**Serious Communicable Disease Protocol**

**Purpose**

This protocol provides the information and actions needed for an effective joint response to a case of serious communicable disease in the University population.

**Scope**

This protocol refers specifically to the assessment, management and communications issues relating to the University, and the arrangements for working with Public Health in that context. A case may be among either staff or students.

Depending on the situation it is possible/likely that there will be linked cases outwith staff and student groups, and additional issues requiring consideration affecting the wider community. In general, Public Health incidents are managed according to the Scottish guidance document [‘Management of Public Health Incidents’](https://www.hps.scot.nhs.uk/web-resources-container/management-of-public-health-incidents-guidance-on-the-roles-and-responsibilities-of-nhs-led-incident-management-teams/). More details of how public health steps up an incident response is set out in Appendix 1.

Given the complexities of managing an incident at St Andrews University, this Serious Communicable Disease Protocol sets out a range of roles and responsibilities for the University to lead on and which are undertaken in a co-ordinated and joint way with the public heath response led by NHS Fife.

**Approach to the joint response**

In the event of a situation involving a serious communicable disease at St Andrews University, NHS Fife Health Protection Team (HPT) will set up an Incident Management Team for the purpose of:

1. Risk Assessment e.g. case status and potential for onward spread.
2. Risk Management e.g. the care of the case and the follow up of contacts to reduce risk of secondary cases.
3. Risk Communication e.g. planning for and provision of timely and accurate information to staff and students and others who require to act in response to the situation.

For the response to work efficiently and effectively, the University will set up a University Response Team (URT) which has lead responsibility for carrying out actions in response to a situation involving a serious communicable disease in a student or member of staff at the University of St Andrews.

The term “serious communicable disease” would include such notifiable diseases as meningococcal disease, measles, typhoid and paratyphoid, and clinical syndrome due to *E.coli* O157 infection. As of 22nd February 2020 Covid-19 became notifiable in Scotland and will consequently be included in this updated document.

**Case Status:**

Doctors notify these diseases to the HPT on the basis of “reasonable clinical suspicion”. There are specific public health guidelines for specific diseases. The clinically notified cases are assessed to be “possible” cases or “probable” cases. Once laboratory results are known, the cases may be assigned a “confirmed” status.

**Response to a case:**

1. For possible cases: HPT will discuss the situation with the University so that they will be able to respond to any concerns. For Covid 19 cases this would be via Chris Lusk (Head of Coronavirus Rapid Response Team) and for non Covid 19 communicable diseases this would be via the Director of Student Services (or delegate). The public health management of a “possible” case will vary depending on the specific disease.
2. For probable or confirmed cases: The Director of Student Services will convene the University Response Team (URT).

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**Further Information**

The protocol follows the PHS Guidelines in relation to specific communicable diseases. Guidelines and information sources are included in Appendix 2 of this document for meningitis and Covid-19. Please note that, due to the rapidly changing situation in relation to Covid-19, guidance is regularly updated. Please check for the most up to date version on <https://www.hps.scot.nhs.uk/>

### Section 1: Annual Risk Awareness Actions

This section covers actions which will be taken on an annual basis to raise and maintain awareness with regard to the risks of certain infections. **For avoidance of doubt, these measures are NOT contingent upon an outbreak and must be carried out annually regardless.**

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| --- | --- | --- |
| Ref | Actions | Action owner(s) |
| 1.1 | Implementation of student awareness communication regarding appropriate serious communicable diseases disseminated to new students approximately six weeks prior to arrival. The information, in electronic format, should include immunisation specifics as guided by the HPT. | Assistant Director (Projects and Residential), Student Services  Director of Wellbeing, Students’ Association.  NHS Fife HPT |
| 1.2 | Student Services and Occupational Health staff to receive specialist training with regard to, in particular, any current infection risk in addition to an annual update on meningitis. | NHS Fife HPT  Director Student Services  University Occ. Health |
| 1.3 | Validated (by HPT) websites of charities containing appropriate information to be highlighted to the student and staff community. Examples might include the Meningitis Trust and Meningitis Research Foundation websites. | NHS Fife HPT  Assistant Director (Projects and Residential), Student Services  Director of Wellbeing, Students’ Association.  University Occ. Health |
| 1.4 | Medical/nursing staff at St Andrews Community Hospital to be updated of the risk of serious communicable diseases including meningococcal infection/Covid-19 in the student population in order that they can ensure that rapid treatment and transfer occurs. | Student Services/GP liaison group, St Andrews Community Hospital |
| 1.5 | Annual collaborative meeting to review protocol | Director Student Services  NHS Fife HPT |

### Section 2: University Response Team

The responsibility for calling a URT meeting lies primarily with Director of Student Services but any member of the team is responsible for identifying possible threats and may in conjunction with Student Services convene a meeting.

**Core members of the URT**

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Work Tel | Mobile Tel | Email |
| Head of Coronavirus Rapid Response Team | 01334 464146 (Covid Help Desk)  Out of hours: 01334 476161 (Security and Response Team) | 07736212599 (primary contact number in and out of hours) | clusk@st-andrews.ac.uk |
| Director of Student Services | 01334 462720 | 01334 468999 ask for Student Services Directorate | stusrvdr@st-andrews.ac.uk |
| Director of Corporate Communications | 01334 462244 | 07711 223062 | proffice@st-andrews.ac.uk |
| University Occupational Health Adviser | 01334 462752 | 07557 883613 | [occhealth@st-andrews.ac.uk](mailto:occhealth@st-andrews.ac.uk) |
| Prof Stephen Gillespie | 01334 461871 | 07884 182315 | shg3@st-andrews.ac.uk |
| Wardens / Residence Managers (if Hall Resident) as necessary | 01334 462510 | 01334 468999  ask for Duty Warden | studacc@st-andrews.ac.uk |
| St Andrews Community Hospital | Blackfriars:  01334 477477 | Pipeland:  01334 476840 |  |
| Health Protection Team NHS Fife | In hours: Tel: 01592 226435  Out of hours: on-call Consultant in Public Health, 01592 643355 | n/a | In hours [hpt.fife@nhs.net](mailto:hpt.fife@nhs.net)  Out of hours: Phone first. |

**Non-core members of the URT**

Additional University personnel will be co-opted as required, and may include Human Resources, Principal’s Office (VP Governance and Proctor), Estates, EHSS, Risk Manager and/or Residential and Business Services. Consideration should be given to the nature of the event, those who may be impacted directly or indirectly (e.g. cleaning staff, front-line staff with high frequency of student contact), risk perception of stakeholders, anticipated impact on delivery of University services, and impact on residential arrangements.

Additional external members may also be recruited, eg. NHS Fife or NHS Tayside Microbiology, NHS Fife Emergency Planning Officer, Fife Council Environmental Health Officer, and charity representatives if associated with a particular infection (e.g. Meningitis Trust).

### Section 3: Action for probable or confirmed single case

Actions to be taken when a probable or confirmed single case of a serious communicable disease occurs in the University community:

*Note: For a possible case, HPT would contact the Director of Student Services so that University can respond to any concerns, including informing the student’s emergency contact, academic school and residence staff where appropriate. HPT action would usually only be taken when the case status moves to probable or confirmed.*

Where actions are attributed to Director of Student Services, they should be understood as meaning on each occasion and delegated to an Assistant Director should the Director be unavailable.

|  |  |  |
| --- | --- | --- |
| Ref | Actions | Action owner |
| 3.1 | If a ‘probable’ case is notified HPT liaises with Director of Student Services | HPT  Director of Student Services |
| 3.2 | Convene and identify location forURT as quickly as possible. | Director of Student Services |
| 3.3 | Determine actions to be taken and communication strategy. Internal communication updates from Corporate Comms, whilst contact with the family and direct student links (friends, residence and appropriate academic staff) will be established by the Director of Student Services. | URT  Director of Corporate Comms  Director of Student Services |
| 3.4 | Review and update information to be urgently sent to University Staff and Students through direct technical channels. Communications (emails, letters or information sheets) issued by the University Corporate Comms will be agreed with HPT prior to release. | URT  Director of Corporate Comms  HPT |
| 3.5 | Students will be emailed directly and referred to appropriate web-based information. Where appropriate Social Media and Mobile texting routes of communication may be used. | Director of Corporate Comms |
| 3.6 | Where appropriate, distribute letters or information sheets to venues of multiple student usage, namely: University Residences; Library; Students’ Association; Sports Centre; Academic Schools, and University website. | Director of Corporate Comms  Director of Student Services  Director of Wellbeing, Students’ Association |
| 3.7 | In order that a student may be easily contacted, particularly where students have dispersed, students will be emailed requesting that they update their address details. | Director of Student Services  Director of Corporate Comms |
| 3.8 | Reconvene URT to review situation, identify lessons learned and any amendments needed to this protocol. | Director of Student Services |

### Section 3: Action for probable or confirmed single case, cont’d

A range of other actions may be considered, including but not restricted to 3.9 – 3.17 below and the URT should at each meeting review whether these are appropriate.

|  |  |  |
| --- | --- | --- |
| Ref | Actions | Action owner |
| 3.9 | Responsibility for Risk Assessment, Risk Management and Risk Communication. | HPT with input from URT |
| 3.10 | Where the student case is a resident in University accommodation, RBS Business Continuity Plans, including arrangements for isolation accommodation, should be consulted. | Director of Student Services, in liaison with Residential and Business Services |
| 3.11 | Arrange testing for the student where appropriate. See Appendix 2 on Covid-19 testing, results and isolation advice. | Director of Student Services/HPT |
| 3.12 | Alert all local GPs/hospitals/Accident & Emergency Departments to the current situation and proposed actions. | HPT |
| 3.13 | Identify venue for target groups to receive prophylactic antibiotics/vaccine as clinically indicated. If students/patients are in a University residence this to be used as venue. | Director of Student Services |
| 3.14 | Source antibiotics/vaccine and other resources if required. | HPT |
| 3.15 | Set up a help-line for students, staff and parents. | URT |
| 3.16 | Alert relevant charities as appropriate. | HPT |
| 3.17 | Determine and provide support and assistance required by students and members of staff affected by the incident. | Student Services  Occupational Health |

**Appendix 1: Introduction to Incident Management for Public Health Incidents**

Public Health incidents are identified though surveillance (either via early warning intelligence of impending risks or via COVID-19 case identification) by the Health Protection Teams of NHS boards. The NHS board Director of Public Health has overall responsibility for this function but normally delegates this to the NHS Board’s Health Protection Team. The team undertake rapid information gathering and risk assessment to determine if other partner organisations need to be asked to contribute to an investigation. This initial assessment may be undertaken by a Problem Assessment Group (PAG).

Problem Assessment Group (PAG) – is formed in response to a potential incident or one of very limited complexity. This group usually only meets once to assess a situation and decide if it can be managed without an ongoing response or needs to be escalated to an active incident. Partners may be invited to participate though often this is an internal meeting only.

A simple incident may be dealt with by a single PAG meeting. If an incident has wider implications or is likely to require an ongoing response, the next step is formation of a formal group – an Incident Management Team (IMT) - to discuss the situation in more detail, to assess the situation and to coordinate action to control the incident.

Incident Management Team (IMT) – a multi-agency group chaired by a Consultant in Public Health. All relevant partner organisations are invited to participate as members. This group undertakes a structured investigation and will meet multiple times until the incident is brought under control.

An IMT is formed in response to a specific incident and is not a pre-formed group. Partner organisations who are relevant to the incident under investigation will be invited to join the IMT. Partner organisations act within their own area of expertise and under their own legislative frameworks to undertake investigation and enact interventions on behalf of the IMT. Incident Management Teams are usually chaired by a Consultant in Public Health (Medicine), delegated by the DPH on behalf of the NHS Board Chief Executive and the NHS Board.

The IMT will undertake an established process of investigation to establish the “who”, “what”, “why”, “when”, “where” and “how” of the incident. This includes:

* Epidemiological investigation (the “who”, ”where”, and “when” of the incident);
* Identification and investigation of the hazard, or laboratory investigation (the “what”);
* Investigation of the method of exposure to the hazard, or environmental investigation for the source of the hazard (the “how” and “why”);
* Risk assessment – if the hazard is still putting people at risk and the impact of the hazard;
* Risk management – interventions or control measures to minimise the risk to the population; and
* Risk communication – between and within agencies and with the public.

Effective communication about the incident will play an important role and an NHS Board communications officer will usually be a member of the IMT.

An IMT operates in confidence to enable the sort of open discussion needed to establish the facts, discuss hypotheses on causation of a problem, consider options for action and make decisions on appropriate action. One of the primary responsibilities of the IMT is to act quickly in order to protect public health.

A full IMT response may not be appropriate or necessary for all incidents, especially if there is local experience of managing similar incidents or the incident has minimum local impact. The health protection team in conjunction with the Director of Public Health will assess this on a case by case basis by using a risk assessment process.

**Appendix 2: Guidance and Resources**

**Meningococcal Infection**

Guidance for public health management of meningococcal disease in the UK. Updated August 2019. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829326/PHE_meningo_disease_guideline.pdf>

Guidance on the prevention and management of meningococcal meningitis and septicaemia in higher education institutions: Raising awareness, promoting immunisation and planning ahead. Public Health England. PHE Publications Gateway Number 2016838. 2016

Further information can also be obtained from local and national charities:

# Meningitis Research Foundation: 080 8800 3344 (FREEPHONE 24h), [http://www.meningitis.org/](%20http://www.meningitis.org/%20%20%20%20)

# Meningitis Trust: 0800 028 18 28 (FREEPHONE 24h) <http://www.meningitis-trust.org/>

**Covid-19**

Coronavirus (COVID-19): guidance on college, university and purpose built student accommodation

<https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-college-university-and-purpose-built-student-accommodation/>

Coronavirus (COVID-19): guidance for universities

<https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-universities/>

Novel coronavirus (COVID-19) Guidance for health protection teams. <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-health-protection-teams-hpts/>

COVID-19 contact tracing in complex settings: health protection team guidance. <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-contact-tracing-in-complex-settings-health-protection-team-guidance/>

NHS Inform <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice>

NHS Fife / Fife HSCP COVID-19 website (this website is for members of the public and contains the latest information from NHS Fife and Fife’s Health and Social Care Partnership on COVID-19 and our services and hospitals during the Coronavirus outbreak) :

<https://coronavirus.nhsfife.org/>

**Appendix 3: Testing and Contact Tracing Briefing (Covid-19)**

# Types of testing available and how to access them

## **How to arrange a test**

A self help guide: access to testing for Coronavirus can be accessed via [NHS Inform](https://www.nhsinform.scot/self-help-guides/self-help-guide-access-to-testing-for-coronavirus).

## **When to get tested**

You should get tested as soon as possible – which is as soon as symptoms first appear.

No testing should be undertaken after day 5 following the onset of symptoms, unless it’s for a specific reason which will be agreed on a case by case basis by a health professional in discussion with local microbiologists.

## **General population testing**

If you have symptoms or a member of your household and is symptomatic, you can [request at Coronavirus test at the UK Government Citizens’ Portal](https://www.nhs.uk/ask-for-a-coronavirus-test).

Tests can also be arranged by calling **0800 028 2816.**

You can choose whether to attend one of the testing sites in Scotland or, subject to availability, to have a home testing kit delivered to your home.

We recommend that you do not travel more than 90 minutes to reach a testing site. If there is not a site near to you, then you should try to book a home testing kit.

People who have symptoms but who cannot manage a drive-through test or a self-taken home-test should phone 0800 028 2816 (you should not book a home-test via the UK portal); NHS 24 will redirect you into an alternative testing pathway.

## **Self testing kits**

### How home testing works

The test involves taking a swab of the inside of your nose and the back of your throat, using a long cotton bud.

If you complete a self-referral and order a home-test kit, the test is delivered to your home.  
You will self-administer the swab, packing it up as instructed.

Each kit comes with comprehensive instructions to guide you through how to administer the swab yourself. Test kits come with further instructions and a short video to take you through the process step by step.

A courier will arrive the day after to collect it and take it to the lab. The aim is that results will then be received via text within 48 hours.

### Reliability of home testing

Evidence suggests that those with no clinical background or training should be able to secure an effective sample. Full instructions are included with the kit.

International peer-reviewed evidence suggests that self-swabbing is just as effective at securing a valid sample as clinician-administered testing.

### Protection of personal data

Amazon and Royal Mail are the commercial partners who are delivering and collecting home testing kits nationwide. They do not have access to the results or any health data.

# Getting test results

Results are sent by text and should be with you within 48 hours. Results are issued to whoever booked the test. Guidance on tests for children is available on the booking system.

## **Negative tests and returning to work**

Even if you have had a negative result, it’s important to still apply caution. If everyone with symptoms who was tested in their household receives a negative result, the employee can return to work if their work cannot be done from home, providing they are well enough, and have not had a fever for 48 hours.

If, after returning to work, they develop symptoms they should follow the [NHS Inform Guidance and Self-Isolate](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19).

Employees should discuss their return to work with their employing organisation.