



# HOWE GREEN HOUSE SCHOOL

## COMMUNICABLE DISEASES POLICY

ISI Reference	
Issue Number	
This policy is endorsed by	Governing Board and the Head
This policy is owned by	
Review Body	Finance Committee

Most Recent Revision Date	Michaelmas 2019
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Period of Review	Every two years
Next Review Date	Michaelmas 2021
Previous Reviews	Lent 2017

To be made available	YES
To be on website	YES
Internal staff only	NO
Internal students only	NO
Internal staff and students	YES

## **Communicable Diseases Policy**

### **Howe Green House School & Little Oaks Nursery This Policy also includes the Before and After School Provision**

This policy details the most common problems likely to be experienced by staff working in Howe Green House School, Little Oaks Nursery and Before and After School Provision. They are not intended as an exhaustive guide to infectious diseases. Most of the action required represents common sense and follows basic principles. In cases where there is still uncertainty, medical advice is available from:

- The child's GP, via the parents or sometimes directly from the GP.

If the answer is still unclear further advice is available from:

PHE East of England Health Protection Team,  
Second Floor Goodman House, Station Approach Harlow,  
Essex,  
CM20 2ET

[EastofEnglandHPT@phe.gov.uk](mailto:EastofEnglandHPT@phe.gov.uk); [phe.EoEHPT@nhs.net](mailto:phe.EoEHPT@nhs.net)

Phone: [0300 303 8537 option 1](tel:03003038537)

Out of hours for health professionals only: phone 01603 481 221

#### **Statement of Intent**

The governors and staff of Howe Green House School fully recognise the contribution it makes to promoting the welfare of children. We recognise that all staff, including volunteers, have a full and active part to play in protecting our pupils from harm.

All staff and governors believe that our school should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual child.

#### **Guidelines**

In general, children who seem to be so unwell that they are unlikely to benefit from being at school/nursery should be at home.

Those with a temperature and other specific signs and symptoms such as diarrhoea should be excluded.

When a member of staff contracts a communicable disease the same rules apply to them as to the children.

Children who have been in contact with infections, but who are not ill themselves, should not be a cause for concern.

Because infections can be passed on before a person is unwell it is important that high standards of basic hygiene are always maintained.

Any person who handles food must ensure high standards of hygiene at all time, washing and drying hands thoroughly before touching food. Any food handler must be completely well and must not work if suffering from diarrhoea, sickness or open septic sores - if they are unsure they should take medical advice. They should not return to work until they have been well for 48 hours. Please refer to the Food Hygiene Regulations. A person returning from an overseas holiday with an illness such as gastroenteritis can pass this on to other people whilst they are unwell and should refrain from coming to work.

Basic hygiene should be practised at all times - including school outings, farm visits etc.

Cuts on a staff member's exposed skin must be covered with a waterproof dressing. Infections can often be passed on before a person is actually unwell.

## **Pregnancy in Staff**

**All** female staff should be sure that they are immune to rubella (German Measles), if unsure she should check with her GP. A pregnant member of staff who is in contact with a case of rubella, chickenpox/shingles, parvovirus (Slapped Cheek Syndrome) or measles and does not know whether or not she is immune to the above diseases should contact her GP without delay. Should a pregnant member of staff develop a rash it is advisable to contact GP/midwife without delay.

## **Good Hygiene Practices**

### **Hand Hygiene**

Handwashing is the single most effective means of reducing cross infection.

Its purpose is to remove or destroy any micro-organisms that have been picked up on the hands. Those causing disease are usually easy to remove with ordinary soap and

water provided that all the areas of the hands are washed and dried thoroughly. Water free hand disinfectants are additionally available in each classroom.

Handwashing must be practised by everyone:

- before preparing or serving food;
- before meals, snack and drinks;
- after using the toilet or assisting with toileting;
- after nappy changing;
- after playing outside or with sand or water;
- after attending to any body-fluids or other potentially infectious material;
- after any cleaning procedure or dealing with waste;
- after removal of disposable gloves and/or aprons;
- after handling animals/animal soil etc.

## **Protective Clothing**

### **Disposable Gloves**

Vinyl gloves must be worn for contact with non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body-fluids, secretions or excretions.

They must be put on immediately before an episode of personal care contact and removed as soon as the activity is completed.

Gloves must be changed between caring for different children, and between different care or treatment activities for the same child.

Gloves must be disposed of as clinical waste, in the yellow bags and placed in yellow bin.

**Hands must be washed after the gloves have been removed.**

To prevent transmission of infection, gloves must be discarded after each procedure. Gloves should **not** be washed between children, as the gloves may be damaged by the soap solution and, if punctured unknowingly, may cause body-fluid to remain in direct contact with skin for prolonged periods.

## **Food Hygiene**

The hygienic preparation of food, combined with effective cleaning of food preparation areas and equipment, plus a high standard of personal hygiene, is

extremely important in ensuring the safe delivery of food to children. Ideally, those staff involved in toileting children or nappy changing should not be involved in food handling.

All individuals who handle food should follow basic food hygiene practices to ensure contamination and subsequent disease does not occur.

Staff must not handle food if suffering from skin infections, infected wounds, sores, diarrhoea and/or vomiting.

Please refer to the Food Hygiene Regulations for further information.

## **Nappy Hygiene**

Staff undertaking nappy changes should not be involved in the preparation of food.

A designated area is provided for nappy changing. Hand washing facilities are also available in this area. Single use vinyl gloves must be worn.

The changing surface should be water-proof. Changing mats should be clean and in a good state of repair, i.e. no breaks or tears in the waterproof covering. Paper towels can be used to protect the changing mat and discarded after each nappy change. If the surface becomes soiled, it must be cleaned with detergent and hot water and dried.

Staff should wash their hands after every nappy change. Ensure creams and lotions are not shared between children. Each child should have all of their creams and lotions labelled. Use gloved finger each time to remove cream from container.

Disposable nappies are recommended. These should be disposed of by wrapping securely in a plastic bag, and placed in the yellow nappy bin provided.

## **Sanitary Ware**

Sanitary ware requires safe disposal in the bins provided which are collected by a designated contractor.

## **Disposal of Clinical Waste**

The correct disposal of clinical waste is an important part of safe practice, and all staff need to be aware that the law imposes a duty of care upon all for the safety, health and welfare of themselves and other employees. All clinical waste should be disposed of in an approved way. Yellow plastic sacks are for disposal by incineration of waste that has

been contaminated with body-fluids. These bags should be placed in the collection bin in the medical room which is collected by a designated contractor.

## **Water Based Activities**

Parents and teachers are often worried about the risks of infections such as Leptospirosis (Weils disease). This is acquired from freshwater contaminated by rats. The disease is very rare, especially the more serious forms.

Some simple precautions will help to minimise the risks.

Children who fall in fresh water should shower and change their clothes promptly. Children should be discouraged from playing in obviously contaminated or very muddy waters.

When children participate in activities involving contact with pond water their hands should be washed thoroughly afterwards.

## **Water Tank Play Equipment**

Water should be changed daily and straight away if soiled or dirty. Toys and equipment should also be kept clean and dry.

## **Farm and Zoo visits**

It is important to remember that diseases affecting animals can sometimes be passed on to humans. Simple hygienic precautions will prevent this happening. Therefore arrangements should be made to ensure that all children can wash their hands under hot running water after touching the animals and before eating. Buckets of warm water are not sufficient. On leaving the farm, boots should be cleaned and rinsed thoroughly. Children should be carefully supervised when bottle feeding animals and discouraged from allowing animals to lick their fingers. Cuts and abrasions on the hands and exposed skin should be covered at least for the duration of the visit. Visitors should not handle obviously unwell animals. As a precaution teachers who may be pregnant are advised not to touch newborn lambs, or touch or drink ewe's milk. The farm should restrict public access to dung, compost heaps and other waste disposal areas. Feed should be stored away from public areas and children should not be permitted to taste it.

It is wise to ensure that children are not permitted to purchase or accept unpasteurised milk or its products

## **Chickenpox / Shingles**

Chickenpox is a viral illness, which causes fever, general malaise and a characteristic blistering rash. The blisters soon become full of fluid. It is not usually severe in children but can cause more serious symptoms in adults. The virus lies dormant in the body after chickenpox and may cause an attack of shingles in later life. A person with **shingles** is infectious and can give others chickenpox. It is **not** possible to get shingles from a case of chickenpox.

The disease spreads easily from person-to-person. The greatest risk of transmission is just before the onset of the rash. Those with chickenpox or shingles should stay away from school/nursery until scabs are dry. It is desirable for healthy children to get chickenpox, because this will give life-long immunity and prevent them suffering a more serious attack as an adult. However those with impaired immunity and pregnant women who have not had the disease and are in contact with a case should seek medical advice promptly.

**Exclusion: Until scabs are dry - usually 5-7 days after the appearance of the rash.**

## **Conjunctivitis**

This means inflammation of the outer lining of the eye and eyelid, and causes a sore or itchy red eye with a watery or sticky discharge. It may be caused by organisms such as bacteria and viruses, or may be an allergy (as in hay fever).

Conjunctivitis caused by bacteria and viruses may be spread by contact with the eye discharge, which gets onto the hands when the child rubs its sore eye. Treatment depends on the cause but is often by eye drops or ointment. It is important to prevent spread by a good standard of hand washing and drying.

**Exclusion: Although it is not usual to exclude a child from school it is Howe Green House policy to exclude a child with conjunctivitis in order to prevent the spread of infection.**

## **Diarrhoea**

This means a change in bowel habit with loose and/or more frequent stools. Diarrhoea in children is frequently caused by infection with micro-organisms including viruses (e.g. rotavirus), parasites and bacteria (e.g. salmonella). The common route of spread is by ingestion of infected foods or liquids and hand-to-mouth.

To prevent the spread of infection children and staff must be encouraged to have good hygiene especially washing and drying of hands after using the toilet and before eating. Discontinue sand, water, play dough and cooking activities during an outbreak.

**Exclusion: Children and staff should be excluded from school/nursery until their symptoms have settled and until 48 hours after the first normal stool. For known infection with E coli 0157 in children under five, older children who have difficulty in implementing good standards of hygiene and for staff involved in food preparation - then the exclusion period is until 2 consecutive negative faecal specimens taken after recovery and at least 48 hours apart have been obtained.**

## **Hand, Foot And Mouth Disease**

This viral illness, (not to be confused with foot and mouth disease of animals) is usually not severe. It causes a fever and rash with blisters, which appear especially in the mouth and on the hands and feet. It is spread by direct contact with the secretions of the infected person and by coughing and sneezing. There is no specific treatment available for hand, foot and mouth disease.

**Exclusion: While the child is unwell he/she should be kept away from school/nursery.**

## **Headlice**

Lice are small insects, which may live on the head and hairy parts of the body. The type of louse which affects the head is particularly common and anyone can catch them, although they favour clean, mid-length hair and female heads.

The eggs or nits are glued to the hair and only become easily visible when they have hatched. Nits remain in the hair until it falls out, which may take up to two years. The first time lice are acquired it may take 4 to 8 weeks for allergy to the bites to develop and itching to begin. Lice spread by direct head-to-head contact with an infected person. They cannot jump, swim or fly. Head lice are annoying but not dangerous. Regular combing of the hair with a fine-toothed comb should be encouraged at all times. When head lice are detected a notice should be placed on the class room door informing parents that a case of head lice has been detected and requesting all parents to check their child's hair.

**Exclusion: Is unnecessary. Children should not be sent home. Instead discretely mention to the parent that live lice have been seen in the hair and request that treatment is carried out.**



## Hepatitis

This means inflammation of the liver. There are several types of which the most important are those caused by viruses, particularly hepatitis A, hepatitis B and hepatitis C. The symptoms will usually include nausea, abdominal pain and later jaundice (yellowing of the skin). **Hepatitis A** or infectious hepatitis is spread from person-to-person by poor hygiene as the virus is found in the affected person's faeces. It may also be spread by contaminated food or water. There is no specific treatment. Although many cases in children are so mild as to go unnoticed, it is likely that those children with symptoms when diagnosis has been made will be too ill to attend school/nursery. Prevention is by careful attention to personal hygiene and good sanitation. Specific preventative treatment by injection may be advised for household contacts and those in nurseries.

**Exclusion: Until child feels well or until 7 days after the onset of jaundice, whichever is the later.**

**Hepatitis B** (serum hepatitis) can be more serious. Only blood, semen and vaginal fluid are known to transmit infection. Prevention is by taking precautions **whenever** dealing with body-fluids, particularly as a person may be a carrier and unknowingly be infectious with this virus without ever having been obviously ill. In the event of a bite or scratch in which blood is drawn, from a child known or likely to be hepatitis B positive the injured person should seek medical advice from their GP immediately. A vaccine is available for families of people with hepatitis B.

**Exclusion: Children who develop symptoms will be too ill to be at school/nursery and families will be given specific advice about when their child is well enough to return.**

**Hepatitis C** is a virus that is circulated and transmitted through blood and blood-stained body-fluids. It can be passed on in a number of ways:

- Sharing toothbrushes;
- Through ear piercing, or acupuncture if equipment is not properly sterilised;
- Infected blood passing from one person to another e.g. cuts or damaged skin;
- Uncommonly from mother to baby during or after pregnancy.

**Prevention** - The majority of people infected with this virus have no symptoms and are unaware that they may be carrying the virus. Therefore precautions should be taken when dealing with **all** blood and body-fluids, as described under the section on protective clothing.

## **HIV / AIDS**

The Human Immunodeficiency Virus (HIV) causes Acquired Immune Deficiency Syndrome (AIDS). The virus gradually destroys the immune system so that the individual is susceptible to infections of all kinds. Spread is similar to hepatitis B but is much more difficult to transmit. Normal social contact, kissing, shared cutlery and crockery do not present a risk of transmission. The child with HIV is vulnerable to infections from others. Blood of such a child is infective and should be dealt with as described under the sections on protective clothing and clinical waste.

**Exclusion: Children with the virus should not have their activities restricted, nor be excluded from school/nursery.**

## **Impetigo**

Impetigo is a skin infection causing blisters, which become golden-crustrated. The fluid in the blister is very infectious, and spread occurs by hand-to-hand contact with this fluid as the blister bursts. Good hygiene is essential to prevent spread. Treatment is usually by antibiotic cream and/or oral antibiotic medicine. People with impetigo must not handle food as the infective organism may also cause food poisoning.

**Exclusion: Until 24 hours after the start of treatment. If there is an outbreak, stop the use of sand, water, playdough and cooking activities and wash all "dressing up" clothes. (An outbreak is 2 or more cases of the same infective organism in a class).**

## **Measles**

Measles is a generalised illness with a blotchy red rash lasting at least 3 days, fever and at least one of cough, running nose and sore eyes. Children with measles are frequently much more poorly than with the other well-known rashes and severe complications may occur. The child will be too ill to attend school/nursery. Unvaccinated contacts of cases can be protected if vaccine is given within 72 hours of contact. Contacts with reduced immune system function (e.g. children/adults after removal of spleen) and pregnant women should consult their GP.

**Exclusion: While infectious i.e. from the onset of the fever up to 4 days after the rash appears.**

## **Mumps**

Mumps causes fever and swelling of the salivary glands, particularly just in front of, and below the ear. It may affect other organs such as the testes. Mumps can be spread by

droplets from the nose and throat and by saliva. Prevention is by encouraging parents to ensure their children are vaccinated (MMR).

**Exclusion: The child should be excluded for nine days after the onset of swelling, or until the swelling has subsided, whichever is the sooner.**

## **Rubella**

Rubella (German measles) causes a mild illness with a faint rash, which resolves quickly. A child who has not been immunised may have rubella with little or no symptoms. Rubella is extremely dangerous to the unborn child if an expectant mother who is not immune catches it. Prevention in the school/nursery is by ensuring all female staff of childbearing age have been vaccinated and by encouraging parents to ensure their children are vaccinated. Transmission is by droplets from the mouth and nose or direct contact with cases. Patients are infectious for up to a week before and at least 4 days after the onset of the rash.

**Exclusion: For 4 days after onset of the rash, and whilst unwell.**

## **Meningitis**

"Meningitis" means inflammation of the layers of tissue which surround the brain. Viral meningitis is generally not severe and patients make a good recovery. Bacterial meningitis however is a much more serious illness which can kill. Treatment of meningitis is almost always in hospital.

The symptoms are:

- severe headache;
- neck stiffness;
- dislike of bright lights;
- high fever;
- in the later stages drowsiness, confusion and impaired consciousness;
- and sometimes a purplish spreading rash, which does not fade on pressure.

A poster illustrating the signs and symptoms is on display in the staff room and medical room. Children with bacterial meningitis usually become very unwell very quickly.

It is essential that if meningitis is suspected medical help is sought **urgently**, as prompt treatment can be lifesaving. There are three bacteria that cause most cases of bacterial meningitis called the pneumococcus, the meningococcus and *Haemophilus*

(which is now very rare since the introduction of Hib vaccine). These bacteria live in the throat and most people acquire them at some time in their lives without suffering any symptoms. It is only the unlucky few, for reasons that are not fully understood, who become ill. The bacteria do not survive long outside the throat and the disease cannot be contracted by swimming in swimming pools or sharing toys and equipment. It is important that staff treat cases calmly and do everything possible to foster a realistic understanding of the mode of transmission and risk of acquiring disease. The same bacteria can invade the bloodstream (septicaemia). The headache and neck stiffness may not occur but the purplish rash may be seen.

**Treatment is not generally necessary for those whose only contact has been in school/nursery unless more than one case occurs.**

Once a child is admitted to hospital and a diagnosis is made (confirmed or suspected) the Consultant in Communicable Disease Control (CCDC) is immediately informed. The CCDC will then contact Howe Green House directly to inform us of the situation. Sometimes we may be informed by a parent, relative or other concerned individuals. In these cases it is very important for Howe Green House to confirm the diagnosis with the CCDC before any further action is taken. Information disseminated prior to accurate diagnosis can cause unnecessary distress and anxiety. Close contacts, such as household and kissing partners, who require antibiotics will be contacted directly by the CCDC or another health care professional. Hib meningitis and meningococcus group C can be prevented by immunisation. There is no vaccine available for meningococcus group B.

**Exclusion: Children with the disease will be too ill to attend school/nursery. Children/staff on prophylaxis do not need to be excluded.**

## **Pharyngitis/Tonsillitis**

This means a sore throat. Usually it is caused by viral infection, for which antibiotics are not effective.

**Exclusion: If the disease is known to be caused by a streptococcal (bacterial) infection the child or member of staff should be kept away from school/nursery until 24 hours after the start of treatment. Otherwise a child or member of staff should stay at home while they feel unwell.**

## **Rashes**

Many micro-organisms may cause a measles-like rash including rubella, streptococci, parvovirus B19. It is rarely possible to tell with certainty which agent is responsible

without laboratory tests, but most commonly now such rashes are caused by one of a number of viruses such as parvovirus B19. Children are rarely very unwell, the rash lasts for only a few days and prolonged exclusion from school/nursery is not necessary. Very few agents cause blistering rashes. A rash, which begins as small blisters quickly forming scabs and spreading all over, the body is likely to be chickenpox. A similar rash with several blisters over a well-defined area is likely to be shingles. A virus similar to the one causing chickenpox/shingles causes cold sores. The blisters look the same but in general there is only one or a small group often on the face. Once the blister has appeared it usually does not spread further, in contrast to impetigo where there is a slow spread of golden crusted spots outwards from the original spot. In the earliest stages impetigo spots are small blisters. Hand foot and mouth disease is characterised by blisters in the mouth and on the palms and soles, but not elsewhere on the body. A child who is unwell and has a rash should visit their GP.

### **Ringworm ("Tinea")**

Ringworm or tinea is caused by a fungal infection. It is most common between the toes (athlete's foot) where the skin becomes white and soft, with sore red skin underneath. On the body it causes a circular rash, which spreads outwards whilst healing in the centre. It can be spread directly from skin to skin, or indirectly via showers, toilet articles or clothing. Treatment is usually by cream applied to the affected area.

**Exclusion: Children need not be excluded from school/nursery but spread can be prevented by good personal hygiene, regular handwashing, and use of separate towels and toilet articles. Parents should be encouraged to seek treatment for their child.**

### **Scarlet fever/Scarletina**

These illnesses are caused by certain strains of streptococcus bacteria. These bacteria are common (most people will have them at some time in their lives) and cause a number of other diseases including sore throat and skin infections. Although scarlet fever was a dangerous disease, the strains of streptococcus responsible for it at present usually cause only a mild infection.

**Exclusion: Once a patient has been on antibiotic treatment for 24 hours they can return to school/nursery provided they feel well enough.**

## **Slapped Cheek Syndrome (Erythema Infectiosum/Fifth Disease)**

This is a mild illness caused by a virus known as parvovirus B19. There is often a marked redness of the cheeks (hence the common name) followed by a milder rash of the body, which is similar to the rash of rubella. Spread is mainly through infected secretions by coughing and sneezing. Small outbreaks are common in schools/nurseries. There is no specific treatment, but strict handwashing following contact with secretions must take place. Pregnant women, those with specific blood diseases (e.g. sickle cell disease) and those with impaired immunity should take medical advice if they believe they are in contact with a case.

**Exclusion: An affected child need not be excluded because he/she is no longer infectious by the time the rash occurs.**

## **Scabies**

This is an extremely itchy rash caused by a microscopic mite, which burrows under the skin. By the time itching is obvious mites will usually have been present for some weeks. Scabies is only transmitted by very close and prolonged contact. Usually the affected child and his/her family will need treatment with special lotion. Prevention depends on prompt treatment to prevent spread.

**Exclusion: Not necessary, but treatment should be commenced. Parents should be encouraged to seek treatment for the family.**

## **Typhoid, Paratyphoid and Polio**

These are now very rare in the UK and require specific action by the CCDC in each case.

Polio is preventable by ensuring uptake of the vaccine. It is important that adults in contact with children ensure they have been immunised at some stage of their life as, although rare, the illness can be caught from children who have recently been vaccinated as the virus is shed for up to 6 weeks in the stools.

**Exclusion: An affected child is likely to be very ill and whilst infectious unable to attend school/nursery.**

## **Tuberculosis (TB)**

This may cause many different types of symptoms, or sometimes no obvious symptoms at first. Usually tuberculosis affects the lungs, causing a persistent cough although any

organ may be affected. Spread is by prolonged exposure to an infected person who is coughing up bacteria. Patients are described as having "open" TB when the tuberculosis bacteria can be seen by microscopy of a sputum sample. It is at this stage that they are infectious to others. In the event that a member of staff or a child is found to have tuberculosis further action with regard to contacts will be decided by the physician who sees the patient together with the CCDC; it is very rare indeed that such action is required.

**Exclusion: "Open" cases – until 2 weeks after treatment started. "Open" cases of drug resistant tuberculosis when Hospital Physician advises. Closed cases and prophylaxis - exclusion unnecessary.**

## **Verrucae**

These are warts on the sole of the foot and cause discomfort mainly due to their location on the weight-bearing surface. They can be spread by direct contact. They may benefit from medical treatment such as application of medications or freezing. Warts are common, and most people will acquire them at some time in their lives. There is little benefit in covering them for swimming and physical education.

**Exclusion: Not necessary.**

## **Whooping Cough (Pertussis)**

Causes an irritating cough, which worsens over a period of days to severe bouts of coughing with a characteristic "whoop". It spreads easily, particularly in the early stages while the illness is still mild. Long-term lung damage may occur. The child is likely to be too ill to attend school/nursery and should stay at home until he/she has had 5 days of antibiotic treatment. Prevention is by encouraging uptake of the vaccine, which is safe and effective.

**Exclusion: An affected child and unvaccinated contacts under 7 years should be excluded until they have had 5 days of antibiotics.**

## **Worms**

In the UK this almost always refers to threadworms, a common infection of the bowel with a tiny worm. It is not serious or dangerous but causes itching around the bottom, where the eggs are laid.

Because of this itching the affected child will scratch his/her bottom, picking up the eggs under the fingernails and pass them on to the next person (or re-infecting

himself/herself) usually via food. Treatment is by medication, which may be bought via the chemist or obtained via the doctor all members of the family require treatment. The child must also pay special attention to basic hygiene. Washing hands and scrubbing the nails before eating and after going to the toilet is essential with supervision by an adult if necessary. A shower (rather than a bath) in the morning will remove any eggs laid around the bottom during the night. Prevention is by strict attention to hygiene as above.

**Exclusion: Not necessary.**

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever



As of April 2010, it is no longer a requirement to notify the following diseases: dysentery, ophthalmia neonatorum, leptospirosis, and relapsing fever.

**Monitoring and Reviewing**

To ensure our procedures remain effective they will be reviewed on a regular basis.

Reviewed by Finance Committee of Governing Board.

Date of Policy Review: 20<sup>th</sup> November 2019

Chair of Finance Committee: Amanda Cutlan-Smyth

Headteacher: D J Mills

Next Review: Michaelmas 2021