



INFECTIOUS DISEASE POLICY

Responsibility for Policy:	Health and Safety Advisor
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EIA:	NA

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The purpose of this policy is to provide clear guidance in the event of a single confirmed case or a suspected outbreak of an infectious (notifiable) disease within the University community. Although major outbreaks are rare the University must consider known disease risks and plan to manage and contain the spread of an infectious disease to reduce the risk posed to staff, students, and visitors.

The policy outlines what action is to be taken, by whom and the key lines of communication needed to ensure a timely, sensitive and professional response. The detail within this policy should not be restrictive, as each event will differ. Given the number of ways the University may be informed of an infectious disease case and the range of potential exposure, the scope of the University's response and key staff involved may vary.

Generally, the University has a duty to incorporate general awareness raising of infectious and notifiable diseases as part of health promotion activities for staff and students at relevant times in the academic year. The University shall utilise the various resources available to ensure information provided is reflective of any national, regional trends in relevant diseases. The University will continue to proactively target students to help reduce the incidence of some infectious diseases.

Where an infectious disease case is confirmed, the University's main role will involve working closely with external health agencies, most notably the local Health Protection Team (HPT) and Public Health England (PHE) to support them with their strategic objective of containing of an infectious disease. Through working under the direction of PHE or similar, the University strives to fulfil its own duty of care towards, staff, students and visitors.

Separate to this, the University has distinct responsibilities under the Health and Safety and Work Act 1974 and the Management of Health and Safety at Work Regulations to minimise the spread of infectious disease. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) the University shall report any work-related infectious diseases when they occur amongst employees.

The detail within this policy outlines the likely roles and responsibilities in relation to infectious diseases, including managing an outbreak and supporting and communicating with staff and students so that the University can effectively manage such an incident.

In practice the University will work to fulfil the following responsibilities;

- i. Work in conjunction with and on the advice of PHE to inform staff and students as soon as possible following notification of a confirmed case or suspected outbreak of an infectious disease.
- ii. Ensure sufficient information is made available to everyone who is deemed 'at risk' i.e. any members of staff/ students or visitors that have been in close contact or proximity to the infected person within the period prior to diagnosis. (Note the guidance shall vary by disease and the University shall work under the advice provided by PHE).
- iii. Assist PHE by providing as detailed information as possible in relation to a suspected case/ outbreak by;
 - a. Completing contact tracing for staff, student or visitors
 - b. Providing a central location as a base for external health agencies, this may include for the administration of prophylactic treatment
 - c. Disseminating information to relevant individuals at the University.

Definitions used within this document

Infectious Disease

Also known as a communicable disease. Any disease transmissible by infection or contagion which can spread from one person to another via direct or indirect contact. Spread can be by varying routes and varying degrees of infectivity. Vaccinations programmes exist for some, not all infectious diseases.

The most serious infectious diseases are notifiable under the Public Health (Infectious Diseases) Act 1988

Medical practitioners are responsible for notifying the diagnosis (confirmed) or suspected (probable) diagnosis of a notifiable infectious disease.

Examples include TB, E-Coli, Meningococcal Disease. See Appendix 1 for a full list.

Reportable Disease

Reportable diseases must be linked to a work process or activity that leads to exposure to listed physical agents, substances, biological agents and conditions caused by the physical demands of work.

After diagnosis of a reportable disease, the medical practitioner is obliged to notify the University as soon as possible, usually via the issuing of a medical certificate.

Outbreak

Usually two or more confirmed cases of the same infectious disease within a 1 -2 week timeframe, dependant on the illness and where common links can be identified.

The classification of an outbreak can be broader for non-notifiable diseases and can be defined as:

- i. An incident in which a number of people experiencing a similar illness are linked by location and time of incidence
- ii. The occurrence of a contagious illness/disease in excess of what would normally be expected in a defined community or geographical area
- iii. A suspected or actual event involving microbial or chemical contamination of food / water

1. Single Probable or Confirmed Cased

In all cases of an infectious disease, the University will liaise closely with Public Health England. Where individuals have specific responsibilities, these are set out below. All other departments or individuals notified at this stage are done so for information, further input or assistance may be required depending on each case.

PHE will inform the Deputy Vice Chancellor and Provost of a probable or confirmed case and advise on the likelihood of contagion. PHE will take the lead on contact tracing and instructing those identified to take appropriate action, including contacting their GP and additional preventative measures.

PHE shall also provide advice on tailoring staff and student communications to the particular infectious disease that has occurred.

Role / Department	Responsibilities
Deputy Vice-Chancellor and Provost	<p>The Deputy Vice-Chancellor and Provost will identify and notify members of staff relevant to the patient and close contacts supported by the:</p> <ul style="list-style-type: none"> • Head of Residential Life and • Head of Student Welfare and Wellbeing. • Director of Personnel <p>Or their appointed nominees.</p> <p>The Deputy Vice-Chancellor and Provost will liaise with the Head of Corporate Communications to consider the wider impact and prepare appropriate communications for staff and students within 24 hours of the initial notification</p>
Deputy Vice-Chancellor or Senior Nominee	<p>Work with the Deputy Vice-Chancellor and Provost in the event that mass communication to staff is required.</p> <p>Appoint a small team to help identify close contacts, including next of kin for any cases involving University staff.</p>

Head of Student Welfare and Wellbeing	<ul style="list-style-type: none"> • To liaise regularly with PHE • Consider appropriate patient follow up care and any other students affected. • Assist with contact tracing
Health and Safety Advisor	<ul style="list-style-type: none"> • To provide additional assistance and guidance as required. • Work with Corporate Communications and help prepare suitable communications for staff and students.
Head of Corporate Communications / Executive Project Manager	<ul style="list-style-type: none"> • To liaise with PHE in the event a press release is required. • Work to brief staff to handle external enquiries from families and media <p>Information to be circulated internally may include but is not limited to;</p> <ul style="list-style-type: none"> • Direct communication / advice issued by PHE, • Confirmation of an infectious disease case/ outbreak, • Symptoms typically associated with the respective disease, • Prevention strategies, • Reporting procedures for suspected cases, • Signposting to internal support for staff and students.
Student Union	<ul style="list-style-type: none"> • To help identify individuals who may be close contacts to the patient – through club/ society membership • To advise any concerned students appropriately, as informed by PHE.
Heads of School / Subject Lead or Head of Department	<ul style="list-style-type: none"> • To help identify individuals who may be close contacts to the patient. • To ensure any implications with regards to risk assessments are considered and dealt with appropriately.
Head of Residential Life	<ul style="list-style-type: none"> • To help identify close contacts within the Halls of Residence as necessary • To support the Deputy Vice - Chancellor and Provost as required, including supporting PHE directly. • To ensure any concerned students are advised and support appropriately. • Make and maintain contact with the patient's family, if this is necessary or appropriate
Director of Estates	<ul style="list-style-type: none"> • To make building plans available or any aspect of the building infrastructure e.g. ventilation risk assessments and schematics, to assist with identifying the likely spread of disease and close contacts where necessary.

Staff Working Overseas

Staff working overseas who have been diagnosed with an infectious disease shall contact the Personnel Office as soon as possible in line with the usual Sickness Absence policy. The Personnel Department will then inform the Head of Legal Services, Governance and Risk who will escalate to the local HPT / PHE for advice as required.

Out of Hours Response

If the Duty SRT is informed of a potential diagnosis of an infectious disease within the resident student population this should be escalated to the Head of Student Welfare and Wellbeing. The Head of Student Welfare and Wellbeing should escalate to the local HPT for guidance.

PHE will confirm diagnosis to LHU where a student has been diagnosed with a notifiable infectious disease. PHE / HPT will confirm there is a risk/ no risk to other students and staff.

Where an external guest contacts the University outside of normal working hours to inform of a potential diagnosis of an infectious disease. The Security Lodge shall be informed and pass this information to the Estates Services Manager and the Health and Safety Adviser.

Initial infection control measures will be implemented by Estates, including removing any identified rooms from use and instructing an appropriate cleaning protocol. The Health and Safety Advisor will escalate the notification to the local HPT for further guidance.

2. Actions in the event of an outbreak

In light of the COVID 19 Pandemic, any outbreaks on campus will be escalated to PHE by the University's COVID Planning Group. The likely actions to be taken are set out in the University's COVID 19 Outbreak Management Plan.

In the event of an outbreak of any other infectious disease being declared, PHE shall inform the Deputy Vice Chancellor. PHE will identify priority clinical actions which will inform the University's specific outbreak management plan.

PHE is responsible for setting out the strategy for containment, outlining expectations to the University and any required actions. PHE will alert A&E Departments and acute treatment services as appropriate.

Role / Department	Responsibilities
Deputy Vice Chancellor and Provost	<p>On receipt of confirmation of declared outbreak;</p> <ul style="list-style-type: none"> • Ensure all other key contacts within the University are notified • To convene an appropriate working group as required, considering the inclusion of and / or their nominees; <ul style="list-style-type: none"> ○ Student's Union ○ Director of Personnel ○ Health and Safety Advisor ○ Head of Legal Services, Governance and Risk • To agree appropriate actions to be carried out by the University, track any actions issued and request updates accordingly. This will form the Outbreak Management Plan. • To ensure all actions to be carried out by PHE are known to the University and to request updates accordingly. • Consider the appropriateness and content of any mass communication to be sent to staff and students, including press statements. • To ensure the University's Senior Executive Team are updated. • Oversee efforts to set up prophylaxis distribution, if appropriate. • To consider if it's appropriate to inform other Universities of the outbreak.
Head of Student Welfare and Wellbeing	<ul style="list-style-type: none"> • To support efforts to set up prophylaxis distribution in conjunction with PHE • To provide to the Deputy Vice Chancellor and Provost as required • To ensure that appropriate follow up care is provided to all patients and close contacts known to the University. Planning support for those that may be particularly vulnerable.

Head of Corporate Communications	<ul style="list-style-type: none"> • Ensure a University helpline is set up, established and brief helpline staff accordingly. • To ensure the helpline number is appropriate advertised and on accessible media. • Provide support in tailoring factual and reassuring communications to be sent to specific groups/ all staff and students, in consultation with PHE. • To support the process of communicating to all staff and students if deemed necessary • To maintain sufficient information via the University webpages in relation to the outbreak, in conjunction with PHE. • To ensure all other possible means of communication are considered and disseminated accordingly.
Director of Estates Head of Residential Life	<ul style="list-style-type: none"> • To consider options for large scale residences in response to any occurrence of an outbreak. • Deploy resource to assist with infection control efforts, where appropriate.
Health and Safety Advisor Head of Legal Services, Governance and Risk	Complete a post incident review and prepare a procedural report for the University's Health and Safety Consultative Committee and Council Standing Committee on Health and Safety.

3. Reportable Diseases involving University Staff

Upon receipt of confirmed diagnosis of a reportable disease, the staff member's Head of Department, HR Manager and Health and Safety Advisor shall be informed.

The University's Health and Safety Advisor to ensure an internal Accident Report is filed by the relevant department.

Health and Safety Advisor files RIDDOR report with the Enforcing Authority.

Director of Personnel to agree any immediate risk control measures to be taken locally and instigate a formal investigation report.

Investigation Report and recommendations to be submitted to USET Health and Safety Consultative Committee and Council Standing Committee for Health and Safety.

Health and Safety Advisor to track actions towards any recommendations made following the investigation report.

4. Outbreak of infection (Non-Notifiable) Disease involving University Students.

Duty SRT/ Head of Residential Life is notified or becomes aware of an outbreak of a contagious infection/illness (e.g. scabies/ shingles/ Norovirus/). The nature, location and numbers of students involved shall be captured as soon as practicable. Head of Student Welfare & Well-being shall seek guidance from HPT/Local GPs re: controlling outbreak, whilst advising the Deputy Vice- Chancellor and Provost of the situation

Head of Student Welfare & Well-being agrees suitable control measures with the Head of Residential Life and the Accommodation Manager

Head of Residential Life to monitor and provide regular updates to weekly Residential Life meetings.

APPENDIX 1

Current List of Notifiable Infectious Diseases

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- COVID-19
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

Please refer to [Gov.uk Infectious Diseases](https://www.gov.uk/infectious-diseases) website for live information.

Further detail about infectious diseases can be found on the [Government's Health Protection pages](#).

APPENDIX 2

Reportable Diseases

Conditions due to exposure to physical agents and the physical demands of work:

- Malignant disease of bones due to ionising radiation
- Blood dyscrasia due to ionising radiation
- Cataracts due to electromagnetic radiation
- Inflammation, ulceration or malignant disease of skin due to ionising Radiation
- Decompression illness
- Barotrauma resulting in lung or other organ damage
- Dysbaris osteonecrosis
- Cramp of the hand or forearm due to repetitive movements
- Subcutaneous cellulitis of the hand
- Bursitis or subcutaneous cellulitis arising at or about the knee or elbow due to severe or prolonged external friction or pressure
- Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths
- Carpal tunnel syndrome
- Hand-arm vibration syndrome

Infections due to exposure to causative agents:

- *Bacillus anthracis*
- *Bacillus cereus* (only if associated with food poisoning)
- *Bordetella pertussis*
- *Borrelia* spp
- *Brucella* spp
- *Burkholderia mallei*
- *Burkholderia pseudomallei*
- *Campylobacter* spp
- Carbapenemase-producing Gram-negative bacteria
- Chikungunya virus
- *Chlamydomphila psittaci*
- *Clostridium botulinum*
- *Clostridium perfringens* (only if associated with food poisoning)
- *Clostridium tetani*
- *Corynebacterium diphtheriae*
- *Corynebacterium ulcerans*
- *Coxiella burnetii*
- Crimean-Congo haemorrhagic fever virus
- *Cryptosporidium* spp
- Dengue virus
- Ebola virus
- *Entamoeba histolytica*
- *Francisella tularensis*
- *Giardia lamblia*
- Guanarito virus
- *Haemophilus influenzae* (invasive)
- Hanta virus
- Hepatitis A, B, C, delta, and E viruses

- Influenza virus
- Junin virus
- Kyasanur Forest disease virus
- Lassa virus
- Legionella spp
- Leptospira interrogans
- Listeria monocytogenes
- Machupo virus
- Marburg virus
- Measles virus
- Mumps virus
- Mycobacterium tuberculosis complex
- Neisseria meningitidis
- Omsk haemorrhagic fever virus
- Plasmodium falciparum, vivax, ovale, malariae, knowlesi
- Polio virus (wild or vaccine types)
- Rabies virus (classical rabies and rabies-related lyssaviruses)
- Rickettsia spp
- Rift Valley fever virus
- Rubella virus
- Sabia virus
- Salmonella spp
- SARS-COV-2
- Shigella spp
- Streptococcus pneumoniae (invasive)
- Streptococcus pyogenes (invasive)
- Varicella zoster virus
- Variola virus
- Verocytotoxigenic Escherichia coli (including E.coli O157)
- Vibrio cholerae
- West Nile Virus
- Yellow fever virus
- Yersinia pestis

And any other infection reliably attributed to work with micro-organisms, work with live or dead human beings in the course of providing any treatment or service or in conducting any investigation involving exposure to blood or body fluids, work with animals or any potentially infected material derived from any of the above.

Conditions due to exposure to other hazardous substances:

- poisonings by acrylamide monomer; arsenic or one of its compounds; benzene or a homologue of benzene; beryllium or one of its compounds; cadmium or one of its compounds; carbon disulphide; diethylene dioxide; ethylene oxide; lead or one of its compounds; manganese or one of its compounds; mercury or one of its compounds; methyl bromide; nitrochlorobenzene or a nitro or amino or chloro-derivative of benzene or a homologue of benzene; oxides of nitrogen; phosphorus or one of its compounds.
- cancer of a bronchus or lung
- primary carcinoma of the lung with evidence of silicosis
- cancer of urinary tract
- bladder cancer

- peripheral neuropathy
- chrome ulceration of the nose/throat/skin of hands or forearm
- folliculitis or acne from exposure to mineral oil, tar, pitch or arsenic
- skin cancer
- byssinosis
- mesothelioma
- lung cancer
- asbestosis
- cancer of nasal cavity or associated air sinuses
- occupational dermatitis
- extrinsic alveolitis
- occupational asthma