Health, Hygiene & Illness

LAST UPDATED: 11/11/2026

LAST REVIEWED: 11/11/2026

1. Introduction

Everyone at Snapdragons Nursery is committed to safeguarding children's welfare and maintaining a healthy environment where children can learn and develop through play. To assist with this, all employees will endeavour to minimise the spread of infection to other children and practitioners by following "3. Illness procedure."

Senior management must:

- Update and implement the latest Environmental Health Department and Health Authority requirements and recommendations relative to the premises, staff, and children.
- Ensure premises are clear and safe and the cleaning rotas and risk assessments are in place.
- Provide protective clothing, e.g. gloves, aprons, and appropriate cleaning materials.
- Actively promote good health and hygiene practice through posters and training, for example.
- Seek advice e.g. infection control nurse.
- Ensure staff encourage and demonstrate excellent hygiene practices towards the children.

2. Hygiene procedure

The transmission of infectious diseases in early years is a significant risk. Coughs, colds, and respiratory infections are commonplace, especially at certain times of the year, and outbreaks of serious infections, such as E. coli, can cause severe illness.

Many infectious diseases have the capacity to spread rapidly within a nursery. Early years staff must always be vigilant to this threat.

In some ways, childcare provisions are an ideal environment for the spread of infectious diseases because of the difficulties in maintaining hygiene with such a young age group.

Where children spend time together in proximity, and share toys and equipment, the transfer of infection is hard to avoid. High standards of hygiene, cleanliness and infection control are therefore required if transmission is to be prevented.

2.1. Handwashing

All staff and children should be encouraged to wash their hands regularly and thoroughly, especially after going to the toilet, after handling any body fluids, waste, or soiled items, before handling foodstuffs and after messy play, indoors or outdoors.

To enable effective handwashing, managers should ensure that the premises are equipped with an adequate number of sinks that:

- are easily accessible
- have robust, easy-to-use dispensers for liquid soaps
- have a supply of disposable towels.

Liquid soaps are preferable to bar soaps which can rapidly become soiled. Disposable paper towels are preferable to linen towels which can also become soiled and damp. Thorough drying of the hands should be encouraged after washing as this further reduces the number of micro-organisms that remain on the hands.

Staff are advised to:

- keep nails short and clean
- remove nail varnish
- remove jewellery, e.g. rings with stones or ridges, wristwatches, or bracelets before washing hands
- cover visible cuts and abrasions with a waterproof dressing.

Antibacterial gels or hand sanitisers are useful in circumstances where normal soap, water and paper towels are not available or where additional protection is required. However, they should never take the place of routine handwashing with soap and water. Hand gels do not kill some disease carriers, for example Norovirus, and may give a false sense of security. They are also ineffective where hands are visibly soiled or where they are wet.

Additional notes for children under two:

- staff must ensure that children's hands are clean before eating and that faces and hands are cleaned when they have finished
- flannels, not baby wipes, should be used - one per child
- do not go behind a child and wipe a flannel across their face but encourage a child to wipe their own face. If you are cleaning a child's face you should be in front of them whilst you are doing it and warn the child what is happening

2.2. A clean environment

To combat the spread of infection, the Early Years Manager must ensure that the environment is kept clean. All staff have a responsibility to help keep the premises clean and tidy and to identify areas

that fall below acceptable or safe standards. Effective cleaning arrangements should be in place. These should be supported by regular quality assurance checks to ensure standards are being met.

In some cases, the nursery may employ external cleaning contractors to assist with the end-of-day cleaning of the nursery.

Toilets, washrooms and showers should be always kept clean and free from dirt and grime. Broken surfaces should be repaired as soon as possible.

Poor standards of cleanliness in kitchens are associated with ill health and can lead to food poisoning. Provisions must ensure high levels of kitchen cleanliness, and kitchen layout should provide enough working space for staff to carry out all tasks hygienically.

Separate cleaning equipment should be used in kitchen areas and toilets and additional schedules of cleaning may be required during active outbreaks of disease in the nursery or community.

2.3. Use of toilets and nappy areas

Children are monitored in toilet areas and are always within sight or hearing of staff members. Older children may use toilets independently, but staff members carry out regular and consistent toilet checks.

Handwashing displays are clear, and spillages are cleaned quickly. Liquid hand soap is kept filled and accessible. Paper hand towels and / or hand dryers are always available.

Nappy areas are cleaned after every use and are kept well stocked with nappies, wipes, access to water, access to handwashing, anti-bacterial sprays, sanitary bags, and bins.

Visitors and parents do not use the children's toilets or nappy change areas when others are present.

2.4. Cleaning toys and equipment

Playing with toys or using equipment such as climbing apparatus and slides is an important part of the child's day in an early year's provision. However, these items can quickly become soiled or unhygienic and a child's habit of putting toys in their mouth can lead to a situation where disease can be spread.

The Early Years Manager and staff should always ensure that toys and equipment are inspected and cleaned regularly. This should be done at the end of each working day and can be done with ordinary soap and hot water. Nurseries should also schedule occasional "deep clean" sessions to ensure a thorough cleaning of toys and combine this with an audit of the toys.

Toys should be replaced when unhygienic, as should play sand, play dough and other malleable play. Water trays must be emptied at least once a day.

Tables and chairs must be cleaned after use. Tables and arms on chairs must be checked underneath for food particles and straps on chairs need to be removed and cleaned weekly.

Additional notes for children under two:

- Cot mattresses must be checked before use to ensure there are no tears
- There must be no loose plug sockets, no loose or hanging wires and no plastic or string bags within reach of a child
- All children have their own bedding/individual sleeping bags that are washed weekly or when necessary, e.g. if a child has been sick
- No shoes are to be worn in the baby room by children or adults

2.5. Spillages

Staff should ensure that spillages of body fluid, such as urine, vomit, faeces, or blood, are cleared up as quickly as possible. Staff should be encouraged to treat every spillage of body fluids or body waste with caution as potentially infectious.

The following procedure should be followed:

- staff should assess any spillage first and make arrangements to secure the area so that children and visitors do not enter it
- they should wear appropriate personal protective equipment, such as disposable gloves and aprons
- disposable paper towels and a suitable product that combines both a detergent and a disinfectant should be used to clean up the spill
- used towels should be disposed of in a leak-proof plastic bag and disposed of in line with other biological material.

Staff should note that chlorine-based disinfectants should not be applied directly to acidic bodily fluids, such as urine or vomit, as potentially dangerous chlorine vapour may be released. Such spills should be cleaned up with paper towels and washed with warm water and a general-purpose detergent before being treated with a disinfectant solution.

In all cases, staff should follow the manufacturer's instructions for any disinfectant product they are using.

Carpets and upholstery should be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed and where possible, dried.

Mops should never be used for cleaning up blood and other body fluid spillages.

3. Illness procedure

Any child suffering from a communicable disease should not return to nursery until the end of the suggested exclusion period (see "8. Exclusion periods")

In the case of temperatures of 38 degrees Celsius and above:

- parents / emergency contact will be contacted and an emergency single dose (age appropriate) of Calpol (temperatures) / Piriton (allergies) will be administered, provided prior consent has been given by parents.
- Parents will be asked to collect their child within the next 4 hours (after Calpol) or 6 hours (after Piriton), we will continue to monitor the child's temperature at regular intervals.
- it is the parent's responsibility to ensure that their child is well enough to attend their next nursery session.

A notice will be displayed on the parent notice boards to notify parents of any cases of communicable or infectious diseases that have been reported to the nursery.

4. Contacting parents

If a child should become ill at nursery the child's key person will make every effort to contact the parent or emergency contact number so that the child can be collected. Whilst waiting for the parent to arrive a member of staff will sit with the child in a quiet area and care for the child's needs appropriately.

Staff will check if consent has been given to administer medication, e.g. Calpol. The Head of Room / Manager will be notified as to the well-being of the child. If the situation worsens and no contact has been made, advice will be sought from NHS Direct or the child will be taken to hospital, following any guidelines for emergency medical procedures provided by the parent.

1. Two members of staff should accompany the child
2. They take the child's emergency details with them
3. The nursery must know which hospital the child has been taken to, so that parents can follow
4. Keep a log of the child's condition
5. The setting Safeguarding and Compliance Lead must be notified
6. Contact must be maintained with the nursery, providing regular updates
7. Inform Ofsted, if appropriate

5. Illness at home

Should a child sustain an injury or develop an illness that requires medical attention, either at home or at nursery the parent will be requested to consult with their doctor, health visitor or consultant to

determine when it is safe for the child to return to nursery. The manager or person in charge may contact the child's health visitor for further advice or guidance, with the parent's permission and prior to the child returning to nursery.

6. Unknown rashes

Should a child develop an unknown rash, medical advice must be sought by the parent to establish the cause and determine if the rash or condition is contagious. Rashes that are known to the parent and identifiable by the nursery team, such as heat rash, must be closely monitored. Should the rash change or the child show other signs or symptoms parents must be contacted and medical advice sought.

Photographs will never be taken of a child's injury or illness symptoms (including rashes). Staff members do not have the medical photography training in order to be able to take photographs correctly.

7. Our responsibility and notifiable diseases

We respect the parents right to confidentiality. The nursery has a duty to notify Ofsted and the Health Protection Agency of any notifiable diseases such as scarlet fever, mumps, meningitis or multiple cases of sickness and diarrhoea. Any serious illness or injury will be reported to Ofsted within 14 days and a record will be kept. A notice will be displayed alerting parents to the situation.

Snapdragons take steps to remove risk of Legionnaires diseases in their settings. As an organisation Snapdragons Nursery buildings are deemed low risk. A risk assessment is in place.

8. Exclusion periods

The following is the Snapdragons policy for the period of exclusion from the nursery for children and adults due to illness. The management team takes responsibility for any variations in this policy. Whilst Public Health guidelines for Schools does not suggest exclusion for certain conditions such as conjunctivitis, slapped cheek or hand, foot and mouth, it should be appreciated that in a nursery setting such conditions can spread rapidly for children and staff, particularly as young children are dependent on the staff for their hygiene needs e.g. keeping the eye area clean. They can also be uncomfortable and painful conditions. Children should not be brought into nursery if parents believe they are unwell to minimise the risk of spreading infections.

Disease & incubation period	Period when infectious	Period of exclusion of infected person
Impetigo Commonly 4-10 days	If septic spots are discharging pus.	Until spots have healed.
Measles 7-14 days	One day before first symptom until four days after onset of rash.	At least nine days after onset of rash and the child feel well.
Mumps 12-25 days Commonly 18 days	Seven days before and up to nine days after onset of swelling.	At least nine days after onset of rash and the child feels well.
Coronavirus 3-10 days	Up to 14 days from first onset of symptoms	Until the child feels well.
Ringworm on body 4-10 days	If rash is present.	None once under treatment.
Rubella 16-18 days	One week before to one week after onset of rash.	Until seven days after rash appears.
Scabies Few days - six weeks	Until mites and eggs are destroyed by treatment.	Until day after treatment.
Scarlet Fever & streptococcal infection 1-3 days	Dry sore throat starts until 24 hours after antibiotics started.	Until day after treatment.
Threadworms 2-6 week for life cycle to complete	When eggs are shed in the faeces.	None once treated.

Disease & incubation period	Period when infectious	Period of exclusion of infected person
Tuberculosis Usually 4-6 weeks	Only when the sputum contains the bacteria.	After two weeks of antibiotic treatment.
Verrucae 2-3 months	If wart is present.	None
Whooping Cough 7-10 days	2-4 days before until 21 days after start of coughing. If treated with antibiotic five days after starting course.	Five days from starting antibiotic treatment.
Chickenpox & shingles 13-21 days	1-2 days before to six days after spots develop.	Until the spots have crusted over and the child feels well.
Conjunctivitis 24-72 hours	During active infection.	Once treatment has been prescribed and given for at least 24 hours.
Diarrhoea & vomiting, Norovirus Varies. Few hours to few days	While having symptoms of diarrhoea and vomiting.	Until symptom free for 48 hours and the child feels well. In some circumstances, advice may need to be sought from Consultant in Communicable Disease Control (CCDC).
Fifth Disease, Slapped cheek Variable - 4-20 days	Infectious before onset of the rash.	Until the child feels well and rash has faded
Glandular Fever 4-6 weeks	While virus present in saliva.	Until the child feels well.

Disease & incubation period	Period when infectious	Period of exclusion of infected person
Hand, Foot & Mouth Disease 3-5 days	During acute stage of illness.	Until the symptoms have subsided, spots have crusted over and are no longer weeping.
Head & body lice Eggs hatch in one week	As long as eggs or lice remain alive.	Until treatment and no live lice are present.
Hepatitis A 2-6 weeks	Several days before first symptom until seven days after onset of jaundice.	Until seven days after onset of jaundice and the child feels well.
Hepatitis B 6 weeks - 6 months	Not infectious under normal nursery conditions.	Until the child feels well.
Herpes Simplex 2-12 days	During infection.	None.
HIV infection Variable	Not infectious under normal nursery conditions.	None.
Oral thrush Variable	Whilst rash is present.	Until treatment is applied, and symptoms subside.