional guidance below). Pod size including two adults may take account of regulations relating to the maximum adult-child ratios in regulation.

***Guidance- we will apply as appropriate**

What does a Pod look like?

A sample Pod model based on 1 Educator in a room

6 children (2-3 years)	1 Educator
8-11 ECCE children	1 Educator
12 SAC children	1 Educator

... is a Pod

A sample Pod model based on 2 Educators in a room

12 children (2-3 years)	2 Educators
16-22 ECCE children	2 Educators
24 SAC children	2 Educators

... is also a Pod

Guidelines for managing a Pod

To the greatest extent possible children and adults will consistently be cared for /deliver care in the same pod although this may not be possible at all times.

Social distancing is not necessary in a play-pod but mixing with other pods/groups is avoided.

We will give careful consideration to the toys and resources we use in play-pods (e.g. ease of cleaning, infection transmission).

Different pods will not share toys and should where possible have separate breaks and meals times or separate areas at break and mealtimes.

Floating /relief staff members who move from group to group will be essential to facilitate breaks, but this will be limited as much as possible.

Staff (including catering staff where applicable) will not move between rooms/pods, food will be served by staff in the pod.

Where practical, children from the same household will be in the same pod.

We will keep a record of the people (children and carers) in each pod on each day to facilitate Contact Tracing in the event of an episode of infection.

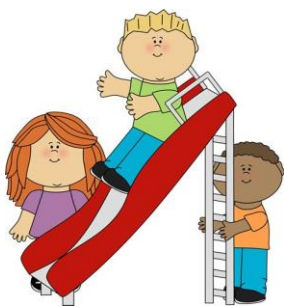
Pods may not always be a room. We may organise pod structures depending on numbers by separating groups from each other by light and/or transparent partitions of sufficient height to limit children interacting with each other. (This is not a solid partition from floor to ceiling).

Rooms will be kept **well ventilated** by keeping windows open where possible at intervals throughout the day.

The service has appropriate temperature recording devices to take a child's temperature.

Each pod will have an adequate supply of **cleaning agents and materials** so that staff do not have to leave the pod to retrieve them. While cleaning agents must be accessible to staff, we ensure safe storage of these items to avoid poisoning or injury to children.

Playing Outdoors



Time spent outdoors will be maximised where possible.

The use of the outdoor area will be staggered – one play pod at a time. Two pods may be in the outdoor area at the same time but social distancing will apply.

Public health guidance will apply to all outings away from the service and a risk assessment will be carried out. This includes the use of public play spaces.

Outdoor play equipment will be cleaned and disinfected after each group/play-pod uses the area and a written record will be kept.

All staff and children will wash their hands on re-entering the premises after outdoor play.

The cleaning of outdoor play equipment will be part of the daily cleaning schedule.

Our objective is to limit contact and sharing of common facilities between people in different pods rather than to avoid all contact and sharing between pods as the latter will not be possible.

Ratio Reminder

The current maximum adult-child ratios for children are:

1-8 for 3-6 year olds.

For sessional pre-school provision in the two years before school entry the ratio is 1 to 11

For school age childcare the ratio is 1 to 12.

How we will manage Physical distancing

We will observe physical distance guidelines as recommended by the National Public Health Emergency Team as far as is practicable. We believe that it is not possible to observe physical distancing from a young child being cared for and it is not practical to enforce physical distancing between young children who are cared for as a group.

In the context of our service, distancing between adults when they are not engaged in childcare activity (for example when on breaks and arriving for work) is based on national guidelines.

These are the measures we will take to reduce physical distance as much as is practicable:

- We will maintain social distancing of at least 2m where possible by avoiding queuing or congregating at arrival and collection times (until guidelines suggest otherwise).
- Staff from different 'play-pods' will maintain social distancing (2 metres until guidelines suggest otherwise). Where two staff are part of one pod, they will social distance as far as is practicable.
- We will avoid mixing of groups (for example circle time) and use of communal areas or shared spaces or multi-purpose rooms.
- Fire evacuation will be carried out per room rather than the entire building during the period of COVID-19.

Where external deliveries/contractors are required, practices will be put in place to ensure that individuals remain outside the premises and adhere to social distancing and good infection control practices (out of hours where feasible).

Regarding **food and snacks**, we will stagger the use of communal facilities (e.g. kitchen, dining) to try to avoid crowding and, manage entry and exiting to avoid close contact in doors and hallways between children and adults from different pods. Dining areas will be cleaned between sittings where applicable. Food will be served by staff assigned to the play-pod.



C. How we manage Hygiene

We ensure that there are adequate hand washing facilities and supplies of warm water (below 43.0 degrees C), liquid soap, paper towels, hand sanitiser (<70% alcohol) and foot operated bins throughout the service.

Each member of staff and each child will have an adequate supply of clean clothes available in the service if required.

Staff members will wash their own hands and assist children's hands washing using liquid soap and warm running water (age appropriately). Disposable single-use paper towels to be used for hand drying.

Handwashing at a minimum will occur:

- Immediately upon arrival and leaving the service
- On entering /leaving any care room or communal room, staff room, bathroom, etc. within the service
- Immediately after outdoor play and before re-entering the service
- Before and after personal changing
- After using the toilet
- Prior to eating snacks
- All staff and children should wash their hands after wiping children's noses. Children are encouraged to do this themselves, but younger children may require assistance
- If visibly dirty
- After sneezing and coughing
- Prior to and after handling food
- Before and after caring for a sick child.

Hand sanitiser (<70% alcohol) may be used as an alternative to handwashing where handwashing facilities are not readily available outdoors. Hand sanitiser should be placed out of reach of young children. Children should always be supervised whilst using hand sanitiser.

Hand sanitiser should be available at all entrances and exits to the service and at the entrance to each room. The sanitiser should be used each time an adult or child enters and leaves a room.

Hygiene teaching and learning opportunities for children

We are aware and teach children that having clean hands is the best way to stop the spread of harmful germs. Where possible and as is age appropriate, we will teach children how to clean their hands and about respiratory hygiene. We follow HSE hand hygiene guidance at <https://www2.hse.ie/wellbeing/how-to-wash-your-hands.html>

The guidance we follow is set out below:

Hand hygiene for adults and children:

We will ensure that children:

- Wash hands regularly.
- Wash hands with soap and running water when hands are visibly dirty.
- If hands are not visibly dirty, wash them with soap and water or use a hand sanitiser.
- Are encouraged to avoid touching their eyes, nose or mouth.

Children are taught the required steps for handwashing and respiratory etiquette appropriate to their stage of development (see: <https://www.youtube.com/watch?v=Mcpm-HCIW9Q>).

Games, songs and rhymes can be used to make practices as messaging as child friendly as possible.

Procedure for Hand Washing with soap and water

- **Wet your hands with warm water and apply soap.**
- **Rub your hands together until the soap forms a lather.**
- **Rub the top of your hands, between your fingers and under your fingernails.**
 - **Do this for about 20 seconds.**
 - **Rinse your hands under running water.**
- **Dry your hands with a clean towel or paper towel.**



- Posters of correct hand washing procedures are available at wash hand basins for adults and children.
- Warm running water is available for hand washing at a temperature no greater than 43°C at children's wash hand basins.
- A cleaning agent such as soap is used when hand washing.
- Hand drying facilities are available using disposable paper towels.
- Children's hand washing and hand drying is supervised in the case of younger children.
- Hands are washed and dried after using the toilet, after handling animals, after sneezing, blowing nose, coughing, or touching a cut or sore and before eating or handling food.

Staff will wash hands:

- before and after preparing food
- before eating
- before and after caring for sick individuals
- after coughing or sneezing –
- when hands are dirty
- after using the toilet
- after personal changing
- after handling animals or animal waste.

Staff are encouraged to **avoid touching their eyes, nose or mouth.**



Respiratory Hygiene

Staff and children are encouraged to cover their mouth and nose with a clean tissue when coughing/sneezing and then promptly dispose of the tissue in a bin and wash their hands. If tissues are not on hand, staff and children are asked to cough or sneeze into the bend of their elbow instead, not into their hands.

We display Posters on preventing the spread of infection in both child friendly and adult format in every room.

We will also:

- Supply tissues and hand sanitisers / hand gel (<70% alcohol) encourage children to use them. Hand sanitiser dispensers will be positioned safely to avoid risk of ingestion by young children.
- Hand-washing facilities, including soap and disposable towels, are well maintained.
- Hand sanitiser dispensers will be readily available in every room and hand wash sinks are within easy walking distance
- Soap will be neutral and non-perfumed to minimise risk of skin damage.
- A box of tissues is always readily available to all children and adults.

The National Public Health Emergency Team recommends the use of cloth face coverings in certain indoor settings. It is generally not appropriate for childcare workers to apply this when caring for children but the guidance is applicable for interaction between adults when not caring for children.

We will follow the Guidance available on this in individual circumstances at the following link:
<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/useoffacemasksbythegeneralpublic/>

We will provide foot operated bins for disposal of tissues and will make sure they do not overflow.

D. Our Cleaning Programme

Responsibility for the monitoring of cleaning agents and equipment will be designated to a **named person (refer to Cleaning Programme attached).**

The service will be cleaned thoroughly **throughout the day** at designated times. When cleaning, staff will wear gloves and aprons.

Warm water and a general-purpose detergent (used according to the manufacturer's instructions) will be used for **general cleaning purposes.**

We will increase the frequency and extent of cleaning regimes where appropriate for example:



- Cleaning regularly touched objects and surfaces using disinfectant paying particular attention to high-contact areas such as door handles, grab rails/ handrails in corridors, plastic-coated or laminated worktops, desks, access touchpads, telephones/keyboards, and toilets/taps/sanitary fittings.
- Child-sized furniture used in cosy corners must be easy to clean and covered in a wipeable material.
- Services that operate two sessions in a day must be thoroughly cleaned and ventilated between sessions.
- As much as possible, even in winter, the children's playrooms and staff-rooms are aired and the windows opened (at least twice daily).

How we will select and manage toys and equipment

We will carefully consider the use of all toys and resources. Toys that cannot be cleaned according to instructions will not be used during the Covid-19 Pandemic.

In line with existing national guidance we:

- Choose toys that are easy to clean and disinfect (when necessary) and dry.
- Play dough is replaced daily.
- In the event that soft toys/blankets are essential for some children, they will be personal to the child, they will not be shared and they are machine washable.
- Blankets or throws used for naps will be machine washable and personal to the child.
- Jigsaws, puzzles and toys that children are inclined to put in their mouths are capable of being washed and disinfected.
- Clean toys/equipment will be stored in a clean container or clean cupboard.
- Staff will always wash their hands after handling contaminated toys and equipment.
- If groups or children are cared for in pods or if there are morning and afternoon groups in the same room avoid sharing of toys between groups to the greatest extent possible for example by having separate boxes of toys for each group.

If separate toy boxes are not possible toys must be cleaned between use by different pods. Guidance available at <https://www.hpsc.ie/a-z/lifestages/childcare/>

Cleaning of Toys

- All toys (including those not currently in use) should be cleaned on a regular basis, i.e. weekly. This will remove dust and dirt that can harbour germs.
- All toys that are visibly dirty or contaminated with blood or body fluids must be taken out of use immediately for cleaning or disposal. Toys waiting to be cleaned must be stored separately.
- Toys and other play materials are not allowed into the toilet area.

Cleaning Procedure

- Wash the toy in warm soapy water, using a brush to get into crevices.
- Rinse the toy in clean water.
- Thoroughly dry the toy.
- Hard plastic toys may be suitable for cleaning in the dishwasher.
- Toys that cannot be immersed in water i.e. electronic or wind up should be wiped with a clean damp cloth and dried.

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: We use a chlorine based disinfectant at a concentration of 1,000ppm available chlorine as recommended by HSPC Guidance: Appendix F: <https://www.hpsc.ie/a-z/lifestages/schoolhealth/File,13445.en.pdf>)

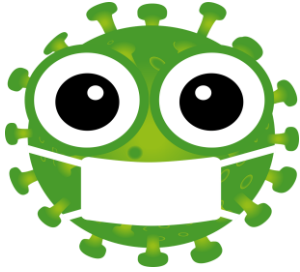
Chlorine-based Disinfectants

- HSPC Guidance: Appendix F: <https://www.hpsc.ie/a-z/lifestages/schoolhealth/File,13445.en.pdf>
- Generally there are two categories of chlorine based disinfectants:
 - o Sodium hypochlorite (Bleach). Available in liquid form. Examples: Milton, Domestos
 - o Sodium dichloroisocyanurate (NaDCC). Available as tablets, powders and granules. Examples: Presept, Haz-Tab, Klorosept, Acticlolor

GENERAL POINTS TO REMEMBER:

- Always clean the area first, then, apply the disinfectant
- Always follow the manufacturer's instructions regarding dilution and contact time
- Hypochlorites are inactivated by the presence of dirt and are corrosive to some metals
- Non abrasive cream cleansers are suitable for removing stubborn marks on ceramics
- Solutions should be freshly prepared

We follow **INDICATIONS FOR USE** as set out in Appendix F <https://www.hpsc.ie/a-z/lifestages/schoolhealth/File,13445.en.pdf>



Personal Protective Equipment (PPE)

It is important for parents and for those who deliver childcare to be aware that no interpersonal activity is without risk of transmission of infection at any time.

All staff will have a spare set of clothes available if required in the service.

Each child has an adequate supply of clean clothes available in the service.

Basic protective clothing (i.e. gloves and aprons) are used 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. However, we have an adequate supply of surgical masks available for anyone that develops symptoms of COVID-19 or if a staff member chooses to use one when caring for a sick child.

In the event of a staff member travelling to work on public transport, they are obliged to wear a face mask (until guidelines suggest otherwise).

General Guidance (applied if appropriate to child/situation)

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

- Personal changing
- Cleaning up blood – e.g. after a fall or a nose bleed
- General cleaning
- Handling waste

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 handwashing.

Types of gloves

Gloves should be single use and well fitting. 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

While cleaning agents and PPE must be accessible to staff, we ensure safe storage of these items to avoid poisoning or injury to children.

Blood and body fluid spillages

Standard Precautions as outlined in [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) are used when any member of staff has contact with:

- Blood
- All body fluids, secretions (nasal secretions) and excretions (urine, faeces, vomit) except sweat, regardless of whether or not they contain visible blood
- Non-intact skin (broken skin, sores)
- Mucous membranes (eyes and mouth)

Spillages of blood, faeces, urine and vomit are cleaned immediately using disposable cloths and disposed of in closed bin. Mops are never used for cleaning blood, urine, vomit or faeces.

Extreme care must be taken in cleaning up bodily fluids using Standard Precautions.

It should be assumed that blood is infectious, regardless of its source.

First Aid should not be withheld if gloves are not available. While due care and caution is important in handling potentially infectious fluids, fear of infection should never prevent First Aid being given.

Avoid direct contact with blood or bloody fluids. Should blood come in contact with skin the likelihood of transmission of infection through intact skin is very remote. DO NOT PANIC. Wash the area with soap and water. If blood splashes into the eye or mouth, rinse with water.

Laundry

- Soiled linen/throws are washed separately at the hottest wash the fabric will tolerate.
- Detergents are used according to the manufacturers' instructions
- Gloves and aprons are used when handling soiled linen.
- Children's soiled clothing is placed in a plastic bag sealed and sent home with parents/guardians.
- Clean linen is stored in a defined, clean area.

Waste Management

All personal waste, including used tissues and all cleaning waste, are placed in a plastic rubbish bag.

The bag is 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 is left somewhere safe (external bin).

Foot-operated bins are available in all rooms and accessible to staff and children and are not allowed to overflow.

In the event of a suspected case or confirmed case of COVID-19 occurring at the service, the following waste management system is recommended:

- There is a supply of refuse bags available for the double bagging and disposal of contaminated waste to be used only if a case of COVID-19 is suspected in the service
- A designated area for the storage of possible contaminated COVID-19 waste for 3 days is available after which time it can be placed with normal waste. Refer to www.hpsc.ie

Animals, pets including poultry and fish

- Handwashing and drying procedures are adhered to before and after handling animals, pets, poultry and fish.
- All animals, pets, poultry and fish are managed in accordance with required and appropriate instructions for their care.
- Children are not allowed unsupervised access to animals, pets, poultry and fish.
- Animal, pet, poultry vaccination and health care are in accordance with veterinary advice.

Prior to going on outings where children may be in contact with animals or fish, a Risk Assessment is carried out and if the outing goes ahead, infection control procedures are put in place as specified in the Outings Policy (See Outings Policy and Risk Management Policy).

Perishable food

- All perishable food is kept in a refrigerator at temperatures of 0° – 5°C.
- Perishable food is not left at room temperature for more than two hours.
- Perishable food left at room temperature for two hours or longer is discarded.

GUIDANCE: Reporting Infectious Disease

We have a specific ‘Service Incident Plan’ in place for dealing with children and staff who become ill with symptoms of COVID-19 (See Appendix 2, ‘Risk Management Policy’).

As required, we will notify the **Tusla Early Years Inspectorate** when the department of Public Health has confirmed to us that there is a diagnosis of a child attending the service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious disease within the meaning of [The Infectious Diseases Regulations 1981](#) (SI No 390 of 1981) and amendments.
www.hpsc.ie/NotifiableDiseases/ListofNotifiableDiseases/

GUIDANCE: When to contact the local Department of Public Health:

- If we have a concern about a communicable disease or infection, or if we need advice on infection control.
- If we are concerned that the number of children who have developed similar symptoms is higher than normal / if we think that we may have an outbreak of infectious disease in the service.
- If we are not sure whether to exclude a child or member of staff.
- Before sending letters to parents/guardians about an infectious disease
- A Risk Assessment will be carried out (**See Risk Management Policy**).
- A Notification of Incident Form will be completed and returned.

a. The form for **COVID-19** incidents can be found here:

[https://www.tusla.ie/uploads/content/Tusla_Early_Years_Inspectorate_COVID-19_Notification_Form_\(Version_1_4th_.pdf](https://www.tusla.ie/uploads/content/Tusla_Early_Years_Inspectorate_COVID-19_Notification_Form_(Version_1_4th_.pdf)

b. The current system of notification remains in place for all other notifiable incidents. **The form for Non-
COVID-19** incidents can be found here:

https://www.tusla.ie/uploads/content/English_-_Notification_of_Incidents_Form..pdf

COVID-19 is included in the list of infectious diseases and must be notified within three working days of becoming aware of a notifiable incident.

A notification form for COVID-19 (Early Years Inspectorate COVID-19 Notification Form) incorporates additional information regarding the risk of closure as a result of COVID-19. The notification form for COVID-19 must be returned to Tusla: ey.reception@tusla.ie

The purpose of this form is to monitor:

- (a) any pending COVID-19 public health issue in early years settings
- (b) the continuation of childcare provision, particularly in areas that have childcare shortages.

See our Service Incident Plan for suspected case of COVID-19 (Appendix 2)



Other Illness (other than Covid-19)

When a child is unwell, parents/guardians are asked to keep them at home if they are unable to participate in all of the activities of the day and/or if there may be a risk of passing the illness to another child or adult in the service.

This is likely if the child has any of the following symptoms:

- Diarrhoea and vomiting
- A temperature of 101°F / 38°C or above
- Eye discharge
- Rash or skin disorder
- Strep throat
- An earache or a bad cough.

If a child is ill or becomes ill in the service, we will expect the parent/guardian or a nominated carer to come for their child within 30 minutes.

We will do our best to keep a sick child separate from well children.

If all attempts at contacting a parent/guardian/carers or authorised person are unsuccessful, the next action may have to be to transfer the child to hospital by ambulance.

- Any child ill with fever, headache and vomiting must be sent home as soon as their parents/guardians can be contacted. Parents will be advised to contact their doctor immediately.
- If there is any significant delay in contacting parents/guardians of the child with fever, headache and vomiting, **CALL AN AMBULANCE** and then continue to try to contact the child's parents/guardians. A child with fever, headache and vomiting must not be allowed to wait indefinitely in the service.
- In addition to these symptoms, children with meningococcal infection often develop a rash that starts as red spots but will progress to purple freckles and blotches, and even bruising. If this occurs **CALL AN AMBULANCE, GET MEDICAL ATTENTION FIRST** and then contact the parents/guardians.

EXCLUSION FROM THE SERVICE DUE TO ILLNESS (other than Covid-19)

When a child is unwell, parents/guardians are asked to keep them at home if they are unable to participate in all of the activities of the day and/or if there may be a risk of passing the illness to another child or adult in the service. This is likely if the child has any of the following symptoms:

- Diarrhoea and vomiting
- A temperature of 101°F / 38°C or above
- Eye discharge
- Rash or skin disorder
- Strep throat
- An earache or a bad cough.

Exclusion periods for infectious illnesses



Ill children and staff should only return to the service when they have recovered. We follow and stipulate recommended timeframe as highlighted in the exclusion notes for the different diseases outlined in Chapter 9 of the HSE [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) (2012) **page 33**. This is communicated to parents and staff following an infectious illness.

5. Immunisation

On enrolment, parents/guardians are asked for their child's immunisation record. Full information on the schedule of immunisation is available at:

National Primary Childhood Immunisation Schedule

www.hse.ie/eng/health/immunisation/pubinfo/pcischedule/immschedule/

Health Service Executive: Immunisation Guidelines for Ireland

www.hse.ie/eng/health/immunisation/hcpinfo/guidelines

Parents/guardians of children who are **not** immunised are made aware of the dangers of infectious diseases. Parents are encouraged to keep up to date with current vaccination requirements and to ensure that the service is kept informed and the child's record updated when required.

Parents/guardians are not required to have their children immunised to gain admission to the service but where a child's immunisation record is not up-to-date parents/guardians are encouraged to have their child vaccinated.

If a child is not immunised, parents/guardians must be advised that their children will be excluded from the service during outbreaks of some vaccine preventable diseases such as Measles, Whooping Cough etc., even if their child is well. This is to protect their non-immunised child.

We understand some reasons why a child may not be immunised:

- *The child's young age*
- *Medical contra-indications*
- *Conscientious or religious objection*
- *Natural immunity*
- *The appropriate vaccine is currently unavailable.*

6. Related Policies, Procedures and Forms required to support this policy

- Policy on Administration of Medication
- Risk Management Policy
- Outings Policy
- **Covid-19 Service Incident Plan (Appendix 2)**



Useful Guidance Documents for download and reference:

Preparing to Reopen Early years Services: Tusla, June 2020

<https://www.tusla.ie/uploads/content/EYI - Infection Control June 2020.pdf>

Standard Precautions as outlined in [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#) are used. <https://www.hpsc.ie/a-z/lifestages/childcare/File,13444,en.pdf>

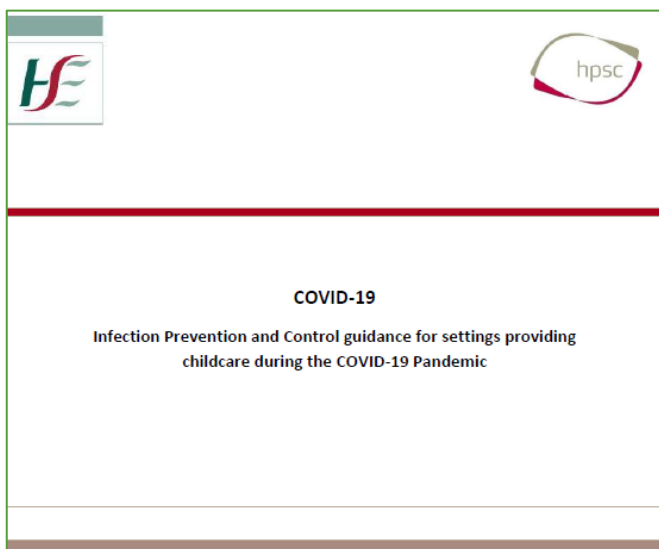
Related Appendices to the above document can be accessed on <https://www.hpsc.ie/a-z/lifestages/childcare/File,13445,en.pdf>

Child Safety and Health around pets <https://www.hpsc.ie/a-z/lifestages/childcare/File,13785,en.pdf>

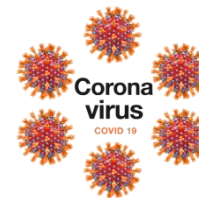
Tusla Early Years Services: Self-Assessment Checklist

<https://first5.gov.ie/userfiles/files/download/5cde8623db7544c5.pdf>

The core elements of this policy are also detailed in the Tusla Quality Regulation Framework (QRF).



In addition, this revised policy (June 2020) specifies the procedures to be followed to protect staff and children attending the service from the transmission of infections and how staff will comply with the play-pod requirements and align with HPSC guidance 'COVID-19 Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic'.



<https://first5.gov.ie/userfiles/files/download/8be9f2c0575d621e.pdf>

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 we will keep up to date and make sure we 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-19coronavirus/>

7. Communication Plan for Parents/Guardians and Staff

A copy of this policy will be provided to all staff team members/ students/ volunteers and parents and copies are always available.

Management and Staff regularly review policies and procedures as part of ongoing team meetings and practice reviews.

Parents/guardians and staff members/students/volunteers will receive written notification of any updates.

Reviews to Policies, Procedures and Statements will be carried out in line with changing regulations or legislation, experience, or changing circumstances of the service. We will monitor and implement ongoing guidance during the **COVID-19 Pandemic** in line with updated HPSC guidance: www.hpsc.ie.

8. Who must observe this Policy?

The Manager and Room Leaders/Supervisor are responsible for the implementation of policies and procedures where applicable to their role. Management, staff, students, volunteers, school age children and parents/guardians should observe all policy and procedural practices.

9. Actions to be followed if Policies and Procedures are not followed

Purposeful non-observation of Policies and Procedures of the service will be addressed by Management. In the case of staff, this may be in the context of the Disciplinary Policy of the service.

10. Signatures:

	Name and position	Signature
Approved by		
Date		

*See Risk Management Policy

*See Appendix 1: Cleaning Programme

*See Appendix 2: Service Incident Plan

Risk Management Policy (with Guidance)



The Risk Management Policy for Bright Beginnings Preschool is a policy on the way we assess any potential risks to the safety of both children attending the service and staff working in the service. It also covers the steps taken to either eliminate those risks or reduce them.

The safety and wellbeing of children and staff is prioritised, while adhering to public health advice to minimise the spread of COVID-19. Staff will be supported with information, training and guidance to ensure their safety and the safety of the children that they educate and care for.

This Policy is used in conjunction with:

- (a) A separate environmental Risk Assessment carried out for the premises
- (b) Tusla Early Years Services: Self-Assessment Checklist:
<https://first5.gov.ie/userfiles/files/download/5cde8623db7544c5.pdf>
- (c) Our Service Incident Plan (see Appendix 2).

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

1. Rationale and Policy Considerations

The Risk Management Policy for **Bright Beginnings Preschool** deals with assessing any potential risks to the **safety, health and welfare of the children** attending the service, and outlines the steps taken to either eliminate those risks or to reduce them. We are committed to reviewing past accidents or incidents and implementing changes to prevent or reduce future accidents or incidents.

Under the Safety, Health and Welfare at Work Act, 2005, as an employer, we are required to carry out risk assessments relating to the **safety, health and welfare of the staff members**, and adhere to our safety statement and implement what it contains.

Our Risk Management Policy and Procedures set out how safety, health and welfare is being managed. The policy covers risk assessments, the safety statement, and the associated procedures and practices. It also sets out how and when risk assessments are carried out, who is involved in assessing risks, what aspects the risk assessments cover, what records are needed and how these are to be kept.

A **Service Incident Plan** is included to set out the procedures for a case, or suspected case, of Covid-19. This is to ensure that all staff know what to do in the event of a child or member of staff displaying symptoms of Covid-19 (see Appendix 2).

Legislation and Regulatory Requirements

- The Child Care Act 1991 (Early Years Services) Regulations 2016 require that Risk Management is implemented as set out in Regulation 23: Safeguarding Health, Safety and Welfare of Child. Regulation 10 specifically requires a Risk Management Policy that addresses risk management. Regulation 14 requires an annual review of the Risk Management system.
- Safety, Health and Welfare at Work Act, 2005

Definitions/Glossary

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

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

Severity is a measure of how serious an injury or health effect could be, as a consequence of unsafe working or of an accident. The severity can be influenced by the environment, the number of people at risk, and the steps already taken to control the hazard.

Control measures are the steps to be taken to remove the hazards, or at least reduce the risk of them causing harm to as low a level as possible.

A **Safety Statement** is the written commitment to managing safety and health in your business and how you are going to do this.

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

Service Incident Plan is a plan for dealing with children and staff who become ill with symptoms of COVID-19.

2. Policy Statement

This policy applies to all staff members and all service activities of our service

Regular risk assessments are carried out to identify risks to: any child attending the service; their parents while accessing the service; any adult working in the service; or any visitors to the service in relation to:

- The governance of the service;
- The health, safety and welfare of each individual;
- The safety of the service; and
- The premises being safe, suitable and appropriate for care and education of children.

Risk assessments are carried out involving all relevant parties (including children and their parents/guardians if appropriate) and the risk assessment records show who is involved. A notice is displayed to make parents and guardians aware that records of risk assessments are available to view at any time on request.

Each risk assessment details the following (*see Risk Assessment Template attached)

- The potential risk being assessed;
- The current controls in place to address the risk;
- Assessing the risk;
- Any additional controls needed to reduce the risk; and
- Those responsible for implementing the additional controls.

Individual Risk Assessment

An individual risk assessment for a child or member of staff will be developed where required and all relevant parties will be involved including the child and parents where appropriate.

Roles and Responsibilities

Job descriptions include safety and health responsibilities, and safety and health performance is included in staff supervision (see Recruitment Policy and Staff Supervision Policy).

All staff members work to maintain a safety and health culture in our team and in our service and implement a clear Health and Safety Policy and Procedures.

Accidents and Emergency Planning

Procedures are established to respond to accidents and emergency situations, and to prevent and minimise the safety and health impacts associated with them as required by Section 11 of the Safety, Health and Welfare at Work Act 2005

Records Management and Review

All risk assessments completed are documented, recorded and reviewed annually or more frequently if warranted. The risk management strategy of the service is included in the safety statement for the service and retained while the service is in operation and for 2 years afterwards.

Complete and accurate **records of attendance** will be kept for all children and adults and any visitors to the service **during the Covid-19 pandemic**. In addition, any grouping of children and staff in a play-pod should be recorded. This will assist with **contact tracing** should it be necessary.

3. Procedures and Practices concerning risk

(contained within Related Policies required under the Early Years Regulations 2016)

Governance

- *Recruitment*
- *Supervision*
- *Staff Training*
- *Staff absences*
- *Complaints*

Health Welfare and Development of the Child

- *Managing Behaviour*
- *Nappy Changing and Toileting*
- *Safe Sleep*
- *Outdoor Play*
- *Use of the Internet, Photographic and Recording Devices*
- *Healthy Eating (including allergies, choking hazards)*

Safety

- *Infection Control*
- *Outings*
- *Administration of Medication*
- *Authorisation to Collect Children*
- *Fire Safety*
- *Accidents and Incidents*

Premises (Environmental Risk Assessment)

- *Building (including access and egress, windows, doors etc.)*
- *Parking Area (if relevant)*
- *Kitchen*
- *Equipment*
- *Toys and Materials*

GUIDANCE: Assessing Risk

- Risk assessments must be carried out at regular intervals for all risk-associated activities and areas in the setting. The safety, health and welfare of all children, all staff team members and all visitors to the setting must be considered.
- Specific responsibilities and timeframes must be assigned for each category of risk.
- You must describe the process by which you will ensure that actions identified to control or reduce risks, in the course of any risk assessment, are carried out effectively and in good time.
- Describe the risk management review process you will implement.

4. Suspected case of COVID- 19

Tusla Guidance for Early Years Services: Covid-19 June 2020

We will reference HPSC guidance on the management of infectious disease in early childhood facilities. **The suite of documents is available on the First 5 and Tusla websites and includes:**

1. [Tusla Guidance for Early Years Services – Covid-19](#)
2. [Tusla, Early Years Self-Assessment Checklist – Covid-19](#)
3. [Tusla, Early Years Notification Form – Covid-19](#)

We have developed a 'Service Incident Plan' for a suspected case of COVID-19.

See Appendix 2: Service Incident Plan

If an infection of COVID-19 is suspected, parents/guardians should be contacted so that they can collect the child immediately and consult their GP. In the meantime, the child should be kept comfortable and away from the main group of children and have tissues available and water to drink. Staff displaying symptoms will be asked to go home immediately and consult with their GP (See Service Incident Plan).

Notification to Tusla (Covid-19)

(Also see Infection Control Policy)

As registered provider, we understand that we are required in accordance with Article 31 of the Child Care Act 1991 (Early Years Services) Regulations 2016 to notify the early years' registration office within three working days of becoming aware of a notifiable incident, by using a notification of incident form. **The form can be found here:**

[https://www.tusla.ie/uploads/content/Tusla_Early_Years_Inspectorate_COVID-19_Notification_Form_\(Version_1_4th_.pdf](https://www.tusla.ie/uploads/content/Tusla_Early_Years_Inspectorate_COVID-19_Notification_Form_(Version_1_4th_.pdf)

Incidents are defined in the regulations and include the diagnosis of a pre-school child attending the service, an employee, unpaid worker, contractor or other person working in the service as suffering from an infectious disease.

COVID-19 is included in the list of infectious diseases and must be notified within three working days of becoming aware of a notifiable incident.

The notification form for **COVID-19** must be returned to Tusla: ey.reception@tusla.ie

The purpose of this form is to monitor:

- (a) any pending COVID-19 public health issue in early years settings
- (b) the continuation of childcare provision, particularly in areas that have childcare shortages.

This system will be put in place as soon as services reopen in Phase 3 (29 June 2020).

Notification to Tusla (non-Covid-19)

The current system of notification remains in place for all other notifiable incidents.

See the following link for the notification of incidents (**non-COVID-19**)

https://www.tusla.ie/uploads/content/English_-_Notification_of_Incidents_Form..pdf

<http://www.hpsc.ie/a-z/lifestages/childcare/>

Quality and Regulatory Framework (2018), Full Day Care and Part-Time Day Care Services, Tusla Early Years Inspectorate, Appendix 4, Policy on Infection Control, p98-99. www.tusla.ie

5. References/Supporting Documents/Related Legislation

- [Tusla: Quality and Regulatory Framework](#)
- [Child Care Act 1991 \(Early Years Services\) Regulations 2016](#)
- [A Short Guide to The Safety, Health and Welfare at Work Act, 2005](#) Health and Safety Authority

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- [A Guide to Risk Assessments and Safety Statements](#) Health and Safety Authority, 2016
- [Outdoor Play Risk Assessment](#) Early Childhood Ireland
- www.besmart.ie for development of a Safety Statement
- Tusla Early Years Services: Self-Assessment Checklist
<https://first5.gov.ie/userfiles/files/download/5cde8623db7544c5.pdf>

6. Communication Plan for Parents/Guardians and Staff

A copy of this policy has been provided to all staff team members/ students/ volunteers and parents. Copies are available if required.

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	Name and position	Signature
Approved by		
Date		

Bright Beginnings Preschool

Additional Notes or Addendums:

Bright Beginnings Preschool