



Serious Communicable / Notifiable Diseases Plan

For students and staff – published June 2019

CONTENTS

1. Introduction and Notes
2. STUDENT: Flowchart plan for notification of a serious communicable / notifiable disease
3. STAFF MEMBER: Flowchart plan for notification of a serious communicable / notifiable disease Roles and responsibilities – LSE
4. Roles and responsibilities - Non-LSE (GP, PHE, CCG)
5. Issues for consideration – (Comms, First Responder, WiderSchool)

USEFUL INFORMATION AND SOURCES OF ADVICE

- I. Appendix 1: PHE list of notifiable diseases and causative agents/organisms
- II. Appendix 2: information about PHE
- III. Appendix 3: how PHE manages an incident involving a listed disease

EXTERNAL LINKS

- I. <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>
- II. <https://www.gov.uk/government/collections/notifications-of-infectious-diseases-noids>
- III. <https://www.gov.uk/government/organisations/public-health-england>
- IV. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2_2_.pdf
- V. https://www.gmc-uk.org/Confidentiality_Disclosing_information_about_serious_communicable_diseases.pdf_70061396.pdf

Review schedule

Review interval	Next review due by	Next review start
3 years	2018 - Completed	2021

Version history

Version	Date	Approved by	Notes
1.0	Sept 2013		Historical document. No details.
2.0	February 2018 – published June 2019	Business Continuity Steering Group	Full rewrite by Business Continuity Manager in the light of lessons learned since version 1.0 and changes in PHE provision / LSE roles. Stakeholder consultation: SSC, HR, Student Wellbeing, Health & Safety Team.

Introduction & Notes

This plan seeks to set out the roles and responsibilities in the event of a notifiable disease affecting a staff member or student, who will be incident lead, at what point it escalates to a Major Incident (MIIRP), and the role of Public Health England (PHE). Residences have their own protocols, so whilst they are referenced in this plan, their procedure may vary. PHE will be involved when a notifiable disease is confirmed or suspected. They may also be involved where there is an instance of a serious communicable disease – hence the use of both terms in this plan. A serious communicable disease is not always a notifiable one.

1. Major Incident Initial Response Plan Invocation:

Instances of notifiable diseases within the School community are not generally classed as a major incident unless PHE has declared an outbreak. Where 2 or more people have fallen ill with a notifiable disease, but an outbreak has not been declared, the Gold Team should be alerted. Unless or until these conditions are met the incident will be handled by the First Responders and Department or Division as set out in the Roles and Responsibilities section of this plan. Be aware that it can take some time for an illness to be identified as a notifiable disease but that PHE's protocols will also be triggered if a notifiable disease is suspected.

2. Notification of a Notifiable Disease

When a GP or hospital identifies someone with a notifiable disease, they will alert Public Health England (PHE) and a whole protocol will be triggered within the NHS. If First Responders or the Department/Division are keeping in touch with the family of someone who has fallen ill, we may get the news that way. However, PHE may also contact the School directly and ask for information about the person and those whom they have been in contact with (we are obliged by law to comply, see point no.4), and who their liaison point in the School will be. The First Responders might also wish to apprise other parts of the School of the situation, for instance the Business Continuity Manager, Comms Division etc.

3. If PHE contacts the School because of an instance of a notifiable disease:

The PHE have been given the contact details of the Business Continuity Manager within the School. If they are absent, PHE's next line of contact is the Deputy Chief Operating Officer, and failing that, their PA via the Directorate generic email. These nominees will triage the information according to the roles and responsibilities laid out in this plan and contact the appropriate First Responder and the Department / Division, or contact the Gold Team if they feel the conditions for invoking the MIIRP have been met.

If informed of a presumed or diagnosed serious communicable disease by PHE, hospital staff or medical practitioner, gather as much of the following information:

- Name of the individual who is ill
- Where they are (e.g. which hospital, which Hall)
- What the disease is
- Details of who is calling (e.g. name, position, organisation, telephone number, email address)

4. The role of PHE

More information about the role and expectations of PHE can be found in the roles and responsibilities section of this plan and in Appendices 2 and 3. It is important to note that PHE requests for personal information on staff and students should be complied with. Requests from PHE override GDPR and we are obliged by law to provide PHE with the information they request. First Responders and Departments/Divisions may wish to seek clarification about the information requested by PHE from other resources within the School. PHE may also require space on campus to perform tests should an outbreak be suspected, or the School may have to provide an immunisation programme (for which LSE may be expected to meet the costs).

5. PHE Liaison

Please note that unless the MIIRP is invoked, the liaison point with PHE for the duration of the incident will be the First Responder.

UNCONFIRMED / SUSPECTED SERIOUS COMMUNICABLE / NOTIFIABLE ILLNESS SUFFERED BY STUDENT

Advise the student to leave the campus immediately, isolate themselves, and urgently contact their GP to get a diagnosis or attend the nearest hospital if they do not have a GP. They should call their GP in the first instance rather than attend surgery, or notify the hospital in advance that they may have a suspected communicable / notifiable illness. The situation should be dealt with at a local level led by Student Services with the help of the student's academic department. Residences will lead if the student falls ill in halls. They will be the 'First Responders'. The Health & Safety Team, the Business Continuity Manager (BCM) and, if applicable, Residences, should be notified. Consider also when it might be necessary to alert the Comms Division.

Confirm the nature of the illness. It may take several days for a diagnosis in some instances. The NHS / GP will notify Public Health England (PHE) if they suspect a notifiable disease.

IF A SERIOUS COMMUNICABLE / NOTIFIABLE DISEASE IS CONFIRMED:

This will continue to be dealt with by the First Responders. PHE will contact the School requesting further information and a first point of contact. They will want details of those affected (permissible under strict patient confidentiality) If the diagnosis is confirmed as a communicable / notifiable disease PHE will ask for a meeting with the First Responder leading on the situation. They will also give advice/instructions as to how the situation should be handled. They will want details of those in contact with the patient(s) (again permissible). **NB: Only PHE can give out information on the health of the patient(s).**



First Responders should notify relevant staff as a precaution. Arrangements will need to be made regarding the patient(s)' academic studies and activities. Those who have been in contact with patient(s) will need to be advised that if they start displaying similar symptoms they should isolate themselves and contact their GP immediately. The First Responder should consult Student Wellbeing or the Pastoral Care Team in case the patients(s) and their families need support. Residences should follow their own Notifiable Diseases Plan.

IF LESS THAN 2 PEOPLE AFFECTED AND/OR PHE DOES NOT SUSPECT AN OUTBREAK:

The First Responders will continue to lead on managing the situation, arranging liaison with PHE and families, and advising those involved. They should keep the Health & Safety Team, BCM, and the Business Continuity Manager (BCM) updated.

IF MORE THAN 2 PEOPLE HAVE FALLEN ILL OR AN OUTBREAK IS SUSPECTED

The First Responders should brief a member of the Gold Team who will decide whether the MIIRP should be invoked or whether more information should be gathered and the situation confirmed first. It may not be necessary to invoke the MIIRP at this stage.

PHE will advise the School of what steps to take next. They may also request a cleared area to test those people who have been in contact with the patient(s). First Responders should continue to update relevant staff.



Other things to consider:

- How will those who have fallen ill be supported?
- What interaction is needed with their families?
- What interaction is needed with those who have been in contact with the patient(s)?
- Are there long term health or other consequences for those who have fallen ill?
- How will the disruption to the patient(s)' academic studies be managed?
- Will there be visa issues for those who have fallen ill?
- How will the requirements of PHE be managed and met?
- What advice is there to contain the spread of the illness and how will that be enacted?
- What comms will be needed, who to, and how will that be managed?
- Who else is needed to help the First Responders manage the situation?

IF PHE DECLARES AN OUTBREAK THE MIIRP MUST BE INVOKED.



Assemble relevant Silver Teams to consider:

- Is it necessary to activate the call centre through the emergency comms plan?
- If not already advised by PHE, consider whether the whole campus, specific buildings or residences should be closed and reviewed regularly as the incident progresses.
- How will ongoing staff shortages due to illness be managed?
- How will concerns amongst the student community be dealt with?
- How will the School community & their families be kept informed and reassured?
- What School activities / teaching will be disrupted and how will this be managed?



UNCONFIRMED / SUSPECTED SERIOUS COMMUNICABLE / NOTIFIABLE ILLNESS SUFFERED BY STAFF MEMBER

Advise the staff member to leave the campus immediately, isolate themselves, and urgently contact their GP to get a diagnosis or attend the nearest hospital if they do not have a GP. They should call their GP in the first instance rather than attend surgery, or notify the hospital in advance that they may have a suspected notifiable illness. The situation should be dealt with at a local level by HR in consultation with the Division / Department. Residences will lead if the staff member falls ill in halls. They will be the 'First Responders'. The Health & Safety Team, the Business Continuity Manager (BCM) and, if applicable, Residences, should be notified. Consider also when it might be necessary to alert the Comms Division.

Confirm the nature of the illness. It may take several days for a diagnosis in some instances. The NHS / GP will notify Public Health England (PHE) if they suspect a notifiable disease.

IF A SERIOUS COMMUNICABLE / NOTIFIABLE DISEASE IS CONFIRMED:

This will continue to be dealt with by the First Responders. PHE will contact the School requesting further information and a first point of contact. They will want details of those affected (permissible under strict patient confidentiality) If the diagnosis is confirmed as a notifiable disease PHE will ask for a meeting with the First Responder leading on the situation. They will also give advice/instructions as to how the situation should be handled. They will want details of those in contact with the patient(s) (again permissible). **NB: only PHE can give out information on the patient(s) condition and health.**



First Responders should notify relevant staff as a precaution. Arrangements will need to be made regarding the colleague(s)' workload and professional activities. Those who have been in contact with patient(s) will need to be advised that if they start displaying similar symptoms they should isolate themselves and contact their GP immediately. The First Responder should consult the counselling service or Pastoral Care Team too in case the patient(s) affected and their families need support. Residences should follow their own Notifiable Diseases Plan.

IF LESS THAN 2 PEOPLE AFFECTED AND/OR PHE DOES NOT SUSPECT AN OUTBREAK:

The First Responders will continue to lead on managing the situation, arranging liaison with PHE and families, and advising those involved. They should keep the Health & Safety Team, BCM, and Residences updated.

IF MORE THAN 2 PEOPLE HAVE FALLEN ILL OR AN OUTBREAK IS SUSPECTED

The First Responders should brief a member of the Gold Team who will decide whether the MIIRP should be invoked or whether more information should be gathered and the situation confirmed first. It may not be necessary to invoke the MIIRP at this stage.

PHE will advise the School of what steps to take next. They may also request a cleared area to test and if necessary quarantine those people who have been in contact with the patient(s). First Responders should continue to update relevant staff.



Other things to consider:

- How will those who have fallen ill be supported?
- What interaction is needed with their families?
- What interaction is needed with those who have been in contact with the patient(s)?
- Are there long term health or other consequences for those who have fallen ill?
- How will the disruption to the patient(s)' professional activities be managed?
- Will there be visa issues for those who have fallen ill?
- How will the requirements of PHE be managed and met?
- What advice is there to contain the spread of the illness and how will that be enacted?
- What comms will be needed, who to, and how will that be managed?
- Who else is needed to help the First Responders manage the situation?

IF PHE DECLARES AN OUTBREAK THE MIIRP MUST BE INVOKED.



Assemble relevant Silver Teams to consider:

- Is it necessary to activate the call centre through the emergency comms plan?
- If not already advised by PHE, consider whether the whole campus, specific buildings or residences should be closed and reviewed regularly as the incident progresses.
- How will ongoing staff shortages due to illness be managed?
- How will concerns in the student community be dealt with?
- How will the School community & their families be kept informed and reassured?
- What School activities / teaching will be disrupted and how will this be managed?



ROLES AND RESPONSIBILITIES - LSE

<p>FIRST RESPONDERS:</p> <p>Student Services Centre - Student illness on campus</p> <p>Human Resources Division - Staff illness on campus or Residences</p> <p>Residences Student illness or Staff Member in Residences</p>	<ul style="list-style-type: none"> • First Responder and lead on incident until it escalates into a MIIRP incident (e.g. when an outbreak is confirmed by PHE or PHE advises situation is sufficiently serious to warrant invocation). • Lead contact with PHE and liaises with PHE and Department / Division and Residences if applicable. Also lead contact with local CCG. • The School cannot give out information about the health of students or staff to their families or anyone else, that is PHE's responsibility. This must be made clear to everyone dealing with the situation at the School. • Gather as much information from PHE/reporting medical practitioner as possible – name of patient, hospital or location of patient, name of disease, details of person calling. • Contacts comms division to ensure prompt and early comms response. • Arrange distribution of any template letters from PHE. • Make arrangements for any response programme recommended by PHE. • Arrange support for patient and families. PHE will also liaise with family and patient. • Keeps Business Continuity Manager and Health & Safety Team updated. Also updates Gold/Silver if required and briefs Comms Division as required. • If a MIIRP is declared First Responder may be co-opted to Silver Team either as participant or as Silver lead.
<p>Department Student or Departmental Staff Member illness</p>	<ul style="list-style-type: none"> • If a student falls ill, the department notifies SSC (First Responder) and Student Wellbeing of a potential notifiable illness and asks for advice. • If staff member falls ill, the department notifies HR (First Responder). There may be some crossover with SSC depending on interaction with students and if other students begin to also fall ill, but HR would be First Responder initially. • If illness is confirmed, escalates to First Responder and department looks at how to support student's academic activities / departmental staff member's workload. • Assists First Responder with PHE requirements, i.e. information gathering, assembling people for swabs etc. • If a MIIRP is declared, liaise with Silver / Gold, undertake comms as directed and activate their business continuity plan.
<p>Division Staff Member illness</p>	<ul style="list-style-type: none"> • Notifies HR (First Responder) of a potential notifiable illness and asks for advice. • If illness is confirmed escalate to First Responder and look at how to support colleague's workload. • Assists First Responder with PHE requirements, i.e. information gathering, assembling people for swabs etc. • If a MIIRP is declared, liaise with Silver / Gold, undertake comms as directed and activate their business continuity plan.
<p>Residences Student or Staff Member illness</p>	<ul style="list-style-type: none"> • If student or staff member falls ill with a potential notifiable disease in Residences, Residences staff will be First Responder and may be nominated as responsible for managing the incident. • They should notify HR and relevant parts of School, including comms, and activate their notifiable diseases plan. • If student or staff member is a resident but the matter is being dealt with by a different First Responder, e.g. HR or Student Services, then Residences should liaise with that First Responder. • Assists with PHE requirements, i.e. information gathering, assembling people for swabs etc.
<p>Student Wellbeing Service/Pastoral Care Team Student illness</p>	<ul style="list-style-type: none"> • Assists First Responder and supports patient(s) and families as appropriate. • Considers how best to support the School community, and will be part of the Silver response if the MIIRP is invoked.
<p>Comms Division Student/staff illness</p>	<ul style="list-style-type: none"> • Advise and assist on appropriate comms for First Responder. • Liaise with PHE / Silver Team / Gold Team on comms as and if required.
<p>Silver Team Outbreak confirmed</p>	<ul style="list-style-type: none"> • If an outbreak is confirmed by PHE the MIIRP must be invoked. • Silver to take over management of incident. First responders may be co-opted into Silver Team.

Gold Team Outbreak confirmed	<ul style="list-style-type: none">• If an outbreak is confirmed by PHE the MIIRP must be invoked.• Gold to begin strategic decision making to support Silver management of incident.
----------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ROLES AND RESPONSIBILITIES – non LSE

Heath & Safety Team & Business Continuity Manager	<ul style="list-style-type: none"> • Advisory and to be kept updated.
GP / hospital	<ul style="list-style-type: none"> • Will confirm the diagnosis and report it to PHE if they suspect a notifiable disease. They are part of the CCG.
PHE Public Health England	<ul style="list-style-type: none"> • Contacts School following the reporting of a suspected notifiable disease. They do not need a lab confirmed diagnosis to invoke their outbreak procedures. • Discuss the situation with the School and request further information about the patient, who they have been in contact with, where they are staying (e.g. residences or other student accommodation), etc • PHE are able to request personal data for the patient and those who have been in contact with them, e.g. name, date of birth, contact details, to carry out risk assessments. The information is treated under patient confidentiality rules and data protection regs. PHE information requests override GDPR and we are obliged by law to comply. • They will undertake a risk assessment. • They will contact those who have been in close / direct / prolonged contact with the patient and invite them for screening. • They will get in touch with those who have been in less direct contact with the patient and send them guidance and information on symptoms and what to do if the individual suspects they have these symptoms. • In the event of an outbreak, they will set up an incident team and give the School instructions on how to proceed, but will not necessarily be able to assist in the practical undertaking of the necessary actions. The School needs to be prepared to undertake these actions if required. PHE will work with other related health bodies to deal with an outbreak. • In the event of any outbreak PHE will agree a FAQs sheet with the School. They may ask us to distribute this, as well as agree and distribute information and template letters. • They will work with the School to vet all comms relating to the outbreak. • In the event of a mass outbreak PHE may issue instructions for a mass vaccination or healthcare programme and the School will have to comply and organise this.
CCGs Clinical Commissioning Groups - NHS	<ul style="list-style-type: none"> • CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. They are responsible for the health of population. Their membership includes GP practices. • They are responsible for commissioning healthcare including mental health services, urgent and emergency care, elective hospital services, and community care as well as the treatment of infectious disease. • They will mobilise the NHS in the event of an emergency. • They co-operate with PHE and local authorities on outbreak control and related activity. In some cases they may be able to provide specialist infectious disease services and will have their own outbreak plans. • The School may also need to liaise with them for any outbreak control or vaccination programmes.

ISSUES FOR CONSIDERATION

<p>Comms Division - issues</p>	<ul style="list-style-type: none"> • What has been communicated to date? Who to, and how? What additional comms are required and how should these be formulated? • In the event of an outbreak, all comms, information and advice circulated will have to be agreed with PHE's comms team – what effect will this have on the speed and spread of comms to the School community? • Who will liaise with PHE on comms? • PHE comms team approach is reactive. How will comms liaison be managed? Is there a plan if response from PHE is subject to delays? • If a MIIRP is invoked how will this work with Gold Team approval? • Do we have pre-agreed templates from PHE for comms? Who will liaise with PHE? • Only PHE can release information on the health and condition of any patient(s). • How will information be released to the School community? • How will queries and calls be dealt with both from families, students, staff and media? And who by? • Should the Kenyon International call centre be activated?
<p>First Responder - issues</p>	<ul style="list-style-type: none"> • First Responder is the lead contact with PHE and liaises with PHE and Department and / or Residences if applicable. They may also need to chase PHE up and liaise with the local CCG. • How will they manage this and their workload? Do they have a deputy who can assist? • If in the event of an outbreak the MIIRP is invoked and the First Responder is co-opted to work on, or lead on, the Silver response, how will they manage this and their workload? Who will be their deputy? Who do they need to brief? • The School cannot give out information about the health of students or staff to their families or anyone else, that is PHE's responsibility. This must be made clear to everyone dealing with the situation at the School. • Has a family liaison been appointed to offer support to the families / patient(s) from the School? PHE will also liaise with the families and patient(s). How will family liaison be managed so that there are no overlaps? • How will the liaison / relationship with PHE and the local CCG be managed and who by?

Wider School - issues

- The School cannot give out information about the health of students or staff to their families or anyone else, that is PHE's responsibility.
- How is family liaison and effects on wider School community managed?
- What is the role of School counselling service / pastoral care team in an outbreak and are there sufficient resources to cope with a potential trauma response? What are the back up arrangements if there are not?
- What other groups in the School will be affected and how will this be managed? E.g. cleaners may not wish to enter rooms where a patient has been ill / died. Unions may have health and safety concerns for their members.
- If PHE wishes to run a screening or vaccination programme, what space will be used for this?
- If required, how will a vaccination programme be undertaken and how will it be paid for? PHE will not subsidise this and CCGs may be reluctant to. Who will undertake the organisation and administration involved in finding a space, contacting people etc?
- What events may be affected? E.g. freshers' fair, orientation week, exams.
- Some vaccinations may make recipients ill – what extenuating circumstances will be applied for students who are ill, e.g. to take exams? How will their academic studies be managed?
- If staff and students absent themselves from the School, either through illness or to avoid infection, how will these absences be managed and what effects will this have on the School's critical operations?
- The outbreak may take a month, or even longer, to bring under control. How will this affect the School's critical operations?
- How will comms, media and the risk of reputational damage be managed?
- At what point do we tell our insurers? Early notification may mean we get more assistance.
- Do we have a relationship with PHE or the CCGs to call upon? Who manages this?

Useful Information and Sources of Advice : Appendix 1

Public Health England (PHE) aims to detect possible outbreaks of disease and epidemics as rapidly as possible. Accuracy of diagnosis is secondary, and since 1968 clinical suspicion of a notifiable infection is all that's required.

List of notifiable diseases

Diseases notifiable to local authority proper officers under the Health Protection (Notification) Regulations 2010:

Acute encephalitis	Malaria
Acute infectious hepatitis	Measles
Acute meningitis	Meningococcal septicaemia
Acute poliomyelitis	Mumps
Anthrax	Plague
Botulism	Rabies
Brucellosis	Rubella
Cholera	Severe Acute Respiratory Syndrome (SARS)
Diphtheria	Scarlet fever
Enteric fever (typhoid or paratyphoid fever)	Smallpox
Food poisoning	Tetanus
Haemolytic uraemic syndrome (HUS)	Tuberculosis
Infectious bloody diarrhoea	Typhus
Invasive group A streptococcal disease	Viral haemorrhagic fever (VHF)
Legionnaires' disease	Whooping cough
Leprosy	Yellow fever

List of Notifiable Organisms (causative agents)

Causative agents notifiable to PHE under the Health Protection (Notification) Regulations 2010:

Bacillus anthracis	Giardia lamblia	Polio virus (wild or vaccine types)
Bacillus cereus (only if associated with food poisoning)	Guanarito virus	Rabies virus (classical rabies and rabies-related lyssaviruses)
Bordetella pertussis	Haemophilus influenzae (invasive)	Rickettsia spp
Borrelia spp	Hanta virus	Rift Valley fever virus
Brucella spp	Hepatitis A, B, C, delta, and E viruses	Rubella virus
Burkholderia mallei	Influenza virus	Sabia virus
Burkholderia pseudomallei	Junin virus	Salmonella spp
Campylobacter spp	Kyasanur Forest disease virus	SARS coronavirus
Chikungunya virus	Lassa virus	Shigella spp
Chlamydomphila psittaci	Legionella spp	Streptococcus pneumoniae (invasive)
Clostridium botulinum	Leptospira interrogans	Streptococcus pyogenes (invasive)
Clostridium perfringens (only if associated with food poisoning)	Listeria monocytogenes	Varicella zoster virus
Corynebacterium diphtheriae	Machupo virus	Variola virus
Corynebacterium ulcerans	Marburg virus	Verocytotoxigenic Escherichia coli (including E.coli O157)
Coxiella burnetii Crimean-Congo haemorrhagic fever virus	Measles virus	Vibrio cholerae
Cryptosporidium spp	Mumps virus	West Nile Virus
Dengue virus	Mycobacterium tuberculosis complex	Yellow fever virus
Ebola virus	Neisseria meningitides	Yersinia pestis
Entamoeba histolytica	Omsk haemorrhagic fever virus	
Francisella tularensis	Plasmodium falciparum, vivax, ovale, malariae, knowlesi	

Useful Information and Sources of Advice: Appendix 2

PUBLIC HEALTH ENGLAND (PHE)

<https://www.gov.uk/government/organisations/public-health-england>

PHE are an executive agency of the Department of Health, and a distinct organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner. It was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service. In an outbreak they are defined as a Category 1 Responder under the Civil Contingencies Act 2004. This means they have a duty to respond to emergencies on behalf of the Secretary of State for Health. They define an incident as:

“An event or situation which threatens or causes damage to the health of the public and that requires urgent action from PHE at whatever level”

Responsibilities

- making the public healthier, promoting healthier lifestyles, advising government and supporting action by local government, the NHS and the public
- **protecting the nation from public health hazards**
- **preparing for and responding to public health emergencies**
- improving the health of the whole population by sharing information and expertise, and identifying and preparing for future public health challenges
- supporting local authorities and the NHS to plan and provide health and social care services such as immunisation and screening programmes, and to develop the public health system and its specialist workforce
- researching, collecting and analysing data to improve our understanding of public health challenges, and come up with answers to public health problems
- We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and providing specialist public health services.

PHE DEFINES AN OUTBREAK OR INCIDENT AS:

- 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
- a suspected, anticipated or actual event involving microbial or chemical contamination of food or water

PHE recognises that many cases and clusters of communicable disease are handled within routine Healthcare Primary Trust (HPT) business without the need to formally convene an Outbreak Control Team (OCT)

POSSIBLE LEGAL CONSEQUENCES:

The School can be held subject to legal proceedings for example under the:

- Corporate Manslaughter and Corporate Homicide Act 2007 (as guided by the Work Related Death Protocol)
- Food Safety Act 1990 and associated regulations
- Health and Safety at Work etc. Act 1974 and associated regulations

Useful Information and Sources of Advice: Appendix 3

HOW PHE MANAGES AN INCIDENT INVOLVING A LISTED DISEASE:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbre_ak_Guidance_REandCT_22_.pdf

This document provides operational guidance for the management of outbreaks of communicable disease in England at all levels of Public Health England (PHE) that hold health protection responsibilities. It also outlines PHE's action plans for an outbreak and its legal powers. Below is an edited & condensed list of initial response and actions which may be relevant to the School's response. These actions will not necessarily occur in the order in which they are listed here. The School will be expected to comply with PHE's instructions and outbreak management plan.

Outbreak investigation and control: Appendix 6, pg 42-43, Communicable Diseases Outbreak Management: Operational Guidance (Edited & condensed by Business Continuity Manager) Initial actions:

- confirm the validity of the initial information on which the potential outbreak is based.
- establish a diagnosis and collect relevant clinical and demographic information including onset date, severity etc.
- conduct preliminary interviews with cases to gather information including common exposures eg food consumption, attendance at an event, premises visited
- identify the population at risk, agree a case definition and agree arrangements for proactive and early case finding.
- in the case of significant outbreaks inform the relevant bodies and authorities, e.g. FSA, etc

Other actions:

- carry out an initial risk assessment to guide decision-making and implement any immediate control measures. (NB: The risk assessment will be conducted at the beginning of an outbreak, reviewed regularly and used to inform control strategies. Different risk frameworks may be used depending on the circumstances, but PHE will look at factors such as: severity, uncertainty, spread, intervention and context.)
- agree any immediate additional investigations required such as microbiological, environmental or food testing and conduct investigations at implicated premises
- identify the need to convene an Outbreak Control Team (OCT) and activation of the outbreak control plan
- review the information gathered, assess the need for further investigation and identify the roles and responsibilities of the relevant partners.

Descriptive epidemiology:

- review initial information and establish the number of confirmed and probable cases based on the case definition Communicable Disease Outbreak Management.
- conduct in-depth interviews with cases to identify risk factors
- form preliminary hypotheses based on information gathered

Communication:

- agree who will have lead media responsibility and agree a communication strategy including the most effective routes of communication and which parties need to receive information.
- prepare both proactive and reactive media statements for release as appropriate.
- ensure relevant material is collected to inform a final report for distribution.

Analytical epidemiology and further investigation:

- review preliminary hypotheses and consider whether further epidemiological or microbiological investigations are required.
- collect any further clinical and environmental specimens for testing and conduct any further analytical epidemiological / microbiological studies.

Control measures:

- ascertain source and mode of spread and put control measures in place.
- protect persons at risk.
- monitor effectiveness of control measures / maintain disease surveillance.

Final phase:

- identify the end of the outbreak.
- produce outbreak report and lessons learnt.