

## Toy Cleaning

### Infection Prevention and Control Policy No 31

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## **EXECUTIVE SUMMARY**

### **Scope of policy**

This policy applies to:

- All healthcare staff and students employed at LTHT.
- All patients under the age of 16, including those patients cared for on paediatric wards and outpatient facilities at LTHT.

### **Key Points:**

- **Only toys that can be easily cleaned should be provided**
- **Toys that are taken into isolation whilst a child is in isolation should remain with the child until isolation is discontinued and decontaminated following use, according to LTHT source isolation policy**
- **Chlorhexidine spray (hard surface spray) is acceptable for the cleaning of small toy parts. Except on toys that have been exposed to *Clostridium difficile* as it is less effective on the killing of spores, therefore should be cleaned with soap and water or detergent wipes.**
- **Soft/stuffed toys are not accepted into clinical ward areas, unless a child brings this from their own home. Therefore it must be used solely by the child and clearly labelled with the child's name.**
- **Allow sufficient drying time of decontaminated toys, before these are provided to another child for play purposes.**
- **Air drying should take place in a clean environment and not within the sluice/ dirty utility**

## 1 INTRODUCTION

**Toys may be implicated in the transmission of potentially harmful pathogens and the development of infection in a vulnerable client group. Steps must be taken to ensure toys are maintained in a safe and usable state by regular inspection, scheduled cleaning and appropriate storage.**

## 2 PURPOSE

- To ensure that all staff working in areas where toys are kept for public use or who use toys in their day to day work are aware of the correct procedures for their selection, handling and cleaning to minimise infection risk.

**Failure to follow this policy could result in the instigation of disciplinary procedures**

## 3 DEFINITIONS

**Cleaning** is a process that physically removes contamination, but does not necessarily destroy micro-organisms.

**Disinfection** is a process used to reduce the numbers of micro-organisms but which may not destroy bacterial spores or some viruses. Disinfection is considered to reduce the numbers of micro-organisms to a level that is safe for the purpose for which the piece of equipment is intended.

## 4 DUTIES

### 4.1 Duties within the Organisation

As a healthcare establishment, LTHT has a duty of care that is covered by the Health and Safety Act (1974) (HSE 2003), COSHH (HSE 2005) and The Health Act (DH 2006). The cleaning of toys is covered in core duties 1, 3 and 4 of this Act.

### 4.2 Consultation and Communication with Stakeholders

The Infection Prevention and Control Committee, The Chief Nurse Team and The Infection Prevention Team have commented on and contributed to this policy. The policy will be approved by the Infection Prevention and Control Committee and the Senior Management Team.

## 5 HAND HYGIENE

It is important to maintain good hand hygiene following the handling of contaminated toys in accordance with the LTHT Hand Hygiene and Standard Precautions policy

## 6 AUDIT AND MONITORING

All settings where toys are used are subject to an annual health and safety audit by the clinical team which assesses the potential risk attached to facilities and practices and offers guidance towards best practice.

## 7 RISK ASSESSMENT

Toys with small parts must not be available where young children can have access to them.

## 8 MANAGEMENT

- The overall responsibility for designating the cleaning of toys will be assigned to the ward/departmental managers
- It is important that all staff take responsibility for cleaning toys and that they are aware of the cleaning requirements.
- A cleaning schedule must be devised and kept in an accessible place.
- A record must be kept of all cleaning activity

## 9 TOY SELECTION

- Careful consideration must be given to how toys will be kept clean, before they are purchased and adjustments must be made to facilitate effective cleaning i.e. laminating Monopoly money.
- Procedures must be established to guide the ongoing cleaning procedures. This must identify when items should be cleaned and with the appropriate cleaning product. This will depend upon the material from which the toys are made and according to manufacturers' guidance.
- Where children engage in the use of toys as part of their individual therapy soft toys may be used for that episode of care but must be subject to machine washing held at 71 degrees centigrade for 3 minutes or 65 degrees centigrade for 10 minutes after use to achieve thermal disinfection and thorough drying.

## 10 CLEANING/DECONTAMINATION PROCEDURES

### • Soft toys

Soft toys must **not** be kept for general use in healthcare settings because they are porous, support microbial growth and can be difficult to decontaminate.

There may be occasions when soft toys form an essential part of a therapy session where this is the case soft toys must be subject to machine washing after each episode of care and thorough air drying/tumble drying (according to manufacturers instructions). Repeated decontamination of soft toys can compromise the integrity of the fabric and create a choking hazard, therefore ensure thorough checking takes place before and after use.

Children must not be discouraged from bringing their own soft toys to hospital but they must be used only by them and then taken home. When a child is an inpatient in the ward area these toys should be labelled as belonging to that child.

New soft toys given to the patient in hospital are acceptable with the same single rules as their own toys. These may be taken home with the child or destroyed on discharge.

- **Hard surface toys**

All toys must have smooth, non-porous surfaces that are easy to clean or must be disposable. They must be washed at least weekly or sooner if visibly soiled.

Toys with moving parts or openings can harbour dirt and germs in the crevices and must be washed and scrubbed using soap and warm water/detergent wipes, before thorough rinsing and drying. Chlorhexidine (alcohol based) spray can be used on small items i.e. stickle bricks, following use from a child with a transmissible organism (except on *Clostridium difficile* spores).

- **Mechanical /electrical toys**

Mechanical/electrical toys must be surface wiped weekly, using a damp, colour coded cloth that has been rinsed in hot, soapy water or detergent wipes followed by thorough drying.

- **Books**

Books must be inspected weekly and the surfaces wiped using a disposable cloth that has been rinsed in hot, soapy water/ detergent wipes followed by thorough drying. As they soak up water, books with signs of dampness or mildew must be discarded. They may require frequent replacement.

- **Ball Pools**

Ball pools should be inspected daily for cleanliness, debris or foreign items. Routine cleaning must be carried out on a monthly basis using hot water and neutral detergent. The balls should be washed in hot water and neutral detergent and then dried thoroughly following replacement.

- **Dressing up clothes**

Dressing up can form an important part of a child's therapy or rehabilitation. However only use when necessary for therapy and the following should be taken into consideration

**For use in outpatient setting/cases of one to one therapeutic or preparatory play**

All clothes must be washable and washed at a temperature of 60 degrees for 10 minutes. If kept together in a bin or on a rail all the clothes must be laundered weekly. The storage bin must also be

washed at least weekly. Clothes that are visibly soiled must then be removed and washed at the correct temperature.

### **For inpatient use**

Dressing up clothes are only to be used on an individual basis where one to one therapeutic or preparatory play requires their use. They must also be labelled by trust sewing room and sent to trust laundry service after each use and must also be stored out of general use.

- **Distraction boxes**

Distraction boxes are the responsibility of all staff and should be checked and cleaned as described earlier following each individual use or on a weekly basis (if not in use). These should not be stored with other general toys

- **Preparation toys**

These toys must be regularly inspected and cleaned using an appropriate cleaning method as described earlier in this document

- **Second hand toys**

Following risk assessment those second hand toys accepted for use must be cleaned as described earlier prior to distribution to ward and department areas.

- **Individual play therapy**

Prior to use of the following children's hands must be cleaned before and after use and skin lesions must be covered

- **Play dough**

This must be **single patient use only** and must not be shared with other children.

- **Play sand**

Sand pits are not to be used for general play purposes. However for individual play therapy, sand may be used for that child and discarded after use.

## **11 ADDITIONAL CLEANING MEASURES**

- If toys become contaminated with any blood/bodily fluids they need to be removed immediately from the area and cleaned using a chlorine releasing agent (10,000 parts per million). If uncertain seek guidance from the Infection Prevention team
- Where toys have been contaminated with specific organisms, for example during an outbreak, additional decontamination procedures may be required.
- Wash the items with hot, soapy water or detergent wipes and dry thoroughly.

## **12 TOY STORAGE**

- There must be a designated storage area for toys
- For areas with no designated play area e.g. Outpatient areas, there must be a designated storage box for toys which is washable. It must be washed and dried weekly and a record kept.
- It is the responsibility of the ward/dept to ensure that dirty toys are cleaned and removed from circulation e.g. dirty toy box (if appropriate for your area)

### **Advice and support**

If you need any advice and support regarding any infection prevention issues contact the Infection Prevention team.

## **13 RESPONSIBILITY FOR DOCUMENT DEVELOPMENT**

**Lead Director:** Ruth Holt, Director of Infection Prevention and Control

**Membership of the Steering Group:**

Lindsey Knight

Judy Hall

Sue Horvath

Gillian Hodgson

Richard Hobson

Consultation through Infection Prevention and Control Committee

## **14 EQUALITY IMPACT ASSESSMENT**

The Policy has been assessed for its impact upon equality, Appendix A. The Leeds Teaching Hospitals Trust is committed to ensuring that the way that we provide services and the way we recruit and treat staff reflect individual needs, promote equality and does not discriminate unfairly against any particular individual or group.

## **15 IDENTIFICATION OF STAKEHOLDERS**

The key stakeholders in this policy are staff involved in caring for patients under the age of sixteen and managers responsible for the provision of facilities for this patient group.

## **16 CONSULTATION PROCESS**

This policy will be consulted on by the Infection Prevention and Control Committee and its sub groups and the Chief Nurse Team.

## **17 APPROVAL AND RATIFICATION**

This policy will be approved by the Senior Management Team.

## **18 PROCESS FOR REVIEW/REVISION OF THIS POLICY**

This policy will be reviewed two years from the date of approval or following significant changes in the management of patients with known or suspected infection.

## **19 COMMUNICATION/DISSEMINATION OF THIS POLICY**

Directors – communication directly by e-mail and discussion at SMT  
Senior operational and corporate managers – communication directly by e-mail and to be notified by Directors through line management briefing  
All staff – Trust communications channels including e-Bulletin

## **20 IMPLEMENTATION OF THIS POLICY**

This policy will be implemented immediately following dissemination.

## **21 PROCESS FOR MONITORING COMPLIANCE/EFFECTIVENESS**

Monitor and audit the toys being provided for children in paediatric areas and ensure that they meet the criteria set down in this policy.

Monitor and audit documentation for regular cleaning of toys and also after use by known infected patients.

## **22 REFERENCES/ASSOCIATED DOCUMENTATION**

Many thanks to Central Manchester Children's Hospital and Leeds PCT, for allowing us to adapt their existing policies.

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4. Health Protection Agency (HPA) (2003) Infection Control and Communicable Disease Guidelines for Early Years and Childcare. London: HPA
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6. Smith C.J. Hendricks C. (2005) Health Child Care. <http://healthychild.net/articles/sh33toyclean.html>
7. Vasundhara T. (2002) Acute infectious diarrhoea in children. Current Treatment Options in Infectious Diseases. 4; 184-194
8. Van R. Morrow A.L. Reves R.R. & Pickering L.K. (1991) Environmental Contamination in Child Day-Care Centres American Journal of Epidemiology 133; (5) 460-470
9. LTHT (2007) Hand Hygiene Policy
10. LTHT (2008) Standard Precautions Policy

## Appendix A - EQUALITIES IMPACT ASSESSMENT

Section 1 Screening				
Does this policy or procedure impact on staff patients or public? S = Staff PA = Patients PU = Public  (enter below)	How relevant is the policy to achieving the duties under race legislation?  0 = none 1 = a little 2 = some 3 = very  (enter below)	How relevant is the policy to achieving the duties under disability legislation?  0 = none 1 = a little 2 = some 3 = very  (enter below)	How relevant is the policy to achieving the duties under gender legislation?  0 = none 1 = a little 2 = some 3 = very  (enter below)	Could this policy disadvantage any group due to Race, Disability or Gender?  R = Race D = Disability G = Gender N = None  (enter below)
S, PA, PU	0	0	0	N
Section 2 Assessing impact				
Please specify in the relevant box any thing that you have included in the policy which helps to meet the Race Disability or Gender Equality Duties*           Please put NA if this is not applicable	Race	Disability	Gender	
	The policy is inclusive and applies to all patients	The policy is inclusive and applies to all patients	The policy is inclusive and applies to all patients	

\* The equality duty is to eliminate unlawful discrimination and promote equality of opportunity and good relations between different groups.

## Appendix B - Checklist for the Review and Approval of Policy

To be completed and attached to the policy when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous? Is it positively named in respect of the behaviour, actions, established position it seeks to achieve?	Yes	
	Is it clear whether the document is a policy, guideline, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Are supporting documents referenced?	N/A	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Is there a communications plan to identify how this will be done?	No	
	Does the implementation plan include the necessary training/support to ensure compliance?	N/A	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	N/A	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Not sure	
10	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11	Overall Responsibility for the Document		
	Is it clear who will be responsible for	No	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	co-ordinating the dissemination, implementation and review of the document?		

#### Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	
Signature			

#### Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	
Signature			