

**Infection Prevention and Control (IPC) Audit Tool for Early Years Settings**

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| ***NAME OF SETTING*** |  |
| ***NAME AND ROLE OF PERSON COMPLETING AUDIT*** |  |
| ***NAME OF LINK EY IPC CHAMPION*** |  |
| ***DATE AUDIT UNDERTAKEN*** |  |
| ***DATE OF NEXT REVIEW*** |  |

**Merton Public Health (CYP IPC) DOCUMENT: v2.1 10/02/22**

**INTRODUCTION**

The IPC Audit Tool for Early Years Settings is intended to be used to encourage self-assessment and peer-to-peer review of settings IPC practice and processes, and to ensure an evidence based and best practice approach. The audit tool incorporates all aspects of IPC provided with the DfE [Health Protection in Education and Childcare settings](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control) guidance and should be taken as a whole approach to IPC. The tool is also to identify areas which are working well, and areas which settings could benefit from some support with. Support can be provided by the relevant link Early Years IPC Champions and Merton PH. The tool is also to encourage shared learning of best practice and problem solving of challenges faced, as well as a way to self-monitor changes to IPC practice. The audit tool relates primarily to day care nursery settings although it can be utilised for settings such as play groups and childminders. The aim of improved IPC practice is to reduce the potential for infection within settings and therefore reduce the likelihood of illness, as well as child and staff absence.

* The person completing the audit tool should make comments for each question in the box provided, and note any further support required to improve practice. Total of Yes/No answers after each section to be completed to identify specific areas working well/for improvement.
* Any issues identified as requiring action should aim to be addressed as soon as practicable, in accordance with the level of risk.
* The audit tool can be used in line with relevant risk assessment documents, relevant SOPs etc.
* The audit tool needs to be used and regularly checked in line with updated local and national guidance.

The audit tool is divided into seven sections:

1. **General**
2. **Hand and respiratory hygiene**
3. **Food hygiene**
4. **Ventilation**
5. **Personal Protective Equipment (PPE)**
6. **Cleaning**
   1. **General Cleaning**
   2. **Safe management of blood and body fluids**
7. **Safe management of linen, soft furnishings and blood/body fluids**
   1. **Linen**
   2. **Managing nappies/continence aids**
   3. **Equipment and soft furnishings**
   4. **Managing cuts, bites, nose bleeds**
   5. **Waste management**

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| 1. **General** | **Yes** | **No** | **N/A** | **Comment** | **Guidance** |
| Is infection prevention and control included in all staff induction programmes? |  |  |  |  | *Check training includes all aspects of IPC included in:*  [Chapter 2: infection prevention and control - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control) |
| Are staff aware of the IPC specific protocols and risk assessment documents in the setting? |  |  |  |  |  |
| Does the setting have an up to date outbreak management plan? |  |  |  |  | *If you have a previous copy of COVID outbreak plan, you may want to use the main principles from this document for other infectious disease* |
| Is the definition of an outbreak and UKHSA contact details displayed in a prominent place in the setting? |  |  |  |  |  |
| Are risk assessments regularly reviewed? |  |  |  |  | *This includes having active arrangements in place to monitor whether the controls are effective and working as planned.* |
| Is there regular communication with staff/parents about IPC related matters? (reminders/reassurances)? |  |  |  |  | *Particularly when change in processes/measures/in outbreak* |
| Can the person in charge state who they would alert if they suspected an outbreak of illness? |  |  |  |  |  |
| Is there at least one person on the premises and available at all times who has a current paediatric first aid (PFA) certificate? |  |  |  |  | [*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/974907/EYFS\_framework\_-\_March\_2021.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf)  *At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings. Providers should take into account the number of children, staff and layout of premises to ensure that a PFA is able to respond to emergencies quickly. Full criteria for effective Paediatric first aid see Annex A Statutory Framework.* |
| Has the setting considered having a staff immunisation policy? |  |  |  |  | *Staff encouraged to ensure that their immunisations are up to date and in line with current national guidelines and an in house record kept* |
| Does the setting have an appropriate exclusion policy? |  |  |  |  | *Exclusion table:* [Exclusion table - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table)  *All settings should have a local policy for the appropriate removal of staff, children and young people while they are likely to be infectious. They should also have a procedure for contacting parents and/or carers when children become unwell at the setting. Children who are unwell and showing the symptoms of an infectious disease or a diagnostic result should be advised to stay away from their education or childcare setting for the minimum period recommended. NB: If a parent or carer insists on a child with symptoms attending your setting, where they have a confirmed or suspected case of an infectious illness, you can take the decision to refuse the child if, in your reasonable judgement, it is necessary to protect other children and staff from possible infection.* |
| ***TOTAL*** |  |  |  |  | |

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| 1. **Hand and respiratory hygiene** | **Yes** | **No** | **N/A** | **Comment** | **Guidance** |
| Are there adequate hand hygiene facilities available (hand wash basins/ liquid soap, paper towels, alcohol rub)? |  |  |  |  | *Advise daily checking system for supplies* |
| Are staff following the correct technique for hand decontamination? |  |  |  |  | *(If in person - Observe staff for technique and give feedback as soon as possible. If remote – ask person to talk through technique)*  *Pre wet hands apply liquid soap, rub hands together, covering all surfaces including the wrists, rinse will and dry if using soap (see handwashing poster below)* |
| Are staff decontaminating hands at appropriate times? |  |  |  |  | Observe/ talk through with staff. Appropriate times:  *After using the toilet*  *After taking a child to the toilet*  *After cleaning equipment/environment*  *After removal of gloves*  *Before feeding children*  *Before preparing or handling food* |
| Are all cuts and abrasions covered with a waterproof dressing? |  |  |  |  |  |
| Are there foot pedal operated domestic waste bins available for the disposal of paper towels? |  |  |  |  |  |
| Are there appropriate sanitary disposal facilities? |  |  |  |  | *Suitable sanitary disposal facilities should be provided where there are females including children aged 9 or over (junior and senior age groups).* |
| Is alcohol gel available at the entrance/exit of the setting? |  |  |  |  | *Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. Alcohol hand gel is not effective against norovirus.* |
| Are staff and visitors encouraged to practice hand hygiene upon entering/leaving the setting? |  |  |  |  |  |
| Are children offered hand hygiene before meals, between play times, after using the toilet, following cough etiquette? |  |  |  |  | *Activity links for hand hygiene promotion:* [*https://e-bug.eu/*](https://e-bug.eu/) |
| Is the ‘catch it, bin it, kill it’ approach to respiratory hygiene encouraged amongst children and staff? |  |  |  |  | * *cover nose and mouth with a tissue when coughing and sneezing, and dispose of used tissue in non-healthcare risk waste bin and perform hand hygiene* * *cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand* * *keep contaminated hands away from the mucous membranes of the eyes and nose* * *carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials* |
| If face coverings recommended for example during an outbreak– are face coverings available for staff and visitors, and encouraged in areas where adults are not working with children (communal areas, corridors)?\*\* |  |  |  |  | *\*\*As required by national guidance/ outbreak measures. Requirement for face coverings to be regularly reviewed based on risk assessment/national guidance. This applies to staff and visitors, including children aged 11 or above. Face coverings not to be worn by under 11s.* |
| If face coverings are in use – are face coverings worn correctly? |  |  |  |  | *In place covering nose and mouth, not below the nose and mouth or hanging down), should fit securely and be made with a breathable material capable of filtering airborne particles. Face visors or shields can be worn by those exempt from wearing a face covering but they are not an equivalent alternative in terms of source control of virus transmission.* |
| Oral hygiene - Are dummies/toothbrushes managed to prevent cross infection? |  |  |  |  | *Babies / children only use their own dummy / toothbrush. Toothbrushes are stored separately. Dummies are disinfected using an appropriate solution between uses* |
| Does the setting have a process in place to support children to be independent in self-care and hygiene routines? |  |  |  |  | *This should be monitored regularly to assess how successful measures are* |
| ***TOTAL*** |  |  |  |  | |

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| 1. ***Food Hygiene*** |  |  |  |  |  |
| Have staff who handle/prepare food completed training in food hygiene? |  |  |  |  | [*https://help-for-early-years-providers.education.gov.uk/safeguarding-and-welfare/food-safety*](https://help-for-early-years-providers.education.gov.uk/safeguarding-and-welfare/food-safety)*.* [*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/974907/EYFS\_framework\_-\_March\_2021.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf)  *Providers must be confident that those responsible for preparing and handling food are competent to do so. In group provision, all staff involved in preparing and handling food must receive training in food hygiene.*  *Evidence – staff member explains protocols in place, awareness of FSA guidance. Refer to SFBB management plan for advice.*  <https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb>  https://www.food.gov.uk/business-guidance/safer-food-better-business-for-childminders |
| Has the setting completed a recent Environmental Health inspection? |  |  |  |  |  |
| Are feeds prepared, stored and labelled correctly? |  |  |  |  | *Feeds should be labelled with the date, time of preparation, formula used, child’s name and preparers name. Feeds can be stored for up to 24 hours at the back of a refrigerator at no more than 5oC. Ideally, feed should be made as you need them. Before preparation: clean worktops and wash your hands. Clean and sterilise bottles and teats before use.* |
| Are feeds warmed and administered correctly? |  |  |  |  | *Re-warm for no more than 15 minutes. Do not use microwave to re-warm feeds. Check temperature of milk. Discard any leftover feed straightaway.*  *All equipment used for the preparation and administration of feeds must be thoroughly cleaned in hand hot water and detergent, rinsed and sterilised. For more information on sterilising bottles, go to* [*the NHS website*](https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/sterilising-baby-bottles/#:~:text=Sterilising%20by%20boiling&text=Boil%20the%20feeding%20equipment%20in,damaged%20faster%20with%20this%20method.)*.* |
| Is food from home kept at appropriate temperatures? |  |  |  |  | *Make sure your fridge is set at 5°C or below.*  *Keeping food chilled:*  [Safer Food Better Business For Childminders](https://www.food.gov.uk/sites/default/files/media/document/sfbb-cminders-04-chilling.pdf)  *Cooking and reheating safely:* [*https://www.food.gov.uk/sites/default/files/media/document/5-cminders-cookingsafely-01-cooking-and-reheating-safely.pdf*](https://www.food.gov.uk/sites/default/files/media/document/5-cminders-cookingsafely-01-cooking-and-reheating-safely.pdf) |
| Does the setting have a process to support parents who are breast feeding? |  |  |  |  |  |
| ***TOTAL*** |  |  |  |  | |

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| 1. **Ventilation** | **Yes** | **No** | **N/A** | **Comment** | **Guidance** [Ventilation in the workplace (hse.gov.uk)](https://www.hse.gov.uk/ventilation/) |
| Does the setting encourage well occupied spaces to be ventilated as much as possible? |  |  |  |  |  |
| Does the setting have a C02 monitor? |  |  |  |  |  |
| *If yes*.. are appropriate actions taken in areas where the readings exceed 1500ppm |  |  |  |  | *Appropriate actions: opens windows/doors (where safe to) to increase ventilation, reduce number of people in the space. CO2 levels below 800ppm are recommended for areas with continuous talking, singing, high levels of physical activity.*  [How to improve ventilation - Ventilation in the workplace (hse.gov.uk)](https://www.hse.gov.uk/ventilation/how-to-improve-ventilation.htm) |
| *If yes..* are the CO2 monitors regularly checked for batteries/power and calibrated as per manufacturers guidelines? |  |  |  |  | [Using CO2 monitors - Ventilation in the workplace (hse.gov.uk)](https://www.hse.gov.uk/ventilation/using-co2-monitors.htm) |
| *If no*.. are well occupied spaces/poorly ventilated spaces identified as part of the risk assessment and steps taken to improve fresh air flow in these areas? |  |  |  |  | Video to reiterate importance of ventilation: [Ventilation in the workplace - YouTube](https://www.youtube.com/watch?v=6RGxWMaP8PA) |
| ***TOTAL*** |  |  |  |  | |

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| 1. **PPE** | **Yes** | **No** | **N/A** | **Comments** | **Guidance** |
| Is PPE worn by staff as appropriate? |  |  |  |  | *If there is a risk of splashing or contamination with blood or bodily fluids during an activity, then disposable gloves and plastic aprons should be worn.*  *Gloves and aprons should be disposable, non-powdered vinyl/nitrile or latex-free and CE marked. Wear disposable eye protection (or if reusable decontaminate prior to next use) if there is a risk of splashing to the face.*  *If carrying out* [*AGPs*](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-guidance-for-maintaining-services-within-health-and-care-settings-infection-prevention-and-control-recommendations#infection-control-precautions-for-seasonal-respiratory-infections) *in the setting – follow further guidance:* [Chapter 2: infection prevention and control - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-2-infection-prevention-and-control#personal) |
| Are surgical masks, plastic aprons, gloves and eye protection (if required) readily available and stored in a clean area? |  |  |  |  |  |
| ***TOTAL*** |  |  |  |  | |

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| 1. **Cleaning** | **Yes** | **No** | **N/A** | **Comments** | **Guidance**  [Living safely with respiratory infections, including COVID-19 - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19) |
| *6.1 General cleaning* |  |  |  |  |  |
| Does the setting have a written and accessible cleaning schedule? |  |  |  |  | *It is important that cleaning schedules clearly describe the activities required, the frequency of cleaning and who will carry them out. A nominated member of staff should monitor cleaning standards regularly and discuss any issues with cleaning staff, or contractors employed by the education or childcare setting.*  *Shared space: If setting is also used by other services/public: establish agreement with premises management of cleaning being completed before and after use of each service.* |
| Is there a written process for cleaning in the event of an outbreak? |  |  |  |  | *In the event of an outbreak of infection at your setting, your UKHSA HPT team may recommend enhanced or more frequent cleaning, to help reduce transmission. Advice may be given to ensure twice daily cleaning of areas (with particular attention to door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails.*  *Plans should be developed for such an event on how the setting might carry this out which could also include during term time. Dedicated cleaning equipment should be colour coded according to area of use.* |
| Are cleaning staff appropriately trained and have access to appropriate PPE? |  |  |  |  | *Cleaning staff should be appropriately trained and have access to the appropriate PPE, such as gloves, aprons and surgical masks.* |
| Is cleaning equipment stored appropriately? |  |  |  |  | *Cleaning solutions should be stored in accordance with*[*Control of Substances of Hazardous to Health (COSHH)*](https://www.hse.gov.uk/coshh/)*, and cleaning equipment changed and decontaminated regularly.* |
| Are correct and in date solutions available? General purpose detergent/ 1000ppm active chlorine? |  |  |  |  |  |
| Does the setting have a ‘colour coding’ system for cleaning? |  |  |  |  | *Although there is no legislative requirement to use a colour coding system it is good practice and recommended by the*[*Health and Safety Executive*](https://www.hse.gov.uk/)*.*  *Colour-coded equipment should be used in different areas with separate equipment for kitchen, toilet, classroom and office areas (for example, red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens).* |
| Are disposable cloths and mop heads available and used? |  |  |  |  | *Cleaning equipment used should be disposable or, if reusable, disinfected after each use. Mop heads must be changed regularly, and after use with any body fluids. Separate mops should be used for different areas (ie. kitchen, toilets, general areas) and it is recommended that mops/buckets are colour coded to prevent cross use.*  *More info:* [*https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-prevention-and-control*](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-prevention-and-control) |
| If the setting uses corporate services.. Are regular checks made that services meet cleaning standards? |  |  |  |  | *Regular checks of contracted services’ procedure should be made to ensure standards (as outlined) are being met. Review COSHH documents of service.* |

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| *6.2 Safe management of blood and body fluids* |  |  |  |  |  |
| Are staff aware of how to adequately deal with spillages? |  |  |  |  | *All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately, wearing PPE. Clean spillages: Use spillage kit as per manufacturers instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. More info:* [*https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-prevention-and-control*](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-prevention-and-control) |
| Is a spillage kit readily available? |  |  |  |  | *A spillage kit should be available for bodily fluids like blood, vomit and urine. Always follow the manufacturer’s instructions when using.* |
| ***TOTAL*** |  |  |  |  | |

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| 1. **Safe management of the environment** | **Yes** | **No** | **N/A** | **Comments** | **Guidance**  [Living safely with respiratory infections, including COVID-19 - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19) |
| *7.1 Linen* |  |  |  |  |  |
| Are children’s clothes sent home for washing? |  |  |  |  | *Clothing should not be sluiced or manually washed by staff but double bagged in a plastic bag and handed over to the parent at the end of the session. Bagged clothing should be kept separate from clean (not placed on the child’s peg for collection by parent)* |
| *If on site laundry facilities*… is there a designated area for laundry? |  |  |  |  | *The area should be separate from any food preparation areas, have appropriate hand washing facilities, have a washing machine with a sluice or pre-wash cycle* |
| *If on site laundry facilities*… *Is laundry handled appropriately?* |  |  |  |  | *Ensure that*   * *Manual sluicing of clothing is not carried out as there is a risk of inhaling fine contaminated aerosol droplets;* * *soiled articles of clothing should be rinsed through in the washing machine pre-wash cycle, prior to washing* * *gloves and aprons should be worn when handling soiled linen or clothing* * *hands should be thoroughly washed after removing the gloves and aprons* |
| *7.2 Managing nappies/continence aids* |  |  |  |  |  |
| Are there dedicated and adequate nappy changing facilities? |  |  |  |  | *Children in nappies must have a designated changing area. This should: be away from play facilities and any area where food and/or drink is prepared or consumed have appropriate hand washing facilities available.* |
| Are nappies changed appropriately? |  |  |  |  | *Staff involved in managing nappies should: wrap soiled nappies in a plastic bag before disposal in the general setting waste; clean children’s skin with a disposable wipe (flannels should not be used); label nappy creams and lotions with the child’s name and do not share with others; wipe changing mats with soapy water or a mild detergent wipe after each use; clean mats thoroughly with hot soapy water if visibly soiled and at the end of each day; check mats weekly for tears and discard if the cover is damaged* |
| Do children have their own basket, creams etc. eg sudocream ? |  |  |  |  | *Check that there are no communal pots/tubes of cream used on children.* |
| Are potties cleaned and disinfected after each use? |  |  |  |  | *A designated sink for cleaning potties (not a hand wash basin) should be located in the area where potties are used. Disposable gloves should be worn to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down. Hands should be washed using soap and warm water and dried after removing disposable gloves.* |
| Is there appropriate management of changing continence aids? |  |  |  |  | *Continence pads should be changed in a designated area. Appropriate PPE (disposable gloves and a disposable plastic apron) should be worn and changed after every child. Hand washing facilities should be readily available. Contact your education or childcare health team for further advice as needed.* |
| *7.3 Equipment and soft furnishings* |  |  |  |  |  |
| Do sand pits have fitted lids when not in use and sand is changed regularly? |  |  |  |  | *Sand should be changed about monthly for indoor sand pits and the tank washed with detergent and hot water before replacing the sand.* |
| Is play dough replaced regularly? |  |  |  |  |  |
| Are toys cleaned regularly and decontaminated if required? |  |  |  |  | *All toys should be washed daily if children put them in their mouths and individual allocation of toys as much as possible. Soft toys should be washed at least weekly (minimum 70degrees and tumble dried). Older children’s’ toys and larger equipment should be cleaned on a minimum weekly basis. Books should be clean and intact.* |
| *7.4 Managing cuts, bites, nose bleeds* |  |  |  |  |  |
| Are there health and safety policies in place for managing incidents such as cuts, bites, bleeds and spills accordingly? |  |  |  |  | *These policies should include having nominated first aiders who are appropriately trained.* |
| Are incidents managed appropriately? |  |  |  |  | *wear gloves when in contact with any accident or injury (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron if possible; carefully clean the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry; covering all exposed cuts and grazes with waterproof plasters; keep the*[*dressing clean by changing it as often as is necessary*](https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/how-do-i-apply-plasters-and-other-dressings/)*; managing all*[*spillages of blood or body fluids*](https://www.hse.gov.uk/pubns/guidance/oce23.pdf)  *If someone suffers a bite, scratch or puncture injury that may have introduced someone else’s blood or experiences a splash of blood to the eye, area of broken skin or mouth, rinse well with water and seek medical advice.*  *If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin: wash the wound thoroughly with soap and warm running water; cover the wound with a waterproof dressing; record it in the accident book and complete the accident form; seek immediate medical attention or advice from your local accident and emergency department or occupational health provider* |
| *7.5 Waste management* |  |  |  |  |  |
| Is waste dealt with appropriately in the settings? |  |  |  |  | *Under the waste management duty of care, education and childcare settings must ensure that all waste produce is dealt with by*[*a licensed waste management company*](https://www.gov.uk/managing-your-waste-an-overview)*. Any used PPE should be placed in a refuse bag and disposed of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.*  *Settings that generate clinical waste should continue to follow usual waste policies.* |
| ***TOTAL*** |  |  |  |  | |

**Outcome of audit:**

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| **Section** | **Total YES** | **Total NO** | **Comments/ specific areas of support needed** |
| 1. ***General*** |  |  |  |
| 1. ***Hand and respiratory hygiene*** |  |  |  |
| 1. ***Food hygiene*** |  |  |  |
| 1. ***Ventilation*** |  |  |  |
| 1. ***PPE*** |  |  |  |
| 1. ***Cleaning*** |  |  |  |
| 1. ***Safe management of the environment*** |  |  |  |

* **All YES** responses: Well done! Keep up the great work. re-audit periodically (every few weeks at different times) to ensure ongoing support
* **Some NO** responses: Review what further guidance, support is required to address these areas. Re-audit 1 month after implementing changes and refer to EYs IPC Champions/ Merton Public Health as needed for further support.
* **All NO** responses: Contact Merton Public Health to help provide support to setting.

**Guidance:**

[Actions for early years and childcare providers during the COVID-19 pandemic (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044974/Actions_for_early_years_and_childcare_providers_during_the_COVID-19_pandemic_05_Jan.pdf)

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

[Coronavirus (COVID-19) – Advice for workplaces (hse.gov.uk)](https://www.hse.gov.uk/coronavirus/index.htm)

Living safely with respiratory infections, including COVID-19 - GOV.UK (www.gov.uk)

[Ventilation in the workplace (hse.gov.uk)](https://www.hse.gov.uk/ventilation/index.htm)

People with symptoms of a respiratory infection including COVID-19 - GOV.UK (www.gov.uk)

Sterilising baby bottles - NHS (www.nhs.uk)

[Safer food, better business (SFBB) | Food Standards Agency](https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb)

[PHE document (england.nhs.uk)](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf)

<https://e-bug.eu/>

<https://help-for-early-years-providers.education.gov.uk/safeguarding-and-welfare/food-safety>. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf>

<https://www.food.gov.uk/business-guidance/safer-food-better-business-for-childminders>

[Safer Food Better Business For Childminders](https://www.food.gov.uk/sites/default/files/media/document/sfbb-cminders-04-chilling.pdf)

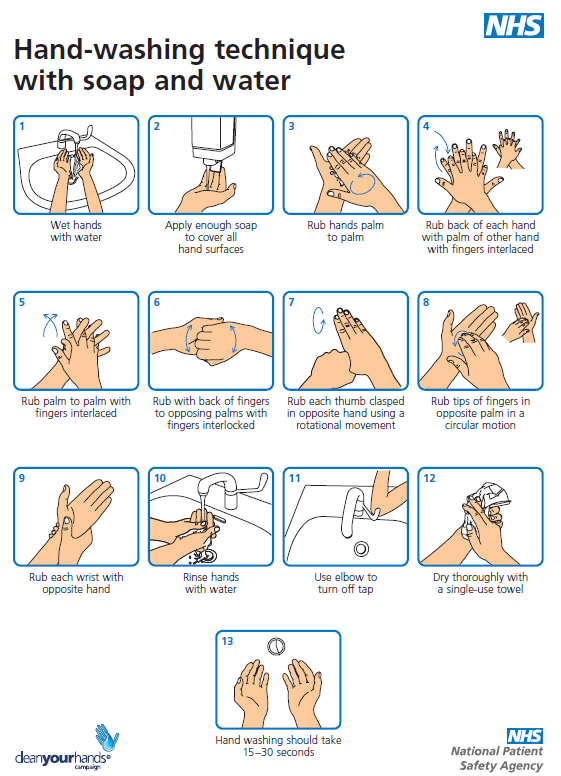
<https://www.food.gov.uk/sites/default/files/media/document/5-cminders-cookingsafely-01-cooking-and-reheating-safely.pdf>

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-prevention-and-control>

[National Resources Available From IPS | IPS](https://www.ips.uk.net/national-resources-available-from-ips)

[Living safely with respiratory infections, including COVID-19 - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=c985690b-06a8-41e9-b5e7-0c181752e812&utm_content=immediately)

**Additional Comments**

1. **Hand Hygiene:**

