



Covid-19 Infection Control Policy for Childminders in line with [HPSC guidance](#)

The public health guidance is based on two key principles:

- That services should take steps to ensure individuals with symptoms do not enter the service, and
- That services should take steps to reduce the chance of spread of the virus in case an infectious person, without symptoms, enters the building.

Standard infection prevention and control procedures in my home are always important but even more so in a pandemic situation. A heightened awareness by myself, parents and children (where age appropriate) is required so that we know how to protect each other and how to recognise and report symptoms of COVID-19 infection.

As COVID-19 is a new illness, we are still learning about how easily the virus spreads from person to person and how to control it, so it is important to keep informed and make sure you are using the most up to date guidance available. This information is available from the following links:

- HSE-HPSC: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- HSE Hub: <https://www2.hse.ie/coronavirus/>
- Department of Health: <https://www.gov.ie/en/news/7e0924-latest-updates-on-covid-19-Coronavirus/>

COVID-19 can be a mild or severe illness. Severe illness is much more common in older people (especially older than 70) and in people vulnerable for other reasons. Severe illness is much less common in children and young adults in good health. [Symptoms](#) include fever (high temperature), cough, shortness of breath, difficulty breathing, loss or change to your sense of smell or taste. Symptoms in children include cough, fever, runny nose, sore throat, diarrhoea and vomiting. Children with runny noses may still attend once they are otherwise well, do not have a new cough or temperature, no one in their household is a confirmed case or has been referred for testing.

If a child becomes *newly* unwell, such as with a runny nose, then a precautionary approach should be taken to observe them at home for 48 hours, to assess whether any further symptoms develop. Any symptoms of concern should be discussed with their GP.

In my childminding home I will do the following to reduce the risk of COVID-19 spread

1. If I have symptoms, my service will not operate, and no children will attend. If a member of my household has symptoms, my service will not operate, and no children will attend.
2. There will be particular attention paid to hand hygiene, respiratory hygiene and cleaning.

3. I will limit contact between people, by having a Welcome area, for drop off/settling in and collection in an outdoor space. Drop off and Collection times will be staggered to avoid overlap, if a parent arrives at the same time as another family, one family should remain in the car until the other parent has left.
4. I will raise awareness by sharing any new information e.g., [Childminding Tip Sheets](#) on Covid-19 and of the symptoms, with parents and children.
5. I will make sure that all parental information is communicated electronically to avoid long conversations at greeting time or home time.
6. I will not work if I or any member of my household are ill or identified as a close contact and will follow HSE guidance on self-isolation.
7. I will advise parents not to present their children for childcare if the child has [symptoms of a viral respiratory infection](#) or if there is someone in the household is a confirmed case of COVID-19 or has been referred for testing.
8. I will promote good hand and respiratory hygiene as described below and display posters e.g. [Advice for Childminding settings poster](#).
9. I will promote good respiratory hygiene by:

Encouraging the children and ensuring that we cover our mouths and noses with a clean tissue when we cough and sneeze and then promptly dispose of the tissue in a bin and wash our hands. If we do not have a tissue, we will cough or sneeze into the bend of our elbows instead, not into our hands.

[Posters on preventing spread of infection are available on the HPSC website.](#)

10. I will promote good hand hygiene, by:
 - washing our hands regularly.
 - washing our hands with soap and running water when hands are visibly dirty. If our hands are not visibly dirty, we will wash them with soap and water or use a hand sanitiser.

We will wash our hands:

- before and after we prepare food
- before eating
- before and after caring for sick individuals
- after coughing or sneezing
- when hands are dirty
- after using the toilet
- after changing a nappy
- after handling animals or animal waste

We will follow the HSE hand hygiene guidance at <https://www2.hse.ie/wellbeing/how-to-washyour-hands.html>

11. I will restrict any unnecessary visitors to my home during childminding hours. Where it is considered necessary for a parent or guardian to enter my home, e.g. to help settle in a new child, social distancing between the parent/guardian and other adults will be observed. I will keep a record of anyone in my home on each day to facilitate Contact Tracing in the event of an episode of infection.
12. In my childminding service, I will use a cloth face covering in enclosed indoor settings where it is not possible to keep a distance of 2 metres from other non-household adults.
13. I will not observe physical distancing measures with the children in my care, but I will try to maintain physical distancing from parents as far as possible.
14. Hygiene measures and cleaning regimes:
 - Where possible I will teach children how to clean their hands and about respiratory hygiene.
 - Tissues and hand sanitisers / hand gel will be available at all times and will provide bins for disposal of tissues.
 - I will ensure hand-washing facilities, including soap and clean towels/disposable towels, are well maintained.
15. I will increase the frequency and extent of cleaning regimes and ensure that they include:
 - clean regularly touched objects and surfaces using a household cleaning product paying particular attention to high-contact areas
 - wear rubber gloves when cleaning surfaces, wash the gloves while still wearing them, then wash my hands after I take them off.
16. I will select and manage toys from an infection prevention viewpoint, by:
 - choosing toys that are easy to clean and disinfect (when necessary) and dry.
 - In relation to choosing toys that children are inclined to put in their mouth, I will only allow such toys if they are capable of being washed and disinfected.
 - discouraging children from putting shared toys into their mouths.
 - storing clean toys/equipment in a clean container or clean cupboard.
 - always following the manufacturer's cleaning instructions.
 - always washing my hands after handling contaminated toys and equipment.
 - if soft toys /comfort blankets are essential for your child, they must be personal to your child, must be machine washable and they must not be shared. replacing soft modelling materials and dough daily.
17. I will clean toys in the following way:
 - All toys (including those not currently in use) will be cleaned on a regular basis, i.e.
 - weekly. This will remove dust and dirt that can harbour germs.
 - Toys that are used by very young children will be washed daily.
 - Toys that children put in their mouths will be washed after use or before use by another child.
 - All toys that are visibly dirty or contaminated with blood or body fluids will be taken out of use immediately for cleaning or disposal. Toys waiting to be cleaned must be stored separately.

Cleaning Procedure as per current [HPSC guidelines](#),

- Toys will be washed in warm soapy water, using a brush to get into crevices.
- Toys will be rinsed in clean water and thoroughly dried.
- Hard plastic toys if suitable will be cleaned in the dishwasher.
- Toys that cannot be immersed in water i.e., electronic or wind up should be wiped with a clean damp cloth and dried.

Disinfection procedure

- In some situations, toys/equipment may need to be disinfected following cleaning. For example:
 - Toys/equipment that children will place in their mouths.
 - Toys/equipment that have been soiled with blood or body fluids.

During an outbreak of infection:

If disinfection is required:

- Use a chlorine-based disinfectant at a concentration of 1,000ppm available chlorine (See <https://www.hpsc.ie/a-z/lifestages/childcare> Appendix F on Chlorine Based Disinfectants).
- Rinse and dry the item thoroughly.
- I will follow the manufacturer's cleaning/disinfecting instructions and use recommended products to ensure effective usage and to ensure equipment is not damaged.

18. I will create a plan for dealing with myself or a child, becoming ill with symptoms of COVID-19.

- I will have a small supply of surgical masks for adults in a readily accessible place for use if someone develops symptoms of COVID-19.
- If I or a child is in my home at the time that they feel unwell and develop symptoms, I will call my backup person and parents of the unwell child.
- If a child, or I, develop any symptoms of acute respiratory infection including cough, fever, or shortness of breath during the childminding day, I will keep my distance or the child at a distance from the other children until my backup persons arrive. I will then remove myself or take the child to a designated area where the child can be isolated and attended to and stay with the child until the parent arrives. My backup person will stay with the remaining children until their parents collect them.
- In an emergency, I will call the ambulance, and explain that the child is unwell with symptoms of COVID-19.
- The room will be cleaned and contact surfaces disinfected once they leave.
- If the affected person needs to use the bathroom whilst waiting for medical assistance, they will use a separate bathroom if available and it will be cleaned and contact surfaces disinfected before use by others.

19. I will follow HPSC guidelines if there is a suspected or confirmed case of COVID-19 in my home, which are:

- All individuals with symptoms of COVID-19 should contact their GP for further advice.
- If the doctor arranges testing for them, they (or their parent) will be contacted by Public Health to identify anyone who has been in contact with them during the period when they were likely to have been infectious.
- The childcare setting will then be contacted by local Public Health staff of the HSE to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.

- An assessment of each childcare setting where this may occur will be undertaken by HSE public health staff.
- Advice on the management of children and staff who came into contact with the case will be based on this assessment.
- The HSE Public Health staff will also be in contact individually with anyone who has been in contact with the case to provide them with appropriate advice.
- Symptomatic people should self-isolate and arrange to get tested for COVID-19. For the households of all patients (adults and children) with symptoms who are being tested for COVID-19, the whole household must restrict movements until the results of the test are known.
- Confirmed COVID-19 cases should continue to self-isolate at home for a minimum of 10 days, the last 5 of which should be free of fever and should not return to the childcare setting until they are advised that it is safe to do so.
- People identified as close contacts of a confirmed case by Public Health should go home and restrict their movements for 14 days. They should not attend the childcare facility during that time. They will be offered testing for COVID-19 and will need to stay away from the childcare centre for 14 days even if the virus is not detected on the tests. This is because some people who are infected do not have a positive test at the time the test was taken.
- For the households of all patients (adults and children) with symptoms who are being tested for COVID-19, the whole household must restrict movements until the results of the test are known.
- For those who are ill but not sent for testing may not have to stay out for 10/14 days, but **GP/medical professionals will advise in each case.**
- If a child with COVID-19 cannot be isolated at home and there is an ongoing exposure risk, household contacts should restrict movements for 17 days from the onset of symptoms in the case (or date of test if the confirmed case was asymptomatic).

20. I will follow the [HPSC advice on how to clean my childminding settings](#) where myself or the children had suspected or confirmed COVID-19.