Keep it clean and healthy

Infection prevention and control guidance for all childcare providers

Working together to promote good hygiene

Supported by an educational grant from Reckitt Benckiser, makers of Dettol.
Acknowledgements

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Foreword

I am delighted to present the fourth edition of 'Keep it clean and healthy'. This guidance is aimed at everyone in England who looks after other peoples’ children, including those working in early years settings and childminders. Despite legislative differences, much of the advice will also be relevant to childcare providers in Scotland, Wales and Northern Ireland. It provides practical advice on preventing and controlling infections in childcare settings. It also gives advice about managing outbreaks of some of the most common or problematic infections. Some activities are included for you to carry out with the children, to help educate them about avoiding infections and staying healthy. Other activities enable you to reflect on your current practices and reinforce your own learning.

The guiding principles for the prevention and control of infection and safe working systems come under the umbrella of the Health and Safety at Work Act 1974 and the Public Health (Control of Disease) Act 1984. The Management of Health and Safety at Work Regulations 1992, requires employers to carry out risk assessments and to implement appropriate control measures to minimise risks. Ofsted also requires childcare providers to carry out risk assessments and make necessary adjustments to secure safety at all times. In the context of childcare settings, these measures should include the provision of:

- **appropriate personal protective clothing for staff (e.g. gloves and aprons)**
- **suitable hand washing facilities for staff and children**
- **safe waste disposal**
- **policies for managing outbreaks of infectious diseases, e.g. of vomiting and diarrhoea.**

This guidance could help you to develop your own policies and training on infection control issues. I hope you find it useful in your setting.

**Viv Cleary**
Consultant in Health Protection,
North East and North Central London Health Protection Unit.

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**Definitions**

- **Antibacterial** - A product or process that kills bacteria or inhibits their growth.
- **Cleaning/Cleaner** - A physical process or product that removes dirt from an object but does not necessarily reduce the level of microbial contamination.
- **Contamination** - The presence of germs on a body, surface, object, or in food or water.
- **COSHH regulations** - The laws concerning the Control of Substances Hazardous to Health.
- **Decontamination** - The process of destroying or removing germs (through cleaning, disinfecting or sterilising) to make an item or surface safe for its intended use. Successful decontamination doesn't necessarily kill or remove all germs, but reduces them to a level that is not harmful to health.
- **Detergent** - A cleansing agent that removes dirt.
- **Disinfectant** - A product used to kill germs on surfaces.
- **EYFS** - Early Years Foundation Stage – the learning, development and welfare requirements that childcare providers in England must comply with.
- **Hygienic cleaner** - A product used to remove dirt and destroy germs on surfaces.
- **Incubation period** - The time between exposure to germs and the appearance of symptoms of infection.
- **Notifiable disease** - Any infectious disease identified by the Public Health (Infectious Diseases) Regulations 1988.
- **Parent** - Anyone who has parental responsibility for a child, or who has care of a child.
- **Staff** - Everyone who works in the childcare setting, including parent helpers and assistants.
- **Sterile** - Free from all viable germs.
Introduction

Preventing and controlling the spread of infections in domestic or managed childcare settings can be problematic. Young children are particularly susceptible to infections because their immunity is still developing. They also have close and frequent contact with other children, so infections tend to spread easily. Fortunately, there are several simple things that childcare providers can do to help minimise the risk of infection, including:

- ensuring children and staff receive their routine immunisations
- implementing rigorous hygiene procedures
- excluding infectious children and adults from the setting, when appropriate
- ensuring prompt and appropriate treatment of illness.

Since September 2008, it has been compulsory for all childcare providers in Ofsted registered settings to comply with the welfare requirements outlined in the Statutory Framework for the Early Years Foundation Stage (EYFS). This requires childcare providers to take necessary steps to prevent the spread of infection. ‘Keep it clean and healthy’ helps you, the childcare provider, fulfil this requirement and minimise the risk of infection in your setting. You may also like to share the advice with parents.

Key contacts and organisations

CCDC  The Consultant in Communicable Disease Control (or Consultant in Health Protection CiHP) is appointed as the ‘Proper Officer’ to the Local Authority and has a variety of powers under the Public Health Act 1984 (updated by the Health and Social Care Act 2008). Working within the local Health Protection Unit, they can advise you about preventing infections, and (once notified) investigate and manage outbreaks.

DCSF  Department for Children, Schools and Families – the government department created in 2007 (to replace the Department for Education and Skills) which secures the health and well-being of children and sets the standards for their learning, development and care.

EHO  The Environmental Health Officer works within the Local Authority Environmental Health Department. Their duties include the investigation and control of suspected outbreaks of food poisoning. They can inspect food preparation and storage premises, give advice about food hygiene and take legal action against those who breach food safety laws.

FSA  Food Standards Agency – the UK government agency that provides advice to the public and government on food safety, nutrition and diet.

HPA  Health Protection Agency – the UK body that helps protect the public from infections and environmental hazards. It provides advice and support via local Health Protection Units.

Ofsted  The Office for Standards in Education, Children’s Services and Skills – the government department that inspects and regulates early years provision and registered childcare in England.
In the childcare setting, the main sources of germs are people, animals, contaminated food and water. Germs can also build up rapidly where water and waste residues accumulate, such as sinks, u-bends, toilets and wet cleaning cloths.

**How do infections spread?**

People can acquire infections in a variety of ways:

- **Direct contact** – Some infections spread through close physical contact with an infected person or animal, or through contact with their blood or body fluids.
- **Vertical transmission** – Some infections spread from an infected mother to her baby during pregnancy, delivery or breastfeeding.
- **Self-infection** – Germs may spread (through contact) from one part of the body to another, (e.g. bladder infections occur when normal gut organisms transfer to the urinary tract).
- **Inhalation** – Some infections spread by inhaling germs in respiratory droplets that people produce when they talk, cough or sneeze. Germs carried in large droplets fall to the ground within one metre of the infected person (e.g. the chickenpox virus) but other germs can travel further in tiny airborne particles (e.g. flu viruses). Germs can also spread through the air on skin scales shed from our bodies.
- **Consumption** - Gastrointestinal infections (tummy upsets) usually arise from consuming contaminated food or untreated water, but sometimes result from germs being carried to the mouth on unwashed hands (the faecal-oral route).
- **Indirect contact** – Infections can spread by touching a surface contaminated with germs (e.g. from blood, faeces, respiratory secretions, raw food or skin scales) and then touching the eyes, nose, mouth or a wound. The surfaces commonly involved are hand and food contact surfaces and cleaning utensils. Although germs eventually die on hard surfaces, many species can survive on surfaces long enough to pose a risk of infection (e.g. flu viruses can survive on hard surfaces for up to three days).
- **Vehicles and vectors** - Some animals act as carriers of infection (e.g. flies and rodents can deposit germs in our food). Insect vectors (e.g. ticks, mosquitoes) can spread infections by biting us.

**How do we stop infections spreading?**

The main principles for preventing and controlling infections are concerned with;

- reducing or eliminating sources of infection (e.g. by cooking food properly and excluding infectious children from the setting)
- preventing transfer of contamination from these sources (e.g. by applying suitable hygiene procedures)
- educating staff and children about good hygiene practices.

**What is a hygiene procedure?**

The EYFS document states that providers must keep their premises and equipment clean. Routine cleaning (e.g. by sweeping, vacuuming, wiping) is necessary to remove dirt and debris, which could otherwise attract pests and support the growth of germs. However, where there is a risk that a surface could become a source of infection, you need to apply an appropriate hygiene procedure. The aim is to reduce the number of germs to a level where there is no longer a threat to health. This level varies depending on the circumstances, and dictates what procedures are required. Hygiene procedures include;

- **Heating** – Heating (e.g. by boiling or hot machine-washing) is an effective way to decontaminate items such as clothes, cleaning cloths and other fabrics. Heating (by thorough cooking) can also reduce contamination of foods to a level that is safe for consumption. Generally, the higher the temperature achieved, the more germs are killed.
- **Cleaning** – For many small items, e.g. cooking utensils, cutlery and crockery, you can remove sufficient germs using a cleaning product/detergent and hot water. Cleaning is only effective if you wash all the surfaces and then rinse them thoroughly with clean (preferably hot) running water. Cleaning is not an effective way to decontaminate large or fixed surfaces because you can’t rinse them properly.
Disinfecting – You can use chemical disinfectants to decontaminate surfaces where the former methods are inadequate or impractical, i.e. to decontaminate large or fixed surfaces, such as kitchen work surfaces, toilet flushes, taps and handles. You can also use laundry disinfectants (sanitisers) to destroy germs on fabrics that won’t withstand a hot wash. Disinfectants vary in their ability to kill germs. You need to choose one that will rapidly kill a wide range of germs and follow instructions regarding dilution rates and contact times carefully. You must clean away any visible dirt before applying a disinfectant, otherwise it may not work properly. Hygienic cleaners (i.e. antibacterial surface cleansers and wipes) that remove dirt and kill germs can be useful.

A few germs left on a damp surface can multiply quickly, so it is important to dry surfaces and equipment as rapidly as possible after decontaminating them and to keep them dry.

What do providers need to do?

Providers should be aware of good hygiene practices and keep staff informed of these. In a group setting, documenting your procedures helps ensure that staff apply these correctly. It also enables you to provide Ofsted with evidence that you are complying with the statutory welfare requirements. Providers should;

- obtain information from the Health Protection Agency and local Environmental Health Department, and keep up to date with current recommendations
- include hygiene procedures in staff induction and training
- use notices, posters and staff meetings to promote good hygiene
- display addresses and telephone numbers of key health contacts, including your nearest Accident and Emergency Department (A&E), Health Centre, CCDC and EHO
- keep a list of notifiable diseases, and ensure staff are familiar with the local procedures for notifying the CCDC, EHO and Ofsted of outbreaks of disease
- notify the CCDC and Ofsted should any notifiable disease occur in your setting
- consult the EHO and notify Ofsted promptly if two or more children have food poisoning
- act on any advice given by the CCDC or EHO, and inform Ofsted of this.

Children should learn to recognise the importance of keeping healthy, and those things that contribute to this. You can help children reach this goal by teaching them about the importance of;

- washing their hands frequently
- cleaning their teeth twice a day
- using tissues to wipe their nose and cover their mouth and nose when coughing or sneezing
- putting their used tissues in a bin and washing their hands afterwards
- using the toilet correctly.

Do

- check the premises are clean and safe before the children arrive each day
- establish a daily routine for cleaning the premises, toilets, kitchens and nappy changing areas
- establish a rota for cleaning toys, furnishings, dressing-up clothes, sand, water play area, ball pits and other equipment
- consider hygiene, cleanliness and the risk of infection, when conducting your risk assessments and review these regularly.
Germs transfer to our hands when we touch other people, animals, body fluids, raw food and contaminated surfaces. They can then pass into our bodies (e.g. when we eat without washing our hands first), to other people and onto surfaces that we touch. Through hand washing using soap and water is the best way to remove these germs and prevent them causing infections\textsuperscript{b}. It is best to use liquid soap and disposable paper towels because sharing bars of soap and towels can spread germs from one person to another\textsuperscript{b}. Using an antibacterial liquid soap can give better protection. Sometimes, e.g. when running water is inaccessible or as an added precaution during an outbreak of infection, it may be necessary to use an alcohol-based hand sanitiser\textsuperscript{10,11}. These products are an effective and convenient alternative to soap and water. However, they only work when used on visibly clean hands.

### How should we wash our hands?

1. Wet hands with warm water.
2. Apply a small amount of soap.
3. Rub palms together (away from the water).
4. Rub fingers and thumbs, and the bits between.
5. Rub nails on palms.
6. Rub the back of each hand.
7. Rinse with clean running water.
8. Dry thoroughly with a clean towel.
9. Turn the tap off. Try to avoid touching the tap directly, as there is a risk of recontamination. For rigorous hygiene, turn the tap off using a paper towel.

### When should we wash our hands?

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<thead>
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| ● Handling food or eating  
● Handling sterilised equipment or preparing a feed  
● Applying contact lenses | ● Visiting the toilet or changing a nappy  
● Handling raw food (e.g. meat, poultry, eggs)  
● Touching animals or their associated equipment  
● Contact with blood or body fluids (including after coughing, sneezing or blowing your nose)  
● Touching a contaminated surface (e.g. a cleaning cloth, used tissue, nappy, potty)  
● Outdoor activities (e.g. gardening) | ● Dressing a wound  
● Giving or applying any medication |

### Do

✓ provide suitable hand washing and drying facilities  
✓ ensure everyone washes their hands at the right times and whenever visibly dirty  
✓ cover any cuts or abrasions on hands with a waterproof dressing  
✓ supervise children’s hand washing (particularly during an outbreak of gastroenteritis)  
✓ consider using an alcohol-based hand sanitiser (e.g. on outings).

### Don’t

✗ assume children know how to wash their hands  
✗ use a single cloth to clean a group of children’s hands  
✗ allow children to eat without showing you their washed hands.

### Activities

1. Explain to the children that washing our hands removes germs that might otherwise make us ill. Demonstrate good hand washing to the children.
2. Ask the children to help make a poster that you could display near the toilet to help them remember to wash their hands.
Cleaning cloths and utensils

Germs can build up quickly in cleaning cloths and utensils. Reusing these items can spread the germs onto any surface they touch. To help prevent cross-contamination, wherever possible, you should use disposable paper towels to clean surfaces, especially for:

- drying hands
- cleaning up spills of blood, body fluids (e.g. vomit, faeces) or raw food (e.g. meat, eggs)
- wiping food contact surfaces in kitchen areas
- wiping sides of plates before serving food
- drying food ingredients.

For other tasks, if you do reuse cleaning cloths or utensils, you must decontaminate them after each use and at least once a day, by rinsing them in detergent and hot water and then either:

- immersing them in boiling water for two minutes
- putting them through the dishwasher or washing machine on a hot wash (at least 60 °C), or
- soaking them in a suitable disinfectant, then rinsing them with clean water.

Mops should have a detachable head that you can machine wash after use. Alternatively, you can clean mop heads with hot water and detergent in a designated sink, rinse them with disinfectant, then wring them as dry as possible. Mops should be stored head up or hanging.

To help prevent cross-contamination, reusable cleaning cloths and utensils and protective clothing such as rubber gloves, can be colour-coded according to the national system. This is:

- red for toilets/sanitary appliances and washrooms/changing room floors
- yellow for hand basins and other surfaces in washrooms and changing rooms
- blue for general areas such as offices and corridors
- green for kitchens.

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**Activities**

1. Think about how you decontaminate the cleaning cloths and utensils used in your setting. Make sure everyone decontaminates them after each use and stores them dry.
2. Read the labels on the cleaning products used in your setting. Check the products are suitable, that you are storing and using them correctly and that you have access to the protective equipment indicated on the label.
Toilets and potties

Surfaces that people often touch, such as toilet flush handles, taps, doorknobs and waste bins, are highly likely to be contaminated with germs, and have a high risk of transferring infection. You should clean and disinfect these surfaces frequently (as is practical), and whenever they are visibly soiled.

There is usually little direct contact with the toilet bowl, so the associated risk of infection is quite low. However, germs from the toilet can splash onto other surfaces during flushing. To stop germs and odours building up, you need to remove any visible dirt and scale from the toilet bowl using an appropriate cleaning product and toilet brush, flush the cleaning product and dirt away, and then destroy the remaining germs by applying a suitable disinfectant. Using a combined toilet cleaning product that removes scale and kills germs can be more convenient. Germs multiply quite rapidly in the wet, so a sustained action or continuous release disinfectant (i.e. a cistern block that dispenses disinfectant with every flush) can be useful. How frequently the toilet needs cleaning depends on how many children use the facilities and whether they have good toilet habits, but you should clean the toilet at least daily, and whenever it is visibly soiled.

Where potties are used, you should ideally place them on a hard surface that is easy to decontaminate (see Floors and other surfaces). After use, potties should be sluiced in the toilet, then cleaned and disinfected. They should then be dried and stored upside down. Other surfaces in the toilet area should be well maintained, cleaned regularly and kept as dry as possible. Good ventilation helps to reduce condensation and the growth of mould and mildew.

Apart from cleanliness and reducing the risk of infection, think about the following points regarding the toilet facilities;

- **accessibility**
- whether locks on toilet doors can be easily opened from the outside
- supervision of toileting taking into account children’s developing independence
- how child to carer ratios are affected when you escort children to the toilet
- safety, taking account of local environmental health requirements
- toilet training, including the safe and hygienic use and storage of potties
- if toilets need to be adapted to meet the needs of individual children.

Do

- ✓ close the toilet lid before flushing
- ✓ clean and disinfect toilets regularly
- ✓ clean and disinfect hand contact surfaces frequently
- ✓ use disposable or colour-coded cleaning cloths
- ✓ wash your hands when you have finished cleaning.

Don’t

- ✗ use toilet cleaning cloths in other areas of the setting
- ✗ allow cleaning products and disinfectants to mix
- ✗ let children take toys into the toilet area.

**Activities**

1. Establish a suitable schedule for cleaning the toilet area. Put a checklist up for staff to sign to confirm they have checked and/or cleaned the toilet(s) at the appropriate times.

2. Explain to children that it is important to keep the toilet area clean. Ask them to tell you if they find the toilet area is dirty.
Nappies

Nappy changing gives germs an ideal opportunity to spread, not only to the child, but also to the person changing the nappy and the surrounding area. Nappy changing therefore requires scrupulous hygiene procedures. The EYFS document states that you should have suitable hygienic changing facilities for changing any children who are in nappies.

There are no restrictions regarding what type of nappies you use. However, as a business, if you use disposables, you need to arrange for a registered waste contractor to collect and dispose of the nappies. Parents are increasingly interested in using ‘real’ (washable) nappies and want to have that choice available. You can either:

- allow parents to bring in real nappies and take them home to launder them
- contract an external nappy laundry service to supply and launder nappies, or
- buy and use real nappies and launder them in your setting.

The Real Nappy Campaign provides guidance for those who want to use real nappies in their setting. Commercial nappy laundering services should adhere to NHS guidelines and the code of practice set out in Publicly Available Specification (PAS) 106. If you opt to launder nappies in your setting, you should adhere to the infection controls in PAS 106.

All used nappies need to be stored safely in a container that is inaccessible to children, until collection or laundering. You should seal used disposables in a plastic bag (nappy sack), and then place them in a bin outside. You can disinfect real nappies by placing them in a lidded bucket with a suitable disinfectant product. After disinfection, you should strain the disinfectant into a toilet, and then launder the nappies on a hot wash (see Laundry). If parents opt to launder their child’s nappies, ask them to supply two clearly labelled bags – one for clean nappies and one for dirty nappies. You should put each dirty nappy in a nappy sack before placing it in the appropriate child’s dirty nappy bag. Nappy containers must be emptied, cleaned and disinfected regularly, using a suitable disinfectant.

Do

- change nappies promptly, especially after soiling
- have a dedicated nappy changing area, away from your food preparation area
- wear a disposable apron and gloves
- use a waterproof changing mat and protect it with paper towels which you discard after use
- put any solid waste from a nappy in the toilet – not the sink
- wipe from front to back when cleaning a child’s bottom
- clean and disinfect the nappy changing surfaces after each nappy change
- wash hands after each nappy change (and after touching dirty nappies)
- inform parents of any nappy rash and advise them to seek medical advice if it fails to heal.

Don’t

- use nappy changing mats that are dirty or have torn waterproof coverings
- share nappy cream between children - each child should have their own medication supplied by their parent and appropriate to their personal health needs
- use fingers to remove cream from containers - use a clean disposable spatula each time or opt for a pump dispenser.

Activities

1. Keep notes of nappy changing routines for each child.
2. Put a check sheet in the changing area for staff to sign to confirm that they have changed the appropriate child’s nappy and cleaned the area.
Food and kitchen hygiene

Food poisoning occurs when we eat food contaminated with harmful germs, such as Campylobacter, Salmonella or E. coli 0157. Raw foods, including meat, poultry, eggs, fish and seafood, often contain high levels of germs that easily spread to other foods and surfaces around the kitchen. Other foods can also be contaminated with germs from soil, faeces, dust and insects (e.g. unwashed fruit and vegetables). The germs easily spread from person to person, via food, unwashed hands and contaminated surfaces (e.g. chopping boards, toilet flush handles, taps).

Food poisoning usually results in diarrhoea and vomiting. It can also cause stomach cramps, nausea and a fever, and can sometimes even be fatal. As young children are particularly vulnerable to food poisoning, good food and kitchen hygiene are essential in the childcare setting. If you provide meals, snacks or drinks for the children in your setting, or even just reheat or cut up food provided by a parent, you must comply with the Food Hygiene Regulations and register your premises as a food business with your Local Authority Environmental Health Department. You can find contact details for your Local Authority on the Food Standards Agency website at www.food.gov.uk.

The Food Hygiene Regulations require that you operate food safety management procedures based upon the principles of HACCP (Hazard Analysis Critical Control Point). This means you have to look at each step of your food handling, including delivery, storage, preparation, cooking and serving, identify any potential hazards and put proper controls in place, so that the food you serve is safe to eat. Many of these procedures are common sense hygiene practices, but you must write your procedures down and keep appropriate records to show that your procedures work.

The Food Standards Agency has resources to help you put appropriate procedures in place, including guidance specifically for childminders.

The EYFS document requires that you are aware of your responsibilities under the Food Hygiene Regulations and include food hygiene matters in induction and on-the-job training for any staff involved in preparing and handling food. High standards of personal hygiene are essential. Food handlers must wear suitable clean clothing, cover any cuts or wounds with a waterproof dressing and ensure they wash their hands at the appropriate times. Anyone who has an infection likely to spread through food should not handle food or enter the food preparation area, and if they have vomiting or diarrhoea, they must not prepare food or attend the childcare setting until at least 48 hours after their symptoms cease.

Packed lunches that are prepared and stored inappropriately give food poisoning germs an ideal place to grow. If parents supply packed lunches, ask them to freshly prepare food each day and inform them what food you can store safely in the setting. They may wish to consider using a cool bag to help keep their child’s food chilled.

Activities

1. Explain to children that not washing their hands before eating can make them ill. Ask them to show you their clean hands before eating or handling food, and make sure they understand they shouldn’t enter the kitchen (unless you are using it for a supervised children’s activity).

2. Make a simple list of kitchen hygiene rules and display them in the kitchen area as a reminder. You can use the rules on the following page as a guide.
The Food Standards Agency outlines a ‘4Cs’ approach to food safety – The 4Cs are Cross-contamination, Cleaning, Cooking and Chilling. Here are some important rules to remember.

Cross-contamination
Prevent food poisoning by storing and preparing food carefully, and keeping sources of germs away from food preparation areas.

✓ Wash your hands before touching food and immediately after handling raw food (e.g. meat, eggs).
✓ Keep raw food and ready-to-eat food apart.
✓ Ideally, use different colour-coded chopping boards for raw and ready-to-eat foods.
✓ Store raw meat and poultry in the fridge, below any ready-to-eat food.
✓ Wash fruit, salads and raw vegetables well to remove all traces of soil and insects.
✗ Don’t let pets or their associated equipment touch food or preparation surfaces.
✗ Don’t allow pests, such as insects and rodents, to touch food or preparation surfaces.

Cleaning
Decontaminate items in the right way at the right time to remove any harmful germs and stop them spreading to food.

✓ Make sure all utensils and equipment are spotlessly clean before use.
✓ Regularly clean and disinfect things that people often touch, such as taps, handles and switches.
✓ Clean and disinfect food preparation surfaces immediately before use.
✓ Immediately after handling raw food, clean and disinfect food preparation surfaces and any surfaces you have touched (e.g. fridge handle, taps).
✓ Use paper towels or disposable cloths if possible.
✓ If you reuse cloths, decontaminate them between tasks (see Cleaning cloths and utensils).
✓ Use disinfectants that are suitable for surfaces touched by food.
✗ Don’t use kitchen cloths elsewhere in the setting.

Cooking
Cook food thoroughly to kill any germs in it, and reheat food properly to kill any germs that have multiplied in it since it was cooked.

✓ Cook food thoroughly and evenly, so that it is steaming hot all the way through.
✓ If you cook rice, keep it hot until it is eaten, or cool it and refrigerate it within one hour.
✓ Only reheat food once, and check food is steaming hot all the way through.
✗ Don’t serve raw or partially cooked eggs or dishes made with them.

Chilling
Chill food properly to help stop germs growing, and take care with frozen foods, especially when defrosting.

✓ Put any frozen food you buy in the freezer straight away.
✓ Keep salads, perishable foods and eggs in the refrigerator.
✓ Set the refrigerator at 5 °C or below and check the temperature every day.
✓ Keep the freezer at or below minus 18 °C.
✓ Consider using cool bags to keep food chilled during transport (e.g. on outings).
✓ If cooked food won’t be eaten immediately, cool it and put it in the fridge within two hours.
✓ Use up any leftovers within 48 hours.
✓ Thoroughly defrost food before cooking (unless the instructions say cook from frozen).
✓ Ideally, defrost food in the fridge.
✓ Once food has defrosted, keep it in the fridge and use it within 24 hours.
✓ Only defrost food in the microwave if it will be eaten straight away.
✗ Never refreeze food.
✗ Don’t use food after its use-by date.
Baby feeding equipment

Ideally, babies should be fed only breast milk for the first six months. Breast milk contains antibodies that help to protect from gastroenteritis and other infections. If possible, mothers should attend the setting and breastfeed their baby. Where this is not an option, you should encourage mothers to continue breastfeeding at home and supply you with expressed breast milk (EBM). Parents who supply EBM should provide it in sealed sterilised bottles, clearly labelled ‘breast milk’ with the baby’s name, and the date the milk was expressed. They can use a cool bag to keep the milk chilled during transport. Although it is best to use EBM as soon as possible, you can keep it in a clean fridge at 4 ºC (well away from any raw food) for up to five days. You can also freeze EBM for up to six months. You need to defrost it in the fridge, and then use it straight away.

Infant formula milks don’t contain the antibodies found in breast milk and scrupulous hygiene is necessary when preparing them. The EYFS document states that you must have suitable facilities for the hygienic preparation of babies’ feeds and use suitable equipment to sterilise feeding equipment and dummies. Until a baby is one year old, you must decontaminate all their feeding equipment, teething aids and dummies, between uses by cleaning them with a clean bottlebrush, detergent and hot water, rinsing them thoroughly with clean running water and then sterilising them. You can sterilise the equipment by;

- submerging it in boiling water for ten minutes,
- immersing it in a cold sterilising solution, or
- using a steam steriliser unit that you plug in, or one that you use inside the microwave.

Always follow the instructions carefully and wash your hands before handling the sterilised equipment. To reduce the risk of contamination, it is best to remove items from the steriliser and prepare feeds just before the baby requires them, using freshly boiled tap water that you allow to cool for no more than 30 minutes. You can then quickly cool the milk to feeding temperature by holding the bottle (with the cap covering the sterilised teat) under cold running water. If parents supply made-up bottles, ask them to label them clearly and follow the Department of Health and Food Standards Agency’s advice on preparing formula. Put the bottles in the fridge straight away and use them within 24 hours.

**Do**

- ✓ obtain, record and act on information from parents about their baby’s dietary needs
- ✓ use a separate area to prepare babies’ feeds
- ✓ regularly clean and disinfect refrigerators used to store milk
- ✓ be aware that the sooner you use the milk, the less opportunity germs have to grow
- ✓ clean and disinfect work surfaces before preparing bottles or feeds
- ✓ wash your hands before preparing a feed or handling sterilised equipment
- ✓ ensure bottlebrushes are thoroughly cleaned and then sterilised with the bottles
- ✓ rinse off sterilising solution using cooled boiled water, not tap water
- ✓ check all equipment before use, including bottlebrushes, and discard if worn or damaged
- ✓ discard any milk left at the end of a feed and any milk unused after two hours.

**Don’t**

- ✗ use a microwave to warm or defrost milk
- ✗ overload the steriliser or interrupt the sterilising process to add extra items.

**Activities**

1. Support breastfeeding mothers by creating a suitable area where they can relax.
2. Keep up to date with the latest advice from the NHS about using and storing milk by visiting www.breastfeeding.nhs.uk, and pass this advice on to parents and staff.
Healthy eating

If you give children meals, snacks and drinks, these must be healthy, balanced and nutritious\(^1\). It is important to get the right balance, both in the amount and the types of food eaten. The correct diet reduces the risk of health problems such as anaemia and dental decay, and helps the immune system function effectively, so that it can fight off infections.

Breast milk or infant formula usually provides all the food and drink a baby needs. When a baby starts to eat solids (usually at six months), breast or formula milk should continue to be the main drink until they are at least one year old\(^2\). In addition, from six months (with the parent’s permission), you can begin to offer children cooled boiled water between meals, and fruit juice diluted with cooled boiled water (one to ten parts), in a cup at meal times. From one year onward, you can offer full-fat cow’s milk as a main drink and between meals. However, you must discuss with parents whether their child has an intolerance or allergy before offering any cow’s milk.

By six months, most babies are ready to begin eating solid foods. Some foods should be avoided, as they are likely to contain high levels of germs or harmful substances. The Food Standards Agency gives advice on weaning babies and which foods to avoid\(^26\). Until children are two years old, they can’t eat large amounts of food at one sitting, and need frequent meals and snacks that are packed with calories and nutrients. By five years, children should be eating a wide variety of foods, including:

- lots of fruit and vegetables – aim for at least five portions every day
- plenty of bread, rice, potatoes, pasta and other starchy foods
- some milk and dairy foods
- some meat, fish, eggs, beans and other non-dairy sources of protein
- just a small amount of foods and drinks high in fat and/or sugar\(^27\).

The Department for Education and Skills has issued useful guidance to help ensure that any meals you offer contain all the nutrients children need for proper growth and development\(^28\). This also includes advice on catering for children with food allergies.

**Do**

- ensure drinking water is available to children at all times
- ask parents about their child’s dietary needs and food allergies, record these and act on them
- ensure all staff know which children have food allergies and understand the consequences of this
- check all the ingredients of food given to a child with a food allergy
- support children in making healthy choices
- replace sugary snacks with fruit, raw vegetables, milk or plain water
- record each child’s food intake.

**Don’t**

- allow children to bring sweets and sugary snacks into the setting
- serve raw or undercooked meat or eggs
- serve unpasteurised milk or dairy products
- give honey to children who are under one year old
- give whole nuts to children who are under five years old
- give shark, swordfish, marlin or raw shellfish to young children
- add sugar or salt to food or drinks.

**Activities**

1. Plan nutritious menus - try to keep it interesting by varying foods, colours, textures and flavours (whilst taking account of any special dietary needs).
2. Remind children that drinking water is available to them at all times. Ask children to let you know if they need any help to get a drink.
Toys and play equipment

Toys and play equipment should be a source of fun and learning for every child. However, they are easily contaminated with germs from unwashed hands, spills of body fluids, or by children putting their mouths to them. Although germs won’t grow without water, enough can survive on the surface of toys to present a risk of infection. To reduce the risks, ensure that:

- toys and play equipment purchased for use in the setting can be cleaned easily
- everything is cleaned on a rota system as frequently as practical and whenever visibly dirty
- toys are stored clean and dry in clean containers or cupboards
- children are discouraged from putting items in their mouths.

Generally, you should clean hard toys and equipment with detergent and hot water, rinse them in clean running water and then allow them to dry. If you can’t submerge an item in water (e.g. large or fixed items and electrical toys), wipe away any visible dirt and then wipe the surfaces with a suitable disinfectant (antibacterial surface wipes which clean and kill germs are useful). You can usually clean soft toys by putting them in the washing machine, but check the washing instructions first.

Toys contaminated with blood or body fluids need to be decontaminated immediately. During an outbreak of infection, you may also need to decontaminate toys to prevent further spread. You can use these steps to decontaminate hard toys:

1. Clean every surface of the toy using detergent, hot water and a brush.
2. Immerse the toy in a disinfectant solution or wipe it with disinfectant wipes.
3. Rinse away any disinfectant with clean water and allow the toy to dry.

Alternatively, you can decontaminate hard toys by putting them in the washing machine or dishwasher, but check the manufacturer’s instructions first. You can decontaminate soft toys by putting them in the washing machine on a hot wash (see Laundry). If a contaminated soft toy won’t withstand a hot wash, you should throw it away. Occasionally, you may need to suspend certain types of communal play (e.g. sand or water play) to help prevent the spread of specific infections. The CCDC can advise you about this.

Do

- check toys regularly for rough edges and breaks and discard any damaged toys
- empty paddling pools after use and store deflated or inverted
- drain, clean with detergent and dry receptacles used for water play after use
- protect sandpits from contamination by using a cover and change the sand regularly
- wash your hands after handling contaminated toys
- ensure children wash their hands after water play, sand play or time spent in a ball pool
- replace soft modelling materials and doughs regularly and whenever visibly soiled
- carry out risk assessments on activities and the environment in which they take place.

Activities

1. Encourage children to assume responsibility for their toys by showing them how to look after them. Check toys regularly for damage and urge children to tell you if their toys need cleaning.

2. Teach children to store their toys properly. Explain that putting toys away not only prevents them from being lost, stolen or damaged, but also prevents others from injuring themselves on them.

Don’t

- put toys back into storage if they are dirty
- allow toys to remain outdoors overnight
- allow pets to share toys or foul the play area.
Floors and other surfaces

The risk of picking up an infection from surfaces such as floors, walls and furniture, is usually low and in most situations, cleaning with detergent and water or vacuuming is adequate. You should clean all surfaces regularly to remove dust, dirt and visible mould, and ensure you keep surfaces dry and well maintained. It is not usually necessary to decontaminate floors, walls and furniture, unless they are contaminated with blood or body fluids (e.g. vomit, faeces). However, as the risk of infection to children increases when they crawl or play on a floor, it is advisable to clean and decontaminate such floors regularly.

You must remove all spills of blood, faeces, urine, vomit, saliva, nasal and eye discharges immediately using disposable paper towels and then clean and decontaminate any soiled surfaces. You should wear appropriate protective clothing (e.g. disposable gloves and an apron) and seal all waste in a plastic bag for disposal. To decontaminate hard surfaces (e.g. tiled walls, hard furniture, linoleum flooring), after cleaning, you need to apply a suitable disinfectant that kills both bacteria and viruses, and follow the instructions for use carefully. You cannot use chemical disinfectants to decontaminate carpets and upholstery. You should decontaminate carpets and upholstery by having them steam cleaned. If clothing or other fabrics are soiled, remove them carefully and, if necessary, seal them in a plastic bag until you can decontaminate them by laundering them on a hot wash (see Laundry). If you can't decontaminate a soiled item properly, discard it.

Do

- keep all surfaces clean and dry
- regularly clean and decontaminate floors where young children play or crawl
- consider replacing carpets with hard surface coverings that are easier to maintain
- wear disposable gloves and an apron for tasks involving contact with blood or body fluids
- remove spills of blood or body fluids using disposable paper towels
- immediately remove spills of blood or body fluids and clean and decontaminate soiled surfaces
- wash your hands after cleaning
- ensure cleaning products and disinfectants are inaccessible to children.

Don't

- use mops to clean spills of blood or body fluids
- use bleach on carpets or wooden surfaces or in confined unventilated areas
- use bleach directly on spills of urine.

Activities

1. Check that the disinfectants you use are suitable for the surfaces in your setting. Read the labels carefully.

2. Think about how you can ensure that you have immediate access to the equipment needed to clear spills of blood or body fluids. Consider providing a ‘spill kit’ in each room.
Laundry

Fabrics soiled with blood or body fluids, cleaning cloths, underclothes, towels, and items used around food, can carry high levels of germs. These can potentially become a source of cross-contamination and pose a health risk. To help prevent this, each child should have their own bed linen, flannel and towel (if they are needed)\(^1\). These may be supplied and laundered by you or by the parent. If you provide laundering facilities, these should ideally be in a separate area, away from any food preparation or eating area and inaccessible to children. For childminders on domestic premises, where separate facilities are not available, laundering must not take place at the same time as food preparation and you must prevent dirty laundry touching food preparation surfaces and utensils\(^2\).

Inadequately laundered fabrics can harbour residual germs that can multiply quickly, especially if the laundry remains damp. It is therefore important to use an effective laundering method and then dry the laundry promptly. If you launder nappies, you should also comply with Publicly Available Specification 106 (see Nappies)\(^3\).

<table>
<thead>
<tr>
<th>Risk of contamination</th>
<th>Fabric</th>
<th>Effective laundering method *</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Heavily contaminated fabrics (e.g. clothes soiled with blood or body fluids, cleaning cloths)</td>
<td>Machine-wash with laundry detergent at 90°C, or at 60°C using a suitable disinfectant. Launder heavily soiled items as a separate load and use the pre-wash cycle.</td>
</tr>
<tr>
<td>Medium</td>
<td>Underwear, Towels and flannels, Bed linen, Tea towels and tablecloths, Bibs</td>
<td>Machine-wash with laundry detergent at 60°C (or above), or at 40 to 60°C, using a suitable disinfectant. Launder fabrics used around food as a separate load.</td>
</tr>
<tr>
<td>Low</td>
<td>Other items (e.g. clothes other than heavily soiled items and underwear)</td>
<td>Follow the washing instructions. If a low temperature (below 40°C) is necessary, consider using a laundry disinfectant to help kill germs.</td>
</tr>
</tbody>
</table>

* Check washing instructions. You may have to discard soiled items that won’t withstand a hot wash.

**Do**

- ✓ try to run a hot wash at least weekly to prevent germs and odours building up in the machine
- ✓ wear disposable gloves and an apron when handling soiled items
- ✓ remove any solid bodily waste into a toilet – not a sink
- ✓ wash hands after contact with dirty laundry
- ✓ seal children’s soiled clothing in a leak-proof plastic bag for the parent to take home.

**Don’t**

- ❌ allow children access to laundry facilities
- ❌ rinse soiled items by hand
- ❌ store clean laundry where it could get contaminated by dirty laundry.

**Activities**

1. Think about how you would look after a child whose clothing is soiled. Make sure you have access to suitable dirty laundry bags and appropriate spare clothing for each child.

2. Think about how you store children’s dirty and clean laundry. Check you have suitable labelled containers.
Pets within the childcare setting can significantly enhance children’s education. However, animals can pose a risk of infection. Even if they are apparently healthy, they can carry germs such as Salmonella, and parasites such as fleas and worms. Sensible precautions can reduce the risks to an acceptable level. However, you should consult parents and consider children’s anxieties and allergies (e.g. children with asthma) before introducing animals. The animals must be safe to be around children and not pose a health risk. Group settings should ideally have a written policy to ensure staff understand;

- which types of animal are allowed
- their control and permitted behaviour whilst on the premises
- areas where animals are not allowed
- the insurance liabilities of owners and handlers.

Correct management, careful handling and good hygiene are necessary to keep animals in good health and reduce hazards to staff and children. A knowledgeable person should be responsible for the care of the animals and ensure that they;

- have suitable food and housing
- are regularly exercised and groomed (as appropriate) and examined for signs of illness or injury
- receive prompt treatment from a vet if they become ill or injured
- receive appropriate immunisations and treatments (e.g. worm and flea treatments)
- have their claws trimmed if necessary to help prevent scratches.

Contact with cat faeces can be particularly hazardous for pregnant women, so they should avoid contact with litter trays. Litter trays must also be inaccessible to children. Whoever cleans the tray should wear disposable gloves and wash their hands thoroughly afterwards. Litter trays need to be emptied, cleaned and disinfected regularly (at least daily).

Do

✓ ensure everyone washes their hands after touching animals or their associated equipment
✓ keep animals and their equipment out of food preparation and eating areas
✓ thoroughly clean and disinfect food preparation surfaces if an animal does touch them
✓ remove any spills promptly and clean and disinfect any contaminated surfaces
✓ regularly clean and disinfect pet living quarters, floors and areas used by pets
✓ ensure animals have their own feeding dishes that you regularly clean and disinfect
✓ store pet food in covered containers, away from food for human consumption
✓ remove cat and dog food that is not consumed within 20 minutes or cover the feeding bowl
✓ discourage children from ‘kissing’ pets and allowing animals to lick their faces.

Activities

1. Make a list of each pet’s daily feeding and care routine, together with contact details for the vet and display it by each animal’s housing. This will help ensure continuity of care if the responsible person is absent.

2. Make sure children understand that animals carry germs and that they need to wash their hands after touching any animals or their equipment.

Don’t

✗ allow animals to foul children’s play areas
✗ clean pet cages and tanks in the kitchen – use a bucket if necessary
✗ permit children to play with animals without supervision.
Immunisation is a safe and effective way to protect children and adults from some serious and sometimes fatal infections. As more people are immunised, the diseases become rarer. However, this does not mean the disease no longer exists. If people stop being immunised, the diseases could become common again. If people are immunised they are protected from these infections, and will help protect others too.

The table shows the current national immunisation schedule. However, the NHS reviews this regularly and if a new vaccine becomes available, or research shows that giving vaccines at different times improves protection, they will change the schedule. Therefore, you should check the NHS website at www.immunisation.nhs.uk for the latest information before offering advice to parents. If parents want further information, literature is available from the NHS. However, you should also encourage them to consult their GP. This is particularly important if their child has health problems, as they may require additional immunisations.

<table>
<thead>
<tr>
<th>Age routinely vaccinated</th>
<th>Vaccine given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two months</td>
<td>Diphtheria, tetanus, pertussis (whooping cough), polio and Hib* (DTaP/IPV/Hib)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal conjugate vaccine (PCV)</td>
</tr>
<tr>
<td>Three months</td>
<td>Diphtheria, tetanus, pertussis, polio and Hib* (DTaP/IPV/Hib)</td>
</tr>
<tr>
<td></td>
<td>Meningitis C (Men C)</td>
</tr>
<tr>
<td>Four months</td>
<td>Diphtheria, tetanus, pertussis, polio and Hib* (DTaP/IPV/Hib)</td>
</tr>
<tr>
<td></td>
<td>Meningitis C (Men C)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal conjugate vaccine (PCV)</td>
</tr>
<tr>
<td>Around 12 months</td>
<td>Hib* and meningitis C (Hib/Men C)</td>
</tr>
<tr>
<td>Around 13 months</td>
<td>Measles, mumps and rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal conjugate vaccine (PCV)</td>
</tr>
<tr>
<td>Three years and four months (or soon after)</td>
<td>Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)</td>
</tr>
<tr>
<td></td>
<td>Measles, mumps and rubella (MMR)</td>
</tr>
<tr>
<td>13 to 18 years</td>
<td>Diphtheria, tetanus and polio (Td/IPV)</td>
</tr>
</tbody>
</table>

*Hib – Haemophilus influenzae type b vaccine protects children against what once was the most common form of meningitis in children under five years.

Note - Girls aged 12 to 13 years are also offered the human papilloma virus (HPV) vaccine to help protect them from cervical cancer.

**Activities**

1. Obtain and read the NHS’s advice about immunisations and pass this on to parents.
2. Explain to the children what happens when they have an immunisation. Explain that having an injection may hurt a little, but that it will help to stop them getting sick.
**Exclusion periods**

As a childcare provider, you must have, and enforce, a policy about the exclusion of children who are ill or infectious, which you discuss with parents. This must include procedures for contacting a parent or another designated adult if a child becomes ill whilst in your care. Excluding children who have certain infectious diseases helps to prevent others from becoming infected. The table below gives guidance on appropriate exclusion periods. However, you should refer to the Health Protection Agency for the most up to date advice.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Exclusion period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>For five days after the rash appears</td>
</tr>
<tr>
<td>Colds</td>
<td>None</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>None (but consult the CCDC if many children are affected)</td>
</tr>
<tr>
<td>Diarrhoea and vomiting</td>
<td>Until 48 hours after the last episode of diarrhoea or vomiting (exclusion from swimming for two weeks may also be necessary)</td>
</tr>
<tr>
<td>Flu</td>
<td>Until recovered</td>
</tr>
<tr>
<td>Glandular fever</td>
<td>None</td>
</tr>
<tr>
<td>Hand, foot and mouth disease</td>
<td>None (but consult the CCDC if many children are affected)</td>
</tr>
<tr>
<td>Head lice</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis A *</td>
<td>Until seven days after the onset of jaundice or other symptoms. Consult the CCDC</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Until lesions are crusted or healed or 48 hours after commencing antibiotics</td>
</tr>
<tr>
<td>Measles *</td>
<td>For four days after the rash appears</td>
</tr>
<tr>
<td>Meningitis (bacterial) *</td>
<td>Until recovered. Consult the CCDC</td>
</tr>
<tr>
<td>Meningitis (viral) *</td>
<td>None</td>
</tr>
<tr>
<td>Molluscum contagiosum (a skin infection)</td>
<td>None</td>
</tr>
<tr>
<td>Mumps *</td>
<td>For five days after the onset of swollen glands</td>
</tr>
<tr>
<td>Ringworm</td>
<td>Treatment is required but exclusion is not usually necessary</td>
</tr>
<tr>
<td>Rubella (German measles) *</td>
<td>For six days after the onset of the rash</td>
</tr>
<tr>
<td>Scabies</td>
<td>Until after the first treatment. Household and close contacts require treatment</td>
</tr>
<tr>
<td>Scarlet fever *</td>
<td>For 24 hours after commencing antibiotics</td>
</tr>
<tr>
<td>Shingles</td>
<td>Exclude only if the rash is weeping and can't be covered</td>
</tr>
<tr>
<td>Slapped cheek disease</td>
<td>None</td>
</tr>
<tr>
<td>Threadworms</td>
<td>None</td>
</tr>
<tr>
<td>Tuberculosis (TB) *</td>
<td>Always consult the CCDC</td>
</tr>
<tr>
<td>Warts and verrucae</td>
<td>None. Verrucae should be covered in swimming pools, gyms and changing rooms</td>
</tr>
<tr>
<td>Whooping cough (pertussis) *</td>
<td>Until five days after commencing antibiotics or 21 days after onset of illness if no antibiotic treatment</td>
</tr>
</tbody>
</table>

* Denotes a notifiable disease.

When forming your policy and procedures for excluding children who are ill or infectious, consider:

- confidentiality and the child's rights to equal access and opportunity
- the local procedures for notifying the CCDC, EHO and Ofsted of outbreaks, i.e. you must tell Ofsted if two or more children have food poisoning, or if anyone has any other notifiable disease, act on any advice given by the CCDC or EHO, and inform Ofsted of any action taken.
Exclusion periods continued

- the care of a sick child while awaiting collection
- the implications for other children and staff
- how (when appropriate) you will ensure parents are promptly informed of outbreaks of infection
- how you will ensure the advice staff offer is accurate and up to date
- creating standard letter templates which authorised staff can use to advise parents of outbreaks.

Vulnerable children
Children with some medical conditions (e.g. children being treated for leukaemia or other cancers, and other conditions that seriously reduce immunity) are particularly vulnerable to infections. Parents must make you aware if their child has reduced immunity. Chickenpox and measles are particularly dangerous for these children. If the child is exposed to either infection (including through contact with someone who has shingles), you must inform the parent promptly, so that they can obtain appropriate medical advice.

Pregnant women
Chickenpox, rubella, slapped cheek disease (parvovirus B19) and measles can all be particularly hazardous for pregnant women, either because they cause severe illness or because they can affect the developing baby. Pregnant women don't normally need to stay away from the childcare setting but they should avoid contact with anyone who has a potentially infectious rash. If a pregnant woman develops a rash or comes into contact with someone who may have a rash caused by an infection, she should seek advice from her GP or antenatal care team promptly.

Activities

1. Obtain and display the Health Protection Agency’s poster ‘Guidance on Infection control in schools and other childcare settings,’ and check you know which infections are notifiable.
2. Explain to the children that when they have an infection (such as flu or an upset tummy), staying away from the setting helps to stop the other children and staff getting sick.

The advice in the following section is based on recommendations from the Health Protection Agency and NHS. You can obtain further advice from their websites. However, if you are ever in doubt, do consult the CCDC.
**Common infections**

**Chicken pox**
Chicken pox is caused by a highly infectious virus, known as Varicella-zoster. It spreads through direct contact with fluid from the blisters, respiratory droplets (expelled during coughing, sneezing and talking), and through contact with contaminated surfaces (e.g. tissues, clothing, bedding). An infected child develops cold-like symptoms followed (usually within 24 hours) by a temperature and an intensely itchy rash. Blister type spots appear over the next three to five days, mostly on the chest and back. It is usually a mild illness and most people recover without complications.

**Incubation period:** 10 to 21 days

**Period of infectiousness:** From four days before the rash appears until all the lesions have crusted over (about five to six days after the first spots appear)

**Exclusion period:** Until five days after the rash appears

**Treatment:** There is no specific treatment for chicken pox, but antibiotics may be necessary if the spots become infected with bacteria. Bacterial infection usually results from scratching the spots. Nursing should be at home and include controlling temperature and relief of itching. As far as possible, children should avoid scratching.

Complications are unusual, but may include pneumonia and encephalitis. Severe disease may occur in people whose immune system is compromised (e.g. due to disease of the immune system), in pregnant women and in babies. There is a small risk of damage to a foetus if a woman is infected during pregnancy. Zoster immunoglobulin (antibodies collected from the blood of donors) or antiviral drugs can be given to those at special risk. Most people have chickenpox only once, since infection usually confers life-long immunity. However, the virus can remain dormant and reappear many years later, and on more than one occasion, as a localised painful rash known as shingles. Anyone who hasn’t had chickenpox could get it through close contact with someone who has shingles. However, it is only necessary to exclude someone with shingles if their rash is weeping and they can’t cover it.

**Do**
- ✓ exclude children with chicken pox from the setting
- ✓ advise parents of affected children to consult their GP
- ✓ advise cases to avoid contact with pregnant women and vulnerable children
- ✓ advise pregnant staff to seek medical advice immediately
- ✓ advise parents of vulnerable children to seek medical advice immediately
- ✓ inform other parents and staff.

**Don’t**
- ✗ allow an infected child to return to the setting until all the spots are crusted over and healing.
Colds and flu
Colds and flu are common infections of the respiratory tract caused by viruses. They spread by inhaling respiratory droplets expelled from the mouth and nose of an infected person when they talk, cough or sneeze. You can also pick up colds and flu by touching surfaces contaminated with respiratory droplets (e.g. door handles, used tissues) and then touching your nose or eyes.

Cold symptoms include a stuffy or runny nose, sneezing, sore throat, cough, mild fever and tiredness. These symptoms usually resolve within a week. Flu can be more serious, especially for the very young, the elderly and people with chronic health problems. The symptoms are similar to a cold, but start abruptly, are more severe and usually include a fever, headache, muscle-aches and tiredness. Children may also feel sick and have vomiting or diarrhoea. Most people start to feel better within a couple of weeks, but some people can develop life-threatening complications, such as pneumonia. Annual flu vaccinations are available for those at greatest risk.

**Incubation period:**
Colds: One to two days; Flu: Usually one to four days

**Period of infectiousness:**
People with a cold can be infectious for several weeks. Adults with flu are normally infectious from a day before symptoms begin and for up to five days afterwards. Children may be infectious for longer.

**Exclusion period:**
Colds: None; Flu: Until completely recovered

**Treatment:**
Anyone with flu should stay at home, rest and drink plenty of fluids. Medicines, such as paracetamol or ibuprofen can help relieve cold and flu symptoms. Antiviral medicines may be prescribed to those at most risk to help reduce the severity of flu.

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**Do**

- **✓** read the guidance on pandemic flu and keep up to date with the latest advice
- **✓** encourage those at risk to be vaccinated
- **✓** remind staff and parents that anyone with flu should stay away from the setting
- **✓** wash your hands frequently, especially after contact with respiratory secretions
- **✓** cover your mouth and nose with a tissue when coughing or sneezing (or cough or sneeze into the crook of your arm if tissues are not handy)
- **✓** bag and bin used tissues and wash your hands afterwards
- **✓** ensure staff and children follow the above personal hygiene advice
- **✓** consider using an alcohol-based hand sanitiser where sinks are not readily accessible
- **✓** clean and disinfect hand contact surfaces (e.g. taps, handles, toys) frequently
- **✓** contact the CCDC if you need further advice.

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**Pandemic flu**

From time to time, new strains of flu virus evolve which few people have any immunity to. Sometimes these spread quickly all around the world causing a flu pandemic. The pandemic that began in 2009 is caused by a swine flu virus called Influenza A (H1N1). GPs offer vaccinations against this virus to children between the ages of six months and five years, and to others at particular risk (e.g. pregnant women and people with chronic health problems). Anyone who develops a fever and other symptoms likely to be caused by swine flu, should stay at home and contact their GP promptly for assessment and advice. Those at particular risk may need antiviral drugs. The Health Protection Agency and the Department for Education and Skills have published guidance for childcare providers."
**Conjunctivitis**

The conjunctiva is a transparent membrane that covers the white of the eye and the inner surface of the lids. Conjunctivitis, i.e. inflammation of the conjunctiva, is a common condition. It can be caused by bacteria, viruses, fungi, parasites, chemicals or foreign bodies. Bacterial conjunctivitis is common and highly infectious. Both eyes are usually affected. Symptoms include itching, a ‘gritty’ feeling of the eye and a sticky yellow discharge that may make the eyelids/lashes stick together at night. Bacterial conjunctivitis spreads from one person to another through contact with the eye discharge, often via unwashed hands, shared towels, flannels and other items.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>3 to 29 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>Up to two weeks</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>None</td>
</tr>
<tr>
<td>Treatment:</td>
<td>Treatment is by careful cleansing and antibacterial eye drops/ointment and is usually effective within a day or two. Care should be taken not to contaminate the contents of the bottle when administering eye drops. Poor response to treatment may be due to viral conjunctivitis, or an allergic reaction, e.g. a pollen allergy.</td>
</tr>
</tbody>
</table>

**Do**

- ✓ encourage parents of affected children to consult their GP
- ✓ discourage close facial contact between children
- ✓ discourage children from rubbing their eyes (if they do, ensure they wash their hands)
- ✓ pay particular attention to hand washing using separate towels
- ✓ wash hands before and after applying eye drops or cleaning the eyes
- ✓ consult the CCDC if many children in your setting are affected.

**Don’t**

- ✗ allow children to share towels or flannels
- ✗ allow contaminated towels or flannels to touch other items
- ✗ use one wipe to clean both eyes.
Diarrhoea and vomiting

There are many causes of diarrhoea, but sudden diarrhoea in children is usually due to an infection caused by viruses such as Rotavirus and Norovirus, bacteria such as Salmonella, Campylobacter and E. coli 0157 (see *Escherichia coli* 0157), or parasites such as Giardia. The incubation period depends on the germ involved and can be from one hour to several days, but is usually between 12 and 48 hours. These infections often result from consuming contaminated food or water and spread through the faecal-oral route. The germs are carried in faeces and spread on unwashed hands, e.g. to taps, flush handles, other children and food. For infants, diarrhoea can be very dangerous because of the risk of dehydration. If the faeces are very watery and accompanied by fever, vomiting or failure to feed, then urgent medical attention is required.

Infection is also the most common cause of vomiting in children. However, other important causes should be considered, such as ingestion of a harmful substance. A person who is vomiting due to an infection, usually has diarrhoea and abdominal pains too. Sudden uncontrolled vomiting may indicate a viral infection, such as Norovirus (Winter vomiting disease). Norovirus is a common cause of gastroenteritis and is highly infectious. Aerosol droplets produced during vomiting can carry the virus through the air and contaminate the surrounding surfaces.

Anyone with diarrhoea or vomiting should see their GP for diagnosis and treatment and must stay away from the setting until at least 48 hours after symptoms have ceased. In some cases, for example if diarrhoea is due to Cryptosporidium, they should also not swim for at least two weeks after their symptoms settle. Some infected adults may only show mild symptoms, such as abdominal pain. However, they should still stay away from the setting.

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**Do**

- take a vomiting child to A&E if you suspect they have swallowed a harmful substance, or if vomiting is accompanied by symptoms of meningitis (see *Meningitis*)
- contact parents to take the affected child home immediately
- give the affected child water to drink (or their usual feed) if no other symptoms are present
- exclude cases until at least 48 hours after symptoms have ceased
- pay particular attention to hand washing
- remove spills of faeces or vomit immediately and clean and disinfect the surrounding area
- clean and disinfect hand contact surfaces at least daily, and preferably more often
- consult the CCDC and/or EHO for advice if two or more children are affected
- notify Ofsted if you suspect two or more children have food poisoning
- inform other parents and staff
- exclude staff with symptoms for the whole of the required period.

**Don’t**

- give the affected child anything to eat while they await collection
- leave a sick child unattended.
**Escherichia coli 0157**

*E. coli* 0157 is a type of bacteria normally found in the gut of animals, particularly cattle, but also goats, sheep, horses, deer, dogs and birds. You can catch it through:

- direct or indirect contact with animals or their faeces (e.g. at farms open to the public)
- eating contaminated food such as inadequately cooked meat
- drinking or bathing in contaminated water
- drinking unpasteurised milk.

The infection spreads easily from person to person through the faecal-oral route, particularly when children with poor hygiene habits are present. *E. coli* 0157 can cause a range of symptoms, from mild diarrhoea to severe abdominal pain with bloody diarrhoea. It can sometimes cause kidney failure, and can be fatal, particularly for babies, young children and the elderly.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>Ranges from 1 to 14 days (normally 3 to 4 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>Whilst excreting the bacteria. Most people excrete <em>E. coli</em> 0157 for about a week but some people, particularly children, can excrete the bacteria for several months after the symptoms cease.</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>At least 48 hours after symptoms have ceased. Staff who are infected or live with someone who is infected should contact the EHO, as tests may be required to determine when it is safe to return to work. Parents of children who have the infection or live with someone who has it should seek advice from their GP before their child returns to the setting. Children under five should not swim, or share paddling pools, until tests show they are no longer infectious.</td>
</tr>
<tr>
<td>Treatment:</td>
<td>People who suspect they or their children have <em>E. coli</em> 0157 should contact their GP or out-of-hours service as soon as possible. Prompt referral to hospital is important at the first sign of any complications.</td>
</tr>
</tbody>
</table>

**Do**

- ensure strict hygiene on farm visits
- ensure children wash their hands after contact with farm animals and before eating
- suspect *E. coli* 0157 if a child has vomiting and diarrhoea within two weeks of visiting a farm
- contact parents to collect the affected child immediately
- contact the CDC and/or EHO promptly (according to local guidelines)
- notify Ofsted if you suspect two or more children have *E. coli* 0157
- inform other parents and staff
- ensure rigorous hand washing, particularly after using the toilet and before handling food
- remove spills of faeces or vomit immediately and clean and disinfect the surrounding area
- clean and disinfect hand contact surfaces at least daily, and preferably more often
- ensure rigorous food and kitchen hygiene.

**Farm visits**

Strict hygiene precautions are necessary to protect children from *E. coli* 0157 during visits to farms. You must refer to the Health and Safety Executive and the Health Protection Agency advice when planning a farm visit\(^{15,36}\).

**Don’t**

- let children eat or drink or put their hands in their mouths whilst visiting farms
- let children have close facial contact with animals or let them touch animal’s faeces.
Hand, foot and mouth disease

This is an acute, self-limiting viral disease. It is usually caused by the Coxsackie A virus, but it can also be caused by Coxsackie B and Enterovirus 71. Hand, foot and mouth disease is not the same as Foot and Mouth disease that affects cattle, sheep and pigs. You can’t catch hand, foot and mouth from animals.

Hand, foot and mouth disease causes small blister-like lesions to appear inside the mouth and throat. Lesions may also then appear on the palms, fingers and the soles of the feet. These are not itchy, but can be quite tender. Children may also have difficulty swallowing, loss of appetite, a slight fever and occasionally vomiting. The infection spreads by direct or close contact with the fluid from the sores and the discharges from the nose or throat of an infected person. The faeces are also infectious during the illness and can remain infectious for several weeks after the acute stage of the illness.

The infection is common in children under ten years old and outbreaks frequently occur in childcare settings. Older children and adults can get it too, but this is rare, as most adults develop immunity following exposure to the Coxsackie virus during their childhood. If an adult does develop the disease, their symptoms are usually very mild. There is a low risk of complications during pregnancy, so it is best if pregnant women avoid direct contact with anyone who has the infection and consults their GP or antenatal care provider if they think they have it, or if they develop any type of rash. It is possible to have hand, foot and mouth twice. However, those who have the illness are unlikely to get it again during the same outbreak.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>Three to five days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>Throughout the acute stages of the illness (normally no longer than seven days) but possibly longer since the virus persists in faeces for several weeks</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>None</td>
</tr>
<tr>
<td>Treatment:</td>
<td>There is no specific treatment required. The blisters in the mouth usually clear within four days; those on the body usually last seven to ten days. Medicines, such as paracetamol or ibuprofen, can help relieve a sore mouth and fever symptoms. Swallowing may be painful, but it is important that children continue to drink plenty of fluids, to avoid dehydration.</td>
</tr>
</tbody>
</table>

**Do**

- ensure that articles soiled by nose and throat discharges, or faeces are disposed of or decontaminated immediately
- ensure hands are washed frequently, especially after touching soiled articles
- ensure affected children drink plenty of fluids
- contact the CCDC if a large number of children in the setting are affected
- inform parents and staff of an outbreak
- advise affected pregnant women to seek medical advice.

**Don’t**

- exclude affected children, unless the CCDC advises this
- allow children to share towels, cups or eating utensils
- let children scratch their lesions.
Measles
Measles is a highly infectious viral disease. The virus spreads through the air in droplets expelled from the mouth and nose of an infected person. You can catch measles by inhaling these droplets, through direct contact with an infected person, or by touching a surface they have contaminated (e.g. a used tissue or door handle) and then touching your mouth or nose. The virus can survive on surfaces for at least two hours.

Measles is most common in children aged one to four years. However, anyone who has not been immunised or previously had measles can catch it. The first symptoms usually develop about ten days after exposure, and include a runny nose, fever, red eyes, a cough and Koplick spots (small white spots inside the cheeks). After a further three to seven days, a spotty rash develops. This usually starts behind the ears and then spreads down over the face, neck and body. Complications are common and can include ear and eye infections, diarrhoea, croup and pneumonia. Serious complications are less common, but can lead to brain damage and even death. Fortunately, there is a vaccine - the combined measles, mumps and rubella vaccine (MMR) – which provides effective protection (see Immunisations).

Measles during pregnancy can cause early delivery or even loss of the baby, so it is particularly important that female staff of childbearing age have had two doses of the MMR vaccine. The vaccine can’t be given during pregnancy. If a pregnant woman is exposed to measles, she should contact her GP or whoever is providing her antenatal care, promptly for advice.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>Usually about ten days, but it may be as long as 21 days, and is prolonged in the immunosuppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>From just before the onset of symptoms to four days after the rash appears</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>For four days after the rash appears</td>
</tr>
<tr>
<td>Treatment:</td>
<td>If measles is suspected, the parent should consult their child’s GP promptly. The GP may give an injection of Human Normal Immunoglobulin to particularly vulnerable individuals to prevent or reduce the severity of measles, and is most effective if given within 72 hours of exposure. In most cases, rest and simple measures to reduce the fever are all that is necessary. Some children become sensitive to the light and want the curtains drawn. However, when there are more serious complications, hospital treatment may be necessary.</td>
</tr>
</tbody>
</table>

Do
- contact parents to collect the affected child immediately
- advise the affected child’s parent to contact their GP promptly
- ensure that cases are excluded for at least four days after the rash appears
- advise cases to avoid contact with pregnant women and vulnerable children
- advise pregnant women who may have been exposed to measles to seek medical advice
- advise parents of vulnerable and/or unvaccinated children to seek medical advice immediately
- inform other parents and staff
- notify the CCDC, who will advise on any necessary control measures
- inform Ofsted promptly (measles is a notifiable disease).

Don’t
- allow anyone who has a potentially infectious rash into the setting.
Meningitis

‘Meningitis’ means inflammation of the membranes surrounding the brain and spinal cord. It can be caused by bacteria, viruses and occasionally, fungi, and most frequently affects babies and young children. Bacterial meningitis can be life threatening and requires immediate medical attention. In infants, death can occur in a matter of hours if left untreated. Viral meningitis is more common. It is usually a milder illness and is rarely fatal.

In the UK, most bacterial meningitis is caused by Group B types of *Neisseria meningitidis*. It can also be caused by other types of *Neisseria meningitidis* (e.g. Groups A, C, W135, and Y), as well as Pneumococcus bacteria and *Haemophilus influenzae* Type b (Hib). Vaccines against Group C meningitis, Pneumococcus and Hib form part of the national immunisation schedule (see [Immunisations](#)). However, these vaccines don’t provide any protection from Group B and other types of meningitis.

Many people carry the bacteria that cause meningitis in the back of their nose and throat for weeks or months, without getting ill. The infection does not spread easily, so if someone develops meningitis, the risk that someone else will get it is usually low. You need to have frequent or close prolonged contact with an infected person to pick it up. It spreads by inhaling respiratory droplets expelled by an infected person and through direct contact (e.g. by kissing). Symptoms may start with signs of upper respiratory infection, followed by headache, fever, vomiting, nausea, drowsiness, stiff neck, specific rash and an aversion to bright light. However, symptoms are highly variable. A red/purple bruise-like rash that does not fade under pressure is very serious because it indicates septicaemia (blood poisoning). Further information is available from the Meningitis Trust.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>Highly variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>Duration of illness/carriage</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>Until recovered</td>
</tr>
<tr>
<td>Treatment:</td>
<td>Treatment of viral meningitis is based on good nursing care. Urgent treatment with antibiotics and appropriate hospital management is essential for a child with bacterial meningitis. Close contacts of cases may need a course of antibiotics. The CCDC will advise on this. Recovery can be very slow. Behaviour, appetite and development may be affected, as well as hearing and vision in some cases. However, if it is detected and treated quickly, most children who contract meningitis make a full recovery.</td>
</tr>
</tbody>
</table>

**Do**

- ✔ make sure staff know the symptoms of meningitis in babies and young children
- ✔ display literature available from the Meningitis Trust and the Meningitis Research Foundation
- ✔ take immediate action if you suspect a child has meningitis – get medical help straight away
- ✔ telephone the CCDC who will advise you what to do and whether close contacts need treatment
- ✔ exclude anyone with bacterial meningitis until they have recovered
- ✔ inform other parents and staff
- ✔ inform Ofsted promptly (meningitis is a notifiable disease).

**Don’t**

- ✗ forget that adults can have meningitis too
- ✗ exclude siblings and close contacts of a child with meningitis.
Ringworm

Ringworm is not caused by a worm. It is caused by various species of fungi. Ringworm (Tinea) can occur on the scalp (Tinea capitis), body (Tinea corporis), groin (Tinea cruris), hand (Tinea manuum), foot (Tinea pedis or athlete’s foot) or nail (Tinea unguium). It spreads by direct skin contact with an infected person and by indirect contact, e.g. scalp ringworm can spread via objects contaminated with hair from an infected person, such as hats, combs, brushes and seat backs. Ringworm also spreads through direct contact with infected animals such as cats, dogs, cattle, horses or wild animals, and sometimes through contact with contaminated soil. The infection is common in children and it is possible to have it more than once. It can also spread from one area of the body to another, e.g. from the feet to the scalp, via fingers.

Ringworm on the skin first appears as a small red spot that spreads and leaves scaly patches. The patch grows from the outside while the centre heals giving a characteristic ring-like appearance. Ringworm of the scalp causes similar round bald patches. With athlete’s foot, the skin between the toes becomes white and soft. If this skin is removed, sore red skin is revealed. If the nails are affected, they become thickened, brittle and discoloured.

**Incubation period:** 2 to 38 weeks (possibly longer)

**Period of infectiousness:** As long as a lesion is present. Possibly indefinite unless treated

**Exclusion period:** Usually none but treatment is required

**Treatment:** Most infections are mild and can be treated by applying an antifungal cream to the affected area. Suitable creams can be obtained from a pharmacist or GP. It is important to continue treatment until the skin is completely clear (usually two to four weeks). Those with scalp and nail infections should see their GP, as they may need a prescription for oral antifungal tablets. They may also need to apply an antifungal cream to help prevent cross-infection.

**Do**

✓ ensure cases see their GP or pharmacist promptly for treatment
✓ ensure affected children continue their treatment as instructed
✓ inform other parents and staff and reassure them that ringworm is easily treated
✓ advise other parents and staff to check for signs of infection
✓ check for and treat any symptomatic pets
✓ pay particular attention to hand washing
✓ increase the frequency of cleaning, including damp dusting to remove skin scales.

**Don’t**

✗ allow children to share hats, towels, flannels, brushes, combs or bed linen
✗ allow children to scratch the affected areas.
Common infections continued

Threadworm
Threadworms are the most common intestinal worm infestation in the United Kingdom. They are sometimes called ‘pinworms’, or more accurately *Enterobius vermicularis*. They are more common in children than in adults. However, immunity does not develop and re-infection is common.

The usual symptom is itching of the skin around the bottom caused by the female worms laying eggs on the skin around the anus. The itchiness is often more noticeable at night and can disturb a child’s sleep. Repeated scratching can cause the skin to become infected and broken. Persistent infection can lead to loss of appetite, weight loss, insomnia and bed-wetting.

Scratching the anal area leads to the eggs being transmitted on fingers to the mouth, often via food eaten with unwashed hands. The infection can also spread through contact with clothing, bedding and other articles contaminated with the worm’s eggs. If threadworm eggs are present on these articles, they can remain viable for up to three weeks. The eggs are so small that you can’t see them, but you may be able to see the worms in the faeces. They look like tiny pieces of white thread.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>15 to 28 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>Possibly indefinite if untreated</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>None</td>
</tr>
<tr>
<td>Treatment:</td>
<td>Oral treatments are usually effective but their use must be combined with hygienic measures to break the cycle of re-infection. All cases should see their GP or pharmacist for advice. If a member of the household has threadworm, the entire family will need treatment, even if they have no symptoms. It is important to continue treatment as directed by the GP or pharmacist.</td>
</tr>
</tbody>
</table>

Do
- Advise parents to seek treatment from their GP or pharmacist
- Inform other parents and staff
- Wash an affected child’s bottom carefully every time you change a nappy
- Discourage scratching of the anal area
- Advise that affected children wear clean underpants to sleep in
- Advise that affected children wash their hands immediately on waking
- Encourage frequent changes of underwear, night clothes and bedding, and daily morning showers
- Wash clothing, bedding and other fabrics on a hot wash (at least 60 °C) to help destroy any eggs
- Encourage good personal hygiene at all times
- Ensure hands are washed after visiting the toilet or changing a nappy, and before eating
- Encourage carpets and damp dust surfaces daily.

Don’t
- Allow children to share towels and flannels
- Allow children to bite their nails or suck their fingers
- Exclude affected children from the setting
- Blame pets – cats and dogs may carry other worms, but not threadworms.
First aid and medicines

There must be at least one person who has a current paediatric first aid certificate on the premises (when children are present) or on outings at all times\(^4\). Childminders must hold a current paediatric first aid certificate at the point of registration. First aid training must be appropriate to the age of children cared for and approved by the Local Authority in whose area the setting is located\(^7\).

The Health and Safety (First Aid) Regulations 1981 requires you to have adequate and appropriate equipment, facilities and personnel to ensure staff receive immediate attention if they are injured or taken ill at work\(^39\). The EYFS document also requires you to have sufficient first aid boxes with adequate contents to meet the needs of the children\(^4\). All providers, including childminders, should carry out an assessment to determine their first aid needs. You may need a first aid box in each room and a separate kit for taking on outings. Minimum contents might include:

- a leaflet giving general guidance on first aid (e.g. from the Health and Safety Executive)\(^40\)
- twenty individually wrapped sterile adhesive dressings (assorted sizes)
- two sterile eye pads
- four individually wrapped triangular bandages (preferably sterile)
- six safety pins
- six medium-sized individually wrapped sterile unmedicated wound dressings
- two large sterile individually wrapped unmedicated wound dressings
- one pair of disposable gloves.

You should check the contents regularly against a list and replace them as necessary. The box should be clearly identifiable and easily accessible to staff but kept out of reach of children.

When a child is placed in your care, you must;

- request written parental permission to seek any necessary emergency medical advice or treatment in the future
- keep records of any accidents, injuries and first aid given and inform parents of these
- notify local child protection agencies of any serious accident, injury or death, and act on any advice given
- notify Ofsted of any serious accident, illness, injury or death, and the action taken as a result
- notify Ofsted as soon as is reasonably practicable, and at least within 14 days of the incident\(^4\).

Children with some medical conditions (e.g. diabetes, asthma) may need access to medicines whilst in your care. You must have an effective policy to support such children and manage their medicines\(^4\). You must obtain prior written parental permission before giving any medicine to a child, keep written records of each dose given and inform parents of this. The Department for Education and Skills provides guidance to help you develop an effective medicines policy\(^41\).

Do

- wash your hands before and after performing first aid or giving any medicines
- cover any cuts or abrasions on hands with a waterproof dressing
- clean up any blood spills immediately
- ensure that first aid certificates are renewed every three years
- inform all staff of your policies and procedures
- store medicines according to the instructions and in their original containers.

Don’t

- store tablets, creams or medicines in first aid boxes
- administer any medicines to children without prior written parental consent
- forget to take a first aid kit on outings with the children.
20 FOOD STANDARDS AGENCY (2009) Safer food, better business for childminders. Available at: www.food.gov.uk or by calling FSA Publications on 0845 606 0667.
29 FOOD STANDARDS AGENCY (2009) Advice for registered carers on domestic premises operating as a food business. Available at: www.food.gov.uk.

30 DEPARTMENT OF HEALTH (2007) A guide to immunisations up to 13 months of age; Immunisations at 12 and 13 months of age; Pre-school immunisations. Available at: www.immunisation.nhs.uk.


33 HEALTH PROTECTION AGENCY (2009) Preparing for swine flu: Guidance and resources for schools, early years and other educational settings. Available at: www.hpa.org.uk.


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