



Communicable and Notifiable Disease Policy

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Section / Dept:	Wellbeing Directorate - Centre for Wellbeing
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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:	Developed by Wellbeing Directorate in consultation with University colleagues

Version History

Version	Author	Revisions Made	Date
1	Laura Smythson	First draft	22/7/16
2	Laura Smythson and James Newby	Second draft	19/8/16
3	Laura Smythson	Third Draft	9/1/17
4	Rotimi Akinsete	Fourth Draft	1/5/17
5	Rotimi Akinsete	Fifth Draft in consultation with Members of the Silver Incident debrief team	30/05/17
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Approval History

Equality Analysis

Version	Reviewed by	Comments	Date
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1	Equality & Diversity Jo McCarthy-Holland	Small addition re dark skin	10/4/17
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Committee Sign Off

Version	Committee Name	Date of Sign Off
1	Executive Board Committee (or other)	

1	Introduction
1.1	Purpose
1.1.1	<p>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.</p> <p>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 alongside that of 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.</p> <p>There are a number of ways the University may become aware of a student or staff member suffering from a communicable disease. Consideration must be taken into account regarding disease type, location of the student/staff member and any relevant recent contacts. As such the University needs to respond in a different way to every instance of communicable disease.</p> <p>This policy will outline roles and responsibilities in relation to communicable diseases; management of an outbreak and how we can support those affected; and how we might communicate effectively in order to prevent any delay in response to such an incident.</p>
1.2	Scope
1.2.1	<p>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;</p> <ul style="list-style-type: none"> • University staff • Students • Visitors • Public • Contractors <p>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.</p> <p>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.</p>
1.3	Equality Analysis
1.3.1	
1.4	Definitions
1.4.1	<p>Communicable Disease Any disease that is transmissible by infection or contagion directly or through the agency of a vector.</p> <p>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</p>

	<p>person—e.g., the local Consultant in Communicable Disease/the Proper officer of the Local Authority. (see attached list of current notifiable diseases in appendix 3.4.1)</p> <p>Public Health Public Health England (PHE) provides a timely and appropriate response to an outbreak in line with public health legislation, policies procedures and protocols.</p> <p>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 Surrey & Sussex Health Protection Team (SSHPT) supported, where appropriate, by the NHS and the public health department of the local authority.</p> <p>Possible case: (public health action is taken for all probable cases, not just confirmed cases.) Clinical diagnosis of meningitis or septicaemia or other invasive disease where the SSHPT/CPH, in consultation with the clinician and microbiologist, considers that diagnoses other than meningococcal disease are at least as likely.</p> <p>Probable case: Clinical diagnosis of meningitis or septicaemia or other invasive disease where the SSHPT /CPH, in consultation with the physician and microbiologist, considers that meningococcal infection is the most likely diagnosis.</p> <p>Confirmed case: (Case requiring public health action) Clinical diagnosis of meningitis, septicaemia or other invasive disease AND at least one other defined indicator</p> <p>Cluster (Outbreak): An outbreak or incident may be defined as:</p> <ul style="list-style-type: none"> • 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 • <p>A list of notifiable diseases can be found in Appendix 1</p> <p>1.</p>
1.5	Legislative context
1.5.1	<p>There is a raft of legislation underpinning the University's response to the outbreak of communicable diseases specifically those which are notifiable:</p> <p>The Health Protection (Notification) Regulations (2010) These regulations facilitate prompt investigation of and response to public health risks by registered medical practitioners and laboratories.</p> <p>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.</p>

	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, the Extenuating Circumstances Policy or the Fitness to Study/Practice Policy.
2.2	Procedures (see accompanying set of 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: <ul style="list-style-type: none"> • The Wellbeing Directorate and Guildowns University Medical Centre 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 to continue at relevant times in the 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 (out of hours) and 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 Director of Wellbeing 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
- Public Health England (PHE) or the World health Organisation (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
- Assigning responsibilities for 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, and to include some or all of the following

- Treatment
- Contact tracing
- Isolation
- Vaccination
- Communications

Upon confirmation of an 'outbreak' from PHE or WHO, direction will be taken from the leading authority, actions beyond this point will be taken on a case by case basis.

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

	<p>support at one to one or departmental level; Extenuating Circumstances support; health advice and return to studies advice for the affected individual(s).</p> <p>Review of the case(s) should be held with Silver command.</p>
2.2.2	<p>Key individuals in a suspected/confirmed case of communicable and notifiable diseases</p> <ul style="list-style-type: none"> • Gold Command Lead • Silver command lead • Director of Wellbeing • Deputy Director of Wellbeing • Vice-President Marketing and Communications (Gold) • Director of Communications and Public Relations (Silver) • Director of Health and Safety • Head of Student Support Services (if student) • Director of Traded Services and Business Support • Director of Accommodation (if student in halls) • Senior warden (if in halls) • Representative from affected academic department • Head of Security or delegate (if required) • Vice President of Human Resources (if staff member – unless silver lead) • Representative from Occupational health (if required) • Insurance and Ethical Compliance Officer (if required) • Student Union President • Student Union CEO
3	Governance Requirements
3.1	Responsibility
3.1.1	<p>Depending upon circumstances, the response to notification of a communicable disease may involve a wide range of colleagues from across the University. The Wellbeing Directorate (and the Silver Lead in the case of an outbreak or death) will be integral in forging a link between University and the relevant Health Authority.</p> <p>Silver Command: The Incident Response Manager will lead the response, calling a Silver Command meeting if necessary and coordinate the activities of other ‘Silver Group’ attendees.</p> <p>Director/Deputy Director of Wellbeing: 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</p> <p>To provide a wellbeing focus, act as the link between the NHS and University. To mobilise support from the Wellbeing Directorate (including the University Chaplains, counsellors and advisors) and Centre for Wellbeing as required for staff/students impacted on by the communicable/communicable outbreak.</p> <p>Vice-President Marketing and Communications: All internal and external communications in consultation with the Silver Group. To liaise with communications teams of all stakeholders including the PHE, CCG and the local authority. To facilitate helpdesk to manage Q & A.</p> <p>Director of Communications and Public Relations Setting up of Public Helpline and associated training to assist in responding to queries and offering advice related to the incident</p>

	<p>Director of Health and Safety: To act as an expert in health related matters and advising University on appropriate response.</p> <p>Head of Student Support Services (if student) To assist and advise on student issues such as contract tracing, support offered by wardens and residential life mentoring support and advice. To offer support by providing the relevant pastoral care including the allocation of hardship funds if eligible (e.g. if student needs finances for transport to hospital appointments).</p> <p>Director of Accommodation Provide details for contact tracing as well as access to residences (if ill student resides in University managed accommodation).</p> <p>To seek advice on exclusion and isolation under guidance of health experts (Wellbeing Directorate and/or PHE) and to organise/provide any room moves as appropriate and provide temporary emergency accommodation to relatives if necessary.</p> <p>Senior warden: Provide information, advice and support to residents affected by the incident, and in line with PHE advice</p> <p>Senior representative from affected (academic) department: Student related issue: advise those affected about the extenuating circumstances process and other related academic issues and assist Wellbeing Directorate/ PHE with contact tracing. In case of staff member, advise those affected of sickness reporting/referral to Occupational Health. To inform the department as necessary, taking into account confidentiality and PHE guidance.</p> <p>Head of Security (if required): Likely to be first responder. During an extensive outbreak security team will be key to timely and safe responses (including containment).</p> <p>Vice President of Human Resources (if staff member) To provide staff contact details as necessary</p> <p>Director of Robens Occupational Health To assist with institutional response including mobilising teams and to consider offering relevant vaccines. Also likely to be required if student has been on a professional placement and may be required to provide advice and support if a staff member.</p> <p>Director of Estates and Facilities To locate a suitable venue for on-site vaccinations</p>
3.2	Implementation / Communication Plan
3.2.1	This policy will be stored alongside the site of other wellbeing related policies and communicated to the wider University Community in line with the Crisis Communications Plan

	More detailed communication and training will be provided to relevant staff as part of the Business Continuity Plan and the Incident Response table top exercises, lead by the Head of Security.
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.

APPENDIX 1

3.4.1 List of Notifiable diseases and their descriptions

If any staff or student reports the following diseases, the Director of Wellbeing, or in their absence, the Deputy Head of Wellbeing *and* the Silver Lead should be informed immediately for prompt and appropriate referral or liaison with Public Health England.

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.

Invasive meningococcal disease (IMD) is an acute infectious bacterial disease caused by *Neisseria meningitidis*. There are 12 capsular groups of *Neisseria meningitidis* that cause human disease of which groups B, C, W and Y (referred to as MenB, MenC, MenW and MenY respectively) were historically the most common in the UK.

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

Report other diseases that may present significant risk to human health under the category 'other significant disease'

*"Meningitis" is derived from the word "meninges" – which refers to the membranes surrounding the brain and spinal cord; and the suffix "itis", meaning "inflammation of". Anything that causes inflammation of the meninges causes meningitis, including non-infectious causes (biomechanical, chemical...). So it is not invariably an "infection".