



## Illness and Communicable Diseases Policy

### Tree of Life Educational and Therapeutic Ltd

Review date 11/9/2025

#### Introduction

Our policy for illness and communicable diseases follows the advice recommended by the **UK Health Security Agency (UKHSA)** – *Health protection in children and young people settings: tools and resources* (updated March 2025). This policy should be read alongside that guidance.

At [Tree of Life Educational and Therapeutic Ltd](#) we aim to prevent the spread of infections by encouraging and ensuring:

- High standards of personal hygiene and practice, particularly handwashing
- Maintenance of a clean environment
- Consistent and clear communication with parents and carers

The provision will inform parents as soon as possible if any child has contracted or been in contact with anyone who has a contagious disease. This will be done verbally and in writing (email). Where possible, the provision will inform parents verbally of any suspected health issues or illness specific to their child where medical advice should be sought. An email will always follow up.

We also expect parents to verbally inform staff if their child or any family member has been exposed to any contagious disease or infection. Parents may be asked to keep their child at home within the exclusion guidelines below. This is for the safety and promotion of good health within the provision.

#### Living with COVID-19 & Respiratory Infections

At [Tree of Life Educational and Therapeutic Ltd](#), we follow current guidance from the **UKHSA** on managing respiratory infections, including COVID-19, in educational settings.

#### Current principles include:

- Anyone with a high temperature or who feels generally unwell should stay away from the provision until they are well enough to return.
- If an individual tests positive for COVID-19, they should stay away for 3 days following the test date, as this is the period of greatest infectiousness.

- Individuals with mild symptoms (such as a runny nose or mild headache) who are otherwise well may attend the provision as usual.

### Exclusion Guidance: Infectious Diseases (Including COVID-19)

Infection / Condition	Exclusion Period	Comments
Athlete's foot	None	Not serious; treatment recommended.
Chickenpox	At least 5 days from rash onset <b>and</b> until all blisters crusted	Pregnant staff should consult GP/midwife.
Cold sores (herpes simplex)	None	Avoid direct contact with sores.
Conjunctivitis	None	Consult UKHSA if outbreak occurs.
Respiratory infections including COVID-19	Exclude if unwell/high temperature. If COVID-positive: exclude for 3 days from test date.	Mild symptoms – attend if well.
Diarrhoea and vomiting	48 hours after symptoms stop	Some causes (e.g. E. coli, Hep A) may need longer exclusion.
Diphtheria*	Exclusion essential	Always contact UKHSA. Vaccination prevents.
Flu (influenza)	Until recovered	Report outbreaks to UKHSA.
Glandular fever	None	—
Hand, foot and mouth	None	Consult UKHSA in outbreaks.
Head lice	None	Treat when live lice are seen.
Hepatitis A	7 days after jaundice onset (or symptoms if no jaundice)	UKHSA will advise in outbreaks.
Hepatitis B, C, HIV	None	Not spread by casual contact.
Impetigo	Until lesions crusted/healed <b>or</b> 48h after antibiotics	Antibiotics reduce infectivity.

Infection / Condition	Exclusion Period	Comments
Measles	4 days from rash onset and until recovered	Promote MMR vaccination; pregnant staff consult GP/midwife.
Meningococcal meningitis / septicaemia*	Until recovered	UKHSA will advise.
Bacterial meningitis (other)	Until recovered	Vaccination prevents some forms.
Viral meningitis	None	Usually mild; contacts not excluded.
Mpox	Until clinician confirms safe to return	Contact UKHSA for advice.
MRSA	None	Good hygiene essential.
Mumps	5 days from swelling onset	Preventable with MMR. Pregnant staff seek advice.
Rubella (German measles)	4 days from rash onset	Preventable by MMR; pregnant staff seek advice.
Scarlet fever	24h after antibiotics	Without antibiotics infectious for 2–3 weeks.
Scabies	After first treatment	Household/close contacts require treatment.
Slapped cheek (Parvovirus B19)	None	Pregnant contacts consult GP/midwife.
Tonsillitis	None	Usually viral; no exclusion needed.
Tuberculosis (TB)	Consult UKHSA before disseminating information	Only pulmonary TB is infectious.
Warts and verrucae	None	Cover in swimming pools/changing rooms.
Whooping cough (pertussis)*	5 days after antibiotics <b>or</b> 21 days from symptom onset if untreated	Vaccination prevents; UKHSA advises.

\*Diseases marked with an asterisk are **notifiable diseases**. These must be reported immediately to UKHSA/local Health Protection Team.

### Vulnerable Children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children. These include those being treated for leukaemia or other cancers, on high doses of steroids, and with conditions that seriously reduce immunity.

These children are particularly vulnerable to chickenpox, measles or parvovirus B19. If exposed to any of these, the parent/carer should be informed promptly and further medical advice sought.

### Female Staff – Pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to **UKHSA guidelines** by a doctor.

Risks include:

- Chickenpox – can affect pregnancy if the woman has not previously had it
- Rubella (German measles) – may affect the baby if the woman is not immune and exposed early in pregnancy
- Slapped cheek (Parvovirus B19) – can occasionally affect an unborn child
- Measles – can result in early delivery or pregnancy loss

Pregnant staff should contact their midwife/doctor promptly for guidance and inform the Head of Learning of the advice given. This advice also applies to pregnant students.