

## Infectious Diseases Management Team (IDMT) guidance

The threat from infectious disease for a University with international staff, collaborators, visitors and students coming from across the world, as well as an international portfolio of research, is ever-changing. Additionally, the epidemiology of disease is ever-changing as are available mitigation measures and guidelines. Thus, the University's response to infection risk will be based on immediate access to the best information. This will be achieved by calling together an Infectious Diseases Management Team (IDMT) to respond. Central to its effectiveness will be close liaison with Public Health professionals from the local NHS and with Health Protection Scotland.

The responsibility for calling an Infectious Diseases Management Team (IDMT) meeting lies primarily with the Quaestor or Director of Student Services, but each member of the Risk Management Group will also take responsibility for identifying possible threats and will liaise with either or both of the aforementioned as a first means of escalation.

**Important Note: All actions with regard to infectious diseases will be undertaken in liaison with and, where instructed, at the direction of the PAG convened by Public Health in NHS Fife.**

IDMT Core Participants: Quaestor (or other nominated lead); Student Services; Corporate Communications; Estates; EHSS; Human Resources; Residential and Business Services; Appropriate experts from the School of Medicine – eg., Public Health and/or Infection Specialist.

IDMT Optional Participants: Proctor; Chief Legal Officer; Academic Registrar; VP Enterprise and Engagement; VP Governance; Admissions; IT Services; Risk and Insurance

**Note: Service Unit Directors may send delegates in their place. 'Optional Participants' should be involved at the discretion of the IDMT nominated lead, depending on the nature of the outbreak and the University activities which could be adversely affected.**

**Preparation – IDMT lead officer must assign responsibility for bringing undernoted to initial meeting and for obtaining updates thereafter;**

Current NHS guidance on how to deal with cases or suspected cases; PHE/HPS/WHO situation reports as available; Current Foreign and Commonwealth Office travel advisories; Additional guidelines from other external stakeholders (eg. Meningitis Trust, or British Infection Association)

**Threats – the IDMT should consider the following, although this list may not be exhaustive;**

Morbidity / Mortality and methods of transmission; Geographical proximity to the University; Staff and student travel; Symptoms; Likely perception of students, staff and parents; NHS preparedness; Prophylactics and vaccines; Identify University activities which might be affected by the disease

**Resilience – the IDMT should consider the following, although this list may not be exhaustive;**

Vulnerable people; Sanitisation and personal protective equipment; Cleaning routines and cleaning agents; Interface with NHS; Role of university occupational health; Liaison with DP&L for travel; Isolation options; Actions if symptoms appear locally (\*); Actions if a case is diagnosed locally (\*); Actions if multiple cases are diagnosed locally (\*); Identify University activities which might be affected by control measures; Review influenza checklist in Crisis Management Plan (NB. Ignore actions which are irrelevant or contra-indicated) (\*) with direct reference to published NHS advice at all times

**Management – the IDMT should consider the following, although this list may not be exhaustive;**

Nominate IDMT team leader and deputy; Agree frequency of IDMT meetings; Agree responsibility for monitoring situation and updating the IDMT; Contact other HE and Universities Scotland to check their approach; Record all decisions and actions and disseminate to IDMT members and to non-attending 'Optional Participants' (latter for information only); Nominate someone from IDMT as point of liaison with NHS

**Communication – the IDMT should consider the following, although this list may not be exhaustive;**

Key audiences, messages and method(s) of communication: Press and other media, Academic Schools; Sports; Student Association; Library; Cleaners; Residential; Wardens and Student Advisers; Students; Registry; Admissions; Other Units