Infectious Communicable and Notifiable Diseases Policy

Policy Details

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1. Statement of Intent

1.1 USP College aims to ensure we respond to and react to any infectious, notifiable and reportable diseases in line with UK legislation.

2. Introduction and Purpose

2.1 This policy and procedure explains what 'infectious, notifiable and reportable diseases' are, how to notify the college of them and how the college will deal with notifications.

2.2 This policy applies both to infectious and notifiable diseases. When the college refers to 'infectious diseases', the college means both notifiable and non-notifiable diseases. See Appendix one for notifiable diseases.

2.3 In particular, it refers to diseases that are either:

a. Notifiable under the Health Protection (Notification) Regulation (2010), as amended; or

b. Reportable under the Reporting of Injuries, Diseases & Dangerous Occurrence Regulations (2013), as amended.

3. Definitions

3.1 'Infectious diseases' means a disease or illness caused by such organisms as bacteria, viruses, fungal and parasites. They are transmitted in various ways, have various degrees of infectivity, and cause various harmful effects. Those such as meningitis, malaria and influenza can spread directly or indirectly from one person to another. Infectious diseases are also known as communicable diseases.

3.2 'Notifiable diseases' means an infectious disease whose confirmed diagnosis must be informed to the local Health Protection team of UK Health Security Agency. The medical professional who diagnosis the condition must notify the appropriate authority. On being notified, UK Health Security Agency may require the College to take certain actions.

4. Introduction

4.1 USP staff and students often work close together, and many travel abroad regularly both in private travel and organised trips. The numerous opportunities for close physical contact among them raise the risk that a serious disease or bout of illness may break out on campus.

4.2 Major outbreaks and serious diseases are rare, but the college has both legal and moral responsibilities to respond suitably and efficiently while being highly sensitive to affected students or staff.

4.3 The college is responsible for providing a safe and healthy study and work environment for all its students, staff, visitors and contractors. The college's responsibilities include:

a. education and information about the effects of infectious diseases and any recommended vaccination programme;

b. giving suitable support and referring people to external sources of help if the college thinks it is appropriate; and

c. taking action under the relevant policies or including the student and staff disciplinary policies, if necessary.

4.4 Under the Reporting of Injuries, Diseases & Dangerous Occurrence Regulations (2013), the college has a legal obligation to report certain work-related accidents, certain injuries, diseases and dangerous occurrences.

4.5 Under the Health Protection (Notification) Regulation (2010), as amended, several diseases must be reported to the relevant authorities. These include cholera, malaria, measles, meningitis, mumps, Severe Acute Respiratory Syndrome (SARS), tuberculosis, whooping cough and coronavirus (COVID-19).

4.6 Every infectious disease is different. Many, such as meningitis or SARS can have serious consequences. Infectious diseases are more likely to occur in young people and in close-knit communities. So the college environment is among the most likely places where an outbreak may occur.

4.7 The college's policy on infectious diseases is to respond immediately in an appropriate, effective and efficient way that at all times is sensitive to and supportive of staff and students.

4.8 The college has a duty to assist the authorities to:

a. minimise the number of incidents;
b. reduce the severity of their impact; and
c. minimise the spread.

4.9 The college's response to infectious disease will involve colleagues from local health organisations, UK Health Security Agency and the Health and Safety Executive as well as our business partners and associated organisations and visitors.

4.10 The college must deal with any notification of a notifiable or reportable illness by:

a. following clear lines of responsibilities to support a set of coherent contributions by college staff and students in response to the notification;
b. observing legal formalities to protect the college's interests; and
c. taking a suitable duty of care towards all staff and students.

4.11 This will seek to ensure that:

a. the college informs appropriate people internally and externally of the college and involve them in responding suitably to the notification; and
b. those the college charge with its management of and response to the situation act responsibly, reasonably, compassionately and sensitively.

4.12 The principle of all communications must be that in a notification, no illness or case is widely discussed until confirmed by a relevant UK Health Security Agency representative or medical practitioner.

4.13 It is important that everyone in the college understands this and does not say anything (even in private) that pre-empts the UK Health Security Agency or medical practitioners. All college statements must be factual. For example, the college statements should say 'A member of the college staff/college student has become ill', but must not state specific illness i.e. 'has meningitis'.

5. Legislation and Guidance

a. The Reporting of Injuries, Diseases & Dangerous Occurrence Regulations 2013
b. The Health and Safety at Work Act 1974
c. The Health Protection (Notification) Regulation 2010
d. The Data Protection Act 2018
e. The Management of Health and Safety at Work Regulations 1999
f. Public Health (Control of Disease) Act 1984
g. Coronavirus Act 2020
h. Notifiable diseases and causative organisms: how to report

6. Related Policies

a. Staff Disciplinary Policy

b. Staff Absence Management Policy

c. Student Mental Health, Wellbeing, and Fitness to Study Policy

d. Death or Serious Injury of a Student Policy

e. Health & Safety Policy

7. Procedure

7.1 Four Phases

There are four phases to the college's response to notifiable and reportable diseases:

a. Phase 1: Preventative measures.

b. Phase 2: Notification of infectious diseases.

c. Phase 3: Initial response and aftercare.

d. Phase 4: Long-term support and care.

7.2 The college may be notified of a notifiable or reportable disease by the next of kin, or a member of staff discover/be notified of the presence of such a disease away from the college, in those cases it must move immediately to Phase 2.

8. Phase 1: Preventative Measures

8.1 The college will actively promote the health and wellbeing of its students, staff and the wider community by:

a. giving details of infectious diseases and all its wellbeing services in widely used areas such as the student social spaces, learning resource centre and gym;

b. organising college-wide awareness-raising events by internal and external facilitators;

c. giving accessible information about help and support – in and outside the college about a range of ways to prevent infectious diseases.

8.2 Each year the college will review its awareness-raising programmes and the training available to students on infectious and reportable diseases. It will also prepare an annual review of health-promotion materials and health-related events for the coming academic year, in coordination with student representatives as appropriate.

9. Phase 2: Notification of infectious diseases

9.1 Notification may come from various external sources, including UK Health Security Agency. In addition, it is vital that staff and students alert the college to any suspected cases of infectious or reportable disease as soon as possible, rather than waiting for the UK Health Security Agency to contact the college.

a. If in doubt, do not wait: alert the college.

9.2 All staff and students are expected to contact Additional Learning Support, Human Resources or a Wellbeing Advisor for further advice if they know or suspect a student has an infectious disease.

9.3 Any information received will be immediately reported to the Executive Director, Estates Operations or the Deputy Estates & Compliance Manager, who will decide on the next steps. The college's response will be led by a case conference. This will coordinate the college's actions after the college have been notified that an infectious disease has been diagnosed in a student or staff member. At a suitable later date, the college will have a case review to consider any lessons it can learn from its response.

10. Phase 3: Initial response and aftercare

10.1 After receiving a confirmation or strong probability that a student or a member of staff has an infectious disease, a working group will be assembled to manage the college's response which may involve the people listed below. The members of the working group meeting will depend on the circumstances and the disease:

a. Principal or Deputising Senior Post Holder
b. Chief Operating Officer
c. Executive Director, Estates Operations / Deputy Estates & Compliance Manager
d. Head of Student Services
e. Head of Marketing, Communications and Student Recruitment
f. Vice Principal Academic / Vice Principal Technical & Professional

10.2 The working group may have to consider the death of a student or member of staff from the disease. If so, it will need to take account of both this policy and the college's policy on the Death or Serious Injury of a student. The decision on the make-up of the working group will rest with the Principal or Deputising Senior Post Holder. As a minimum, it should include representative of those listed above.

10.3 The working group should meet within a maximum of 24 hours and will decide on at least the following:

a. communication to the college community
b. interaction with professional or statutory bodies
c. procedures for dealing with suspected cases
d. information for all members of the college community to help limit the disease
e. support required by the college
f. create a pre-emptive press release for press/media enquiries

10.4 The working group will ensure all students and members of staff have clear instructions on how to seek medical attention if they feel ill and have symptoms of the disease.

10.5 The working group will ensure all students have clear information about how to recognise the symptoms of the disease. The college will publish information through the college website, social media, direct emails and notice boards as appropriate.

10.6 The chair of the working group will ensure a record is taken of the actions it agrees.

10.7 If a college-wide incident group has been convened, this will supersede the working group and conduct all its responsibilities.

10.8 Phase 3 is when responsibility for responding to the incident shifts from the working group to a senior member of the college management, and designated operational college teams are directed to follow up agreed actions.

10.9 The college, led by the working group (or incident group), will ensure that UK Health Security Agency has all the support it needs to contain the disease. In most cases the working group will do this by supplying any required information. If asked for any information from the working group conference, staff are expected to give it urgently.

11. Phase 4: Long-term support and care

11.1 Phase 4 is the college's longer-term response to those affected by the infectious disease. It begins when the first student / member of staff returns to the college after any period of exclusion.

11.2 The 'Mental Health, Wellbeing and Fitness to Study Policy' document details actions to be taken and staff responsibilities during Phase 4.

11.3 Advice and Support;

a. students can contact any Wellbeing Advisor regarding infectious or reportable diseases, the advisors must be in possession of the facts and given a clear brief on their responses and next steps. This must be approached in a similar way to safeguarding as an advisor must state that they will have to share information should a disclosure be made.

b. advice for students and staff on infectious and reportable diseases, and the associated lower-level college rules, is available from the student intranet. More complex queries may be referred to appropriate wellbeing assistants within Student Services, Human Resources and Executive Director, Estates Operations.

c. if any staff development needs are identified, they may be discussed with members of Human Resources.

12. Overview of levels of disease management for notifiable diseases

12.1 This section mainly refers to notifiable diseases. The outbreak of a notifiable disease tends to progress in phases. So the working group will ensure its actions are appropriate to this. At all times, the working group and therefore the college will be guided by its colleagues in the local health services. As an indication, though, the following shows the sequence of our response.

12.2 Level 1: A possible case of a notifiable disease is suspected:

a. suitable advice and if required appropriate action is taken.

12.3 Level 2: A single case of a notifiable disease is probable or confirmed.

a. our main duty is to support the local NHS response by tracing students and staff who may have been in close contact with the person with the disease in the previous week. Close contact means household contacts and people who have been physically close.

b. NHS may wish to arrange antibiotics or vaccination for these contacts. Our role is to ensure effective communication and help all students and staff stay calm and feel informed by distributed pre-prepared information.

12.4 Level 3: More than one case is confirmed but cases are unrelated.

a. Our actions in this case will usually be similar to those in Level 2, but by this stage there may be press interest. All enquiries received must be channelled through the working group and, in turn, the college marketing team.

12.5 Level 4: There are two or more related cases.

a. The local NHS will set up an Outbreak Control Team. In this case all students and staff will get agreed information on symptoms and specific actions to take. Executive Director, Estates Operations will lead this activity on behalf of the working group and

will obtain assistance from Additional Learning Support, Student Services and Human Resources.

12.6 Under relevant Government guidance or instruction, the college may have to close for a certain period of time in the event of an outbreak of a disease or during a pandemic, for example COVID-19. In this instance the college may put in place the below measures in an effort to support the continuation of college operations and eventually reopening the college to staff and students:

a. Full closure of college campuses

b. All staff working from home who are able to

c. Online learning for students

d. Wellbeing support for both staff and students

e. Undertake a full risk assessment prior to reopening the campuses

f. Ensure the campuses are fully compliant in terms of health & safety in order to reopen after closure, for example, alarm systems are fully operational and ensuring all water systems are safe to use.

Appendix 1 – Notifiable Diseases

Acute encephalitis
Acute flaccid paralysis (AFP) or Acute flaccid myelitis (AFM)
Acute infectious hepatitis (A/B/C)
Acute meningitis
Acute poliomyelitis
Anthrax
Botulism
Brucellosis
Chickenpox (varicella)
Cholera
Congenital syphilis
COVID-19
Creutzfeldt-Jakob disease (CJD)
Disseminated gonococcal infection (DGI)
Diphtheria
Enteric fever (typhoid or paratyphoid fever)
Food poisoning
Haemolytic uraemic syndrome (HUS)
Infectious bloody diarrhoea
Influenza of zoonotic origin
Invasive group A streptococcal disease
Legionnaires' disease
Leprosy
Malaria
Measles
Meningococcal septicaemia
Middle East respiratory syndrome (MERS)
Mpox (previously known as monkeypox)
Mumps
Neonatal herpes
Plague
Rabies
Rubella
Severe Acute Respiratory Syndrome (SARS)
Scarlet Fever
Smallpox
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF)
Whooping cough
Yellow fever

Equality and Diversity Statement & Impact Assessment

USP College is committed to equality of opportunity. The aim is to create an environment in which people treat each other with mutual respect, regardless of: age, disability, family responsibility, marital status, race, colour, ethnicity, nationality, religion or belief, gender, gender identity, transgender, sexual orientation, trade union activity or unrelated criminal convictions.

This form should be used by managers and policy owners within their area of responsibility to carry out Equality and Diversity Impact Assessments (EDIAs) in relation to protected characteristics including, but not limited to: Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex, Sexual orientation. The word 'policy' is taken to include strategies, policies, procedures and guidance notes; both formal and informal, internal and external.

1. Name of Policy

Infectious Communicable and Notifiable Diseases Policy

2. Which of the following groups could be affected by this policy?
(Tick all that apply)

Students	√
Staff	√
Wider Community	√

3. Complaints

Have complaints been received from anyone with one or more protected characteristic about the service provided? If yes, then please give details.

N/A

4. The Impact

Four possible impacts should be considered as part of the assessment:

a. **Positive Impact -** Where the policy might have a positive impact on a particular protected characteristic.
b. **None or Little Impact –** Where you think a policy does not disadvantage any of the protected characteristics
c. **Some Impact –** Where a policy might disadvantage any of the protected characteristics groups to some extent. This disadvantage may be also differential in the sense that where the negative impact on one particular group of individuals with protected characteristic is likely to be greater than on another.
d. **Substantial Impact –** Where you think that the policy could have a negative impact on any or all of the protected characteristics. This disadvantage may be also differential in the sense that the negative impact on one particular protected characteristic is likely to be greater than on another.

Thought-provoking questions, which might help come to a decision about the impact of a policy on individuals with protected characteristics:

e. Does policy outcomes and service take up differ between people with different protected characteristics?
f. What key information do we have? Does data or engagement with people with protected characteristics give insights into areas of disadvantage, which relate to the policy area?
g. If the policy is likely to have a negative impact on individuals, sharing particular characteristics what steps can be taken to mitigate these effects?
h. Will the policy deliver practical benefits for certain groups?
i. Does the policy miss opportunities to advance equality of opportunity and foster good understanding/ relationships between groups?
j. Do other policies need to change to make this policy more effective?
k. Is there any elements of the policy that could be unlawful under the Equality Act 2010?

Use the guidance provided above and complete the following table: **(Please Tick √)**

Gender/Age	Positive Impact	No or Little Impact	Some Adverse Impact	Substantial Adverse Impact
Gender		√		
Age		√		
Disability	Positive Impact	No or Little Impact	Some Adverse Impact	Substantial Adverse Impact
Visually Impaired		√		
Hearing impaired		√		
Physical Disability		√		
Specific Learning Difficulties		√		
Global Learning Difficulties		√		
Autistic Spectrum Disorder		√		
Any other disability – Various		√		
Other Factors	Positive Impact	No or Little Impact	Some Adverse Impact	Substantial Adverse Impact
Race		√		
Culture		√		
Religious Belief		√		
Sexual Orientation		√		
Gender Reassignment		√		
Marriage/Civil Partnership		√		
Pregnancy /Maternity /Paternity		√		

Please comment on any areas where some or substantial impact is indicated. Any resulting actions must be added to the below action plan.

5. Is there anything that cannot be changed?

What cannot be changed?	Can this be justified?	If so, how?
Not applicable		

E.g., Disabled people can be treated more favorably under the Disability Discrimination Act 2005. If a policy appears to treat disabled people more favorably than other equality groups, the disadvantage may be justifiable

Please list the main actions that you plan to take as a result of this assessment in your area of responsibility. (Continue on separate sheets as necessary)

Action Plan: