Title: TOYS – CLEANING OF, IN CHILD HEALTH AND CHILD WAITING AREAS

Directorate: Organisation Wide

Classification: Guideline

Ref: 0703 Version 3

Due for Review: 07/10/21

Ratified by: Infection Prevention and Control Committee

Applicability: All areas where there are children toys.

Although literature recommends cleaning monthly, this needs to be reviewed dependant on the area. Literature also advises us that 10% of toys are contaminated by potential pathogens. Of this 10%, bacteria was cultured more from soft toys than hard but these were generally non-pathogenic to children with normal immune function.

This policy applies to:

- All healthcare staff and students employed at Torbay and South Devon NHS Foundation Trust.

Key Points:

- Soft 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 labelled with the child’s name.

- The removal of any items that are not washable, repairable or are beyond repair is recommended— to reduce the risk of cross-infection.

- Documenting the cleaning and frequency is advisable to ensure that regular cleaning takes place. Literature suggests monthly, but assessment of the area and health of the attendees needs to be considered.

- All toys should be washable and visibly clean.

- Hard toys can be washed with detergent and hot water and dried.

- Allow adequate drying time of decontaminated toys, before it is given to another child for play purposes.

- If toys are contaminated with blood/bodily fluids they need to be removed immediately from the area and cleaned using hypochlorite 10,000 parts per million. If this is not possible the toy must be discarded.

- Where toys have been contaminated with specific organisms, for example during an outbreak, additional decontamination procedures will be required. Refer to policy 0653 Management of an outbreak of viral diarrhoea and/or vomiting.
Protocols & Guidelines – Document Control

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

<table>
<thead>
<tr>
<th>Ref: 0703</th>
<th>Title: Toys – Cleaning of in Child Health and Child waiting areas</th>
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</thead>
<tbody>
<tr>
<td>Date of Issue:</td>
<td>15 June 2018</td>
</tr>
<tr>
<td>Version:</td>
<td>3</td>
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<td>Author:</td>
<td>Infection Control</td>
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<td>Index:</td>
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<td>Classification:</td>
<td>Guideline</td>
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<tr>
<td>Applicability:</td>
<td>All areas where there are children's toys.</td>
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<tr>
<td>Equality Impact:</td>
<td>The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity &amp; religion or belief.</td>
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<tr>
<td>Evidence based:</td>
<td>Yes</td>
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References:


- Merriman E, Corwin P, Ikram R (2002) Toys are a potential source of cross-infection in general practitioners’ waiting rooms British Journal General Practice Feb; 52 (475): 138-40

- Suviste J (1996) Infection Control. The toy trap uncovered Nursing Times Mar 6-12; 92 (10): 56-60

Produced following audit: No

Audited: No

Approval Route: See ratification | Date Approved: 22 September 2016

Approved By: Infection Prevention and Control Committee

Links or overlaps with other policies: 0653 Management of an outbreak of viral diarrhoea and/or vomiting.
All TSDFT Trust strategies, policies and procedure documents.

### PUBLICATION HISTORY:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Date</th>
<th>Status</th>
<th>Ratified</th>
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<tbody>
<tr>
<td>1</td>
<td>16 October 2008</td>
<td>New</td>
<td>Infection Control Committee</td>
</tr>
<tr>
<td>1</td>
<td>30 September 2010</td>
<td>Document Control Added</td>
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<td>2</td>
<td>15 June 2011</td>
<td>Revised</td>
<td>Director of Infection Prevention and Control</td>
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<td>Director of Nursing</td>
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<td>2</td>
<td>28 February 2013</td>
<td>Date change</td>
<td>Infection Control Department</td>
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<td>3</td>
<td>03 April 2014</td>
<td>Revised</td>
<td>Director of Infection Prevention and Control</td>
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<td>Director of Nursing and Professional Practice in the Community</td>
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<td>07 October 2016</td>
<td>Date Change</td>
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<td>15 June 2018</td>
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The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions.

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person’s ability to make a decision due to ‘an impairment of or disturbance in the functioning of the mind or brain’ the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.
Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

<table>
<thead>
<tr>
<th>Policy Title (and number)</th>
<th>Version and Date</th>
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Policy Author
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

- Patients/ Service Users
- Staff
- Other, please state...

**Could the policy treat people from protected groups less favorably than the general population?**

**PLEASE NOTE: Any ‘Yes’ answers may trigger a full EIA and must be referred to the equality leads below**

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender Reassignment</th>
<th>Sexual Orientation</th>
<th>Race</th>
<th>Disability</th>
<th>Religion/Belief (non)</th>
<th>Gender</th>
<th>Pregnancy/Maternity</th>
<th>Marriage/ Civil Partnership</th>
<th>Is it likely that the policy could affect particular ‘Inclusion Health’ groups less favourably than the general population?</th>
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<td>Yes ☐ No ☐</td>
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Please provide details for each protected group where you have indicated ‘Yes’.

**VISION AND VALUES:** Policies must aim to remove unintentional barriers and promote inclusion

- Is inclusive language used throughout? Yes ☐ No ☐ NA ☐
- Are the services outlined in the policy fully accessible? Yes ☐ No ☐ NA ☐
- Does the policy encourage individualised and person-centred care? Yes ☐ No ☐ NA ☐
- Could there be an adverse impact on an individual's independence or autonomy? Yes ☐ No ☐ NA ☐

**EXTERNAL FACTORS**

- Is the policy a result of national legislation which cannot be modified in any way? Yes ☐ No ☐
- What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy?

- Patients/ Service Users
- Trade Unions
- Protected Groups (including Trust Equality Groups)
- Staff
- General Public
- Other, please state...

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? **PLEASE NOTE: ‘Yes’ may trigger a full EIA, please refer to the equality leads below** Yes ☐ No ☐

**ACTION PLAN:** Please list all actions identified to address any impacts

<table>
<thead>
<tr>
<th>Action</th>
<th>Person responsible</th>
<th>Completion date</th>
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**AUTHORISATION:**
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form Signature

Validated by (line manager) Signature

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.
Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:
• Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
• See TSDFT’s Data Protection & Access Policy,
• Visit our GDPR page on ICON.