



1. The purpose of this document

- 1.1 This document outlines the response procedures that should be followed in cases where a member of the University is suspected or confirmed to have an infectious disease.
- 1.2 The document has been developed in consultation with Public Health England, the University's Students' Health Service, and other key staff at the University. Although it lists responsibilities that are assigned to Public Health England, it is not intended to replace Public Health England procedures, and is designed primarily to be used by University staff.

2. Background and context

The following basic principles underpin the design and intended practice of the document.

- 2.1 In situations where infectious disease has occurred, the University will play a supporting role to [Public Health England](#) (PHE). PHE will set the strategic objectives for containment of an infectious disease, and will make requests of the University to support those objectives as necessary.
- 2.2 The University's response procedures given in this Protocol are owned by the [Student Services Divisional Office](#), and any queries relating to its content should be directed there.
- 2.3 The Student Services Divisional Office will provide the role of the Protocol Coordinator, through the Director of Student Services and Employability, or a nominated deputy.
- 2.4 The University's response is guided and supported by the Infectious Diseases Control Tactical Response Group. This group is convened as one group of the University's [Incident and Crisis Management Framework](#).
- 2.5 The response procedures are intended to be comprehensive. They are designed to provide support to staff who face difficult circumstances, and enable them to act appropriately.
- 2.6 Some staff members/departments at the University will have specific and key roles to play in responding to an occurrence of infectious disease at the University. These roles are clearly defined within the document. How and particularly which staff are involved is at the discretion of the Head of the organisational unit (e.g. School, member of the Professional Services) but they will be responsible for ensuring delivery.
- 2.7 Three key terms are used in this document:
 - 2.7.1 A *probable case* is when a doctor deems that an infectious disease is the most likely clinical diagnosis of a sick patient.
 - 2.7.2 A *confirmed case* is when an infectious disease has been confirmed following laboratory analysis of patient blood samples.
 - 2.7.3 An *outbreak* will be declared, and cases of infectious diseases deemed to be related, if the following circumstances apply:
 - an incident in which two or more people experiencing a similar illness are linked in time or place;
 - a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred;
 - a single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio; or
 - a suspected, anticipated or actual event involving microbial or chemical contamination of food or water¹.
- 2.8 There are two separate response procedures articulated within the document:
 - Procedures for responding to a single probable case, or single confirmed case of infectious disease.
 - Procedures for responding to an outbreak of infectious disease.

¹ Health Protection Agency *The Communicable Disease Outbreak Plan: Operational Guidance*, 18th May 2012

2.9 There are a number of appendices that support these procedures. Most were written with meningitis in mind but can be adapted to the communicable disease in question.

Appendix	Contents/purpose
A	Infectious Diseases Control Tactical Response Group (IDC TRG) contact details
B	Meningitis: an introduction (brief guidance note for non-medical staff)
C	Guidance for staff on recognising symptoms and handling enquiries
D	Sample letters, announcement notices and press release
E	Information on treatment and vaccination
F	Communication options available
G	Guidance for establishing a prophylaxis distribution centre
H	Copy of latest letter sent to all organisational heads about meningitis every October

3. Actions for a single probable or single confirmed case

3.1 How and when these procedures will be used

- 3.1.1 The response procedures listed below will be enacted when infectious disease is deemed by a doctor to be the most likely clinical diagnosis of a sick patient (*probable case*), or when Infectious Disease has been confirmed following laboratory analysis of patient blood samples (*confirmed case*).
- 3.1.2 Normally, Public Health England will give the go ahead to enact these procedures following consultation with a patient's GP or attending clinician, or following a positive laboratory result. If PHE is not the first to be aware of a probable or confirmed case, then whoever does have this information should take responsibility for ensuring that PHE is notified immediately.
- 3.1.3 The response procedures will not be enacted in the event that an individual is suspected to have an infectious Disease, or where infectious disease is a possible diagnosis. Any member of staff who suspects that a student may have an infectious disease should refer them immediately for medical help, either via the Students' Health Service (SHS), calling the NHS 111 service, or calling 999 in an emergency, and await further instruction.
- 3.1.4 Normally, in terms of communicating with students, PHE will make direct contact with close contacts of patients with an infectious disease. The University will contact wider groups of students with pre-prepared messages if considered necessary.
- 3.1.5 It is vital that only advice provided within this document or that provided by a medical professional is passed on to staff and students.

3.2 Initial Response

- 3.2.1 Public Health England (PHE) will inform the Director of the Students' Health Service (SHS), and the Director of Student Services and Employability (who will act as Protocol Coordinator), of a confirmed or probable case.
- 3.2.2 PHE will also notify any relevant specialist third party organisations, for example the meningitis charities.
- 3.2.3 The Protocol Coordinator will notify (for information) all members of the Infectious Disease Control Tactical Response Group (IDC TRG), to ensure they are on standby and ready to respond if necessary.
- 3.2.4 In addition to notifying members of the IDC TRG, the Protocol Coordinator will notify the following individuals, attaching a copy of this Protocol and when managing a meningitis case, a copy of Appendix B: 'Meningitis: an introduction':
 - The Registrar
 - The Deputy Registrar (Academic Services)
 - The Students' Union Chief Executive (or Student Engagement Manager)
 - The relevant Faculty Dean
 - The relevant Faculty Manager
 - The relevant Head of School

- The relevant School Manager
- The relevant Student Administration Manager
- The Director of Residential and Hospitality Services (if the student lives in University accommodation)
- The Student Systems and Information Office

3.2.5 Where individuals have specific responsibilities in the event of a single case occurring, those responsibilities are listed below. All other individuals/departments notified at this stage are done so for information, and will be asked to remain on standby in the event that their assistance is required.

Department/Individual	Responsibilities
Public Health England (PHE)	<p>In all cases of infectious disease, the University will liaise closely with Public Health England (PHE). The University will normally respond to an occurrence of infectious disease by carrying out actions recommended or required by PHE. PHE has a number of other responsibilities which include:</p> <ul style="list-style-type: none"> • To notify the Consultant Medical Microbiologist at the Bristol Royal Infirmary and at Southmead Hospital that there has been an occurrence of an infectious disease. • With the University's help as required, to identify any close contacts of the patient and to trace and notify them of the situation (this includes relatives). Assistance should be sought via the Protocol Coordinator who will liaise with the students' School, residence (if relevant), and the Students' Union. • To instruct close contacts to contact their GP immediately (which may or may not be the SHS). Students not registered with a GP are advised to register with the SHS as a temporary patient. • To notify the SHS of who the patient's close contacts are (as well as the close contacts' own GPs if not registered with SHS) so that they can prepare appropriately. • To notify all other GPs in the local area. • In cases where the infectious disease is not meningitis, to provide advice on tailoring attached appendices so that notifications distributed and information provided to staff is appropriate to the particular infectious disease that has occurred.
Students' Health Service (SHS)	<ul style="list-style-type: none"> • To liaise regularly with PHE and be appropriately prepared to support all students who require it. • To liaise with the Protocol Coordinator regularly. • Alongside the Protocol Coordinator, to consider appropriate follow up patient care and any other students affected. • To ensure that the Protocol Coordinator receives the confirmed list of patient close contacts.
Protocol Coordinator	<p>The Protocol Coordinator (or nominated deputy) is responsible for recording all response activity, and for liaising with key staff at the University and within PHE. The Protocol Coordinator should be the point of contact for all new queries from PHE. Other specific responsibilities include:</p>

	<ul style="list-style-type: none"> • To identify and notify members of staff who are in a position of responsibility to the close contacts of the patient (e.g. Residence Warden, Personal Tutor, Head of School). • Based on information provided by PHE about the likely wider impact of the particular case, to liaise with the Director of Communications and Marketing to disseminate pre-prepared notifications to appropriate groups of students and staff (as contained in Appendix D). Wherever possible, this should happen within 24 hours of the initial notification. • To consult with the Director of Communications and Marketing on the appropriateness of sending a mass communication to all students and all staff. • To help identify the most appropriate member of staff to maintain contact with the family(ies) of the student(s) affected. This would ordinarily be a member of staff from the student's School, or Hall of Residence, with support from the Protocol Coordinator as necessary. • In the case of death, to refer to the Student Death Protocol and appoint a Bereavement Support Officer to coordinate the University's response in parallel with this protocol. • In cases where the infectious disease is not meningitis, to ensure advice has been sought from PHE on tailoring the attached appendices so that notifications distributed and information provided to staff is appropriate to the particular infectious disease that has occurred.
<p>Communications and Marketing Division</p>	<ul style="list-style-type: none"> • To work with the Protocol Coordinator in the event that a mass communication (e.g all staff/all student email) is required. • To provide support to the Protocol Coordinator, Heads of School, and Wardens of Residence as required in disseminating messages to groups of students (with reference to template notifications in appendix D in cases of meningitis). • To liaise with PHE in the event that a press statement is required (a template press release for use in the event of a meningitis outbreak is included in appendix D). • To ensure the Public Relations Office is briefed and prepared to appropriately handle enquiries from students/staff/family/media (in cases of meningitis, to refer to Appendix C in addition to any other briefing that they would normally make).
<p>Students' Union</p>	<ul style="list-style-type: none"> • To help identify individuals who may be close contacts to the patient as necessary (e.g. through club/society membership). • To inform the Protocol Coordinator of any known close contacts. • To advise any concerned students appropriately (using Appendix C in cases of meningitis, modified as appropriate by the Protocol Coordinator).
<p>Hall of Residence Warden</p>	<ul style="list-style-type: none"> • To help identify close contacts within Residence/Hall as necessary, and to inform Protocol Coordinator. • To provide support to the Protocol coordinator as required. Wardens may be asked to support PHE directly. Initial

	<p>contact between PHE and Halls of Residence should normally be organised through the Protocol Coordinator.</p> <ul style="list-style-type: none"> • To ensure any concerned students are advised and supported appropriately (using Appendix C in cases of meningitis, modified as appropriate by the Protocol Coordinator). • The Warden may in some cases be the most appropriate person to make and maintain contact with the family if this is deemed necessary or appropriate. This should be decided with the Protocol Coordinator. • If requested by PHE, to make building plans available. These may be used to help identify the likely spread of disease and close contacts.
School/Department	<ul style="list-style-type: none"> • To identify close contacts within School as necessary, and to inform the Protocol Coordinator. • To provide support to the Protocol Coordinator as required. Heads of School may be asked to support PHE directly. Initial contact between PHE and the Head of School should normally be organised through the Protocol Coordinator. • To ensure any concerned students are advised and supported appropriately (using Appendix C in cases of meningitis, modified as appropriate by the Protocol Coordinator). • To ensure any implications with regards to assessments (exams, assessment deadlines etc.) are considered and dealt with accordingly. • The Head of School may in some cases be the most appropriate person to make contact with the family if this is deemed necessary or appropriate.
The Director of Residences and Hospitality	<ul style="list-style-type: none"> • To consider options for large scale residential response to any occurrence of outbreak.
Student Systems and Information Office	<ul style="list-style-type: none"> • To provide contact details for specific groups of students at request of the Protocol Coordinator. • To assist the Protocol Coordinator and the Communications and Marketing Division (as appropriate) in sending emails to particular groups of students.

4. Actions in the event of an outbreak

4.1 How and when these procedures will be used

- 4.1.1 Cases of Infectious Disease will normally be deemed related and an outbreak declared if the following circumstances apply:
- an incident in which two or more people experiencing a similar illness are linked in time or place;
 - a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred;
 - a single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio; or
 - a suspected, anticipated or actual event involving microbial or chemical contamination of food or water.²
- 4.1.2 It is expected that an outbreak would usually be declared after a single probable or confirmed case has been identified and the University's procedures will have been enacted (section 3). However, in a situation where multiple cases are deemed an outbreak straightaway without a single case having been identified first, the initial response (section 3.2) will be enacted first of all.

4.2 Initial response

The below table outlines basic responsibilities to be fulfilled in the event of an outbreak, and where those responsibilities are assigned:

Department/Individual	Responsibilities
Role of Public Health England	<ul style="list-style-type: none"> • To notify the Director of the Students' Health Service and Protocol Coordinator as soon as it is known that an outbreak has been declared. • To take overall strategic responsibility for a coordinated response to the outbreak and effectively communicate PHE strategy for containment to the University, outlining expectations and required actions. • To alert local A&E departments and acute hospitals, the Consultant Medical Microbiologists in Infectious Disease, and all GPs in the Bristol area. Note that NHS Healthcare Trusts may establish emergency wards depending on size of outbreak.
Role of Protocol Coordinator	<ul style="list-style-type: none"> • Upon receipt of information regarding declaration of outbreak, to ensure that other key contacts are notified: <ul style="list-style-type: none"> ○ Registrar ○ Deputy Registrar (Academic Services) ○ Students' Union Chief Executive (or Student Engagement Manager) ○ Relevant Dean(s) ○ Relevant Head(s) of School(s) ○ Relevant School Manager(s) ○ Relevant School Administration Manager(s) ○ if appropriate, the Director of Residential and Hospitality Services, the Head Warden and the relevant Warden(s) of Residence. • To ask the Registrar/Deputy Registrar (Academic Services) who they wish to chair the IDC TRG.

² Health Protection Agency The Communicable Disease Outbreak Plan: Operational Guidance 18th May 2012

	<ul style="list-style-type: none"> • To make arrangements for convening the first meeting of the IDC TRG, including sourcing a room, and communicating with members of the group. • At the first meeting of the TRG, to report on all actions incumbent on the University in relation to all probable or confirmed individual cases of Infectious Disease known at this point. • To ensure that all decisions pertaining to action being taken by the IDC TRG, and tasks being completed, are recorded. • To notify Infectious Disease charities of the occurrence of an outbreak. • To ensure the University Senior Management Team is kept updated (if the Registrar or Deputy Registrar (Academic Services) is not co-opted to join the IDC TRG as chair). • To support the set-up of a prophylaxis distribution centre (the procedure for doing so is outlined in appendix G) .
<p>Role of Students' Health Service</p>	<ul style="list-style-type: none"> • To provide medical response to an outbreak amongst the University's student population, working closely with PHE. • To provide expert advice to the IDC TRG. • To support the Protocol-Coordinator in setting up a prophylaxis distribution centre (see appendix G), clearly outlining requirements so that they can be resourced promptly. (The IDC TRG will decide where the centre should be located.) • To make requests for additional resources from the Director of Student Services and Employability as required. • To ensure that appropriate follow up care is provided to all patients and close contacts, working with the Protocol Coordinator to support those who may be particularly vulnerable.
<p>Role of the Infectious Diseases Control Tactical Response Group (IDC TRG)</p>	<p>As the IDC TRG contains members from multiple divisions within the University, as well as individuals external to the University, it may be deemed necessary for a member of the University Senior Management team to chair it. In most cases, this will be the Registrar, or the Deputy Registrar, who may in turn delegate chairing responsibilities to the Director of Student Services and Employability. Its responsibilities include:</p> <ul style="list-style-type: none"> • To ensure that PHE is effectively supported in its response to an outbreak of infectious disease by agreeing on appropriate actions to be carried out by the University, and by ensuring those actions are completed. • To ensure all actions relating to known individual cases of Infectious Disease have been carried out. • To ensure all actions to be carried out by PHE are known to the University and to request updates accordingly. • To consider the appropriateness and content of any mass communications, including communications to be sent to other staff and students, and press statements. • To consider whether or not it is appropriate to notify other Universities of the outbreak. • To decide on the most appropriate venue for distribution of prophylaxis.

Role of Director of Communications and Marketing	<ul style="list-style-type: none"> • To ensure a University helpline is set up and established, and to brief all helpline staff accordingly. • To ensure that the helpline number is appropriately advertised (including hours of availability) on accessible media, as well as via Infectious Disease charities. • To provide support in tailoring factual and where possible reassuring communications to be sent to specific groups of staff and students, in consultation with PHE, the Director of SHS, and the Protocol Coordinator. • To support the process of communicating to all staff and all students if deemed necessary • To ensure University of Bristol 'emergency alerts' page contains sufficient information about the outbreak (including Infectious Disease FAQs), in conjunction with PHE, Director of SHS, and Protocol Coordinator. • To ensure all other possible means of communication are considered and disseminated accordingly (e.g. Heads of School circular, emergency text messages, posters, 'Am I at Risk?' leaflets, etc.) in particular in support of staff members likely to be receiving telephone calls (staff in Schools and residences, University and Students' Union switchboard staff, security staff) (using Appendix C in cases of meningitis, modified as appropriate by the Protocol Coordinator). • To consider, in consultation with the TRG, the need to notify other universities.
The Residences	<ul style="list-style-type: none"> • To consider options for large scale residences response to any occurrence of outbreak.
The Role of the Registrar and Deputy Registrar (Academic Services)	<ul style="list-style-type: none"> • To consider the most appropriate individual to chair the IDC TRG in the event of an outbreak. • To provide senior management team updates as required

5. Contact for further information

5.1 Staff with queries should contact the Director of Student Services and Employability or one of their colleagues in the [Student Services Divisional Office](#).

This work is based on the University of Bristol Meningitis Protocol that has now been replaced by this Infectious Diseases Protocol. The original documents were written by the Infectious Diseases Control Committee. This Infectious Diseases Protocol was rewritten by Richard Edwards and Pete Wilgoss in the Student Services Divisional Office in the summer of 2014. The text was reviewed by the Infectious Diseases Tactical Response Group who oversee the University's Infectious Diseases response.

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Version	Date	Change
1	03/10/14	First release