

# Clinical Procedure



**HNEkidshealth**  
Children, Young People & Families



**Health**  
Hunter New England  
Local Health District

## Infection Control and Safety of Toys in Healthcare Facilities

### Sites where Guideline and Procedure applies

#### This Guideline and Procedure applies to:

- |                                 |     |
|---------------------------------|-----|
| 1. Adults                       | No  |
| 2. Children up to 16 years      | Yes |
| 3. Neonates – less than 29 days | Yes |

#### Target audience

Child Life Therapists; other healthcare workers and volunteers in services where toys and other play/leisure resources are used with children, young people and families

#### Description

This document provides a guideline for healthcare workers to ensure toys and other play/leisure resources are safe for ongoing use with patients in their service.

[Go to Procedure](#)

<b>Keywords</b>	Toys; play; safety; infection control
<b>Document registration number</b>	HNELHD CP 18_03
<b>Replaces existing document?</b>	Yes
<b>Registration number and dates of superseded documents</b>	JHCH Guideline 19.1 (previously JHCH guideline 2.11 1999,2004,2010)

### Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

- NSW Health PD2017\_013 Infection Control Policy
- NSW Health PD2012\_061 Environmental Cleaning Policy
- [Australian Competition & Consumer Commission, Product Safety Australia: Safety Recommendations for Toys for Children under 3.](#)
- [Australian Safety Standards](#)
- [Health Protection Agency. \(2010\). Sodium Hypochlorite Summary of Health Effects. Retrieved May 24, 2010 from HPA - Sodium hypochlorite](#)
- Clinical Excellence Commission, 2016, Infection prevention and control practice handbook. Principles for NSW public health organisations. Clinical Excellence Commission, Sydney, Australia.

<b>Guideline and Procedure note</b>	This document reflects what is currently regarded as safe and appropriate practice. The guideline section does not replace the need for the application of clinical judgment in respect to each individual patient but the procedure/s <b>require mandatory compliance</b> . If staff believe that the procedure/s should not apply in a particular clinical situation a risk assessment must be undertaken.
-------------------------------------	--

<b>Position responsible for the Guideline and Procedure and authorised by</b>	Trish Davidson - Director CYPFS
<b>Contact person</b>	Michelle Perrin – Head of Department Music, Art & Child Life Therapy
<b>Contact details</b>	Michelle.perrin@hnehealth.nsw.gov.au
<b>Date authorised</b>	13 February 2018
<b>This document contains advice on therapeutics</b>	No

<b>Issue date</b>	22 February 2018
<b>Review date</b>	22 February 2021

Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

## PURPOSE AND RISKS

The use of toys and other play/leisure resources often form a critical part of providing treatment and family-centred care to children, young people and families that enter our healthcare services. Many of these resources are non-critical, reusable pieces of equipment – and as per their medical equivalents (wheelchairs, IV poles etc.), they require cleaning in order to keep patients safe from healthcare associated infections (HAIs).

As per the HNE Policy Compliance Procedure for Cleaning of Non-Critical, Reusable Medical Equipment:

*“Adequate and effective cleaning of the clinical environment, including regular cleaning of non-critical reusable [medical] equipment is recognised as crucial in the effort to reduce the transmission of infectious agents.*

*Cleaning of the environment and non-critical [medical] equipment requires the same level of compliance as hand hygiene, appropriate patient placement and antimicrobial stewardship. These strategies combined assist in reducing the occurrence of HAIs.” (p.2)*

Checking for toy safety also ensures the risk of choking or other injuries is minimised.

**Risk Category:** Clinical Care & Patient Safety

## GLOSSARY

Acronym or Term	Definition
Air drying	Items must be dried on a clean rack or surface within a clean environment (not the dirty utility or pan room). Hospital towels used on drying surfaces should be changed at least daily and if they become contaminated or wet
C Diff	<p><b><i>Clostridium difficile</i> infection.</b></p> <p><i>C. difficile</i> is a spore-forming microorganism. The spore is resistant to many disinfectants and antimicrobial agents that are often used in healthcare settings. <i>C. difficile</i> often produces toxins that may cause mild to severe gastrointestinal symptoms. <i>C. difficile</i> is not a MRO, however given that the risks associated with <i>C. difficile</i> are similar to MROs, <i>C. difficile</i> is considered to be within the scope of this PCP.</p> <p><i>Clostridium difficile</i> causes post-antibiotic diarrhoea and sometimes severe colitis. The organism transmits via direct and indirect contact spread, often via a contaminated patient environment or contaminated patient equipment or other fomites. Contact Precaution (CP) and environmental cleaning and disinfection (that is effective against spores) are essential for control.</p> <p>Reduction in antibiotic exposure (especially cephalosporins) also has an important role in reducing transmission. Community carriage and disease are reasonably frequent. Exposure to agents that reduce stomach acidity increase the risk of CDI and make relapse more likely after treatment.</p>
Checking for Toy Safety	Checking for Toy Safety is vital before a toy is given to each patient. Toys should be checked for sharp edges, rough surfaces, cracks or breaks and discarded if not intact. As per the Product Safety Australia recommendations, ( <a href="http://www.productsafety.gov.au/content/index.phtml/itemId/974839/fromItemId/974764">http://www.productsafety.gov.au/content/index.phtml/itemId/974839/fromItemId/974764</a> ), this includes checking for:

### Infection Control and Safety of Toys in Healthcare Facilities HNELHD CP 18\_03

	<ul style="list-style-type: none"> <li>- objects given to young children (under 3) are not able to release small parts, including coins, batteries and screws</li> <li>- keeping toys for older children separate and away from a young child's reach</li> <li>- reading labels and packaging. Look for and follow the age recommendations and instructions about proper assembly, use and supervision.</li> <li>- Always check toys to ensure they are not broken or falling apart. If they are, dispose of them immediately so they do not present a choking hazard.</li> <li>- Where you have children of mixed ages, make sure that the younger children (particularly those under three) do not play with toys intended for older children. There are important safety reasons for doing this."</li> </ul>
Clean/ cleaning	<p>The removal of visible contamination and reduction in the number of microorganisms from a surface by a process such as washing with a neutral detergent or wipes. PPE should be worn to protect the hands, body and face.</p> <p>Depending on the infection control status of the patient, the level of cleaning required varies. For patients in general areas, thorough cleaning with neutral detergent or wipes (as per manufacturer's instructions) is generally adequate for shared toys.</p> <p>For patients with a specific infection control status, or in the case of disinfection of blood and body substances, disinfection is required. Toys on loan to children in isolation should be kept in the room until the patient is discharged and then cleaned according to the procedure outlined in this document.</p> <p>Air drying of toys in a clean, dry environment is required for both methods of cleaning.</p> <p>*NB: Sodium Hypochlorite is toxic if ingested, or by dermal or ocular exposure. It therefore must be stored securely where it cannot be accessed by children or young people.</p>
CPE	Carbapenem-Producing Enterobacteriaceae (CPE). CRE organisms are submitted for molecular testing to confirm presence of genes that encode carbapenemases (e.g. <i>IMP</i> , <i>KPC</i> , <i>VIM</i> , <i>NDM</i> ). Not all CRE are CPE. Additional transmission-based Infection control precautions are required for CPE.
CPO	<b>Carbapenem Producing Organism (CPO)</b> . Refers to <i>Pseudomonas aeruginosa</i> and <i>Acinetobacter baumannii</i> species of Gram negative bacteria that are shown by molecular methods to have carbapenemase genes, causing resistance to carbapenems. Nearly all carbapenem (meropenem) resistant <i>Acinetobacter baumannii</i> have carbapenemase genes (see MRAB below) whereas only a minority of <i>Pseudomonas</i> have these genes. Only patients colonised or infected with proven carbapenemase producers require contact precautions.
HAI	Healthcare Associated Infection
MACL	Music, Art & Child Life Therapy
MRSA	<p><b>Methicillin-Resistant <i>Staphylococcus aureus</i></b></p> <p><b>MRSA</b> is resistant to all beta-lactam antibiotics including penicillins and cephalosporins. MRSA are not more or less virulent than methicillin-susceptible strains but MRSA infections are more difficult to treat because the number of effective antibiotics is reduced (sometimes to only one or two).</p> <p>Acquisition of MRSA is a potential risk to all patients but infections with MRSA are of particular significance for patients undergoing surgery, especially the implantation of</p>

### Infection Control and Safety of Toys in Healthcare Facilities HNELHD CP 18\_03

	<p>prosthetic joints, and invasive medical procedures, including coronary artery angioplasty and insertion of stents. It is important to prevent MRSA from becoming established in hospital wards where there are patients undergoing these high-risk procedures.</p> <p>MRSA infection is frequently exogenous- caused by a strain cross-transmitted from another person or the environment. One study indicated that 29% of patients who become colonised with MRSA in hospital developed infection over the following 18 months, with MRSA bacteraemia occurring in one third of these patients.</p> <p>Reduction in antibiotic exposure also has an important role in reducing transmission. Community carriage occurs and community acquired MRSA infections are becoming more frequent in HNELHD.</p>
NICU	Neonatal Intensive Care Unit
Non-critical reusable medical equipment	Equipment which comes into contact with intact skin and is used on or by more than one patient – eg beds, wheelchairs. See HNE Policy Compliance Procedure on Cleaning of Non-Critical, Reusable Medical Equipment PD2007_036:PCP 4 and PD2012_061:PCP 1
SCN	Special Care Nursery
SIDS	Sudden Infant Death Syndrome
Toys	<p>All equipment used for play and leisure with children, young people and families. This ranges from mobiles and baby toys, to art supplies and books for teenagers and young people – this varies from service to service.</p> <p>Non-washable soft toys and toys that are able to retain water are not to be used in CYPFS facilities. If these items are donated in new condition, they may be allocated to a patient for single use and disposed of.</p>
VRE	<p>Vancomycin-Resistant Enterococcus</p> <p>VRE is an opportunistic pathogen, causing infection in intensive care patients (IV line-associated sepsis, intra-abdominal infection and urinary tract infection), neutropenic and other haematology patients (IV line-associated sepsis), bacteraemia associated with mucositis or enteritis and solid organ transplant patients.</p> <p>A major reservoir for VRE is unrecognised colonised patients in hospitals and proximity to a colonised patient is a major risk factor for acquisition. Certain high risk patients are more prone to transmit VRE. Transmission of VRE is primarily directly via contaminated hands and clothing of health care workers and indirectly via contaminated equipment and or environment. CP (contact precautions) and environmental cleaning and disinfection are essential for control. Reduction in antibiotic exposure (especially cephalosporins) also has an important role in reducing transmission. Community carriage occurs but community acquired VRE infections are rare.</p> <p>VRE is subclassified as vanA or vanB by a test of the genotype. Rare strains carry both vanA AND vanB.</p>

## PROCEDURE

This procedure requires mandatory compliance.

### Aims:

- To provide safe, clean toys, preventing cross infection and HAIs.
- Risk assessment, safe storage and regular safety checking of toys to ensure their appropriateness for the children, young people and families engaged with a service.

### Practice authorisation

Within each facility, toys will 'belong' to specific healthcare workers or services, and should be labelled as such wherever possible. These individual healthcare workers or services have the ongoing responsibility for appropriate cleaning, checking for toy safety, and purchasing/choosing appropriate toys for children, young people and families. They are also responsible for auditing compliance with this guideline.

However, all staff engaged in the distribution (e.g. Allied Health Therapists, Nursing staff, Volunteers) and collection of toys are required to monitor toys provided by the facility that are being used by patients in their care. This is regardless of whether the toy originated from their part of the healthcare facility.

### Expected outcome:

Toys will be cleaned and checked for toy safety prior to patient use. This will minimise the risk of healthcare associated infections and injuries such as choking that may be sustained from broken or inappropriately chosen toys.

### Procedure

Prior to providing toys to children and young people staff and volunteers must check the equipment and packaging/storage containers are intact and safe. Consideration when selecting equipment should be given to the child's age, development and interest. Consideration should also be given to other children and families in the immediate area in regards to their comfort and safety.

### Hand hygiene

#### Staff Preparation

It is mandatory for staff to follow relevant "Five moments of hand hygiene", infection control, moving safely/safe manual handling, documentation practices and to use HAIDET for patient/carer communication: **H**and hygiene, **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation, **T**hank you or closing comment

The five moments of hand hygiene should be practiced before and following the handling of toys and play equipment

Personal Protective Equipment should be worn if the toy is contaminated with blood or body substances; when the items are returning from a patient with specific infection status; or if it has been in contact with non-intact skin or mucous membrane e.g. mouth toys. Personal Protective Equipment consists of a disposable water repellent apron, protective eyewear, and single use disposable gloves.

All toys and equipment are to be cleaned between patient use and on return.

## General cleaning

### Staff Preparation

The volunteer compliance with hand hygiene is excellent (appendix 1) but the volunteers need to be educated on how to use the cleaning products correctly and be notified that they will be assessed twice per year.

### Equipment Requirements

- Personal Protective Equipment
- Alcohol based hand rub
- Neutral detergent
- Disposable cloths
- Alcohol wipes
- High level disinfectant

This process should be followed for toys and equipment returned from general areas, patients who have not been identified with infection control status, and for toys and equipment used in waiting areas and playrooms for general use.

- Wipe over the toy/resource with a neutral detergent solution or neutral detergent wipe. Ensure all areas of the equipment are cleaned thoroughly. Leave to air dry in a clean environment
- Where it is not appropriate for items to be cleaned with liquid cleaners (such as electronic games), wipes may be used. Leave to dry in a clean environment

Alternatively, Items made of good quality plastics that do not retain water, or have any metal or batteries are able to be placed in a sanitiser, if one is available. These items should first be bagged into laundry wash bags. When finished in sanitiser shake laundry bags well over sanitiser to remove excess water. Leave to air dry in a clean environment

## Disinfection cleaning

This process should be followed for toys following use by patients with a specific infection control status, or in the case of disinfection of blood and body substances.

1. Wipe over the toy/resource with a neutral detergent solution or neutral detergent wipe. Ensure all areas of the equipment are cleaned thoroughly. Leave to air dry in a clean environment
2. Wipe over all areas of the toy/resource with alcohol wipes (70%). Leave to air dry in a clean environment
3. Wipe over the toy/resource with a neutral detergent solution. Ensure all areas of the equipment are cleaned thoroughly. Leave to air dry in a clean environment

**OR**

Wipe over toy resource with high level disinfectant (Sodium Hypochlorite and/or Sodium hypochlorite wipes) with single use cloths. Leave to air dry in a clean environment

Alternatively, items made of good quality plastics that do not retain water, or have any metal or batteries are able to be placed in a sanitiser if available. These items should first be bagged into laundry wash bags. When finished in sanitiser shake laundry bags well over sanitiser to remove excess water. Leave to air dry in a clean environment

Where it is not appropriate for items to be cleaned with liquid cleaners (such as electronic games), wipes may be used. The item must be cleaned three times with Isopropyl Alcohol wipes allowing the item to air dry thoroughly in between.

**Toys that cannot be cleaned and disinfected appropriately should be sent home with the patient or discarded.**

## **CLEANING / DECONTAMINATION**

### **Soft Toys:**

Soft toys or resources that contain any fabric or soft material are not to be kept for general use in wards or clinical areas. Children may bring their own soft toys for personal use only, and they should be taken home on discharge or destroyed. Parents may be provided with information on how to decontaminate these toys.

Donated new soft toys should be given to one child for their use only and should then be taken home on discharge.

If soft toys are required for a therapy session, they should be cleaned after each use by washing:

- wash with neutral detergent and water
- soak soft toy in high level disinfectant for at least 15 minutes (completely immerse toy ,with no air entrapment around or within toy)
- rinse in clean cold water
- air dry in clean environment

Alternatively soft toys can be machine washed at 71 degrees C for 3 minutes or 65 degrees C for 10 minutes to achieve thermal disinfection. Toys can then be air or tumble dried.

### **Hard Surface Toys:**

Non porous plastic or wooden toys only are permitted. Wooden toys must have a varnished/sealed surface. The seal should be checked regularly and item disposed of if required.

- Toys in use in general areas should be cleaned as per the general clean process above
- Mouth toys, or those given to infants and babies should be washed using the disinfection method outlined above
- Toys which may have had contact with body substances should be cleaned following the disinfection clean process outlined above

Hard surface toys may be suitable for washing in a designated utensil washer or sanitiser.

### **Electronic Toys and Games / Games console Hand Controllers / Mechanical Toys:**

These toys should be wiped after individual use and be allowed to air dry or as per the manufacturer's instructions

### **Books:**

Books should be inspected daily for damage and dampness, and be discarded if any is apparent. Book covers should be wiped with neutral detergent solution and water daily when in use or following loan. Books used by patients with additional precautions should be destroyed or given to the child on discharge with cleaning or containment instructions given to the parents. Books contaminated by body substances should be destroyed in the contaminated waste bin.

### **Play Dough:**

For single patient, single use only.

### **Craft Equipment:**

Paint/glue should be decanted for single use only. Equipment that can be cleaned, such as scissors, textas, pliers and beading tools should be cleaned using the general clean or disinfection clean method depending on infection control status. Pencils and crayons are for single patient use only.

**Musical Instruments:**

General or disinfection cleaning procedure should be followed dependant on infection control status. Items that cannot be thoroughly cleaned and are mouthed (such as blowing instruments) are for single use only

**Games and Playing Cards:**

Games should be stored in washable plastic containers. Instruction leaflets and any paper or cardboard components (such as playing cards) should be laminated prior to first use. General or disinfection cleaning procedure should be followed dependant on infection control status.

**CONSIDERATIONS:**

**The Isolated Child with Multi-Resistant Organisms (MRO'S/ MRSA, VRE, CPE, CPO & cdiff):**

Patients with symptomatic clostridium difficile infection (CDI) are placed under contact precautions until more than 48 hours of normal /formed stools.

Children and young people in isolation require a selection of toys/activities as a priority as they are unable to leave the room to engage in recreational activities. Families are encouraged to bring the child's own toys from home if possible; these items must remain in the child's room and be taken home with the child on discharge or be disposed of.

Toys provided to children and young people with additional precautions must be limited to those that can be easily cleaned following the disinfection protocol. Cleaning of toys is to take place upon discharge. Craft paint/glue paper etc. should be destroyed following discharge. Isolated Patients do NOT have access to playrooms. Education of carers and siblings regarding cross infection and hand hygiene is essential.

**The immunosuppressed patient:**

Only new items, in original packaging, or items that can be disinfected, should be provided to patients that are immunosuppressed. These items can either be returned for re-use once cleaned, or be kept by the patient when more appropriate.

**Toys in general areas (such as waiting areas):**

Toys should be stored in a washable designated toy box. These boxes should be cleaned regularly along with the toys. Soft toys are not to be kept for general use. Safety considerations should be made when selecting appropriate toys. There should be no toys with small parts due to choking risk (such as lego).

Toys should be checked daily for safety and cleaned in accordance with the above procedure for single or disinfection clean as appropriate.

**Toys in the NICU/SCN:**

Due to space limitations and safety issues parents are advised of a limit of one soft or hard toy for their baby when in NICU/SCN. The toy is not to be placed in the cot or incubator as recommended in the SIDS guidelines, which are to be explained to the parents. The toy should be stored on the shelf above the baby's cot and not be too large to impede vision of monitors or movement within the nursery. All toys should be labelled with the baby's name. Small items of religious or cultural significance may be secured to the outside of the cot or incubator. For term babies that require stimulation an appropriate mobile may be placed on the cot. This should be checked to ensure it is secure and should be easily cleaned or given to the baby on discharge.

### Outside Play Areas:

The provision and installation of outdoor play areas must meet Australian Safety Standards. See Standards Australia <http://www.standards.com.au>

An outdoor environment provides space for physical, social, cognitive, language, and emotional growth. It gives rise to exploration and learning in a safe environment, and is important for a child's wellbeing

- Outdoor environments (equipment both fixed, and movable; and including surfaces under and around the equipment) must adhere to Australian Safety Standards and Guidelines.
- Outdoor play areas should be developmentally, age and stage appropriate, with a variety of activities available to children
- Equipment should be positioned so as to meet safety standards
- Children must be supervised at all times by a responsible adult.
- Sun protection recommendations must be adhered to at all times.
- Inspection of equipment should be carried out daily to ensure there are no rust, hazards, sharp edges, or rough surfaces e.g. bolts or screws, and no entrapment hazard e.g. joins in slides which may injure a child.
- All outdoor equipment should be cleaned with a neutral detergent and disinfected if required.
- Soft fall areas should be inspected daily and maintained.
- Gardens and planted pots are to be free of poisonous plants and chemicals. These areas must be maintained following hospital guidelines.

(Kidsafe playground advisory Unit, C/- Kidsafe, Locked bag 4001, Westmead, NSW.2125  
Telephone (02) 98450890 Fax (02) 98450895)

### EVALUATION PLAN

Volunteers responsible for the provision of toys should undertake assessment of their knowledge and compliance of toy cleaning practice every 6 months (see attached checklist- Appendix 1). This should be completed with their supervisor.

An audit tool should be used to monitor volunteer compliance and understanding of procedure. See appendix for example.

### IMPLEMENTATION AND MONITORING COMPLIANCE

This guideline will be circulated to staff that are responsible for the selection, cleaning, and maintenance of toys for children and young people in our care. This will be done via global email and by direct communication with Nurse Unit Managers, Allied Health staff, and volunteers.

Education of toy selection, cleaning, and maintenance should be given to volunteers during orientation and information sessions by their supervisor. Current volunteers working with teams should receive further education during their 6-monthly audit.

Audits should be completed every six months by the direct supervisor and kept locally. If a volunteer is not able to demonstrate competence to meet these guidelines further education and supervision should be offered to ensure safe selection and maintenance of toys.

## APPENDICES

1. Child Life Therapy volunteer infection control checklist
2. CYPFS Toy audit

## CONSULTATION

### 1. Child Life Therapy:

- Michelle Perrin: Head of Dept – Music, Art & Child Life Therapy
- Veronica Oakley: Child Life Therapist - Music, Art & Child Life Therapy

### 2. Infection Prevention Service:

- Jeffrey Deane: Clinical Nurse Consultant – Infection Prevention Service

### 3. Neonatal Intensive Care Unit:

- Natalie Butchard: Nurse Unit Manager, NICU

### 4. District Nursing Unit Managers:

- Tracey Laidlaw: Nursing Unit Manager – Manning Rural Referral Hospital
- Cherie Hunter: Nursing Unit Manager, Paediatrics and Midwifery – Armidale Base Hospital
- Terese Madden: Nursing Unit Manager – Tamworth Hospital
- Jessica Crombie: Nursing Unit Manager, Paediatric ward – The Maitland Hospital

## FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page

**APPENDIX ONE**

**Child Life Therapy Volunteer  
Infection Control Check – 6 monthly skill assessment**

Name of Volunteer:

Date:

Name of Reviewer:

---

**Hand Hygiene**

- when entering/exiting ward
- before touching a patient/surrounds
- after touching patient/surrounds
- bare below the elbow

**Toy Cleaning**

- uses gloves/aprons to protect self when collecting toys
- keeps dirty and clean toys separate
- allows toys to completely air dry before packing away
- demonstrates understanding of single clean requirements (alcohol wipes **OR** neutral detergent and disposable cloth)
- demonstrates understanding of disinfection clean requirements (uses PPE, keeps separate to single clean toys, uses sanitiser x 1 **OR** high level disinfectant, allows to air dry, uses signage to advise others on toy status)

**Resource usage/distribution**

- can identify resources that are single use (pencils, playdough, crayon, paper products etc)
- Check in with volunteer** regarding role satisfaction/any issues

---

Any areas for development identified:

Check completed by (staff member):

Next review due:

APPENDIX TWO

# CYPFS Toy safety and cleaning Audit Tool

To be completed by line manager of staff or volunteers responsible for the selection, maintenance, and cleaning of toys

<b>Audit Date:</b>	
<b>Audit Conducted By:</b>	

 <b>Standard 3 – Preventing and Controlling Healthcare Associated Infections</b>				
Question		Response		
1.	<b>Safety of Toys</b> Each item checked for safety prior to distribution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.	<b>Soft Toys</b> All soft toys removed/discarded from general areas. New, wrapped soft toys given to children for single use only. Fuzzy felt laminated or discarded	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	<b>Hard surface toys</b> Cleaned by: Option 1 :wash neutral detergent then air dry  Option 2: high level disinfectant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4.	<b>Electronic toys</b> Cleaned with alcohol wipes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5.	<b>Books</b> Cleaned with neutral detergent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6.	<b>Play dough</b> Used Play Dough discarded (for single client, single use only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	<b>Craft equipment:</b> Used paint/ glue discarded (single use only) Other items: cleaned with neutral detergent or high level disinfectant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	<b>Musical instruments</b>  Option 1 : wipe with neutral detergent  Option 2: high level disinfectant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9.	<b>Dress Up Clothes:</b> Option 1: a. wash neutral detergent b. soak in high level disinfectant for 15 mins c. rinse cold water d. air dry  Option 2: 1. Machine wash 71 degrees 3min or 65 degrees 10 mins 2. Air or tumble dry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.	<b>Games/ playing cards</b> All card/paper items laminated Game parts cleaned with neutral detergent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11.	<b>Storage Equipment</b> All equipment used to store toys is cleaned simultaneously with the equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12.	<b>Outdoor Equipment</b> Outdoor equipment to be cleaned weekly using neutral detergent or high level disinfectant as appropriate. Children with additional precautions are not permitted in outdoor play areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Comments:

**Actions:**

The following things need to be addressed or be undertaken in a different manner:

Action	By Whom	Date to be completed