Communicable and Notifiable Disease Policy

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Section / Dept: Centre for Wellbeing
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Date of next review: 1st September 2017

Related policies:
- Student Death Policy 2016
- Notification Procedure for Death of a Colleague
- Sickness absence policy
- Extenuating Circumstances Policy
- Fitness to Study Policy
- Fitness to Practice Policy
- Health and Safety Policy 2015
- Data Protection policy
- Health Protection (notification) regulation arrangements (2010)
- Public Health (control of disease) Act 1984
- Business Continuity documents in all areas

Policy history: New policy developed by Laura Smythson in joint working with University colleagues

Version History

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Equality Analysis

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1 Introduction

1.1 Purpose
1.1.1 The purpose of this policy is to provide a clear and robust guidance for the management and containment of communicable and notifiable diseases including meningitis.

The University of Surrey has approximately 16,000 students and 3000 staff living, studying and working within the campus and the local area. The risk of a serious disease or transmission of illness is considerable. Whilst major outbreaks of serious diseases are rare, the University must consider known disease risks and have in place contingencies and plans for new diseases coming to light to support the affected individuals, reduce transmission and protect staff, students and visitors. In addition, the policy outlines the University’s role with Public Health England (PHE) in assisting them in the discharge of their duties related to managing communicable disease and its potential outbreak as well as ensuring the University meets duty of care obligations to all students.

There are a number of ways the University may become aware of a student or staff suffering from a communicable disease, consideration must be taken into account regarding disease type, location of the student and any relevant recent contacts. As such the University needs to respond in a different way to every instance of communicable disease.

This policy will outline roles and responsibilities in relation to communicable diseases, management of an outbreak and how we can support those affected and communicate effectively in order to prevent delay in response to such an incident.

1.2 Scope
1.2.1 This policy provides an overview of the responsibilities and actions required by a range of stakeholders affected by a communicable disease outbreak, including but not limited to:

- University staff
- Students
- Visitors
- Public
- Contractors

Determining the scope of any response to a suspected outbreak of a communicable disease is not possible as each case must be managed according to available clinical and public health advice.

Any suspected outbreak of a notifiable communicable disease is considered a major incident and will be managed via the University’s established Silver Command structure.

1.3 Equality Analysis
1.3.1 Pending

1.4 Definitions
1.4.1 Communicable Disease
Any disease that is transmissible by infection or contagion directly or through the agency of a vector.

Notifiable Disease
A disease with significant public health implications, typically a highly infectious disease, for which the diagnosing clinician has a statutory responsibility to notify the correct body or person—e.g., the local Consultant in Communicable Disease. (see current list of notifiable diseases in appendix 3.4.1)

Public Health
Public health departments have a major role in the management of meningococcal disease, ensuring that there are adequate disease prevention and surveillance programmes, and in the prevention of secondary spread through contact tracing. Usually the lead is through the consultant in communicable disease control (CCDC)/consultant in public health medicine (CPHM).

Possible case: Case not requiring public health action
Clinical diagnosis of meningitis or septicaemia or other invasive disease where the CCDC/CPH, in consultation with the clinician and microbiologist, considers that diagnoses other than meningococcal disease are at least as likely.

Probable case:
Clinical diagnosis of meningitis or septicaemia or other invasive disease where the CCDC/CPH, in consultation with the physician and microbiologist, considers that meningococcal infection is the most likely diagnosis.

Confirmed case:
Case requiring public health action
Clinical diagnosis of meningitis, septicaemia or other invasive disease AND at least one other defined indicator

Outbreak:
An outbreak or incident may be defined as:
- an incident in which two or more people experiencing a similar illness are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

Meningitis
Is a potentially fatal infection that causes inflammation of the membranes surrounding the brain and primal cord, there are two types of meningitis

Viral meningitis: This is usually a mild illness, most common in children, it is a rare complication of common infections such as measles, mumps and rubella. Prevention of the spread of causal viruses is the priority via MMR vaccination and good hand hygiene techniques

Bacterial meningitis: This is a more severe form of meningitis caused by bacteria such as meningococci and pneumococci as well as streptococcal bacteria, these can be grouped into A, B, C, W, X, Y, Z. The bacteria can cause septicaemia which carries a high fatality rate, fortunately this is rare, however young adults congregating in large areas, such as the early weeks of University, are particularly at risk.

1.5 Legislative context
1.5.1 There is a raft of legislation which underpins the university’s response to the outbreak of communicable diseases specifically those which are notifiable
The Health Protection (notification) regulation arrangements (2010) facilitate prompt investigation of and response to public health risks by registered medical practitioners and laboratories.

Public Health (control of disease) Act 1984 Under the Public Health (Control of Disease) Act 1984 any person who knowingly exposes others to an infectious disease is guilty of an offence, either by being infected themselves or by exposing clients to risks from other clients.

It is because of the emphasis on this legal requirement that this policy outlines both how the University will support our staff and students but also the supportive role we play in the local Public Health services in the discharge of their responsibilities.

1.6 Health & Safety Implications

1.6.1 Section 3 Health & Safety at Work etc Act 1974: “It shall be the duty of every employer to conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, that persons not in his employment who may be affected thereby are not thereby exposed to risks to their health & safety.”

Duties owed to: Staff, Students, Contractors/Suppliers, Visitors, Neighbours

2 Policy

2.1 Principles

2.1.1 The University aims to respond to a communicable disease immediately in an appropriate, effective and efficient way which balances the need to comply with public health obligations against providing support and reassurance to those affected.

2.1.2 Any member of the University, be it staff, student, contractor or visitor, who has been diagnosed with (or suspects a diagnosis of) a communicable disease that could be spread through routine contact must heed medical advice on appropriate isolation until they no longer have the communicable disease or the communicable disease is no longer transmissible through ‘routine’ contact or as determined by a medical professional.

Any member of the university (staff, student or contractor) who knows that they have a communicable disease has an obligation to minimize physical contact with other members of the University community

Prior to returning to studies/work, it would be normal practice for the University member to provide a return to work note in line with Sickness Reporting Policy or Extenuating Circumstances Policy.

2.2 Procedures

2.2.1 There are a number of phases related to communicable disease outbreaks

a) Before a case/outbreak:

Preparedness for communicable diseases such as pandemic flu must consist of the following:

- Deputy Head of Wellbeing/Lead Nurse being aware of national and international trends relating to relevant diseases
- Business continuity plans across the institution must consider the business implications of communicable diseases and associated outbreaks and how to mitigate for the impact on loss of or reduction to normal service
- General awareness raising and health promotion activities for staff and students
continue at relevant times in academic cycle and at times of peak concern
(local/national escalation of communicable disease cases)

b) During a case/outbreak:

Any member of staff or student being made aware of a University member suffering from any
of the listed communicable diseases (supporting documentation 3.4.1) shall source and gather
all possible information on the patient as detailed below and report this to the Centre for
Wellbeing (during office hours) or Security (during out of hours) without delay.

- Name of affected individual
- URN/staff number
- Address
- Contact telephone
- Course of study, year of study
- Current location and condition of the student
- Name of individual reporting the case (if not the affected individual)
- Contact details of the reporter (if different)

The Director of Wellbeing and/or Deputy Head of Wellbeing and Lead Nurse Advisor or
Security will then contact the affected individual or reporter to gain full insight into the nature of
the disease and present medical advice. Guildowns Group Medical Practice (onsite GP) must
be informed of case(s)

A decision to escalate to Silver command will be made based on the following
- Type of disease
- Present medical advice
- Affected individual(s)
- Where individual has been/who have they been in contact with
- PHE or WHO advice
- Other relevant information/concerns or uncertainties

Consideration during a Silver meeting will need to consider some or all of the following and is
not limited to
- Assessment of the present information and medical advice
- Containment of present case/outbreak considering medical advice
- Contact tracing advice re residences, studies, societies, sports
- Support for affected student/staff/friends/peers/family
- Communication as per medical guidance
- Potential for escalation in cases or deterioration in present case
- Consideration of business continuity if required
- Continuous review of present case(s), lessons learnt

Actions arising from PHE or WHO involvement will determine the next steps, which will include
some or all of the following
- Treatment
- Contact tracing
- Isolation
- Vaccination
- Communications

Upon confirmation of an ‘outbreak’ from World Health Organisation (WHO), or PHE, direction
will be taken from the leading authority, actions beyond this point will be taken on a case by
c) After a case/outbreak:

Support to the community should be offered in light of raised concerns about communicable diseases, especially if a significant event such as extensive hospital admission, surgery or death has occurred. Support may include, but is not limited to emotional and psychological support at one to one or departmental level, Extenuating Circumstances, health advice and return to studies for the affected individual(s).

Review of the case(s) should be held with Silver command

2.2.2 Key individuals in a suspected/confirmed case of communicable and notifiable diseases (Silver Group)

- Silver command
- Director of Wellbeing
- Deputy Head of Wellbeing/Lead Nurse Advisor
- Vice-President Marketing and Communications
- Director of Health and Safety
- Head of Student Support Services (if student)
- Director of Accommodation (if student in halls)
- Senior warden (if in halls)
- Representative from affected academic department
- Head of Security (if required)
- Vice President of Human Resources (if staff member)

3 Governance Requirements

3.1 Responsibility

3.1.1 Depending upon circumstances, response to a communicable disease may involve a wide range of colleagues from across the University, however the Director of Wellbeing and Deputy Head of Wellbeing/Lead Nurse Advisor will be integral in managing the outbreak by forging a link between University processes and Public Health England. In addition the information required to manage an instance involving Public Health England will be managed through the Deputy Head of Wellbeing/Lead Nurse Advisor.

Silver Command:
The Incident Response Manager will lead the response, calling a Silver Command meeting if necessary, coordinating the activities of other ‘Silver Group’ attendees.

Deputy Head of Wellbeing/Lead Nurse Advisor:
To act as the link between the NHS and University liaising with GP/Hospital/Public Health England and the patient or relatives. Provide coordination of contact tracing and any subsequent vaccination programmes and communications

Director of Wellbeing:
To provide a wellbeing focus, and in the Nurse’s absence, act as the link between the NHS and University. To mobilise support from Chaplains and Centre for Wellbeing as required for staff/students impacted on by the communicable/communicable outbreak.

Vice-President Marketing and Communications:
To handle media communications in consultation with the Silver Group and Deputy Head
**Director of Health and Safety:**
To act as an expert in health matters, advising University on appropriate response.

**Head of Student Support Services (if student):**
To assist and advise on student issues such as contract tracing, wardens and student life mentoring notification and advice. Support the student in hospital by providing pastoral care, allow for hardship funds release if student needs money for transport to hospital appointments.

**Director of Accommodation (if student in University Accommodation):**
Provide details for contact tracing as well as access to residences. To provide alternative accommodation under guidance of the health experts (Lead Nurse Advisor and/or PHE). Provide emergency accommodation to relatives if necessary.

**Senior warden (if in halls):**
Provide information and support to contacts and students affected by the incident, in line with PHE advice.

**Senior representative from affected (academic) department:**
In case of student case, academic department can advise on contacts if necessary, advise the student in a timely manner on extenuating circumstances and academic issues. In case of staff member, can advise on contacts and advise staff member of sickness reporting/referral to Occupational Health. To inform the department as necessary about developments, taking into account confidentiality and PHE guidance.

**Head of Security (if required):**
To keep up to date, especially important if student is in halls. Holds all relevant emergency numbers for staff during out of hours. May be first on the scene, during an extensive outbreak will be key to timely and safe responses (including containment).

**Vice President of Human Resources (if staff member):**
To provide staff contact details as necessary, mobilise Occupational Health if necessary.

**Public Health England:**
To provide a timely and appropriate response to the outbreak in line with their policies and protocols.

### 3.2 Implementation / Communication Plan

3.2.1 This policy will be communicated to the wider University Community via a Leaders Alert. More detailed communication and training of the policy and the procedures it covers will be provided to relevant staff as part of the Head of Security’s Business Continuity and Incident Response table top exercises.

### 3.3 Exceptions to this Policy

3.3.1 The University will not allow exceptions to its reporting and statutory health obligations in the event of a notifiable disease outbreak. Exceptions to the procedures outlined in this policy will only be allowed with the authorisation of the Silver Commander leading the incident response.

### 3.4 Supporting documentation

3.4.1 List of notifiable diseases
| 3.4.2 | Public Health England Centre Contact Details |
| 3.4.3 | Managing Meningococcal disease (septicaemia or meningitis) in Higher Education Institutions (UUK 2004) |
| 3.4.4 | Management of Meningitis disease at Surrey Protocol |
| 3.4.5 | Meningitis: Advice for Students |
| 3.4.6 | Meningitis: Advice for Staff |