Operational

Serious Communicable / Notifiable Diseases Plan
For students and staff – published June 2019

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Review schedule

<table>
<thead>
<tr>
<th>Review interval</th>
<th>Next review due by</th>
<th>Next review start</th>
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<tbody>
<tr>
<td>3 years</td>
<td>2018 - Completed</td>
<td>2021</td>
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Version history

<table>
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<tr>
<th>Version</th>
<th>Date</th>
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<td>1.0</td>
<td>Sept 2013</td>
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<td>Historical document. No details.</td>
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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

Advising 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. Residents 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 (permissable 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 permissable). 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, if applicable, Residences advised.

If more than 2 people affected 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.

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 review 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?

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?
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 (permissable 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 permissable). 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 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.

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

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.

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 other divisions informed.

IF PHE DECLARES AN OUTBREAK

THE MIIRP MUST BE INVOKED.

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?

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 review 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?
### First Responders:

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tr>
<td><strong>Student Services Centre</strong></td>
<td>- Student illness on campus&lt;br&gt;- Staff illness on campus or Residences&lt;br&gt;- 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).&lt;br&gt;- Lead contact with PHE and liaises with PHE and Department / Division and Residences if applicable. Also lead contact with local CCG.&lt;br&gt;- 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.&lt;br&gt;- 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.&lt;br&gt;- Contacts comms division to ensure prompt and early comms response.&lt;br&gt;- Arrange distribution of any template letters from PHE.&lt;br&gt;- Make arrangements for any response programme recommended by PHE.&lt;br&gt;- Arrange support for patient and families. PHE will also liaise with family and patient.&lt;br&gt;- Keeps Business Continuity Manager and Health &amp; Safety Team updated. Also updates Gold/Silver if required and briefs Comms Division as required.</td>
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<td><strong>Human Resources Division</strong></td>
<td>- Staff illness on campus or Residences&lt;br&gt;- 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).&lt;br&gt;- Lead contact with PHE and liaises with PHE and Department / Division and Residences if applicable. Also lead contact with local CCG.&lt;br&gt;- 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.&lt;br&gt;- 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.&lt;br&gt;- Contacts comms division to ensure prompt and early comms response.&lt;br&gt;- Arrange distribution of any template letters from PHE.&lt;br&gt;- Make arrangements for any response programme recommended by PHE.&lt;br&gt;- Arrange support for patient and families. PHE will also liaise with family and patient.&lt;br&gt;- Keeps Business Continuity Manager and Health &amp; Safety Team updated. Also updates Gold/Silver if required and briefs Comms Division as required.</td>
</tr>
<tr>
<td><strong>Residences</strong></td>
<td>- Student illness or Staff Member in Residences&lt;br&gt;- 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).&lt;br&gt;- Lead contact with PHE and liaises with PHE and Department / Division and Residences if applicable. Also lead contact with local CCG.&lt;br&gt;- 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.&lt;br&gt;- 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.&lt;br&gt;- Contacts comms division to ensure prompt and early comms response.&lt;br&gt;- Arrange distribution of any template letters from PHE.&lt;br&gt;- Make arrangements for any response programme recommended by PHE.&lt;br&gt;- Arrange support for patient and families. PHE will also liaise with family and patient.&lt;br&gt;- Keeps Business Continuity Manager and Health &amp; Safety Team updated. Also updates Gold/Silver if required and briefs Comms Division as required.</td>
</tr>
<tr>
<td><strong>Department</strong></td>
<td>- Student or Departmental Staff Member illness&lt;br&gt;- 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).&lt;br&gt;- Lead contact with PHE and liaises with PHE and Department / Division and Residences if applicable. Also lead contact with local CCG.&lt;br&gt;- 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.&lt;br&gt;- 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.&lt;br&gt;- Contacts comms division to ensure prompt and early comms response.&lt;br&gt;- Arrange distribution of any template letters from PHE.&lt;br&gt;- Make arrangements for any response programme recommended by PHE.&lt;br&gt;- Arrange support for patient and families. PHE will also liaise with family and patient.&lt;br&gt;- Keeps Business Continuity Manager and Health &amp; Safety Team updated. Also updates Gold/Silver if required and briefs Comms Division as required.</td>
</tr>
<tr>
<td><strong>Comms Division</strong></td>
<td>- Advising and assisting on appropriate comms for First Responder.&lt;br&gt;- Liaising with PHE / Silver Team / Gold Team on comms as and if required.</td>
</tr>
<tr>
<td><strong>Silver Team</strong></td>
<td>- If an outbreak is confirmed by PHE the MIIRP must be invoked.&lt;br&gt;- Silver to take over management of incident. First responders may be co-opted into Silver Team.</td>
</tr>
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**Gold Team**

Outbreak confirmed

- If an outbreak is confirmed by PHE the MIIRP must be invoked.
- Gold to begin strategic decision making to support Silver management of incident.
**Heath & Safety Team & Business Continuity Manager**
- Advisory and to be kept updated.

**GP / hospital**
- Will confirm the diagnosis and report it to PHE if they suspect a notifiable disease. They are part of the CCG.

**Public Health England (PHE)**
- 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)**
- 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.
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<tr>
<th>Comms Division - issues</th>
<th>First Responder - issues</th>
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<tbody>
<tr>
<td>• What has been communicated to date? Who to, and how? What additional comms are required and how should these be formulated?</td>
<td>• 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.</td>
</tr>
<tr>
<td>• 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?</td>
<td>• How will they manage this and their workload? Do they have a deputy who can assist?</td>
</tr>
<tr>
<td>• Who will liaise with PHE on comms?</td>
<td>• 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?</td>
</tr>
<tr>
<td>• PHE comms team approach is reactive. How will comms liaison be managed? Is there a plan if response from PHE is subject to delays?</td>
<td>• 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.</td>
</tr>
<tr>
<td>• If a MIIRP is invoked how will this work with Gold Team approval?</td>
<td>• 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?</td>
</tr>
<tr>
<td>• Do we have pre-agreed templates from PHE for comms? Who will liaise with PHE?</td>
<td>• How will the liaison / relationship with PHE and the local CCG be managed and who by?</td>
</tr>
<tr>
<td>• Only PHE can release information on the health and condition of any patient(s).</td>
<td>• How will information be released to the School community?</td>
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<tr>
<td>• How will queries and calls be dealt with both from families, students, staff and media? And who by?</td>
<td>• How will they manage this and their workload? Do they have a deputy who can assist?</td>
</tr>
<tr>
<td>• Should the Kenyon International call centre be activated?</td>
<td>• 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?</td>
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## 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
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires’ disease
- Leprosy

List of Notifiable Organisms (causative agents)
Causative agents notifiable to PHE under the Health Protection (Notification) Regulations 2010:

- Bacillus anthracis
- Bacillus cereus (only if associated with food poisoning)
- Bordetella pertussis
- Borrelia spp
- Brucella spp
- Burkholderia mallei
- Burkholderia pseudomallei
- Campylobacter spp
- Chikungunya virus
- Chlamydia 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
- Influenza virus
- Junin virus
- Kaysanur Forest disease virus
- Lassa virus
- Legionella spp
- Leptospira interrogans
- Listeria monocytogenes
- Machupo virus
- Marburg virus
- Measles virus
- Mumps virus
- Mycobacterium tuberculosis complex
- Neisseria meningitides
- 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 coronavirus
- Shigella spp
- Streptococcus pneumoniae (invasive)
- Streptococcus pyogenes (invasive)
- Varicella zoster virus
- Varioila virus
- Verocytotoxigenic Escherichia coli (including E.coli O157)
- Vibrio cholerae
- West Nile Virus
- Yellow fever virus
- Yersinia pestis

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
HOW PHE MANAGES AN INCIDENT INVOLVING A LISTED DISEASE:
break_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.