

Childcare

and Children's Health

A national program developed by the Centre for Community Child Health at the Royal Children's Hospital in Melbourne with support from Johnson & Johnson. This publication promotes current expert advice on child health and wellbeing and current policies and practices for those who work with young children and their families.

Hygiene and Infection Control

"The health and wellbeing of young children is central to the creation of high-quality early childhood environments. Services are also required by legislation and accreditation to have policies on managing illness and infectious diseases." (Early Childhood Australia, 'Managing Health in Services').

Children love close interactions and contact with others and they learn through all the senses, including touch and taste. Young children also find it irresistible to put an object in their mouth, or trace their fingers over another person's face, for example. Within obvious safety limits, carers need to encourage these sensory learning experiences and especially the touch and contact involved in warm relationships and exploratory play. An environment where young

children were not cuddled or were restricted in their play and exploration of each other and their world is not desirable.

But close contact with and between young children poses challenges to carers whose role includes providing an environment that supports and protects children's overall healthy development. By their very nature, combined with their inevitably close proximity with others in care, young children are prone to the ready transfer of illness and infection. Adding to this, young children are particularly susceptible to illness and infection because their immune systems have not been fully developed.

"When children spend time in child care and are exposed to a large number of children over time, infectious diseases spread. It is not possible to prevent the spread of all infections and illnesses within centres. However, some illness from infectious disease can be prevented." (*Staying Healthy in Child Care*, p.2).

In relation to hygiene and infection control, the primary challenge to carers is to provide a safe environment where play-based learning (involving all the senses), physical closeness and warm relationships are not compromised by over protection and unnecessary anxiety.

Over sanitised and sterile environments are undesirable because they inevitably restrict children's experiences. There is growing evidence that they may be counterproductive, leading to resistant strains of



bacteria, as well as possible later problems with allergies and immunity.

An additional challenge to carers and services is posed by new conditions and environmental threats. Growing environmental concerns about the toxicity of some cleaning chemicals, awareness that some practices may involve unsustainable use of materials (eg. using disposable gloves when their use is not necessary – for applying sunscreen, for example) and even the scarcity of water, are among the new considerations that challenge carers to develop safe and sustainable practices to protect children, other family members and carers themselves.

The National Health and Medical Research Council (NHMRC) has identified the “three most important ways of preventing the spread of infectious disease” in child care settings (*Staying Healthy In Child Care*, p.3). These are:

1. **Effective hand washing**
2. **Exclusion of sick children and staff**
3. **Immunisation**

Each state and territory has its own regulations that relate to hygiene and infection control in early child care settings and these must be adhered to. These regulations prescribe certain practices which aim to ensure acceptable standards are maintained in child care settings. However, regulations relate to the actions and practices of adults, not children.

From an early age, children can also play an important part in maintaining hygiene and reducing the risk of infection. Children need to be encouraged to adopt habits and practices that support the more formal procedures and policies that govern this aspect of child care. The most important of these habits of hygiene for carers and children alike are washing hands, covering mouths when coughing (preferably with a tissue) and using a tissue when sneezing. Used tissues should always be disposed of and hands should be washed after sneezing and coughing. If a tissue is not available (or not accessible in time), learning to turn away from others when sneezing (and coughing) is important as it reduces direct transmission of air-borne droplets from one person to another.



Hand washing

Hand washing, rinsing and drying remains one of the most basic and important procedures for maintaining hygiene and preventing the spread of infection. It is also the easiest of the three most important infection prevention measures identified by the NHMRC – but to be effective, hand washing must be done properly and at all the appropriate times. We are often in a hurry when it comes to regular tasks such as hand washing and drying, but carers are role models for the children in their care: we always need to remember that what we do will carry a more lasting and powerful lesson than what we say.

Carers and children should wash, rinse and dry their hands:

- On arrival at the centre or care location – this reduces the likelihood of germs being brought into the care setting
- Before going home – thereby reducing the likelihood of germs being taken home
- Before eating (for babies, before they are fed)
- Before preparing or handling any food – including babies' bottles
- Before giving medications
- After nappy changes (infants need to have their hands washed too)

- After going to the toilet or assisting a child to use the toilet
- After wiping or blowing noses (carer's or child's)
- After coming into contact with any body fluids – blood, faeces, urine, vomit
- After handling rubbish – including used tissues
- After outdoor play or excursions
- After touching animals.

Children need to be taught *how* to wash their hands effectively – cleaning between fingers and under finger nails, not just the palms of hands.

The NHMRC's authoritative publication, *Staying Healthy in Child Care* recommends the use of liquid soap, for two reasons: firstly, it is less likely than bar soap to become contaminated, and secondly, it is more likely to be actually used by children.

"Antibacterial hand washes should not be used routinely in child care centres [or other care settings] as they are unnecessary and may encourage the development of resistant bacteria." *Staying Healthy in Child Care*, p.4).

To be effective, hands need to be actively washed for an appropriate length of time. Ten to 15 seconds of washing, followed by 10 seconds of rinsing is the usual recommendation.



Water is a precious resource, especially for the many services in drought affected areas, but hand washing is an important priority for use of water. *Childcare and Children's Health*, Vol. 11, No 2, June 2008, looked at 'Environmental Sustainability' and suggested some practical ways to reduce water usage in other areas, saving it for essential uses.

The Raising Children Network

(www.raisingchildren.net.au) suggests a simple way to ensure that sufficient time is taken to teach children to sing 2 rounds of 'This is the way we wash our hands, wash our hands, wash our hands' while they wash. Another age-appropriate song (sung to the tune of 'Row, row, row your boat') that encourages young children to wash their hands is suggested by the Child Health Programme:

*Wash, wash, wash my hands,
Wash them through the day.
Round and round, Up and down,
Wash the germs away.*

*Wash, wash, wash my hands,
Wash them after play.
Round and round, Up and down.
Healthy I will stay.*

Singing can help make hand washing a shared and fun activity, while reinforcing an important hygiene message and promoting its practice. Timers can also be used, though they have the disadvantage of needing to be activated.

The "Gold Coast Population Health Unit", Queensland Health, has produced a hand wash timer as part of an overall 'Germ Busters Early Childhood' kit, available nationally. The kit provides posters illustrating effective hand washing techniques, activity and suggestion sheets and even information on making or ordering an ultraviolet germ-viewing light-box that allows children (and carers!) to see live and active germs. Activities that engage children in hand washing or, as in this case, show the organisms that carry infection, are useful to building this as a habit that is carried into the home and through later life. They can help make hygiene practices more real and purposeful for both carers and children.

Remember that infants also need to have their hands regularly washed and dried, think of all the things those little fingers touch as they explore their world!!

If possible, it may be worth considering installing hands-free taps. These taps help to avoid the spread of germs that are left behind when unwashed hands turn on taps. Using paper towelling to turn off taps, and regularly cleaning taps throughout the day can reduce this threat, but this involves additional use of paper and cleaning products. Hands-free taps also help reduce waste of water, as they can be easily turned off while hands are being soaped, then on again for rinsing. Finally, hands need to be thoroughly dried, using paper, clean individual fabric towelling, or hot air. Repeatedly washing hands, while necessary in child care settings, can lead to dry, cracked skin that is uncomfortable and may allow an entry point for germs. Moisturising hands after washing may help alleviate this problem.

Exclusion of children, carers and any other staff who are sick

Like hand washing, exclusion from a child care setting of anyone who is sick is one practice that needs to be clearly defined and routinely practiced if it is to be effective. It is one of the three most important ways of reducing the spread of infection, but exclusion is likely to be the most difficult to maintain unless there are clear policy guidelines that are understood and accepted by parents and carers. Providing parents with a copy of the policy and discussing the importance of excluding sick children (and staff) as a means of limiting the spread of infection and thereby protecting all children is advised. It might also be helpful to discuss with parents how they might manage if their child is excluded from care on the basis of infectious disease – before this actually occurs. By using local network newsletters, meetings, etc, services may also find it helpful to share some strategies that have worked for parents.

While carers might well be sympathetic to parents who may be under real stress if their child is excluded from care, “care-providers need to



ensure that their relationships with families remain at a professional level and that there are clear boundaries in place, so that parents have manageable expectations in regard to their child's health.” (Early Childhood Australia ‘Managing health in services’). Ultimately, it is in everyone's interests that exclusion policies are followed.

The NHMRC's *Staying Healthy in Child Care* provides clear recommended minimum exclusion periods for a full range of infectious diseases and conditions. Carers should also be familiar with and abide by any statutory requirements or regulations that relate to exclusion, and/or reporting, on the basis of infection.

It is important that carers and other staff also abide by the exclusion policy and don't put children in their care at risk of infection or illness.

Immunisation

Immunisation is the third of the most effective and important means for reducing the incidence of infection identified by the NHMRC. Immunisation prevents certain infectious diseases and its value goes beyond protecting the individual who has been immunised.

It is important to keep children's immunisation records up to date.

“Immunisation protects the person who has been immunised, children who are too young to be immunised, and other people who have been immunised but did not respond to the vaccine.” (*Staying Healthy in Child Care*, p. 10).

Cleaning and disinfection

Toys, surfaces, bedding, all need regular cleaning to prevent the spread of infection, but thought needs to be given to the products used. Regular careful cleaning, rinsing and drying with biodegradable ‘green’ cleaners may be as effective for most things as using potentially toxic chemicals – and may help avoid the problems associated with resistant strains of bacteria.

Professional cleaning, where possible at night, with specific cleaning routines and times built into the daily schedule will help to ensure hygiene standards are maintained. Other spot cleaning is needed as spills or other things requiring immediate cleaning occur.

Common or shared use of personal care items, including toothbrushes, dummies, face cloths, combs and sunhats should not occur and may be prohibited under regulations in some states (for example, in Victoria sharing of personal items including those listed above, is not permitted).

Sunscreen

While sunscreen is only one of the sun care protections we need to adopt when children go outside, applying sunscreen is now a routine practice and its use raises new issues related to hygiene and infection control. How to minimise any possibility of cross infection from one child to another, while ensuring that faces, in particular, are protected, needs to be carefully considered. Using uncovered hands to apply sunscreen to a succession of children is not appropriate as this practice carries the risk of spreading germs from skin, noses, mouths, eyes and ears. Washing hands between each application is not practical. Using disposable gloves is not practical either – it is time consuming, environmentally unsustainable and the costs are prohibitive. Roll-on sunscreens carry the same risks as any multi-use product,

they are not a solution. Spray on sunscreens may still need to be spread by hand, and are, in any case, not suitable for very young children.

So what can carers do? For younger children, using a separate cotton-wool ball to apply sunscreen to the face is an easy, practical and relatively inexpensive solution. Of course, all used cotton-wool balls need to be disposed of in the same way as for other potentially contaminated items.

Older children can be encouraged to apply their own sunscreen under the supervision of a carer. This will help to develop the habit of routine use of sunscreen as well as reducing any risk of cross-infection between other children.

Duty of care

Effective hygiene and infection control is an important part of a carer’s duty of care: it helps to protect children (and others) from harm. This is the most basic point of hygiene policies, strategies and practices. But the gains go beyond the child care setting: children can carry hygiene habits and awareness back to their homes and families.



“Many of the hygiene habits developed during childhood will continue throughout life. Services should demonstrate to children the hygiene practices which reduce the likelihood of cross infection and explain the reasons for them. Experiences that promote basic hygiene awareness assist children to become competent and independent, and develop valuable life skills.”
 (NCAC ‘Hygiene and Infection Control Policy’, p.1).

References:

Early Childhood Australia ‘Managing health in services’
www.earlychildhoodaustralia.org.au

National Childcare Accreditation Council (NCAC)
 ‘Immunisation and Health Related Exclusion Policy’ and
 ‘Hygiene and Infection Control Policy’.

www.ncac.gov.au – these policies are directly accessible on the NCAC website – Under Resources-Policy Development Guidelines-Policy templates.

National Health and Medical Research Council *Staying Healthy In Child Care, Preventing infectious diseases in child care*, 4th edition, 2005, Commonwealth of Australia.

Queensland Health *Germ Busters in Early Childhood*

Email: gcphu@health.qld.gov.au

www.health.qld.gov.au/germbusters

Department of Education and Early Childhood Development (Victoria) “Infection control procedures”

www.office-for-children.vic.gov.au

QIAS: 2.1, 6.2, 6.3, 6.4, 6.6, 7.1, 7.2

FDCQA: 1.3, 4.3, 4.4, 6.1, 6.2



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