Guidance on infection control for childminders

To minimise the risk of transmission of infection to other children and your family

Please use this guide as a reference

Your Ofsted Insector will expect you to have this available, refer to it and show at your Annual Inspection.
Universal precautions for children

Hand washing and good hygiene procedures

- Effective hand washing is an important method of controlling the spread of infections.

- Always wash hands:
  - Arriving at the childcare setting
  - After using the toilet, nappy changing
  - Before eating or handling food
  - Coming in from outside

- Wash your hands by using warm, running water and mild, preferably liquid soap.

- Rub hands together vigorously until a soapy lather appears

- Continue for at least 15 seconds ensuring all surfaces of the hands are covered including nails and between fingers.

- Rinse hands under warm running water and dry hands with a hand dryer or clean towel (preferably paper)

- Turn off tap with paper towel, not your hand!

- Open door with paper towel

- Discard disposable towels in a bin. Bins with food pedal operated lids are preferable.

- Encourage use of handkerchiefs when coughing and sneezing.
Cleaning up body fluid spills – universal precautions

- Spills of body fluids: blood, faeces, nasal and eye discharges. Saliva and vomit, must be cleaned up immediately.

- Wear disposable gloves. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.

- Clean and disinfect any surfaces on which body fluids have been spilled. An effective disinfectant solution is household bleach solution diluted 1 in 10 but it must be used carefully.

- Discard fluid-contaminated material in a plastic bag along with the disposable gloves. The bag must be securely sealed and disposed of according to local guidance.

- Mops used to clean up body fluids should be cleaned in a cleaning equipment sink or cleaning bucket (not a kitchen sink), rinsed with a disinfecting solution and dried.

- Ensure contaminated clothing in hot laundered (minimum 60°C)

All food handlers must be aware and following proper hygiene and health and safety procedures required by Ofsted
Outbreaks of Infection

If you suspect that some of your children are part of an outbreak of infection (an unusual number of cases of an infectious disease) you should inform the Health Protection Unit 020 8682 6132

Immunisations

By the age of 2 all children should have received 3 doses of diphtheria/tetanus/whooping cough/Hib and polio immunisations at least one dose of measles, mumps, rubella (MMR) immunisation. By age 5 all children should, in addition, have had a booster of diphtheria, tetanus and polio, and a second dose of MMR.

Vulnerable Children

Some children have medical conditions that make them especially vulnerable to infections that would rarely be serious in most children.

- Such children include those being treated for leukaemia or other cancers, children on high doses of steroids by mouth and children with conditions, which seriously reduce immunity. Usually parents will make you aware of such children.

- These children are especially vulnerable to chicken pox or measles. If a vulnerable child is exposed to either of these the parent/guardian should be informed promptly so that they can seek further medical advice as necessary.
Pregnancy

Some infections if caught by a pregnant woman can pose a danger to her unborn baby.

- **Chicken Pox**: This can affect the pregnancy of a woman who has not previously had the disease. If a pregnant woman who has not previously had the disease. If a pregnant woman is exposed early in pregnancy (the first 20 weeks) or very late in pregnancy (the last 3 weeks before birth) she should promptly inform her GP and whoever is giving her ante-natal care who can do a blood test to check she is immune.

- **German Measles (Rubella)**: If a woman who is not immune to rubella is exposed to this infection in early pregnancy her baby can be affected. Female staff should be able to show evidence of immunity to rubella or, if that is not available, have a blood test and if appropriate, immunisation. If a woman who may be pregnant comes into contact with rubella she should inform her GP promptly.

- **Slapped Cheek Disease (Parvovirus)**: Occasionally, Parvovirus can affect an unborn child. If a woman is exposed early in pregnancy (before 20 weeks) she should promptly inform whoever is giving her antenatal care.
Animals (permanently or visiting)

Animals may carry infections, especially gastroenteritis, and guidelines for protecting the health and safety of the children should be followed.

- Animal living quarters should be kept clean. All waste should be disposed of regularly. Litter boxes should not be accessible to children.

- Young children should not play with animals unsupervised and children must wash their hands after handling animals, cleaning cages etc.

- Particular care should be taken with reptiles as all species can carry salmonella.

- As a childminder you must inform Ofsted about all pets within your household.

Precautions for visits to farms

- Check that the farm is well managed and that the grounds and public areas are as clean as possible. Note that manure, slurry and sick animals present a particular risk of infection and animals must be prohibited from any outdoor picnic areas.

- Check that the form has washing facilities adequate and accessible for the age of the children visiting with running water, soap (preferably liquid) and disposable towels or hot air dryers. Any drinking water taps should be appropriately designated appropriately in a suitable area.

- Explain to children that they cannot be allowed to eat or drink anything, including crisps, sweets, chewing gum etc while touring the farm, or put their fingers in the mouth because of the risk of infection.

- If children are in contact with or feeding, farm animals, warn them not to place their faces against the animals or taste the animal feed.
• Ensure all children wash and dry their hands thoroughly after contact with animals and particularly before eating and drinking using soap.

• Meal breaks or snacks should be taken well away from areas where animals are kept, and children warned not to eat anything which may have fallen to the ground.

• Any crops produced on the farm should be thoroughly washed in drinking water before consumption.

• Ensure pupils do not consume unpasteurised produce, eg milk or cheese.

• Ensure all children wash their hands thoroughly before departure and ensure that footwear is as free as possible from faecal material.
| **Salmonella** | Until diarrhoea and vomiting has settled (neither for the previous 24 hours) | If the child is under five years or has difficulty in personal hygiene seek advice from The Health Protection Unit 0208 638 6132 |
| **Shigella (Bacillary dysentery)** | Until diarrhoea has settled (neither for the previous 24 hours) | If the child is under five years or has difficulty in personal hygiene seek advice from The Health Protection Unit 0208 638 6132 |

See also HANDS WASHING AND GOOD HYGIENE PROCEDURES

| **RESPIRATORY** | **COMMENTS** |
| **Flu’ (influenza)** | Flu is most infectious just before and at the onset of symptoms |
| **Tuberculosis** | The Health Protection Unit 0208 683 6132 | Generally requires quite prolonged, close contact for spread. No usually spread from children |
| **Whooping cough (Pertussis)** | Five days from commencing antibiotic treatment | Treatment (usually with erythromycin) is recommended through non-infectious coughing may still continue for many weeks |

<p>| <strong>OTHERS</strong> | <strong>COMMENTS</strong> |
| <strong>Conjunctivitis</strong> | If an outbreak occurs consult The Health Protection Unit 0208 683 6132 |
| <strong>Head Lice (nits)</strong> | Treatment is recommended only in cases where live lice have definitely been seen (IMPORTANT SEE FURTHER INFORMATION) |
| <strong>Hepatitis A</strong> | See comments | There is no justification for exclusion of well older children with good hygiene who will have been much more infectious prior to the diagnosis. Exclusion is justified for 5 days from the onset jaundice or stools going pale for the |</p>
<table>
<thead>
<tr>
<th>Disease</th>
<th>Contact Information</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal Meningitis/septicaemia</td>
<td>The Health Protection Unit 0208 683 6132</td>
<td>There is no reason to exclude from schools, siblings and other close contacts of a case.</td>
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<tr>
<td>Meningitis not due to meningococcal infection</td>
<td></td>
<td>Once the child is well infection risk is minimal.</td>
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<tr>
<td>Mumps</td>
<td>Five days from on set of swollen glands</td>
<td>The child is most infectious before the diagnosis is made and most children should be immune due to immunisation.</td>
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<tr>
<td>Threadworms</td>
<td></td>
<td>Transmission is uncommon in schools but treatment is recommended for the child and family.</td>
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<tr>
<td>Tonsillitis</td>
<td></td>
<td>There are many causes, but most cases are due to viruses and do not need an antibiotic. For one cause, streptococcal infection, antibiotic treatment is recommended.</td>
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<tr>
<td>HIV/AIDS</td>
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<td>HIV is not infectious through casual contact. There have been no recorded cases of spread within a care setting. (IMPORTANT: see CLEANING UP BODY FLUID SPILLS)</td>
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<td>HEPATITIS B AND C</td>
<td></td>
<td>Although more infectious than HIV, Hepatitis B and C have only rarely spread with a school or care setting. Universal precautions will minimise any possible danger of spread of both hepatitis B and C. (IMPORTANT: see CLEANING UP BODY FLUID SPILLS)</td>
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