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BISHOP GROSSETESTE UNIVERSITY

Procedure for Dealing with Infectious and Reportable Diseases

1. Introduction

- 1.1 The purpose of this procedure is to provide clear guidance in the event of a single confirmed case or a suspected outbreak of an infectious (notifiable) disease.
- 1.2 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.
- 1.3 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 UK Health Security Agency (UK HSA) to support them with their strategic objective of containing of an infectious disease.
- 1.4 Through working under the direction of UK HSA 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, students or visitors.

2. Scope

- 2.1 Infectious diseases emerge and spread quickly across the world because of global travel and other interconnections. Workplaces can be incubators for disease, particularly if hygiene and infection control is poor, or if employees go to work when they are unwell.
- 2.2 In practice, the University will work to fulfil the following responsibilities:
 - i. Work in conjunction with and on the advice of UK HSA 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 and 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 UK HSA).
 - iii. Assist UK HSA 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.
- 2.3 This procedure 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.

2.4 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.

3. Definitions used within this document

3.1 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 an infectious disease.

Examples include TB, E-Coli, Meningococcal Disease.

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](#)

3.2 Reportable Disease

Reportable diseases are those diseases that are linked to a process of work or activity that leads to exposure to listed physical agents, substances, biological agents and conditions caused by the physical demands of work or activity. A full list of reportable diseases can be found Appendix 2.

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. Please refer to section 6.

3.3 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.

An incident in which several people experiencing a similar illness are linked by location and time of incidence

- The occurrence of a contagious illness/disease more than what would normally be expected in a defined community or geographical area
- A suspected or actual event involving microbial or chemical contamination of food / water



4. Actions in the event of a single probable or confirmed infectious disease.

- 4.1 In all cases of a single probable or confirmed infectious disease, the University will liaise closely with UK HSA will inform the Vice Chancellor of a probable or confirmed case and advise on the likelihood of contagion.
- 4.2 At this stage, all other departments are notified for information.
- 4.3 UK HSA will advise the Health & Safety Officer on contact tracing and instructing those identified to take appropriate action, including contacting their GP and additional preventative measures.
- 4.4 UK HSA shall also provide advice on tailoring staff, student public communications to the infectious disease that has occurred.

5. Outbreak of an Infectious Disease

Actions in the event of an outbreak of an infectious disease

- 5.1 Considering the COVID 19 Pandemic, any outbreaks on campus will be escalated to UK HSA by the University's COVID Response Group. The likely actions to be taken are set out in the University's COVID 19 Response Plan.
- 5.2 In all cases of an outbreak of any infectious disease, the University will liaise closely with UK HSA who will inform the Vice Chancellor of a probable or confirmed case and advise on the likelihood of contagion.
- 5.3 UK HSA will identify priority clinical actions which will inform the University's specific outbreak response plan.
- 5.4 UK HSA is responsible for setting out the strategy for containment, outlining expectations to the University and any required actions.

6. Reportable Diseases

Actions in the event of a reportable diseases University Staff

- 6.1 Upon receipt of confirmed diagnosis of a reportable disease, the staff member's Senior Manager, Director of HR and Health and Safety Officer shall be informed.
- 6.2 The University's Health and Safety Officer will ensure an internal Accident Report is filed by the relevant department.
- 6.3 The Health and Safety Officer will file a RIDDOR report to the Health & Safety Executive.
- 6.4 Director of HR 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 Health and Safety Committee.

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

Actions in the event of a reportable diseases involving a student

6.6 Upon receipt of confirmed diagnosis of a reportable disease, the Pro Vice Chancellor, Head of Student Support staff and Health and Safety Officer shall be informed.

6.7 The University's Health and Safety Officer will ensure an internal Accident Report is filed by the relevant department.

6.8 The Health and Safety Officer will file a RIDDOR report to the Health & Safety Executive.

6.9 Pro Vice Chancellor and Head of Student Support 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 Health and Safety Committee.

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

7. Other non-notifiable infectious diseases

Actions in the event of an employee who have contracted a non-notifiable infectious disease

7.1 Employees with an infectious disease will not be excluded from work, nor have their duties or studies restricted, as long they are physically and mentally fit for work, and their continued attendance does not present a significant risk of disease transmission to other staff, students and visitors.

7.2 The decision as to whether an employee should stay away from the workplace or external venues will consider:

- how the infection is transmitted and the ease of transmission
- the typical duration of the infection; and
- the potential harm that the infection could cause to others.

7.3 Employees have a responsibility to minimise the risk of disease transmission and are expected to employ good hygiene control measures and use personal protective equipment (PPE) where provided.

7.4 Employees should notify line managers immediately, if the employee believes they have contracted an infectious disease.

7.5 Line managers will contact HR to explore options regarding working arrangements, if the employee is unwell and unable to work or can't carry out specific duties due to the illness they will be classed as absent from the workplace.

7.6 HR will register the absence as an infectious disease, and this will be taken into consideration at any possible absence review.

Actions in the event of a student who have contracted a non-notifiable infectious disease

- 7.7 Students with an infectious disease will not be excluded from the classroom or external venue, nor have their studies restricted, as long they are physically and mentally fit, and their continued attendance does not present a significant risk of disease transmission to other students and visitors.
- 7.8 The decision as to whether a student should stay away from the classroom or external venues will consider:
- how the infection is transmitted and the ease of transmission
 - the typical duration of the infection; and
 - the potential harm that the infection could cause to others.
- 7.9 Students have a responsibility to minimise the risk of disease transmission and are expected to employ good hygiene control measures and use personal protective equipment (PPE) where provided.

8. In the event of a disease outbreak

- 8.1 In the event of a confirmed diagnosis if a reportable infectious disease outbreak the Vice Chancellor will be informed.
- 8.2 The nature, location and numbers of staff and students involved shall be captured as soon as practicable.
- 8.3 When affecting a significant number of employees, or students the Business Continuity Group will form a working group of designated individuals to monitor and coordinate activities to control the outbreak. This will include managing exclusions/restrictions and the reassignment of duties or studies.

9. Minimising the risk of disease transmission

- 9.1 The University has a duty of care to maintain a healthy and safe working environment. This includes minimising the risk of you contracting an infectious disease from staff, student, and visitors. colleagues, customers, or clients.
- 9.2 The University promotes awareness and understanding to all the issues and concerns relating to the transmission of infectious diseases, including risks associated with more serious infections such as Covid-19, measles, or mumps.
- 9.3 To achieve this, we will provide information on the nature and spread of common infectious diseases, and the procedures to be followed in the event of an individual illness or an outbreak affecting a significant number of staff, students or visitors attending the University.

10. Immunisation/vaccination

10.1 From time to time, we may decide that it is appropriate to offer our employees vaccinations/immunisations as part of our wellbeing policy. This may include, for example, a winter flu vaccination.

10.2 In this case, any costs of vaccination will be met by the organisation. Prior to any immunisation programme, we will raise awareness of the potential seriousness of the infection, the business case for controlling it, and the role of immunisation in preventing infectious diseases in the workplace.

11. Standard hygiene practices at work

11.1 The University will develop routine procedures for hygiene control, considering professional guidelines and advice from statutory bodies, such as Public Health England (UK HSA) and the Department of Health and Social Care (DHSC).

11.2 The University will take steps to raise awareness of these procedures through education, training materials and induction sessions.

11.3 Employees are encouraged to adopt effective hand hygiene practices and to sterilise shared kitchen utensils when necessary.



Notifiable Diseases

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 SHS 167 11
 - 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

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