



ABC Kidz
Educare

“We nurture happiness”

Infection Control and Communicable Disease Policy

25 Ameshoff Street
Libridge Building
Braamfontein

Date Policy Written: May 2020
Date of current revision: July 2022
Date of next revision: July 2023
Person responsible: Esme Olyn

Table of Contents

Acronyms	3
Aims and Intent.....	3
Key Facts.....	3
A Child’s Rights to Privacy and Protection.....	3
Notifiable Medical Conditions: Authorities and Parents	4
Infections	4
Risk of Infection.....	4
Infectious Disease Exclusion Periods	4
Immunisations	4
Recommended Children’s Immunisation Schedule.....	5
Administration and The Office	5
Payments.....	5
Paper Handling	6
General.....	6
Protocols Upon Arrival in the Mornings and Collection in the Afternoons	6
Arrivals: Parent Drop-Off.....	6
Collection in the Afternoons	6
Hand Hygiene.....	6
Hand Sanitising.....	6
Handwashing Procedure	7
Hand Hygiene for Staff.....	7
Responsibilities	7
Responsibility of Management, Practitioners and Other Staff at ABC Kidz Educare.....	7
Responsibility of Parents and Guardians	8
Sanitisation Station	9
Sanitisation Station Protocols	9
Age Appropriate Health Education	10
Play	11
Sandpit	11
Playdough	11
Games, Puzzles and Fine Motor Activities	11
Creative and Cutting Activities.....	11
Recycled Materials	12
Play Area.....	13
Ball play	13
Prevention Of Transmission Of COVID-19 During Extra-Mural Activities.....	13
Preparation for Outbreaks	13
Procedure In the Event of an Outbreak.....	14
General Infectious Disease Protocols.....	15
Cleaning Protocols for Classrooms, Bathrooms and Other Rooms.....	15
Training	18
Personal Protective Equipment (“PPE”) and Infection Control Apparatus	19

PPE and Infection Control Shopping List.....	20
Food and Beverages	20
Food Born Illnesses	20
Food Hygiene	21
Continuity of Meals.....	22
Business Continuity.....	22
List Of Supporting Forms.....	22
Appendix 1 – NMC Categories	24
Appendix 2 - Infectious Disease Exclusion Periods.....	27
Appendix 3 - DIY Disinfectant Wipes	30
Appendix 4 – No-Cook Playdough.....	31

Acronyms

DoH	=	Department of Health
DSD	=	Department of Social Development
ECD	=	Early Childhood Development
EHP	=	Environmental Health Practitioner
NICD	=	National Institute of Communicable Diseases
NMC	=	Notifiable Medical Condition

Aims and Intent

The intention of this policy is to ensure that ABC Kidz Educare provides an environment that is safe, clean, and healthy where our children will learn, grow, and thrive. The aim is to document and implement effective, preventative infection control measures.

This policy applies to previously known viruses and any new diseases. In it we:

1. Outline our preventative measures.
2. Document our preparations and response in the event of an outbreak of an infectious disease.
3. Give detail on the procedures in the event of an outbreak.

It is the intention of ABC Kidz Educare to plan for continued access to quality early learning in the event of absenteeism/sick leave or temporary closures.

Working together with parents and Government Departments, schools and ECD centers can play an important role in preventing the spread of infectious diseases. ABC Kidz Educare undertakes helpful and cooperative as possible in these circumstances, within the boundaries of any regulations and constraints imposed by Government.

Key Facts

A Child’s Rights to Privacy and Protection

Should a child enrolled at ABC Kidz Educare be diagnosed with an infectious disease, that **child’s name and identity shall always remain strictly private**. Only the following people will be informed:

1. The child's parents/guardians.
2. If a Notifiable Medical Condition (NMC) is diagnosed:
 - a. We will report it as per the Department of Health's Standard Operating Procedures: Reporting of Notifiable Medical Conditions and the child's name will be released to the authorities.
 - b. The collective group of parent's will be notified as described in Notifiable Medical Conditions (below), and the child's name will be kept strictly confidential.
 - c. The Governing Body/Management Committee will be informed that there has been an outbreak, but not the name of the child.
3. If an unauthorised member of staff discloses the child's name and/or medical condition, he or she will face the full extent of our disciplinary procedures.

Notifiable Medical Conditions: Authorities and Parents

1. **Notifying the Authorities:**
 - a. ABC Kidz Educare report Notifiable Medical Conditions manually on the official form and follow the procedures in the User Guide.
2. **Notifying the Parents:** When the authorities deem it necessary ABC Kidz Educare will communicate with the parents in writing, under the following conditions:
 - a. The name/s of the infected child/children and/or staff member/s will remain confidential.
 - b. The information will be fact based and will be written in such as way as to not cause alarm.
 - c. The condition will be named and symptoms described.
 - d. The actions we will take will be listed.
 - e. Procedures to prevent further infection will be detailed.
 - f. Parents will be recommended to seek medical advice regarding their child/children's health.

Infections

Risk of Infection

1. All children admitted to ABC Kidz Educare must have up-to-date immunisation cards.
2. It is recommended that all childcare staff get a seasonal flu vaccination.
3. It is not the duty of ABC Kidz Educare to **diagnose** cases of infectious diseases. Many of the symptoms are similar and misdiagnosis will be dangerous. However, if there is evidence of an infection we will immediately react in the manner described in this policy and as prescribed by the Department of Health and Environmental Health.

Infectious Disease Exclusion Periods

Please see Appendix 2 – Infectious Disease Exclusion Periods.

Immunisations

In terms of South African health regulations and the Children's Act:

1. Only children with an up-to-date set of immunisations will be admitted to ABC Kidz Educare.
2. Proof of the child's immunisations must be provided as per our Admissions Policy.

Recommended Children's Immunisation Schedule

General dosage guidelines:

- (0) - Birth dose which does not count as part of primary series.
- (1) - First dose in a series
- (2) - Second dose in a series
- (3) - Third dose in a series
- (4) - Fourth dose – a booster

Age	Vaccine	Protects Against
Birth	OPV (0) - Oral polio vaccine (Trivalent)	Polio
	BCG - Bacillus Calmette Guerin	Tuberculosis
6 Weeks	OPV (1) - Oral polio vaccine (Trivalent)	Polio
	RV (1) - Rotavirus vaccine	Rotavirus
	PCV (1) - Pneumococcal Conjugate Vaccine	Pneumococcal diseases
	DTaP-IPV-Hib-HBV (1) - Pentavalent Vaccine (5-in-one)	Diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenza type B
10 Weeks	DTaP-IPV-Hib-HBV (2) - Pentavalent Vaccine (5-in-one)	Diphtheria, tetanus, whooping cough, polio, haemophilus influenza type B
	RV (2) - Rotavirus vaccine	Rotavirus
14 Weeks	PCV (2) - Pneumococcal Conjugate Vaccine	Pneumococcal diseases
	DTaP-IPV-Hib-HBV (3) - Pentavalent Vaccine (5-in-one)	Diphtheria, tetanus, whooping cough, polio, haemophilus influenza type B
9 Months	Measles Vaccine (1)	Measles
	PCV (2) - Pneumococcal Conjugate Vaccine	Pneumococcal diseases
12 Months	Measles Vaccine (1)	Measles
18 Months	DTaP-IPV-Hib-HBV (4) - Pentavalent Vaccine (5-in-one)	Diphtheria, tetanus, whooping cough, polio, haemophilus influenza type B
6 Years	Td Vaccine - Tetanus and reduced strength of Diphtheria Vaccine	Tetanus, diphtheria
9 Years	HPV ⁶	HPV
12 Years	Td Vaccine - Tetanus and reduced strength of Diphtheria Vaccine	Tetanus, diphtheria

This recommended schedule is subject to change as per the Department of Health regulations.

http://www.paediatrics.uct.ac.za/sites/default/files/image_tool/images/38/Immunisation_MIMS%20Handbook%202014.pdf

Administration and The Office

Payments

1. We do not accept cash payments.
2. Preferred methods of payment:
 - a. EFT.
 - b. Telephone banking.
 - c. Any electronic form of payment.

Paper Handling

1. Regular paper does not carry viruses for any significant amount of time.
2. The paper in the storeroom is stored in boxes that keep it as dust and grime free as possible.
3. Once a week the paper shelves are emptied, washed, disinfected and left to air dry. Once dry they are repacked and put away.

General

1. Three times a day desks, tables and chairs are cleaned and disinfected.
2. Regularly touched surfaces are cleaned and disinfected four times a day.
3. Electronic equipment and keyboards are sanitised after each use.

Protocols Upon Arrival in the Mornings and Collection in the Afternoons

Arrivals: Parent Drop-Off

1. Arrival in the mornings is staggered.
2. Parents bring their child to the Sanitisation Area.
3. One parent and child is allowed into the Sanitisation Area at a time.
4. The parent has the option of handing their child to a member of staff rather than bringing him/her in themselves.
5. The member of staff who receives the child will see him/her through the screening and sanitising process and take the child to his/her classroom afterwards.
6. Unless a child is experiencing separation anxiety, parents are encouraged to allow our staff to take the children through the sterilisation and screening process.

Collection in the Afternoons

1. Upon arrival the parent reports to the Sanitisation Station where their temperature will be screened and the sterilisation process will be conducted as described in Arrivals.
2. Alternatively, the parent may wait outside the door of the Sanitisation Station, in a demarcated space, and WhatsApp us to bring the child to the door.
3. When the children leave:
 - a. The mask they wear during the day will be removed and placed in a container to be sent for washing/sterilising before the children return again in the morning.
 - b. Parents will place their own mask on the child's face.

Hand Hygiene

Good hand hygiene is the most effective way of preventing transmission of infection.

Hand Sanitising

1. Wall-mounted hand sanitisers are at the entrance/exit doors and the classroom doors.
2. At ABC Kidz Educare we are concerned about the amount of alcohol in sanitisers and prefer not to use excessive amounts of it on the children. They are, therefore, sanitised upon arrival and throughout the day their hands are washed with soap and water.

3. Children and staff member's hands are washed:
 - a. Six times per day during bathroom/toilet routines.
 - b. Before preparing babies meals and/or bottle.
 - c. Before and after preparing meals, especially after touching raw meat, fish and chicken.
 - d. Before and after eating meals and snacks.
 - e. Before and after activities.
 - f. After blowing the nose, coughing, or sneezing.
 - g. When your hands are visibly dirty/dusty.
 - h. After doing any cleaning or laundry.
 - i. After handling the waste/rubbish.
 - j. When you have been in contact with blood or body fluids (faeces, vomit, spit, nappies, pads, pus, and urine).
4. Hand sanitisers are always kept out of reach of children.
5. Please also refer to the sanitising protocols described in our Nappy Changing Policy.
6. NB! Alcohol based hand sanitisers do not kill the germs that cause diarrhoea.

Handwashing Procedure

Step 1: Wet hands with warm water.

Step 2: Apply enough soap to cover wet hands.

Step 3: Scrub all surfaces of the hands – including backs of hands, around the thumb, between fingers, under nails and the wrists – for at least 20 seconds.

Step 4: Rinse thoroughly with running water.

Step 5: Dry hands with a clean, dry cloth, single-use towel, or hand drier as available.

Step 6: Dispose of the single-use towel in a bin.

Hand Hygiene for Staff

1. No jewellery on hands, other than a plain wedding band.
2. Clear nail varnish is acceptable.
3. Nails must be kept clean and short.

Responsibilities

Responsibility of Management, Practitioners and Other Staff at ABC Kidz Educare

We have implemented these basic principles to help keep our environment and the people in it safe, healthy and to try and stop the spread of infections. All the rules apply.

1. It is ABC Kidz Educare's responsibility to provide the necessary soap, water, disinfectant, cloths, and towels.
2. To receive each child as he/or she enters the classroom and observe any signs of illness. As per our Health and Safety and Infection Control policies ill children and staff may not come to the centre.
3. Correct hand washing and sanitisation protocols, as described in the policy.
4. Put posters up encouraging good hand and respiratory hygiene practices.

5. Ensure that classroom rubbish, wet waste and used PPE is removed daily and disposed of safely.
6. To have protocols implemented for the handling of children to fall ill during the day.
7. Ensure adequate, clean toileting facilities, nappy, and potty-training facilities.
8. Correct and sensible apparatus cleaning protocols. This procedure is described in the Toys, Games and Equipment Cleaning Policy.
9. Correct environmental cleaning and disinfecting protocols as detailed in this policy.
10. Ensure adequate ventilation.
11. **Social or Physical Distancing:** Children need hugs and comfort – many get separation anxiety when their parents leave, sometimes they get physically or emotionally hurt, and contact is necessary for brain development.
 - a. As far as possible we will promote social or physical distancing.
 - b. It is already the practice at ABC Kidz Educare not to over-crowd the classrooms and there is sufficient space for the children to sit or play two (2) meters apart.
 - c. In the learning corners of the classrooms, the number of children per activity is already restricted and this will continue.
 - d. We teach and model creating space and avoiding unnecessary touching.
 - e. When the children have to walk somewhere, to avoid crowding, we use a rope with a knots every 2,5 metres. Each child stands at a knot and walks in their place we encourage them to try hard not to bump into the person in front of or behind them.
12. **Stay informed:**
 - a. ABC Kidz Educare stays informed with current information through reputable sources such as UNICEF, WHO and the South African Government.
 - b. We try to be aware of fake information that may circulates by word-of-mouth or online.
 - c. As new information emerges, the policies and practices at ABC Kidz Educare will be updated with new practices to ensure that the centre remains safe and healthy.
 - d. Where necessary new policies will be implemented.
 - e. It is our duty of care to assist parents to keep informed by sharing all our knowledge and resources with them.

Responsibility of Parents and Guardians

1. **Stay informed:** Know the latest facts and understand basic information, symptoms, complications and how it is transmitted. This applies to Coronavirus and any and all known and future diseases.
2. Recognise symptoms of infections in your child and:
 - a. Keep them at home when they are ill.
 - b. Notify us that your child will be staying at home and advise us of your child's symptoms.
 - c. Seek medical advice.
 - d. Only bring your child back to the centre when he/she is completely well again.
3. Ensure that safe drinking water is available and toilets or latrines are clean and available at home.
4. Ensure waste is safely collected, stored and disposed of.

5. Explain to your child what is happening using simple words and reassure them that they are safe. Encourage your children to ask questions and express their feelings with you and their teachers. Remember that your child may have different reactions to stress; be patient and understanding.
6. Coordinate with ABC Kidz Educare to receive information and ask how you can support our safety efforts.
7. Teach your children good hand and respiratory hygiene practices for when at the centre and elsewhere, for example:
 - a. Frequent handwashing.
 - b. Covering a cough or sneeze with a flexed elbow or tissue.
 - c. Disposing of the tissue into a closed bin.
 - d. Not touching their eyes, mouths or noses (the T-panel).

Sanitizing Station

Our Sanitizing Station is:

1. Located at the front security entrance.
2. The structure of our Sanitizing Station is tables.
3. Apparatus and personnel for the Sanitizing Station:
 - a. Nursing sister and two staff members:
 - i. Nursing sister to take and record temperatures.
 - ii. One that ensure the attendance register is signed and to spray and sanitise the child and put mask on.
 - iii. One to take the child to the classroom
 - b. A table.
 - c. Two chairs.
 - d. Attendance Register on a clipboard.
 - e. Temperature Recording Register on a clipboard.
 - f. Medication Register on a clipboard.
 - g. Container for the medications.
 - h. Clean plastic bags for the medication.
 - i. Pens to fill in the registers.
 - j. Disinfecting wipes to be used on the pens after each use.
 - k. Sanitiser and spray bottles that produce a fine mist (to spray people's hands, clothes and shoes).
 - l. Childrens face masks to be worn whilst at ABC Kidz Educare.

Sanitizing Station Protocols

1. Before any person enters into ABC Kidz Educare they must report to the Sanitisation Station which is located at front security entrance.
2. The following people may be in the Sanitisation Sation at a time:
 - a. School nursing sister or 2 staff member who is authorised to screen and record temperatures.
 - b. The staff member who sanitises the people before they enter the centre.
 - c. One parent and his/her children, or the member of staff who received the children.
 - d. One visitor at a time.
3. If children arrive whilst another is being screened they must wait in the line outside the Sanitizing Sation in the demarcated places 2 metres apart.

4. Temperature Screening:

- a. We use a Infrared thermometer to take temperatures.
- b. The child's temperature will be taken and recorded on the Temperature Recording Register.
- c. The parent's temperature will be taken.
- d. If either the parent or the child has a temperature above 37,4 neither one will be allowed to enter the facility.

5. Masks:

- a. The mask the child is wearing upon arrival will be removed and handed to the parent to take away.
- b. If the parent is not there the child's mask will be sanitised and placed in a plastic bag marked with the child's name.
- c. The child or parent will put on the mask/visor that the child uses whilst in our care.

6. **Sanitising:** Before entry into the facility the child and parent's clothing, shoes and hands will be sanitised with a fine spray.

7. **Medication Administration:** If a child is on medication the Medication Administration Register must be signed and the following protocols apply:

a. Parent's medication protocols:

- i. The parent enters the Sanitisation Sation and sign in the medications on the Medication Administration Register that will be located in the area.
- ii. The medications must be in a clean plastic bag.
- iii. The bag is handed to the member of staff who sterilises it and places it in a container out of reach of the children.
- iv. When all the children have been received, the medications and Medication Administration Register will be taken the the sick bay.
- v. If the parent goes through the screening and sterilisation process and brings the child into the facility themselves, they may sign the medications in on the Medication Administration Register in the sick bay.
- vi. Under the same conditions, the meds must signed out when the child is collected from school, and signed in again the next morning.
- vii. Please see the Health and Safety Policy for the detailed medication administration protocols.

Age-appropriate Health Education

This section of the policy describes how we engage with the children on preventing and controlling the spread of infectious diseases and other viruses.

1. Children watched and we constantly reinforced that they not to touch their own faces nor each other's.
2. The focus is on good health behaviors, such as covering coughs and sneezes with the elbow and washing hands their frequently and correctly.
3. We sing a song while washing hands to practice the recommended 20 second duration.
4. When we sanitise the children's hands they "practice" the hand washing steps with hand sanitizer.
5. The children to sit far enough apart from one another. We have them practice stretching their arms out and 'flapping their wings'. There must be enough space to not touch their friends.
6. We use puppets and/or dolls to:
 - a. Demonstrate symptoms (sneezing, coughing, fever).

- b. What to do if they feel sick (i.e. their head hurts, their stomach hurts, they feel hot or extra tired).
 - c. How to comfort someone who is sick (cultivating empathy and safe caring behaviors)
7. Help the children cope with stress by responding to them age-appropriately:
- a. Being supportive and explaining what is happening.
 - b. Listen to their concerns, take time to comfort them and give them affection.
 - c. Reassure them they're safe and praise them frequently.
 - d. Create opportunities for children to play and relax.
 - e. Keep regular routines and schedules as much as possible.
 - f. If new routines are necessary they will be discussed with the children.
 - g. Give them clear examples on what they can do to help protect themselves and others from infection.
 - h. The information is shared in a reassuring way.

Play

Sandpit

The sand in the sandpit is maintained and cleaned as per the Cleaning Procedures in this policy.

Playdough

1. Playdough is provided twice per week.
2. Each child is provided with apparatus for their own use (they may not share):
 - a. A lump of dough.
 - b. Cutters, stamps, shapes and rollers.
 - c. A workboard.
3. The playdough is discarded after each use.
4. See Appendix 4 for our quick no-cook playdough recipe.

Games, Puzzles and Fine Motor Activities

1. Hula hoops will be set out at intervals and each child will sit in his/her own hoop while playing with blocks, cars, threading, peg boards, dollies and other games.
2. Puzzles will be done in the hoops or set out on tables where the children sit on chairs two (2) metres apart from each other and the children will not face each other at the tables.

Creative and Cutting Activities

1. Creative and cutting activities take place at the tables.
2. The children are provided with the apparatus to be used that day, e.g. paintbrush, scissors, kokis, etc. They may not share with each other.
3. The children are seated 2 metres apart from each other and no child faces another.
4. We have perspex table dividers and each child has their own protected work space.

Recycled Materials

We use a large number of recycled materials in our creative and STEAM activities. It is managed as follows:

1. Recycled materials are placed in the Recycling Bin bin situated near the swings in the play area.
2. Once a day the bin and the materials are taken to the laundry/yard to be sterilised before being packed away in the storeroom.
3. The bin is washed, sterilised and taken back to where it belongs.
4. The staff member who sterilises the recycled materials will wear full PPE.
5. We have a specific list of recycled materials that we use as shown in the table below. The table includes the sterilisation process.

Item	Sterilization Process
Boxes, cereal, other dry goods, cosmetics, and inner tubes (NO toilet paper inners)	<ul style="list-style-type: none"> • Clean with a disinfectant wipe
Corks	<ul style="list-style-type: none"> • Place the corks in extremely hot, soapy water and let them float there for 5 minutes. • Clean them in the hot water with a cloth. • Air dry them for two hours. • Lightly spray the corks on all sides with undiluted hydrogen peroxide. • Allow to air dry before packing away.
Jars, glass, and lids	<ul style="list-style-type: none"> • Wash thoroughly in hot soapy water and rinse. <p>OR</p> <ul style="list-style-type: none"> • Boil the jars and lids for 10 minutes. <p>OR</p> <ul style="list-style-type: none"> • Microwave wet jars for 60 seconds on high. • Place microwaved jars on a clean cloth to air dry. • Air dry the lids.
Magazines	<ul style="list-style-type: none"> • Place each magazine in the sun next to each other. • Leave in the sun for two hours. • Turn the magazine over and leave in the sun. • Pack the magazines away.
Mesh veggie bags	<ul style="list-style-type: none"> • Wash the bags in the washing machine using hot setting.
Milk carton and bottle top, 2-liter, plastic	<ul style="list-style-type: none"> • Rinse the inside of the bottle under running water. • Fully submerge the bottle in hot, soapy water. • Remove the label by peeling it off when it comes loose. • Soak the lids as well. • Rinse the bottle thoroughly to remove the soap. • Air dry by turning it upside down on a well-ventilated rack.
Polystyrene egg cartons, trays	<ul style="list-style-type: none"> • Wash in hot soapy water. • Allow to air dry.
Tin cans	<ul style="list-style-type: none"> • Wash the tins thoroughly in hot, soapy water. • Place the washed tin cans in a pot of boiling water and let them cook for 15 minutes. • Place the sterilised tins on a clean cloth and allow to air dry.

Play Area

1. One class at a time will play in play area.
2. After each play session there will be a 15 minute gap so that the metal and plastic surfaces in the playground can be disinfected.
3. The staff will be strategically positioned to ensure that the children observe social distancing rules.

Ball play

1. Each child will be given his/her own ball.
2. While practicing throwing and kicking skills the children will stand in a circle, half-moon or square 2,5 metres apart from each other
3. The practitioners will stand in the middle of the children and throw or kick the ball to the children who will throw or kick the ball back.
4. The ball will be disinfected before and after use.
5. The children's hands will be washed before and ball play.

Prevention Of Transmission Of COVID-19 During Extra-Mural Activities

1. Children's outfits are brought to the centre in a clean plastic bag, placed in their school bag.
2. Before the activity the child hands are washed/sterilised.
3. The outfits are removed from the bags and sprayed with steriliser when the children are wearing them.
4. During the activity all social (physical) distancing rules are observed and the children stand 2,5 metres apart.
5. After the activity the used outfit is placed in the plastic bag. Spray the plastic bag and place it in the child's bag.
6. The child washes his/her hands.
7. If apparatus is used during the activity it must be sterilised before our children use it. Each child must have their own piece of apparatus.

Preparation for Outbreaks

1. Our Emergency Preparedness, Human Resources and Health and Safety policies detail further preparedness for a lockdown.
2. The Health and Safety Policy describes the protocols for:
 - a. Separating ill children and staff from those who are well.
 - b. Informing the parents/guardians that a child is ill.
 - c. The parents/guardian's immediate response to a call regarding an ill child.
 - d. Consulting with relevant Government departments wherever necessary.
 - e. The protocols have been shared with the parents and staff, including prevention and control processes at the centre.

3. The children's questions and concerns will be addressed through several activities and the use of child-friendly stories.
4. Critical jobs functions and positions have been identified, i.e. The principal, the teaching practitioners, the cook, and the nursing sister.
5. Our Professional Development Plan allows for cross-training to provide continuity in the event of illness.
6. The calendar at ABC Kidz Educare is flexible.

7. Registers:

- a. Staff and child Attendance Registers are taken every morning.
- b. We will alert our Environmental Health Practitioners should there be an increase in absenteeism due to respiratory illnesses, or other symptoms.

8. Continuity of learning in the event of a lockdown/temporary closure:

- a. **Technology:** We will use the following technology to assist parents with the children's education during lockdowns:
 - i. Internet/Zoom.
 - ii. WhatsApp groups.
 - iii. Sharing online resources and activities that can easily be done at home.
 - iv. Teaching practitioners will be assigned to do remote daily or weekly follow ups.
- b. Targetted, age appropriate health education and disease prevention has been integrated into our daily activities and lessons.

Procedure In the Event of an Outbreak

1. The principal will coordinate, communicate, follow guidelines and work with the Government departments and education authorities.
 - a. The staff are encouraged to alert us and the health care authorities if someone if their home has been diagnosed with a communicable disease.
 - b. Our parent-teacher association will assist with information sharing.
2. Additional social distancing practices will be implemented they may include:
 - a. Further staggering arrival and departure times.
 - b. Cancelling all activities that may create crowded situations.
3. **Prepare the children:**
 - a. The children will be encouraged to ask questions and express their feelings.
 - b. We will explain that they may experience different reactions/feelings and encourage them to talk to their adults.
 - c. We will provide information in an honest, age-appropriate manner.
4. The staff members will be made aware of local resources for their own well-being.

General Infectious Disease Protocols

1. **Temperature checking on entry:** ABC Kidz Educare will check the temperature of the staff and children at our premises using infrared thermometers. These allow temperature recording from a distance, without the need for touch. A child or staff member with an elevated temperature will not be admitted.
2. **The temperature checks will be presented as 'fun'**, so as not to alarm our children. The infra-red thermometer will not be called "a gun" but it may be a "magic wand" or something friendly that children relate to.

Cleaning Protocols for Classrooms, Bathrooms and Other Rooms

Cleaning is the physical removal of dirt.

This is achieved by using hot water, detergent, and elbow grease!

1. **Cleaning Definitions:** According to Merriam-Webster's Collegiate Dictionary the following terms are defined as:
 - a. **Clean:**
 - i. A mechanical process (i.e., scrubbing) using soap or detergent and water to physically remove dirt, debris, and germs.
 - ii. Free from dirt or pollution
 - iii. Free from contamination or disease
 - iv. An act of cleaning dirt especially from the surface of something or the floor
 - v. Removing odours are part of cleaning.
 - b. **Sanitise:**
 - i. To make sanitary (be sterilising or cleaning).
 - ii. A chemical process to reduce the number of disease-causing germs on cleaned surfaces.
 - c. **Disinfect:**
 - i. A chemical process that uses products to destroy germs (except bacterial spores) on cleaned surfaces.
 - ii. To make free from infection especially by destroying harmful micro-organisms.
2. **How to clean:**
 - a. The staff wear disposable gloves and aprons when cleaning, sterilizing, and disinfecting.
 - b. Surfaces and objects are cleaned using soap/detergent and water, and then they are disinfected/sterilized.
 - c. Cleaning and disinfecting take place regularly according to the cleaning schedule.
 - d. Frequently touched surfaces and objects are disinfected more frequently or after each use (as specified in this policy).
3. **Colour coding:**
 - a. A colour coding system is used, and it forms part of the staff induction process. All surfaces touched by hand on your premises must be kept clean and dry.
 - b. Two colours in sanitary areas, one for floors and appliances and another for wash basins and washroom surfaces.
 - c. The colour coding system relates to all equipment, i.e., clothes and the actual equipment.

4. General:

- a. Always work from clean areas to the dirtiest.
- b. Hot water and detergent are usually sufficient for general cleaning purposes. It must be freshly prepared before each use.
- c. The manufacturer's instructions regarding diluting and contact time of detergents are strictly followed.
- d. Household bleach is used if there has been an infection on the premises, however, bleach will not be effective unless cleaning has occurred first.

5. Chemicals and products:

- a. Chemicals can cause breathing and allergy problems in children and staff. Therefore, chemicals are used with caution.
- b. Strong chemicals are used for deep cleaning, and this takes place when the children are not on the premises.
- c. The products are used strictly in accordance with the manufacturer's instructions.
- d. The staff are informed of the chemical manufacturer's instructions of use.
- e. They are stored according to the Health regulations away from food and out of reach of children.
- f. We use the following chemicals in our regular day-to-day cleaning:

Chemical/Product Name	Purpose	Used For
Skip	Laundry	Linen, etc
Sta Soft (Baby)	Laundry	Linen, etc
Bleach	Cleaning and sanitising	Floor, walls, toys, and surfaces
Handy Andy	Cleaning	Tiles, etc
Pine gel	Cleaning	Toilet, tiles, etc
Brawn	Deep cleaning floor	Floor
High Shine	Shining the floor	Floor
GP Cleaner	Cleaning	Tiles
San Chlor HF	Deep cleaning toilet	Toilets
Floor Buff	Buffing the floor	Floor
Industro Clean	Cleaning	Floor
Dishwasher	Washing	Dishes, cups, and Cutlery
Dishwash Rinse	Rinsing	Dishes, cups, and Cutlery
Oven and Grill Cleaner	Cleaning	Oven and grill

6. Cleaning equipment:

- a. Where possible disposable wipes are used for cleaning.
- b. Where it is too costly, micro-fibre cleaning cloths are used.
- c. Micro-fibre cloths will be colour coded:
 - i. Green = Kitchen
 - ii. Red = Toilets and potties
 - iii. Yellow = Sinks and taps
 - iv. Blue = Toys, books, and surfaces

- d. Micro-fibre mop heads will be used.
- e. After use microfibre cloths and mop heads can be laundered daily at 60°C or above.
- f. Vacuum cleaners are cleaned after each use and replaced regularly.
- g. Brooms, mops, buckets, and other cleaning equipment is kept clean and tidy in a separate room/cupboard which can be found at Laundry.
- h. Cleaning equipment will be inspected daily for cleanliness.
- i. The cleaning equipment must be dry before being stored indoors.

7. Bathrooms and toilets:

- a. The bathrooms and toilets are high-risk areas for infection.
- b. Bathrooms and toilets should be cleaned last.
- c. The following protocol prevents infection:
 - i. Hands are always wash your hands after using the toilet or bathroom.
 - ii. The bathroom is always kept clean, and it is “cleaned as you go”, i.e. before leaving the bathroom wipe down the areas that are touched regularly, such as:
 - 1. The toilet seats.
 - 2. The flush handle.
 - 3. The taps and surfaces.
 - iii. In addition to the “clean as you go” protocol, the cleaner will clean the bathrooms 3 times a day and signs the “Toilet Cleaning Register”.
 - iv. Twice a month the toilet bowls are cleaned with lime scaler such as vinegar.
 - v. Separate colour coded cloths are used for cleaning the bathrooms and toilets.
 - vi. The sinks are cleaned first and the toilets last.

8. **Cleaning body fluids blood:** Please refer to our HIV/AIDS and COVID-19 policies.

9. Washing and Laundry:

- a. Washing and laundry take place in a separate room that is located between the Farmyard and Penguin class.
- b. Cleaning cloths, mop-heads and cleaning equipment must be washed separately from clothes at 60°C.
- c. Children’s clothing is not washed on our premises. Soiled clothing is bagged and sealed and handed to the parents for laundering.

10. Play area:

- a. Play areas are kept clean and secure.
- b. We maintain the garden and compost and fertiliser is not accessible to the children.
- c. Our drainage is kept clean and well maintained.
- d. **Play area toys, equipment, and apparatus:** Please refer to our Toy and Apparatus Cleaning Policy.
- e. **Sandpits:**
 - i. The sand is changed once per annum. We only use proper cleaned, silica sandpit sand.
 - ii. Coarse salt is added to sand every month to control pests and germs.
 - iii. Our sandpits were professionally built and have good drainage.

11. **Toys, apparatus, books and equipment:** As per the Toys, Games and Equipment Cleaning Policy.

12. Linen and blankets:

- a. Each child has their own linen and blankets which are marked with their names.
- b. The linen and blankets are washed at 60°C after each use.

13. Face cloths:

- a. One facecloth is used per child.
- b. They are used once only.
- c. After use they are sent to the laundry for cleaning.

14. Face/hand wipes: Face and hand wipes are used once only and disposed of in the correct Used PPE bin.

15. Mattresses, beds and cots:

- a. Mattresses are wiped and disinfected after each use with Steriken Disinfectant spray.
- b. Cots are wiped down once a day and disinfected with Steriken Disinfectant spray.
- c. Each child will be allocated their own mattress, linen, pillow and/or cot – these will not be shared by anybody else.

16. Various bins: The bins we use are:

- a. Rubbish bins for paper cuttings and regular waste.
- b. "Used Toy Bin" for toys that were used in the morning and must be washed and dried in the afternoon before packing away.
- c. "Used PPE bin" for used gloves, masks, aprons and wipes.
- d. The bins are emptied when necessary, at least three times a day.
- e. Bins are always lined with plastic.

17. Windows:

- a. Cleaned twice a month.

18. Doors, door frames and handles:

- a. All doors and gates are thoroughly washed and disinfected once a week.
- b. Door handles and security pads are sanitised regularly.
- c. Door frames wiped and sanitised once a day.

19. Tables and chairs and other surfaces that are frequently touched:

- a. Sanitised after activities and at the end of each day.
- b. Clean surfaces with hot water and detergent using a correctly colour-coded cloth.
- c. Wipe the surface with bleach or sanitiser and allow to air dry.

20. Light switches: Disinfected regularly.

21. Walls: Sanitised once a week and wash every time we deep clean.

Training

1. Training will be organised on effective methods of Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities.
2. Information on the cleaning of toys is to be cascaded to staff during their local induction process as/when relevant.

Personal Protective Equipment (“PPE”) and Infection Control Apparatus

1. PPE List:

- a. Goggles
- b. Plastic sleeve protectors
- c. Disposable gloves
- d. Face masks (staff and children)
- e. Visor (staff and children)
- f. Shoe socks/covers (breathable)
- g. Disposable aprons
- h. Overalls
- i. Hair nets/caps

2. “Used PPE” Bin:

- a. Each classroom, the office, the kitchen, sickbay and the isolation tent have a bin with a lid marked “Used PPE”.
- b. The bin must be lined with a plastic bag.
- c. Used masks, gloves, cleaning wipes, and aprons are disposed of in this bin.
- d. Three times a day, or more if needed, the bin liner and it’s contents are removed and disposed of at the refuse storage area in the correct bin.
- e. The bin is washed with disinfectant soap.
- f. When it is thoroughly dry a new plastic liner is placed in the bin.

3. Gloves:

- a. Disposable, non-powdered Latex free gloves will be provided and must be used where there is a risk of contact with blood or body fluids (nappy changes, etc).
- b. New gloves must be used before each nappy change/toilet training routine, or before attending to wounds and illness that involve body fluids.
- c. Gloves must be changed between each nappy change.
- d. Gloves are not needed where there is no exposure to blood or body fluids.
- e. After each use the used gloves and aprons must be disposed of in the “Used PPE” bin.
- f. Household gloves must not be shared, and they must be washed after each job.
- g. Hands must be washed, dried and hand gel applied after using gloves.

4. Aprons:

- a. Disposable, plastic aprons will be provided and must be used where there is a risk of contact with blood or body fluids (nappy changes, etc).
- b. A new apron must be used before each nappy change/toilet training routine, or before attending to wounds and illness that involve body fluids.
- c. Aprons must be sanitised between each nappy change.
- d. After each use the used aprons must be disposed of in the “Used PPE” bin.

5. **Eye Protection:** Goggles are available for use if there is a risk of splashing to face and eyes with blood or body fluids.

PPE and Infection Control Shopping List

1. Anti-virobac cleaning fluids
2. Basket or tray for children's toys and apparatus for their own daily use
3. Bin liners for the Used PPE Bin
4. Bin with a lid for used PPE
5. Bin/box for "Used Toys"— please see the Toy and Apparatus Cleaning Policy
6. Bin/box for creative recycling materials
7. Colour-coded, reusable micro-fibre cleaning cloths:
 - a. Green = Kitchen
 - b. Red = Toilets and potties
 - c. Yellow = Sinks and taps
 - d. Blue = Toys, books, and surfaces
8. Crate (small/medium) or tray for medications
9. Disposable non-powdered Latex free gloves in small, medium and large
10. Disposable plastic aprons
11. Disposable plastic sleeves
12. Disinfectants:
 - a. Hydrogen Peroxide
 - b. Bleach
 - c. Dettol
13. Dusters
14. Goggles
15. Hand sanitiser
16. Hula hoops
17. Infra red thermometer for distance temperature measuring
18. Masks (fabric, 3-ply or disposable surgical) and visors – our visors are made of hospital grade PVC so that the sanitisers do not erode the plastic
19. Soap and detergents
20. Spray bottles
21. Table dividers, perspex

Food and Beverages

Food Born Illnesses

1. **Viruses:**
 - a. These are the smallest known organisms.
 - b. They cannot multiply in food—they need a human host. Viruses are transmitted to food from infected people.
2. Pathogens can cause different types of foodborne illness. Once a contaminated food is eaten:
 - a. illness can be caused by the pathogens themselves (**foodborne infection**)
 - b. Caused by toxins produced in the food by pathogens (**foodborne intoxication**)
 - c. Caused by toxins produced in the body by pathogens (**foodborne toxin-mediated infection**).

Food Hygiene

1. Cleaning:

- a. Kitchen staff wash hands and food contact surfaces and utensils often, between tasks, and if they have become contaminated.
- b. Wash and sterilise cutting boards, dishes, and utensils after preparing each food item and before using it for the next food.
- c. Use hot, soapy water, rinse with hot water, and air dry or dry with a clean paper towel or clean dish cloth or wash in the dishwasher.
- d. Wash countertops after preparing each food item and before you use it for the next food and use paper towels or clean dish cloths to wipe kitchen surfaces or spills.
- e. Wash countertops with hot soapy water, rinse with hot water and air dry or dry with a clean paper towel or clean dish cloth.
- f. The kitchen is kept clean and neat, with the staff “cleaning up as they go”.

2. Sanitising:

- a. Dilute mixtures of chlorine bleach and water are a cost-effective method of sanitation. Chlorine bleach is an amazingly effective sanitizer. It comes in several concentrations.
 - i. If bleach is 8.25%: measure 1 teaspoon of bleach per 1 gallon of water or 1/8 teaspoon of bleach per 1 pint of water.
 - ii. Apply to the cleaned countertop and allow to sit for 1-2 minutes and air dry or dry with a clean paper towel.
 - iii. In addition, we also use commercial products for sanitizing and follow the manufacturer instruction for use.
- b. Wash dish cloths often in a washing machine.
- c. Sponge:
 - i. The sponge is sanitised every day by soaking it in a bleach solution for 1 (one) minute, or
 - ii. Microwave the damp sponge for 1 min.
 - iii. Cleaned in the dishwasher.
 - iv. To lower the risk of cross-contamination, the sponge is replaced often.

3. Separating:

- a. Raw foods are separated in the fridge and each food type is stored on a separate shelf.
 - i. Raw meat, fish and poultry and stored in the deep freeze.
 - ii. Unfrozen raw meat, fish and/or poultry is stored on the bottom shelf of the fridge to prevent blood dripping on to other food products.
- b. Thorough cooking: All the food we serve is thoroughly cooked and we use a thermometer to establish this fact.

4. Cross-contamination:

- a. Hands are thoroughly washed:
 - i. Before and after handling different foods types.
 - ii. After using the bathroom.
 - iii. Anytime they can become contaminated.
- b. Colour-coded chopping boards are used for different meat and produce. Produce is processed first, then meat, chicken, or fish.
- c. Cooked food is placed in specified serving bowls with lids and the meals are dished up in the classrooms/dining room.

Please refer to our Food and Beverage Policy, which details the food hygiene protocols at ABC Kidz Educare.

Continuity of Meals

1. ABC Kidz Educare provides a meal programme which will continue unless Environmental Health advises us differently.
2. In the event of a lockdown, we will:
 - a. Reduce our fees by the actual cost of the children's meals and including the ingredients.

Business Continuity

As detailed in our Business Plan:

1. ABC Kidz Educare operates legally and is registered with:
 - a. Department of Labour
 - b. CIPC
 - c. South African Revenue Services
 - d. Environmental Health:
 - i. Public Health Permit
 - ii. Acceptability for Food Handling
 - e. Disaster Management, for Fire Clearance
 - f. Department of Social Development, for Certificate of Fitness
 - g. Town Planning, for Rezoning/Consent of Use
2. In the event of an outbreak our legal status enables this ECD centre to immediately seek assistance from Government and the NICD.

List Of Supporting Forms

1. Deep Cleaning Checklist.
2. Medication Administration Register.
3. NMC Case Notification Form (manual reporting).
4. Symptoms Register (COVID-19).
5. Temperature Recording Register for Children.
6. Temperature Recording Register for Staff.
7. Walk-through Risk Analysis.

This policy was adopted on 29 May 2020. At Braamfontein and is in full force and effect at ABC Kidz Educare. Where necessary all the parents have been informed of this policy. All our employees have a good understanding of the contents of this policy and if at any time any of the clauses in this policy are contravened, normal disciplinary sanctions, as per the Basic Conditions of Employment Act, will be taken.

Name and Signature 1:

Name and Signature 2:

Name and Signature 3:

References:

1. Unicef: <https://toolsforschool.net/wp-content/uploads/2020/03/Key-Messages-and-Actions-for-COVID-19-Prevention-and-control-in-schools.pdf>
2. Jennifer Southgate from Mindstretch
3. http://www.paediatrics.uct.ac.za/sites/default/files/image_tool/images/38/Immunisation_MIMS%20Handbook%202014.pdf
4. Standard Operating Procedures for Reporting of Notifiable Medical Conditions: https://www.nicd.ac.za/wp-content/uploads/2017/06/SOP-Notifiable-Medical-Conditions-notification-procedures_v2Jan2018final-Copy.pdf
5. Department of Health – [Health and Safety Walk-through Risk Analysis and Evaluation](#)
6. **Contributors to this Infection Control Policy:**
 - a. Bet-Shalom Christian School, Lizelle Calitz
 - b. Better Babies Preschool, Charlotte Lira
 - c. Eduexperts, Charmaine Botha, Eloise Petzer, Amelia van Vollenstee
 - d. Little Blessings Preschool, Anetta Coetzee
 - e. Little Rascals Preschool, Leighan Waterston
 - f. Mindstretch, Jennifer Southgate
 - g. Northview Christian Academy, Zirkia Walkenshaw
 - h. Osieteddies, Linda Kruger
 - i. Rainbow Kids and Babies – Christine Young
 - j. Toddler Town Academy and Grace Tutoring Academy, Karlien van der Bank

Appendix 1 – NMC Categories

Annexure A

Table 1: Category 1 notifiable medical conditions that require immediate reporting by the most rapid means available upon diagnosis followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by healthcare providers as well as private and public health laboratories

	Notifiable medical condition
1.	Acute flaccid paralysis
2.	Acute rheumatic fever
3.	Anthrax
4.	Botulism
5.	Cholera
6.	Diphtheria
7.	Enteric fever (typhoid or paratyphoid fever)
8.	Food borne disease outbreak
9.	Haemolytic uraemic syndrome (HUS)
10.	Listeriosis
11.	Malaria
12.	Measles
13.	Meningococcal disease
14.	Pertussis
15.	Plague
16.	Poliomyelitis
17.	Rabies (human)
18.	Respiratory disease caused by a novel respiratory pathogen*
19.	Rift valley fever (human)
20.	Smallpox
21.	Viral haemorrhagic fever diseases**
22.	Yellow fever

* Viral haemorrhagic fever diseases: Ebola or Marburg viruses, Lassa virus, Lujo virus, novel or new world arena viruses, Crimean-Congo haemorrhagic fever

** Examples of novel respiratory pathogens include novel influenza A virus, MERS coronavirus

Table 2: Category 2 notifiable medical conditions to be notified through a written or electronic notification to the Department of Health within seven (7) days of diagnosis by healthcare providers as well as private and public health laboratories

	Notifiable medical condition
1.	Agricultural or stock remedy poisoning
2.	Bilharzia (schistosomiasis)
3.	Brucellosis
4.	Congenital rubella syndrome
5.	Congenital syphilis
6.	Haemophilus influenzae type B
7.	Hepatitis A
8.	Hepatitis B
9.	Hepatitis C
10.	Hepatitis E
11.	Lead poisoning
12.	Legionellosis
13.	Leprosy
14.	Maternal death (pregnancy, childbirth, puerperium)
15.	Mercury poisoning
16.	Soil transmitted helminths (Ascaris Lumbricoides, Trichuris trichiuria, Ancylostoma duodenale, Necator americanus)
17.	Tetanus
18.	Tuberculosis: pulmonary
19.	Tuberculosis: extra-pulmonary
20.	Tuberculosis: multidrug-resistant (MDR-TB)
21.	Tuberculosis: extensively drug-resistant (XDR-TB)

Table 3: Category 3 notifiable medical conditions must be notified through a written or electronic notification to the Department of Health within 7 days of diagnosis by private and public health laboratories

Notifiable medical condition	
1.	Ceftriaxone-resistant <i>Neisseria gonorrhoea</i>
2.	West Nile virus, Sindbis virus, Chikungunya virus
3.	Dengue fever virus, other imported arboviruses of medical importance
4.	<i>Salmonella</i> spp. other than <i>S. Typhi</i> and <i>S. Paratyphi</i>
5.	Rubella virus
6.	Shiga toxin-producing <i>Escherichia coli</i>
7.	<i>Shigella</i> spp.

Table 4: Category 4 notifiable medical conditions must be notified through a written or electronic notification to the Department of Health within 1 month of diagnosis by private and public health laboratories

Notifiable medical condition	Pathogens to notify
Healthcare-associated infections or multidrug-resistant organisms of public health importance	Carbapenemase-producing Enterobacteriaceae
	Vancomycin-resistant enterococci
	<i>Staphylococcus aureus</i> : hGISA and GISA
	Colistin-resistant <i>Pseudomonas aeruginosa</i>
	Colistin-resistant <i>Acinetobacter baumannii</i>
	<i>Clostridium difficile</i>

Appendix 2 - Infectious Disease Exclusion Periods

When a child, member of staff, or, in certain cases, their families, have been diagnosed with an infectious disease the following exclusion period will apply.

Skin Rashes and Infections		
Name	Recommended period to be away	Comments
Chicken Pox	Five days from the onset of rash	Be aware of vulnerable children and inform all pregnant female adults
Cold Sores (Herpes simplex)	None	Avoid kissing and contact with the sores
German measles (Rubella)	Six days from onset of rash.	<ul style="list-style-type: none"> • Inform pregnant females • Preventable by vaccination
Hand, Foot, and Mouth	While the child feels unwell, and the blisters are still visible	If there is an outbreak, inform the Environmental Health Practitioner (EHP)
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	Four days from onset of rash	<ul style="list-style-type: none"> • Preventable by vaccination • Be aware of vulnerable children • Inform pregnant females
MRSA (Methicillin resistant Staphylococcus aureus)	May only come to the centre if the infected skin lesions on an exposed surface can be completely covered with a dressing	
Ringworm (Tinea)	May return 24 hours after treatment has commenced	The infected area must be treated and kept covered whilst at the ECD center
Roseola (infantum)	May return 48 hours after the fever subsides	<ul style="list-style-type: none"> • Requires treatment • The roseola rash may still be present, but the child or individual is usually not contagious after the fever abates
Scabies	May return 24 hours after the first treatment	<ul style="list-style-type: none"> • Highly infectious • The child's family and close contacts must be treated.
Scarlet Fever	May return when the rash has faded	Must be treated
Shingles	<ul style="list-style-type: none"> • Best to exclude until the blisters are dried • If all else fails, may attend if the blisters can be covered up 	Is infectious to those who are not immune to chicken pox
Slapped Cheek/ Fifth Disease (Parvovirus B19)	May return 24 hours after the rash has subsided	Inform pregnant females
Warts and Verrucae	None	<ul style="list-style-type: none"> • Verrucae should be always covered.
Water Warts (Molluscum Contagiosum)	None	A self-limiting condition

Diarrhea and Vomiting		
Cryptosporidiosis	<ul style="list-style-type: none"> May return when there has been no diarrhoea for 48 hours Will be excluded from swimming for two weeks after the diarrhoea has settled 	
E. coli 0157 VTEC	<ul style="list-style-type: none"> Excluded until they have achieved microbiological clearance Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices 	We will be guided by the child's medical practitioner and our Environmental Health Practitioner
Food poisoning	May return 24 hours after the last bout of diarrhoea and/or vomiting	
Norovirus	May return 24 hours after the last bout of diarrhoea and/or vomiting	
Shigella (Dysentery)	May return when there has been no diarrhoea for 48 hours	We will consult with Environmental Health
Typhoid and Paratyphoid Enteric Fever	Excluded until they have achieved microbiological clearance	We will be guided by the child's medical practitioner and our Environmental Health Practitioner
Viral Gastroenteritis	May return 48 hours after the last episode of either	If there is an outbreak discontinue sand, water, playdough, and cooking activity
Respiratory Infections		
COVID-19	May return when cleared by a medical practitioner	Please refer to ABC Kidz Educare's COVID-19 Policy
Flu (Influenza)	May return when recovered and the mucus is clear (not green or yellow)	Be aware of vulnerable children
Tuberculosis	Excluded until we are advised differently	We will consult with Environmental Health and follow their guidance and protocols
Whooping cough (Pertussis)	5 days after starting antibiotic treatment or 21 days from the start of any cough	<ul style="list-style-type: none"> After treatment non-infectious coughing may continue for many weeks We will follow the protocols from Environmental Health
Other Infections		
Conjunctivitis	May return when there is no more discharge from the eyes	
Diphtheria	Excluded until a medical certificate confirming the child's recovery is produced	<ul style="list-style-type: none"> We will follow the protocols from Environmental Health The child's family and close contacts must be informed
Glandular Fever	May return when the child feels better	Avoid sharing utensils
Head Lice	May return when a medical practitioner issues a medical certificate stating that the child's head is lice free	Must be treated

Hepatitis A	May return when a medical practitioner issues a certificate stating that the child as recovered, or, if there was jaundice, seven days after the onset of the jaundice	In the event of an outbreak Environmental Health with advice on the protocols
Hepatitis B, C, HIV/AIDS	Blood borne, so there is no exclusion period	Please refer to the HIV/AIDS Policy for the cleaning of body fluid spills protocols
Hepatitis E	May return fourteen days after the onset of the illness, or, if there is jaundice, seven days after the onset of the jaundice	
Leprosy	Excluded until a medical practitioner and Environmental health agrees that the child may return	We will follow the protocols from Environmental Health
Meningitis (bacterial)	May return when the course of antibiotics has been completed and with the consent of a medical practitioner	We will follow the protocols from Environmental Health
Meningitis (viral)	May return when the child feels better	
Meningococcal Meningitis/ Septicaemia	May return when the course of antibiotics has been completed and with the consent of a medical practitioner	Meningitis C is preventable by vaccination
Mumps	May return five days after the onset of the swelling	Preventable by vaccination
Threadworms	May attend	Treatment is recommended for the child's household and close contacts

Appendix 3 - DIY Disinfectant Wipes

Ingredients

- 2 Cups distilled water
- 1 Cup rubbing alcohol (at least 70-91% concentration) or 1 Cup distilled white vinegar
- 1 Tablespoon Sunlight dish liquid
- 3 Drops Tee tree, lemon or lavender essential oil (optional)
- 1 Paper towel
- 1 Glass bottle or plastic container with a circumference equal to the paper towel

Method

- Cut the paper towel roll through the middle to make two rolls. Use serrated knife with rounded serrations.
- Place the cut paper towel rolls in the glass or plastic containers
- Mix together the water, rubbing alcohol, dish soap, and essential oil if you're using one
- Pour the mixture around the edges of the paper towel roll. Let it soak for two (2) minutes.
- Pull the middle paper towel roll out and throw it away.
- Carefully find the corner of the first paper towel and pull it up from the middle.
- Store in a closed container with a lid outside the reach of children.
- The paper towels are going to be very wet and that is how they are supposed to be.
- When you've cleaned the surface leave it air dry.

Appendix 4 – No-Cook Playdough

The BEST Homemade Playdough- No-Cook, Small Batch!

Super soft and squishy homemade playdough! Easy recipe that doesn't require cooking. So easy kids can make it themselves!

 Course	craft, kids
 Cuisine	American
 Keyword	colorful, cookie dough, diy, easy, food coloring, kids, no-cook, playdough
 Prep Time	10 minutes
 Total Time	10 minutes
 Servings	1 batch



★★★★★
5 from 1 vote

Ingredients

- 1 cup all-purpose flour
- 1/4 cup fine table salt (I like to blend it to a powder first. See note)
- 1 teaspoon cream of tartar
- 1/2 tablespoon vegetable oil
- 1/2 cup boiling water
- Food coloring (I use about 15-20 drops for bold colors and half for pastels)

Instructions

1. In a plastic bowl, whisk together flour, salt, and cream of tartar.
2. Make a well in the center of the bowl and add vegetable oil, boiling water and food coloring.
3. Using a rubber spatula, stir until a dough forms, add a little bit more flour if needed. (It's ok to add in more food coloring at this point if needed just be sure to really work it into the dough)
4. When the dough is cool enough to touch, use your hands to further incorporate the flour and knead until all flour is incorporated and dough is soft and uniform in color. (wear latex gloves if desired)
5. Let playdough cool completely before playing with it.
6. When you are ready to play with the playdough, wash your hands and have fun!
7. Store the playdough in a sandwich bag and place the sandwich bags in an air-tight food storage container. Store room temperature, no need to refrigerate.

Notes

Salt: Any kind of fine table salt will do. I get a big box of course salt from the dollar store and blend it to a powder in my blendtec. This super fine salt is great for making playdough, since it dissolves well.

Add scent: This playdough is unscented but has a flour-bread smell. Feel free to add a few drops of essential oils or soap fragrance. We LOVE adding fruit fragrances to our dough. You only need to use a drop.