Bloom Childcare

Illness and Infection Control Policy

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1. Policy Statement

Bloom Childcare is committed to protecting the health, safety and welfare of all children, staff and visitors at its settings. Infectious illness spreads rapidly in group childcare environments, and proactive infection control is one of the most effective ways to keep children and staff safe.

This policy sets out the standards Bloom Childcare will follow to prevent, manage and contain the spread of infection. It applies to illness in children and staff, and covers exclusion criteria, hygiene standards, environmental cleaning, outbreak management and our responsibilities under public health law.

Bloom Childcare follows the guidance of the UK Health Security Agency (UKHSA), the NHS, the Health and Safety Executive (HSE), and the EYFS Statutory Framework 2026. Where guidance is updated, this policy will be reviewed and amended accordingly.

2. Scope

This policy applies to:

- All children attending any Bloom Childcare setting
- All staff, students, volunteers and contractors at any Bloom Childcare setting
- Parents and carers, in respect of their obligations to notify the setting of illness and adhere to exclusion periods

3. Legal and Regulatory Framework

Term	Definition
EYFS Statutory Framework 2026	Requires providers to have and implement a policy for managing illness and infection, and to take necessary steps to prevent the spread of infection.
Health and Safety at Work etc. Act 1974	Places duties on employers to protect the health, safety and welfare of employees and others.
Public Health (Control of Disease) Act 1984	Provides the legal basis for notifiable disease reporting and public health interventions.
Health Protection (Notification) Regulations 2010	Sets out which diseases are notifiable and the obligations of registered medical practitioners and diagnostic laboratories.
COSHH Regulations 2002	Requires risk assessment and safe use of cleaning and disinfection products.
UKHSA Guidance on Infection Control in Schools and other Childcare Settings (2023)	The primary operational guidance used by Bloom Childcare for exclusion periods, outbreak management and infection prevention.
Working Together to Safeguard Children 2023	Persistent unexplained absence linked to illness may indicate a wider welfare concern and must be considered alongside the Safeguarding and Child Protection Policy (B0027).
UK GDPR / Data Protection Act 2018	Information about a child's health is special category data and must be recorded, stored and shared only in line with the Confidentiality & Data Protection Policy (B0033).
Equality Act 2010	Reasonable adjustments must be considered for children with a disability or underlying health condition where exclusion criteria could disproportionately affect their attendance.

4. Definitions

Term	Definition
Infection	The entry and multiplication of a microorganism (bacteria, virus, fungus or parasite) in the body, which may or may not cause illness.
Exclusion Period	The minimum period a child or staff member must remain away from the setting following an illness, as specified in UKHSA guidance.
Notifiable Disease	A disease that must by law be reported to the UKHSA or Local Authority Designated Officer (LADO) upon diagnosis.

D&V	Diarrhoea and/or vomiting - the most common infectious illness presentation in childcare settings.
PPE	Personal Protective Equipment - gloves, aprons and other protective clothing used to prevent cross-contamination.
UKHSA	UK Health Security Agency - the government body responsible for public health protection and infection control guidance in England.
Outbreak	Two or more linked cases of the same infection within the setting within a defined time period, or an increase above the expected background rate.
Fit for nursery	A child who is alert, active, able to participate in the normal routine, and free of fever, vomiting, diarrhoea or contagious symptoms without the use of medication to mask them.

5. Roles and Responsibilities

5.1 Managing Director

- Hold overall accountability for the implementation of this policy across all Bloom Childcare settings
- Approve this policy and all revisions

5.2 Area Manager

- Ensure adequate resources are provided to support infection control (Robust procedures, PPE, cleaning products, training, monitoring)
- Be notified of any outbreak or notifiable disease incident and make decisions regarding setting closure if required

5.3 Setting Manager

- Implement this policy and ensure all staff understand and follow its requirements
- Make decisions about whether a child is well enough to remain at the setting and notify parents when exclusion is required
- Maintain a record of illness incidents and exclusions
- Notify the UKHSA Health Protection Team of any suspected outbreak or notifiable disease
- Ensure adequate stocks of PPE and cleaning products are maintained
- Liaise with the Local Authority and UKHSA as required during an outbreak

5.4 All Staff

- Follow this policy, the hand hygiene procedure and all infection control measures at all times
- Wear appropriate PPE when dealing with bodily fluids, nappy changing or any situation involving potential cross-contamination
- Staff are subject to the Staff Sickness Policy (B0061) in respect of their own illness, exclusion and return to work
- Monitor children in their care for signs of illness and report any concerns to the Setting Manager immediately
- Complete incident records when a child becomes unwell during a session

5.5 Parents and Carers

- Notify the setting as early as possible on the first day of absence if their child is unwell
- Comply with exclusion periods and not return a child before the minimum exclusion period has elapsed
- Inform the setting of any diagnosed infectious illness, even if the child has not attended recently
- Not bring a child to the setting if they are unwell, regardless of whether a formal exclusion period applies

6. Hand Hygiene

Handwashing is the single most effective measure for preventing the spread of infection. Bloom Childcare requires thorough handwashing with soap and warm running water for a minimum of 20 seconds. Alcohol-based hand gel may be used as a supplement but must not replace soap and water, particularly after contact with bodily fluids.

6.1 When Staff Must Wash Hands

- On arrival at the setting (before work commences)
- Before and after handling or preparing food or drinks
- Before and after administering medication or first aid
- Before and after nappy changing or assisting with toileting
- After contact with any bodily fluid (blood, vomit, urine, faeces, saliva, mucus)

- After removing PPE (gloves and apron)
- After handling waste or soiled items
- After blowing their own nose, sneezing or coughing
- Before and after contact with a child who is unwell
- After handling animals or animal equipment
- Periodically, regardless of work completed

6.2 Children

- Children must wash or have their hands washed on arrival, before and after mealtimes, after outdoor play, after toileting and after any contact with animals
- Staff must support and supervise hand hygiene for younger children, ensuring soap and running water is used correctly

The 20-second rule: Wet hands, apply soap, lather all surfaces (palms, backs, between fingers, thumbs, fingertips and wrists) for at least 20 seconds, rinse thoroughly and dry with a disposable paper towel. A full handwashing procedure takes approximately 40-60 seconds in total.

7. Personal Protective Equipment (PPE)

PPE must be worn whenever staff may come into contact with bodily fluids or potentially contaminated surfaces. The minimum PPE requirements for common tasks are:

Term	Definition
Nappy changing / toileting assistance	Disposable nitrile or latex-free gloves and a disposable apron - for every nappy change and every episode of toileting assistance
Clearing vomit, faeces or blood	Disposable gloves, disposable apron, and face covering if splashing is possible. Use a chlorine-based disinfectant (1,000 ppm available chlorine) on hard surfaces
First aid involving blood or bodily fluids	Disposable gloves. Sterile dressings and plasters only to be applied once gloves are on
Food handling	Clean apron. Gloves are not required for general food handling but must be worn if the member of staff has cuts, skin conditions or is handling ready-to-eat foods
Cleaning tasks involving chemicals	PPE as specified in the relevant COSHH risk assessment (see Section 18)

- PPE must be single-use disposable items. Reusable gloves must never be used for childcare tasks
- Used PPE must be disposed of immediately into a clinical waste or general waste bin (as appropriate) and never left where children can access it
- Hands must be washed immediately after removing PPE

8. Respiratory Hygiene

Respiratory illnesses, including colds, influenza and COVID-19, are spread through droplets and aerosols. The following measures help reduce transmission:

- Staff and children should cover their nose and mouth with a tissue when coughing or sneezing. Tissues must be disposed of immediately in a bin with a lid
- If no tissue is available, cough or sneeze into the crook of the elbow (not the hand)
- Hands must be washed immediately after sneezing, coughing or blowing the nose
- Settings should be well ventilated, with windows opened where possible to improve air circulation
- Staff who feel unwell with respiratory symptoms must not attend work

9. Environmental Hygiene and Cleaning

Regular cleaning and disinfection of the environment reduces the number of pathogens on surfaces and equipment. Cleaning removes dirt and organic matter; disinfection reduces the number of microorganisms. Both steps are required when dealing with bodily fluid contamination.

9.1 Routine Cleaning

- All surfaces, toys and equipment in regular contact with children must be cleaned daily using a detergent and warm water, then dried
- Nappy changing surfaces must be cleaned and disinfected after every use
- Toilets and bathrooms must be cleaned at least daily and after any soiling incident
- Kitchen surfaces and food preparation areas must be cleaned before and after food preparation

- Soft furnishings, fabric toys and sleeping equipment must be laundered regularly and promptly after any soiling

9.2 After a Bodily Fluid Incident

- Remove bulk of the material using disposable paper towels, wearing gloves and apron
- Clean the area with detergent and warm water
- Disinfect using a chlorine-based solution (1,000 ppm available chlorine - e.g. diluted bleach or appropriate disinfectant product)
- For vomiting incidents, ventilate the area well and avoid sharing the space with others for a period after cleaning
- Dispose of all contaminated materials in a tied bag, double-bagged if necessary, and placed in the appropriate waste bin
- Wash hands thoroughly after completing cleaning

After a vomiting incident: Norovirus (the most common cause of D&V outbreaks) can survive on surfaces for up to 7 days. Chlorine-based disinfectants are effective against norovirus but must be used at the correct concentration. Alcohol hand gel is NOT effective against norovirus - soap and water is essential.

10. When Children Must Not Attend

A child must not be brought to the setting if they are suffering from, or have recently suffered from, any of the following:

- A raised temperature (38 degrees C or above)
- Diarrhoea and/or vomiting - the child must be excluded for a minimum of 48 hours after the last episode
- Any illness listed in the exclusion table in Section 11, during the specified exclusion period
- Any undiagnosed rash, particularly if accompanied by fever
- Any condition where the child is not well enough to participate in normal childcare activities

Aintree's Bloom Baby Spa & Wellness Centre applies additional, stricter exclusion criteria for infants attending hydrotherapy or float sessions, in line with PWTAG guidance. See the Baby

Spa Policy (B0024) and the Baby Spa Consent & Pre-Session Health Form (B0023) - these take precedence over the general criteria above for any child attending a Spa session.

Parents must notify the setting as early as possible on the first day of any absence due to illness. On return, staff will carry out a brief welfare check and may request evidence of fitness to return (e.g. completion of the prescribed antibiotic course) where this is relevant to the illness.

The 48-hour rule for D&V is a minimum. Where an outbreak is occurring or suspected, the Setting Manager may, in consultation with the UKHSA Health Protection Team, extend the exclusion period.

11. UKHSA Exclusion Periods

The table below is based on UKHSA guidance for infection control in childcare settings (2023). Exclusion periods are minimums - children must be fully recovered and well enough to participate before returning, even if the minimum period has elapsed.

Illness / Condition	Exclusion Period	Notes
Chickenpox (Varicella)	Until all blisters have crusted over (typically 5 days from rash onset)	Child must not return while any blisters remain open or weeping
Conjunctivitis	None required	Exclude only if child is generally unwell. If bacterial, good practice to wait until treatment has commenced
COVID-19	Until the child is well and has no fever	Follow current government guidance at the time of illness
Diarrhoea and/or Vomiting (D&V)	48 hours after the last episode of diarrhoea or vomiting	Clock starts from the last episode - not the first
Hand, Foot and Mouth Disease	None required	Exclude only if the child is unwell or has open blisters they cannot cover
Head Lice	None required	Notify parents; no exclusion needed once treatment has commenced
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Exposed sores should be covered with a dressing where possible
Measles	4 days from onset of rash	Notify UKHSA Health Protection Team immediately - notifiable disease
Meningitis (bacterial)	Until medical clearance obtained	Notify UKHSA Health Protection

		Team immediately - notifiable disease. Seek public health advice
Mumps	5 days from onset of swelling	Notify UKHSA Health Protection Team - notifiable disease
Ringworm	Until treatment has commenced	Ensure lesion is covered during the session where possible
Rubella (German Measles)	5 days from onset of rash	Notify UKHSA Health Protection Team - notifiable disease. Particular risk to pregnant contacts
Scarlet Fever / Streptococcal Infection	24 hours after commencing appropriate antibiotic treatment	Notify UKHSA Health Protection Team - notifiable disease
Scabies	Until treated	All household members should be treated simultaneously
Slapped Cheek / Fifth Disease (Parvovirus B19)	None required once rash has appeared	The child is no longer infectious once the rash appears. Risk to pregnant contacts - advise staff
Threadworms	None required	Advise parents on treatment and hygiene measures
Whooping Cough (Pertussis)	48 hours after commencing antibiotic treatment, or 21 days from onset if no antibiotics given	Notify UKHSA Health Protection Team - notifiable disease

For illnesses not listed above, the Setting Manager should consult the UKHSA guidance document or contact the local UKHSA Health Protection Team for advice.

12. Managing a Child Who Becomes Unwell During a Session

If a child becomes unwell during a session, staff must:

- Inform the Setting Manager immediately
- Separate the child from the main group where this can be done without causing the child distress - a quiet, supervised area should be used
- Contact the parent or carer and request collection as soon as possible. If the parent cannot be reached, work through the emergency contact list on the child's file
- Continue to monitor and comfort the child, keeping a record of any symptoms observed and the time they developed
- If the child has a raised temperature, follow the procedure in Section 14
- If the child has vomited, follow the D&V protocol in Section 13

- If the child deteriorates rapidly or shows signs of a serious illness (difficulty breathing, rash that does not fade under pressure, loss of consciousness), call 999 immediately and follow the Emergency Procedures Policy
- Complete an illness incident record and pass to the parent on collection

A non-blanching rash (one that does not fade when pressed with a glass) may indicate meningococcal disease. Call 999 immediately. Do not wait for further symptoms.

13. Diarrhoea and Vomiting (D&V) Protocol

D&V is the most frequent cause of infection-related exclusions in childcare. The following steps must be taken:

- Isolate the affected child as calmly as possible and contact the parent for immediate collection
- Staff dealing with the child must wear gloves and an apron
- Clean and disinfect any contaminated surfaces, equipment and clothing immediately (see Section 9.2)
- Wash hands thoroughly with soap and water - do not rely on hand gel alone
- Complete an illness incident record
- The 48-hour exclusion period applies from the last episode of diarrhoea or vomiting
- Where two or more children or staff develop D&V symptoms within a short period, treat this as a potential outbreak and follow Section 17

14. Temperature and Fever

A temperature of 38 degrees C or above is considered a fever. Children with a fever must not attend the setting.

If a child has been given Calpol, paracetamol or ibuprofen-based medication at home for a fever or discomfort before arriving at the setting, they must not attend for at least 4 hours after the medication was given. This ensures the medication has worn off and the child is genuinely well enough to attend, rather than the medicine temporarily masking symptoms of illness.

If a child develops a fever during a session:

- Inform the Setting Manager and contact the parent for collection
- Keep the child comfortable, ensure they are adequately clothed (not overdressed) and offer regular small sips of water if they will take it

- Where a valid Medication Consent Form (B0045) is in place for a paracetamol-based antipyretic (e.g. Calpol) and the child has been at the setting for a minimum of 4 hours, in line with the Medication Administration Policy (B0044), staff should administer the antipyretic and continue to arrange collection as above. Antipyretics must not be administered without a valid consent form on file, or before the 4-hour threshold has been reached, unless specifically agreed with the parent or carer for that occasion
- Record the temperature and the time it was taken in the illness incident record
- If a child develops a fever alongside a non-blanching rash, stiff neck, aversion to light, or severe headache, call 999 immediately
- A child must not return to the setting until they have been fever-free (without the use of fever-reducing medication) for at least 24 hours and are well enough to participate normally

15. Staff Illness

Staff illness, exclusion and return to work is governed by the Staff Sickness Policy (B0061). Staff who have been in contact with a notifiable disease, or who are pregnant and have been exposed to a relevant infectious illness in the setting, should follow the reporting procedures set out in that policy.

16. Notifiable Diseases

Certain infectious diseases are legally notifiable to the UKHSA Health Protection Team. Where a notifiable disease is confirmed or suspected in a child or member of staff who has attended the setting, the Setting Manager must notify the local UKHSA Health Protection Team by telephone as soon as possible.

Notifiable diseases most relevant to childcare settings include:

- Measles
- Mumps
- Rubella
- Whooping cough (Pertussis)
- Meningococcal disease
- Scarlet fever (Group A Streptococcal infection)
- Diphtheria
- Typhoid and Paratyphoid
- Hepatitis A

- E. coli O157 (and other Shiga toxin-producing E. coli)
- Cryptosporidiosis
- COVID-19 (as applicable under current regulations)

A full list of notifiable diseases is available at www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report. The Setting Manager should also notify Ofsted if the illness results in a significant outbreak or closure.

17. Outbreak Management

An outbreak is defined as two or more linked cases of the same illness within the setting in a defined period, or a higher-than-expected rate of illness. In the event of a suspected outbreak:

- The Setting Manager must notify the local UKHSA Health Protection Team immediately by telephone
- A record of all affected individuals (children and staff), their symptoms and dates of onset must be compiled and maintained
- The UKHSA Health Protection Team will advise on whether enhanced infection control measures, extended exclusions, or temporary closure is required
- The Setting Manager must follow all advice given by the Health Protection Team and document all actions taken
- The Managing Director must be informed immediately of any outbreak or potential closure situation
- Ofsted must be notified where an outbreak results in a significant number of children or staff being unwell, or where closure is required
- Where enhanced environmental cleaning is required, the COSHH risk assessment for cleaning products must be reviewed and appropriate PPE must be worn

UKHSA Health Protection Team - England: Call 0344 225 4524 (24-hour line) or find your local team at www.gov.uk/health-protection-team

18. COSHH - Cleaning and Disinfection Products

Cleaning and disinfection products used in childcare settings are subject to the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Bloom Childcare will:

- Maintain a COSHH risk assessment for all cleaning and disinfection products used at the setting

- Ensure that only trained staff use cleaning chemicals and that they are used strictly in accordance with the manufacturer's instructions and the COSHH risk assessment
- Store all cleaning products in locked storage, inaccessible to children
- Ensure appropriate PPE is worn when using cleaning products (typically gloves and apron; eye protection where there is a risk of splashing)
- Never mix cleaning products
- Dispose of cleaning waste in accordance with the manufacturer's guidance and local waste disposal requirements

19. Training and Competency

- All staff will receive induction training on this policy, the hand hygiene procedure, correct PPE use, and the D&V protocol before working unsupervised with children
- Infection control will be included in the annual staff training plan
- The Setting Manager will receive additional training on outbreak management and notifiable disease reporting
- Staff training records will be maintained and available for inspection

20. Monitoring and Review

Illness incident records will be reviewed monthly by the Setting Manager to identify any patterns or recurring concerns.

Persistent or unexplained absence linked to illness may indicate a wider welfare concern and will be considered alongside the Safeguarding and Child Protection Policy (B0027).

The Setting Manager reserves the right to refuse entry, or to refuse to allow a child to remain at the setting, if they appear unwell or not fit to attend, even where no formal exclusion period strictly applies. This decision will always be explained clearly and respectfully to the parent or carer.

Illness records are retained in line with the Confidentiality & Data Protection (GDPR) Policy (B0033) and kept for a minimum of 3 years after the child leaves the setting.

This policy will be reviewed annually or sooner following any significant illness incident, outbreak, change in UKHSA or NHS guidance, or update to relevant legislation. All revisions will be approved by the Managing Director before the updated version takes effect.

21. Sign-off and Authorisation

DECLARATION			
Role	**Name**	**Signature**	**Date**
Managing Director / Duty Holder	Mark Johnson		1st October 2026

This policy should be read alongside: Safeguarding and Child Protection Policy (B0027) | Staff Sickness Policy (B0061) | Confidentiality & Data Protection (GDPR) Policy (B0033) | Nappy Changing and Intimate Care Policy (B0049) | Medication Administration Policy (B0044) | Emergency Procedures Policy | Food and Nutrition Policy (B0034) | EYFS Statutory Framework 2026