1. **AIM**

1.1 The aim of this policy is to provide information, guidance and support for relevant managers, staff and students on infectious and reportable diseases notifiable under the following Regulations:

- Public Health (Infectious Diseases) Regulations 1988
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1995

1.2 The policy will also provide some basic information on general infections, notifiable and non-notifiable, in respect of their infectivity as a source of information for managers, staff and students. (see appendix 1)

2. **SCOPE**

This policy covers all staff employed by MMU and students undertaking programmes of study.

3. **INTRODUCTION**

3.1 The Regulations identified in section 1 of this policy are distinct and separate in respect of their cover and enforcement.

3.2 The Public Health (Infectious Diseases) Regulations 1988 cover a list of 'notifiable' infectious diseases identified in the Regulations (appendix 2). Local Authorities, hospital Health Protection Units (HPUs) and the Health Protection Agency (HPA) enforce these Regulations.

3.3 The Reporting of Injuries, Diseases & Dangerous Occurrence Regulations contain a list of diseases (see appendix 3) which must have been contracted in connection with a work process. These Regulations are enforced by the Health & Safety Executive. (HSE)

4. **GENERAL INFORMATION**

4.1 **Infectious Diseases**

4.1.1 Infectious diseases (also known as communicable diseases) are caused by organisms such as bacteria, viruses, fungi and parasites. These microorganisms are able to invade and reproduce in the human body, and then cause harmful effects. Infectious diseases such as meningitis, malaria and influenza can be spread directly or indirectly from one human being to another. Infectious
diseases are transmitted by various routes and have varying degrees of infectivity.

4.1.2. The infectivity of certain infectious diseases determines the type of infection control strategy applied to prevent further infections. Many of these diseases are more common in children and an infection usually produces immunity, therefore there is a reduced likelihood of adults becoming infected.

4.1.3. Immunisation programmes are available for many diseases, which have acted as a preventative measure. However, there are some diseases for which there are no vaccinations and others where there are gaps in the vaccination programmes that have rendered some groups of people vulnerable.

More detailed information is available on the Health Protection Agency (HPA) web site [http://www.hpa.org.uk](http://www.hpa.org.uk)

4.1.4. Most infectious diseases are contagious for some days before symptoms develop. Therefore it is difficult to prevent the spread of the disease during this period, as the infected person may not be aware they are incubating the disease.

4.2. Notifiable Infectious Diseases

4.2.1 Under the Public Health (Infectious Disease) Regulations 1988 responsibility for notifying the diagnosis or suspected diagnosis of a notifiable infectious disease rests exclusively on the medical practitioner attending the patient. The medical practitioner will notify the local offices of the Health Protection Agency (HPA) and Health Protection Unit (HPU). The local HPU (usually attached to a major hospital) will normally take the lead and their medical staff will determine what action is required dependent on the type of disease and its infectivity.

4.2.2 In some instances a member of staff or student may be referred or attend hospital when they are only suspected of contracting a notifiable infectious disease. The hospital will then undertake the necessary tests, confirm the diagnosis and if applicable contact the HPU. At this stage the University will have no knowledge of any referrals unless contact has been made with the University by family members, friends, co-habitees and colleagues etc. If contact has been established before confirmation of diagnosis or formal notification it will be incumbent on the University to manage any issues that may arise and keep staff and students informed of progress. (See appendices 4 & 5)

4.2.3 Once the HPU have completed a positive diagnosis they will take a decision on treatment and the contacting of ‘at risk’ individuals. In many cases ‘at risk’ individuals are defined by the HPU medical staff as those who have had ‘close contact’ with an infected individual i.e. family members, close friends, partners or co-habitees.
4.2.4 If the HPU determines that members of the University community can be classified as ‘close contacts’ they would notify the University and provide advice and guidance on what action, if any, to take.

4.2.5 The HPU in consultation with the HPA will exercise full control over the medical aspects of any notifiable disease and its consequences. This is a statutory obligation and the action of the university will be directed by the HPU and HPA in this respect.

Appendix 2 identifies the present infectious diseases that are notifiable under the Public Health (Infectious Diseases) Act 1988

4.3. Reportable Diseases

4.3.1 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. (see appendix 3 for a full list of diseases and conditions)

4.3.2 A medical practitioner who diagnoses a ‘reportable disease’ to a member of staff or student is obliged to notify the university as soon as possible. Notification will normally be via a medical certificate to the relevant manager or supervisor in respect of staff and course tutor for students. The notification could be conveyed via the affected member, staff, or student or sent directly to the relevant department or even Human Resources. Once notification is received, there is a statutory duty on the University to register the notification with the Health & Safety Executive.

Therefore whoever is in receipt of the notification i.e. line manager, supervisor, course tutor or Human Resources must immediately notify the relevant Dean of Faculty or Director. Contact should then be made with Health & Safety Unit for advice and support. The Health & Safety Unit will send a completed reportable disease report form (F2508A) to the Incident Contact Centre of the Health and Safety Executive.

4.3.3 The Head of the relevant department should complete an accident report form and forward a copy to the Health & Safety Unit.

4.3.4 Reportable diseases include:

- Certain poisonings
- Skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne
- Infections such as leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus
- Lung diseases such as occupational asthma, farmer's lung, pneumoconiosis, mesothelioma
- Other conditions such as occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome
See appendix 3 for a full list of reportable diseases. Please note the list provided is for reference purposes only. It is the responsibility of a medical practitioner to identify and diagnose a reportable disease.

5 UNIVERSITY DUTIES

5.1 General Duties

5.1.1 The Human Resources Director will act as the coordinating officer for the policy. The Director of Services will act as deputy coordinating officer.

5.1.2 To ensure that the policy is widely circulated to all senior staff, managers, staff, student representatives and relevant Health Protection Units.

5.1.3 The policy is available on the Human Resources and Student & Academic Services websites.

5.1.4 The Director of Student Services will be responsible for coordinating the relevant policy requirements in respect of students.

5.1.5 The University Health & Safety Adviser will be responsible for coordinating the relevant policy requirements in respect of staff.

5.1.6 Where necessary appropriate training, support and advice will be made available for all staff that may have to carry out the requirements of the policy.

5.2 Public Health (Infectious Diseases) Regulations 1988 (see appendices 4 & 5)

5.2.1 In certain circumstances information may be received from family, partners, close friends, co-habitees etc that a member of staff or student has a suspected notifiable infectious disease. It will be incumbent on the University to manage the possible impact of this information even though no diagnosis has been confirmed or contact has not been made by the HPU or HPA.

5.2.2 Where a member of staff is contacted directly either by a General Practitioner (GP), Health Protection Unit or Health Protection Agency they must immediately inform their Dean/PVC or Director.

5.2.3 The Director of Student Services (students) and the University Health & Safety Adviser (staff) will liaise with the HPU and HPA and seek and receive direction and advice on actions to be taken in respect of the University community.
5.2.4 The relevant Dean of Faculty/Director, Director of Student Services and University Health & Safety Adviser will communicate the advice from the HPU and HPA to relevant staff and students and their representatives via meetings, emails, University website, memorandum and letters.

5.2.5 The relevant Dean of Faculty/Director, Director of Student Services and University Health & Safety Adviser will meet with affected staff and students and provide advice and support as required.

5.2.6 Human Resources Director will provide further support through the Care First employee assistance facility for staff. The Director of Student Services will provide further support for students through the Student Services counselling service.

5.2.7 Director of Student Services and University Health & Safety Adviser will consult and keep staff and student representatives informed at all times.

5.2.8 The University Press Officer will be responsible for advising the relevant Dean of Faculty/Director in respect of responding to enquiries from and providing factual statements to the media.

5.2.9 The relevant Dean of Faculty/Director will undertake a post-incident review in order to evaluate actions undertaken. A completed review report, including lessons learnt and recommendations, should be sent to the Directorate, Health and Safety Committee and relevant Local Site Health and Safety Panel.

5.3 **Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 1995 (see appendix 6)**

5.3.1 The recipient (course tutor, line manager, supervisor or Human Resources) of the formal notification from a medical practitioner that a reportable disease has been contracted by a member of staff or student must immediately contact the relevant Dean of Faculty/Director and the University Health & Safety Adviser.

5.3.2 The Health & Safety Unit will complete a F2508A form and send the form to the Health & Safety Executive Incident Report Centre.

5.3.3 The Head of department will take immediate risk control action where this is deemed necessary.

5.3.4 The Head of department and the University Health & Safety Adviser will communicate and consult with staff and student representatives.

5.3.5 The Head of department and the University Health & Safety Adviser will undertake an investigation and forward a completed report to the relevant Dean of Faculty/Director, Directorate, Local Site Health & Safety Panel and the University Health & Safety Committee.
5.4 Returning to work/study

5.4.1 Staff and students returning to the University after recovering from an Infectious and Reportable disease must be interviewed by their appropriate line manager or course leader.

5.4.2 The aim of the interview will be to establish any issues that need to be considered in respect of work environmental adaptation/improvements and general support.

5.4.3 The line manager/course tutor should also determine with the individual whether there are any procedural arrangements that need to be reviewed in light of the actions taken by the University.

5.4.5 The line manager/course tutor should complete a report and submit this to the relevant Dean/PVC or Director as part of the overall review process.
APPENDIX 1

General Infections
The general infections listed below are for guidance only. A medical practitioner will determine the duration of exclusion for any infected individuals. Further information can be obtained through the Health Protection Agency and/or NHS Direct.

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>USUAL IN CUBATION PERIOD</th>
<th>DURATION OF INFECTIVITY</th>
<th>MINIMUM RECOMMENDED EXCLUSION (exclusion to be determined by a medical practitioner)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHICKENPOX</td>
<td>15 - 18 days</td>
<td>From 1 - 2 days before and up to 5 days after the appearance of the rash</td>
<td>5 days from onset of rash (until spots are dry)</td>
</tr>
<tr>
<td>CONJUNCTIVITIS (viral or bacterial)</td>
<td>Depends on cause</td>
<td>Whilst symptoms persist</td>
<td>Until treatment has begun and inflammation has started to resolve</td>
</tr>
<tr>
<td>FIFTH DISEASE (Slapped Cheek Syndrome)</td>
<td>6 - 14 days</td>
<td>Not well known - a few days before the appearance of the rash</td>
<td>Until clinically well. Pregnant contacts should seek medical advice</td>
</tr>
<tr>
<td>GLANDULAR FEVER</td>
<td>28 - 42 days</td>
<td>Prolonged infectivity but once the symptoms have subsided, risk is small apart from very close contact i.e. kissing</td>
<td>Until clinical recovery</td>
</tr>
<tr>
<td>HAND, FOOT AND MOUTH DISEASE</td>
<td>3 - 5 days</td>
<td>Usually while symptoms persist</td>
<td>Until clinically well</td>
</tr>
<tr>
<td>INFLUENZA</td>
<td>1 - 7 days</td>
<td>7 – 10 days</td>
<td>See specific advice available on Health Protection Agency or NHS Direct websites</td>
</tr>
<tr>
<td>MEASLES</td>
<td>10 - 15 days</td>
<td>A few days before to 4 days after onset of the rash</td>
<td>4 days from onset of rash</td>
</tr>
<tr>
<td>NORAVIRUS</td>
<td>12-48 hours</td>
<td>12 – 60 hours</td>
<td>1-2 days</td>
</tr>
<tr>
<td>RUBELLA (German Measles)</td>
<td>14 - 21 days</td>
<td>About 7 days before to 4/5 days after onset of rash</td>
<td>5 days from appearance from rash</td>
</tr>
<tr>
<td>MENINGOCOCCAL INFECTION (MENINGITIS)</td>
<td>2 - 10 days</td>
<td>Whilst organism is present in nose and mouth</td>
<td>Until clinical recovery.</td>
</tr>
<tr>
<td>MUMPS</td>
<td>12 - 21 days</td>
<td>From a few days before the onset of symptoms to subsidence of swelling (often 10 days)</td>
<td>Until swelling has subsided or when clinically recovered</td>
</tr>
<tr>
<td>SCARLET FEVER &amp; OTHER STREPTOCOCCAL INFECTION</td>
<td>1 - 3 days</td>
<td>Whilst organism is present in the nasopharynx or skin lesion</td>
<td>Until clinical recovery or 48 hours after starting antibiotics</td>
</tr>
<tr>
<td>Disease</td>
<td>Duration</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>----------</td>
<td>-----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>TUBERCULOSIS</strong></td>
<td>25 - 90 days</td>
<td>Whilst organism is present in sputum. Usually non-infectious 2 weeks after starting treatment with standard anti-tubercular drugs. Consultant Communicable Disease Control (CCDC) will advise. Exclude until treatment has been commenced and found to be effective.</td>
<td></td>
</tr>
<tr>
<td><strong>WHOOPING COUGH</strong></td>
<td>10 - 14 days</td>
<td>7 days after exposure to 21 days after onset of paroxysmal coughing 21 days from onset of paroxysmal cough, or 5 days after commencement of antibiotics.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2

Notifiable Infectious Diseases

Acute encephalitis
Acute poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery
Food poisoning
Leprosy
Leptospirosis
Malaria
Measles
Meningitis
Meningococcal septicaemia
Mumps
Ophthalmia neonatorum
Paratyphoid fever
Plague
Rabies
Relapsing fever
Rubella
Scarlet fever
Smallpox
Tetanus
Tuberculosis
Typhoid fever
Typhus fever
Viral haemorrhagic fever
Viral hepatitis
Whooping cough
Yellow fever

(Note that ALL cases of Tuberculosis, whether pulmonary or not, must be notified)
APPENDIX 3

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
- cataract due to electromagnetic 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
- Inflammation, ulceration or malignant disease of skin due to ionising radiation

Infections due to exposure to biological agents
- anthrax
- brucellosis
- avian/ovine chlamydiosis
- hepatitis
- legionellosis
- leptospirosis
- lyme disease
- q fever
- rabies
- streptococcus suis
- tetanus
- tuberculosis
- 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 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 aminoor 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
APPENDIX 4

Infectious (Notifiable) Diseases – Students

HPU/HPA informed by Medical Practitioner or hospital that a MMU Student has been diagnosed with (or is suspected of contracting) a notifiable infectious disease.

HPU/HPA confirm no notifiable disease has been diagnosed. Director of Student Services informs relevant senior staff/student representatives and University Health and Safety Adviser.

HPU/HPA confirms diagnosis. HPU informs Director of Student Services that there is no risk to students (staff)

HPU/HPA confirms diagnosis. HPU informs Director of Student Services that contact will be made with affected students

HPU/HPA advice and guidance is sought and implemented via Director of Student Services and faculty in respect of affected students (and staff)

Director of Student Services informs and briefs:
- Dean of Faculty
- Human Resources Director (Policy Coordinator)
- Director of Services (Deputy Policy Coordinator)
- Head of Faculty & Campus Administration
- Head of Department
- Head of CaRes (for residential students)
- Health and Safety Adviser
- Students Union
- Press Officer

University Health and Safety Adviser briefs staff representatives

Post incident review completed

Results of review fed into a report on procedures and actions

Report submitted to Directorate, Health and Safety Committee and relevant Local Site Health and Safety Panel
APPENDIX 5

Infectious (Notifiable) Diseases – Staff

HPU/HPA informed by Medical Practitioner or hospital that a MMU member of staff has been diagnosed with (or is suspected of contracting) a notifiable infectious disease.

HPU/HPA confirms diagnosis. HPU informs University Health and Safety Adviser that contact will be made with affected staff

University Health and Safety Adviser informs:
- Human Resources Director (Policy Coordinator)
- Director of Services (Deputy Policy Coordinator)
- Dean of Faculty/Director responsible for the member of staff
- Director of Student Services
- Director of Facilities
- Staff Representatives
- Press officer

Where appropriate a small task group is convened chaired by the relevant Dean of Faculty/Director. The task group will monitor the situation, coordinate both written and oral communications to staff (and students) and review press and media coverage and responses

Post incident review completed

HPU/HPA confirms diagnosis. HPU informs University Health and Safety Adviser that there is no risk to staff (or students)

Director of Student Services briefs student representatives and Students’ Union

Director of Facilities briefs relevant Facilities staff

HPU/HPA advice and guidance is sought and implemented via Dean of Faculty/Director & University Health and Safety Adviser

Results of review fed into a report on procedures and actions

Report submitted to Directorate, Health and Safety Committee and relevant Local Site Health and Safety Panel

HPU/HPA confirms no notifiable disease has been diagnosed. University Health and Safety Adviser informs relevant senior staff, staff representatives and Director of Student Services.
APPENDIX 6

Reportable Diseases – Staff

Medical Practitioner informs University of a reportable disease to a member of staff or student

Faculty/Department/Human Resources informs relevant Dean of Faculty/Director & University Health and Safety Adviser

The relevant department must provide details of the individual i.e. name, address, D.O.B., doctor’s name to the Health and Safety Unit. The Unit will complete the appropriate form and register with the incident contact centre. Head of Department completes internal accident/incident report form and forwards copy to Health and Safety Unit

Health and Safety Unit informs staff representatives

Health and Safety Unit and Head of Department undertake a formal investigation. Risk assessment and risk control methods are examined. Immediate risk control action is agreed with and implemented by Head of Department

Report produced for relevant Dean of Faculty/Director with appropriate recommendations

Report submitted to the relevant Dean of Faculty/Director, Directorate, Local Site Health and Safety Panel and University Health and Safety Committee.
APPENDIX 7

Frequently asked Questions

Q: What Action should I take as an individual if I have been informed that a member of staff or students has or is suspected of contracting an infectious disease?

A: Immediately inform your relevant Dean/PVC or Director. In addition, make contact with the Director of Student Services (students) of the University Health and Safety Adviser (staff).

Q: I think I may have been in contact with an individual who has contracted a notifiable infectious disease. What should I do?

A: In these circumstances, the local Health Protection Unit (HPU) will determine any clinical actions that may be required. In most cases, it is only ‘close contacts’ that would be contacted by HPU. However if you are concerned it may be appropriate to contact your GP for advice.

Q: I have heard that an individual has a notifiable disease, who is this person? and should I stay away from the university?

A: The University cannot divulge the name of an individual in these circumstances. Where an individual has contracted a notifiable infectious disease, any actions the university takes will be guided by the clinical staff of the Local Health Protection Unit. Information meetings will be arranged by the university and general advice will be placed on the university website.
APPENDIX 8

Useful contacts and websites

Health Protection Agency –
   www.hpa.org.uk  (general website)

Health Protection Unit –
   Manchester
      Tel:  0161 786 6710
      Email:  gmanHPU@hpa.org.uk

Cheshire Team
   Tel:  0151 290 8356
   Email:  candmHPU@hpa.org.uk

NHS Direct –
   Tel:  0845 4647
   www.nhsdirect.nhs.uk

Policy Coordinator
   Human Resources Director (Gill Hemus)
      Tel:  0161 247 3315
      Email:  g.hemus@mmu.ac.uk

Deputy Policy Coordinator
   Director of Services (Mary Heaney)
      Tel:  0161 247 1563
      Email:  m.heaney@mmu.ac.uk

Director of Student Services (Alex Thorley)
      Tel:  0161 247 3479
      Email:  a.thorley@mmu.ac.uk

University Health and Safety Adviser
      Tel:  0161 247 3309
      Email:  a.gibb@mmu.ac.uk