

MANAGING INFECTIOUS DISEASES PLAN

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Version Log

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Revision Chronology:	Effective from (dd/mm/yyyy)	Author:	Reason for change:
Version 1.0	18/12/2014	Joy Findlay	Establishment of the Plan (note: review by the ORMG was not sought at this point).
Version 1.1	25/05/2017	Carolyn Silvester	Amendments made following a suspected outbreak of infectious disease in August 2016. Revisions included: <ul style="list-style-type: none"> - Addition of paragraph 9.4 relating to reports of confirmed cases of notifiable infectious disease from sources other than UK Health Security Agency. - Minor revisions to wording throughout document to provide greater clarity. - Updates to key information throughout document (e.g. job titles and contact numbers). - Corrections and minor revisions to Annexes A and B (disinfection procedures – subsequently re-ordered to D and E – see below).
Version 1.2	07/08/2017	Carolyn Silvester	Amendments made following review by the ORMG on 7 June 2017 including: <ul style="list-style-type: none"> - Extraction of escalation flow chart, key contact numbers and list of notifiable diseases into annexes. - Additions to Key Contacts Numbers (Annex A) - Addition of Meningitis Now information

<p>Version 2</p>	<p>07/09/2017</p>	<p>Carolyn Silvester</p>	<p>Amendments made during Summer 2017, prior to ORMG sign-off by Chair's Action. Key changes:</p> <ul style="list-style-type: none"> - Replacement of 'Communicable' disease with 'Infectious' disease in title and throughout Plan, to reflect terminology currently used by UK Health Security Agency. - Addition of Annex H: Sample Internal Communications Statement. - Addition of further symptoms to Annexes C and F.
<p>Version 3</p>	<p>08/06/2022</p>	<p>Chris Griffin</p>	<ul style="list-style-type: none"> - Removal of references to Public Health England (PHE) and inclusion of references to UK Health Security Agency (UKHSA) - Removal of references to Campus Security and inclusion of Community Safety - Update to Annex C escalation processes - Inclusion of Risk and Resilience Head of Department contact details. Document wide feedback implemented after consultation with Nadia Inglis, consultant in Public Health in local Government, Mamoona Tahir, Consultant in Communicable Disease Control, the Director of Health and Safety, the Director of Operations and Community Wellbeing, the Head of Community Safety and Security and the Quality Assurance Manager, Warwick Medical School (UCU representative).
<p>Version 3.1</p>	<p>08/06/2022</p>	<p>Chris Griffin</p>	<ul style="list-style-type: none"> - Monkeypox added to the list of notifiable diseases as advised by UKHSA and which became law on 08/06/2022. Plan heard at the University Health and Safety Committee

Version 3.2	14/07/2022	Chris Griffin	Version sent to the University Executive Health and Safety Committee. Inclusive of changes from Estates and H&S Colleagues regarding the Wellesbourne Campus and food safety Approved by UHSEC pending changes (see v.3.3)
Version 3.3	19/07/22	Chris Griffin	Inclusion of references to other notifiable infectious diseases included in section 1.4. Inclusion of link to wellbeing support services for off campus students in section 9.3. Inclusion of procurement details for PPE in Annex E. Inclusion of reference to spin-out companies present on campus in section 2.3 and clarity added to when to report if someone is unwell in section 5.1
Version 4.0	08/03/23	Chris Griffin	Inclusion of better-defined roles and responsibilities with the Health and Safety team (inclusive of full document review by Director of Health and Safety and the Health and Safety Advisor), inclusion of reference to Animal and Plan Health Agency (ref 4.2) and responses to confirmed outbreaks (ref 4.3), inclusion of current Covid-19 guidance (ref 9.9), document wide administrative changes.
Version 4.1	23/03/23		Changes implemented following on from UHSC – clearer references to procedures for food poisoning in franchised Cafés, Bars and Restaurants, removal of withdrawn Covid-19 guidance from the plan, clearer wording regarding the escalation procedure for two non-linked confirmed cases of an infectious disease (ref 9.6), administrative changes to note movement within teams. Changes to be made to Annex C, at the request of UHSEC, namely when Community Safety should call an ambulance.

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1. Purpose

- 1.1. This plan is intended for all staff employed by the University who may respond in the event of an outbreak or more linked cases, or a single case of a particularly rare or infectious disease) , or any suspected case of notifiable infectious disease (*see section 3.3 for definitions*) occurring within the University population (staff, students, visitors, conference delegates).
- 1.2. This procedure will ensure that:
 - 1.2.1. responsibilities for each person in this circumstance have been identified;
 - 1.2.2. appropriate methods for obtaining information are followed;
 - 1.2.3. prompt and effective investigation is carried out and documented;
 - 1.2.4. appropriate lines of senior management are informed from the onset and kept up to date on progress;
 - 1.2.5. the appropriate external authority is informed from the onset and kept up to date on developments.
- 1.3. In the event of an outbreak of common infectious disease, or any suspected case of reportable infectious disease occurring within the University population, the University's Major Incident Plan (UMIP) may be invoked. The Managing Infectious Diseases Plan represents a subsection of the UMIP.
- 1.4. As from June 2022, the University's response to Covid-19 will be managed via this Managing Infectious Diseases Plan. The approved Covid-19 Response Plan will no longer be operational, however, bespoke measures to manage transmission of Covid-19 are included in section 9.9 of this plan alongside all other notifiable infectious diseases. Should the external Covid-19 landscape change, and Department for Education or UKHSA mandate the requirement for bespoke Covid-19 Response Plans, the University will update and operationalise the Covid-19 response plan within required timescales. This will be the responsibility of the Head of Risk and Resilience.

2. Dissemination

- 2.1. This plan will be made available to all staff at the University via the Emergency Planning and Business Continuity [website](#).
- 2.2. Copies will be provided to those teams who are likely to be the first to respond to cases of illness on campus, including, but not exclusive to: Health and Safety Team, Community Safety, first aiders, Campus Cleaning Services, the Residential Community Team (RCT), Conferences Duty Managers, Retail and Café, Bar and Restaurant franchises and Staff and Family Housing.
- 2.3. The plan will be available, as part of the UMIP, to the Students' Union and other external organisations with a presence on the University's premises where there is an expectation to

follow the University’s emergency protocols. Departmental H&S representatives should communicate the requirements of this plan to any spin-off companies on campus. Copies will also be provided to other response agencies, such as the University Health Centre, local emergency services, local environmental health and public health teams, UK Health Security Agency, and the Coventry, Solihull and Warwickshire Resilience Team (on request).

It is the responsibility of the Risk and Resilience Team to promote this plan and ensure that all parties are aware of their roles and responsibilities.

3. Context and Definitions

- 3.1. An outbreak of any infectious disease in higher education institutions can cause considerable concern and present challenges to public health management given that the close circle of contacts of those affected may be difficult to define and trace. Misinformation about such incidents can spread quickly, thus creating unnecessary panic.
- 3.2. Students and new members of staff who have recently left home may not have established good access to local primary care services and may need more support. Additionally, conference delegates who are resident on campus may also require further assistance as they are not able to access their usual support networks.
- 3.3. Key definitions are provided below:

Infectious Disease	Any disease transmitted from one person or animal to another; also called communicable disease.
Notifiable Infectious Disease	A disease which requires notification to UK Health Security Agency (UKHSA) in the event of any number of cases. <i>See Annex B for a list of notifiable infectious diseases.</i>
Common Infectious Disease	A disease which has a greater likelihood of impacting a University environment given the nature of how it is transmitted. ‘Common’ is not always indicative of frequency of occurrence. A common infectious disease may also be classified as notifiable. <i>See Annex B for examples.</i>
Outbreak	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

	<p>for the place and time where the outbreak has occurred.</p> <p>A single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio.</p> <p>A suspected, anticipated or actual event involving microbial or chemical contamination of food or water</p>
Case	Instance of suspected or confirmed infectious disease.
Confirmed	Confirmation of the presence of an infectious disease following clinical tests, usually involving blood/other tests.

4. Strategy For Managing Infectious Diseases

4.1. In the first instance, a suspected or confirmed case of infectious disease should be dealt with at a local level by those specialist teams listed in this Plan, unless the severity of the illness and/or the rate of the spread of infection suggests that immediate escalation to the Chair of the Major Incident Team is required, either for information as a serious incident (with potential to worsen), or for action as a major incident. It will be the responsibility of colleagues in Public Health to inform the Head of Risk and Resilience, or nominated deputy, if there are two or more cases of infectious disease. The Head of Risk and Resilience/Action Manager will ensure that information is shared with appropriate parties, namely Health and Safety Services, who will take responsibility for liaising with authorities in Public Health. Note, it is the responsibility of the Risk and Resilience Team to escalate cases of infectious diseases via established Major Incident Processes.

The process for escalation of illness on campus is set out in Annex C.

4.2. The University should support any person with symptoms of a suspected or confirmed infectious disease in close liaison with healthcare professionals, following advice from such parties at all times. UK Health Security Agency (UKHSA) is the authoritative body in UK in respect of the control of infectious human disease and any instruction from UKHSA and/or consultant in Public Health should be strictly adhered to. The Animal & Plant Health Agency (APHA) manage animal infectious diseases, but this may require action by the University, particularly where there is a risk of transmission to humans (zoonosis).

4.3. Effective communications during a suspected or confirmed outbreak of infectious disease are essential and must be accurate and timely. Outbreaks within the staff or conference venue population should be notified to the UKHSA West Midlands, on 0344 225 3560 (option 0 then option 2) by the Director of Wellbeing (or a nominated representative),

within 24 hours or the next working day. Outbreaks within the student population should be notified to the UKHSA West Midlands, on 0344 225 3560 (option 0 then option 2) by the Director of Operations and Community Wellbeing (or a nominated representative), within 24 hours or the next working day. – Poor communications can make the event seem much worse than it is and cause anxiety amongst the University community and the general public. **See Section 10: Media and Communications**

- 4.4. In the event of a global outbreak of a notifiable infectious disease, UKHSA and/or other relevant world health authorities will provide specific information and guidance to universities on any action they may need to take in response. In such an instance the University will use this plan to support and manage the response and escalation.

5. Reporting and Escalation

- 5.1. A student, member of staff, member of the RCT, or local departmental representative should call Community Safety at the Community Safety Hub (**see Annex A: Key Contact Numbers**) upon becoming unwell or being notified of an individual who is unwell and resultantly requires possible medical assistance.
- 5.2. The Community Safety Hub will normally be the point of contact for receiving notification of cases of illness on campus requiring possible medical assistance, when on central campus, especially outside office hours. First Aid resources at Wellesbourne are shared between Estates, WMG and Life Sciences. This plan will be shared with those staff via the Head of Risk and Resilience. The Duty Community Safety Manager will be responsible for assessing all relevant information to determine the required level of response in accordance with the arrangements as set out in **Annex C**.
- 5.3. It is important that the responding Community Safety officers, or other staff members, know the outcome of any assisted NHS 111 call in order to ensure that any further support or action for the individual or the University happens as quickly as possible.

Procedure for making a call to NHS 111: **Before making the call, the responding Community Safety officer, or other staff member should:**

- Advise the individual who is unwell that you need to stay with them to make the NHS 111 call. This can be outside of the room provided that they agree to pass the phone back to you at the end of their conversation so you can finish the call with the NHS call handler. Anti-viral wipes, solution and surgical masks should also be provided and/or worn by the Community Safety Officer.

During the call:

- The Community Safety Officer should stand at a safe distance (2 metres, where possible) and ensure the phone is on loudspeaker, so that it does not need to be handed back and forth.

- State that you are calling from the University of Warwick and give your role as a Community Safety officer (or other) who is responding to a case of illness on campus.
- Clearly request that the NHS call handler reminds the unwell individual not to hang up the phone at the end of their conversation.

At the end of the call, the phone should be passed back to you by the unwell person (only if it has not been on speaker, noting in all available instances loudspeaker should be used):

- Whenever an unwell person uses your phone, ensure that it is disinfected with an appropriate anti-viral solution by the unwell person.
- Ask for the NHS call handler to confirm the course of action. In particular, you should determine whether any of the following has been arranged or advised:
 - o if an ambulance or GP has been called (in which case, alert the Control Centre (***see Annex A***) to their arrival and to be ready to escort from Control Centre to the location on campus);
 - o if the individual has been asked to stay away from others to minimise spread of any infection;
 - o if the individual is required to do anything further i.e. paramedic visit the unwell person.

Record the outcome in the appropriate reports (e.g. iTrak Incident Report, Health & Safety report and/or local RCT log) so that any further actions can be taken as necessary.

6. Information Gathering

6.1. The individual reporting a case of illness to the Community Safety Hub should provide the following information:

- Name of **individual reporting the case**
- Contact telephone number
- Address (if relevant)
- Name of **unwell person**
- Current location and condition of unwell person
- Contact telephone number
- The GP practice they are registered with
- Address
- IF STUDENT OR STAFF, student/staff ID number
- IF STUDENT, course and year of study
- IF STAFF, department they work in
- IF RESIDENT OF Staff & Family Housing (S&FH), the property they live in
- IF CHILD, whether they are resident of or visiting S&FH, or attending an organised event on campus.
- IF DELEGATE, event they are attending on campus
- IF VISITOR, details of person(s) they are visiting
- Nature of illness
- Are any close contacts sharing the bathrooms and kitchen

NOTE: REPORTING MUST NOT BE DELAYED BECAUSE SOME OF THE ABOVE DETAILS ARE NOT AVAILABLE.

6.2. Upon attending an individual showing symptoms of a suspected infectious disease, the Community Safety officer should request that form **MCD/03 – Reporting of Unexplained Illness** is completed for investigation purposes (*see Annex F*).

7. Medical Attention

7.1 Individuals who are suffering from symptoms of infectious diseases should be advised not to attend a GP's surgery, clinic, A&E department or other public healthcare facility where the potential for spread of infection is a risk. A paramedic should be requested to visit the unwell person in situ or, if they are well enough, they should be encouraged to call the NHS for advice via **111**.

7.2 Impromptu ("pop-up") vaccinations on Campus will be coordinated by the Risk and Resilience Team in coordination with the UKHSA, Local Authority, NHS and relevant University departments.

8. Managing as an Illness

8.1. The following guidance applies in the case where the attending paramedic or other health care professional deems the individual as not in need of hospitalisation or continued medical observation.

- 8.2. Decision-making on how to manage cases of illness should involve relevant parties. These are likely to include Health & Safety Services, Wellbeing and Student Support Services, Occupational Health, Community Safety, the University Health Centre, Warwick Accommodation, and the RCT (in the case of students needing support with shopping), or the Conference Duty Manager (in the case of conference delegates). Such decision-making should take into account the monitoring of the unwell person(s), reporting of any new cases, and any need to obtain further medical advice. The Director of Operations and Community Wellbeing and the Director of Health and Safety will be responsible for collaborative decision making and the sharing of information, both with internal colleagues including the University Executive Board and Communications Team, in relation to managing cases of illness. Where relevant, information will be shared with the Major Incident Team Action Manager, if the additional support of the Major Incident Team (MIT) is required. MIT will oversee any requirements imposed by the UKHSA in the event of an outbreak on campus, should this not be possible with standard operating procedures.
- 8.3. Campus Cleaning Services (normal working hours via Estates Helpdesk) or the out of hours cleaning contractor (via the the Community Safety Hub) should be contacted for the cleaning and disinfection of any affected areas, and checklists must be completed for due-diligence purposes. Cleaning procedures should be in line with any instruction given by UKHSA. ***See Annex E for Cleaning and Disinfection Procedure of Bodily Fluids.***

Managing cases of Infectious Diarrhoea/Vomiting /Respiratory Infections/food poisoning

- 8.4. If there are two or more cases of respiratory illness, vomiting and/or diarrhoea within 24 hours and/or in close proximity, then measures for the control of infection (for example, additional handwashing facilities, and designated bathroom facilities for unwell persons, trying to stay at home if unwell, informing close contacts, keeping areas well ventilated) must be put into practice. It is not advisable to send affected individuals to health centres or hospitals, but health advice and assessment should be sought in situ e.g. by calling a doctor, NHS 111, UKHSA (see 8.5.3) or a paramedic (if symptoms are particularly severe).
- 8.5. During an outbreak of vomiting/diarrhoea, the senior manager for the affected area/s or his/her nominee must implement, manage and monitor measures for effective control of infection. Franchised Cafés, Bars and Restaurants (CBRs) are contractually obliged to manage outbreaks, independently. However, they are to liaise with the University via the Retail Team. CBRs are therefore to be presented with the MIDP to ensure consistency of practice.
- 8.5.1. Key managers for the affected area must be informed and involved at the earliest possible convenience in order to facilitate a prompt and effective response to any such events.
- 8.5.2. Contact should be made with Coventry City Council (Environmental Health) in the first instance - **02476 832222**. Coventry City Council may advise that Warwick District Council (Environmental Health) - **01926 456713** or Stratford-upon-Avon District Council (Environmental

Health) – **01789 260835** be contacted if the outbreak affects University premises which lie within these districts. It is the Director of Operations and Community Wellbeing’s responsibility to follow this process with student outbreaks, when informed via UKHSA. It is the Director of Health and Safety’s responsibility to follow this process if the outbreak is amongst staff or at a Conference or commercial venue, when informed by UKHSA or other sources.

- 8.5.3. The UKHSA West Midlands East Health Protection Team must also be notified. This would be done by the Director of Operations and Community Wellbeing: Normal working hours - **0344 225 3560 Option 0 then Option 2**
Out of Hours (evenings, weekends, bank holidays) - **01384 679 031**.

- 8.6. Campus Cleaning Services (via Estates Helpdesk in normal working hours or out of hours via the Community Safety Hub) should be contacted for the cleaning and disinfection of any affected areas, and checklists must be completed for ‘due-diligence’ purposes. Cleaning procedures should be in line with any instruction given by UKHSA. *It may be necessary to use Annex E for Cleaning and Disinfection Procedure re: Bodily Fluids depending on the circumstances.*

In accommodation areas where there are shared toilet/wash facilities, a designated toilet must be identified and clearly marked for the sole use by affected individuals.

9. Managing Confirmed Cases of Infectious Disease (excluding Covid-19).

- 9.1. The University will respond to confirmed cases of notifiable infectious diseases dynamically, in conjunction with colleagues in the UKHSA and colleagues in Public Health in local government. The University risk appetite, tolerance, and response to infectious diseases may vary dependent upon the nature of the infectious disease. In all instances representatives from and including Health and Safety, Risk and Resilience and Wellbeing and Student Support Services will engage with the UKHSA and/or colleagues in Public Health regarding a proportionate response.
- 9.2. The responding hospital may report confirmed cases to UKHSA and UKHSA should advise the University within 24 to 48 hours. The UKHSA have been provided with the Risk and Resilience on call rota.
- 9.3. When notification of a confirmed case is reported to the University by UKHSA, the person receiving the call should immediately notify the Director of Operations and Community Wellbeing (normal working hours) or the Community Safety Hub (out of hours) (**refer to Annex A**). When a report is received out of hours, the Duty Community Safety Manager should always contact the Head of Community Safety and Security who will liaise with the on-call manager from the Residential Community Team or the Conferences Duty Manager as applicable. Off campus confirmed cases will be managed by UKHSA with wellbeing support being provided by the University, via remote delivery methods which can be found [here](#).

- 9.4. A confirmed case would trigger early warning to the Major Incident Team Action Manager from the Head of Community Safety and Security (who has details of the Action Manager Rota available), as per the ***Incident Reporting Route set out in Annex C***.
- 9.5. If notification of a confirmed case is received from any party other than UKHSA, the Director of Operations and Community Wellbeing should contact UKHSA to ensure that it is aware of the case and can verify that it has been confirmed. In the event that UKHSA needs to undertake further investigation, the University must continue to manage the case as a confirmed infectious disease until UKHSA provides verification. Any press release or other communication published before such verification is received should, however, be reflective of the unconfirmed nature, so as not to cause unnecessary concern (***see Section 10 for Media and Communications***).
- 9.6. Two or more cases of a confirmed infectious disease in a 24-hour period and/or in close proximity would be classed as an 'outbreak'. Notification should be made to professionals in public health, even if there is no confirmed link. This will trigger the implementation of the UMIP in respect of the business continuity of affected University operations and monitoring the need for crisis communication. This decision will be made by the MIT Silver Chair, following on from consultation with the Action Manager, Community Safety Duty Manager and professionals in Public Health Note the MIT Action Manager rota is available from the Risk and Resilience Team via Risk.Management@Warwick.ac.uk.
- 9.7. If instructed/advised by UKHSA, the University may be required to undertake the following:
- assist in identifying the social contact network using form **MCD/04 Overview of Illness (Annex G)**. Such networks may include:
 - individuals who share accommodation facilities
 - students on same course, staff in same department or delegates at same event
 - parents, relatives and friends of affected individuals who may not be at increased risk but who may be perceived to be by themselves and others
 - contacts in the affected person's place of employment
 - social contacts
 - provide specific public health information/advice to individuals in the above networks as appropriate.
 - clean affected areas under UKHSA guidance.
 - issue a press release under UKHSA guidance (***see Section 10 for Media and Communications***).
 - issue a wider communication to the University community in respect of general public health information to raise awareness (***see Section 10 for Media and Communications***).
 - Ensure that affected parties receive clear communications regarding wider national guidance related to a more widespread communicable disease.

- Support the introduction of any measures deemed appropriate by UKHSA and/or colleagues in local authority Public Health.

9.8. The University may also need to:

- Respond to any attention on social media and/or in the press (*see Section 10 for Media and Communications*).
- Ensure that anyone affected by the situation understands how to access other support available (counselling, Personal Tutor Network, the RCT, Occupational Health, support charities such as Meningitis Now etc.), as appropriate.

9.9 Managing suspected or confirmed cases of Covid-19.

9.10 Suspected or confirmed cases of Covid-19 should be managed in accordance with the [Coronavirus \(COVID-19\): guidance and support - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/coronavirus-covid-19-guidance-and-support). As such it is recommended that anyone who is symptomatic or tests positive for COVID-19, should:

- Inform their line manager or Personal Tutor that they feel unwell.
- Try to stay at home for five full days
- Individuals should also advise their household and overnight contacts with whom they had had contact in the 2 clear days before to 10 clear days after the day they developed symptoms (or same time period around the day they tested), in order that they may take precautionary measures.
- Support PCR or Lateral Flow Testing in the event of wider national guidance or a mandate to do so.

[\(guidance now withdrawn\)](#)

9.11 Promoting Safe Behaviours with Covid-19

9.12 In line with the [Government's Living with COVID-19 Plan](#) the University will seek to promote measures that reduce the risk of catching and passing on Covid-19. These recommendations include:

- Encouraging vaccination
- Wearing a face covering in crowded and enclosed spaces, especially where you come into contact with people you do not usually meet, when rates of transmission are high;
- Staying at home if you are unwell.
- Isolating and take a test if you have COVID-19 symptoms, and staying at home and avoiding contact with other people if you test positive; and
- Washing your hands and following advice to 'Catch it, Bin it, Kill it'.

9.13 Risk assessing events, activities, and gatherings (for all disease management)

9.14 Any events, activities and gatherings not covered within departmental risk assessments should be adequately risk assessed. The Infectious Diseases Risk Assessment Template, available via the H&S webpages, should be completed and can be found, [here](#). The following guidance is therefore advised:

1. Communicate planned event via formal channels and measures.
2. Ensure familiarity and compliance with [how to stay safe and help prevent the spread of disease](#).
3. Ensure all planning is compliant with wider national risk control measures.
4. Complete the Infectious Diseases Risk Assessment. This can be stored in SHE Assure or kept locally, if required.
5. If you feel unsure, please seek advice and support, **in advance**, from the University's Health and Safety Team, via this [link](#).

6. Media and Communications

- a. Handling communications during an outbreak of infectious disease requires the provision of clear, consistent and accurate information. The staff and student communications and Digital Communications teams must be consulted about effective dissemination of information within the University community, particularly in relation to social media and social media monitoring. Internal and external statements must be drafted in close liaison with UKHSA to ensure accuracy and consistency of message, including any statements from the Students' Union. The type of information provided may vary according to the target group concerned. A sample internal statement is attached as **Annex H**.
- b. A range of internal channels may be used to share information, depending on message and target audience. It is likely that targeted messages will be most appropriate, prepared for specific audiences, and focused on the specific situation. A mass communication may be used for a general message to provide reassurance or highlight particular symptoms of a disease. Channels available include insite (staff intranet), MyWarwick (student intranet), inbox insite (all staff email), student newsletters. Social media accounts should also be monitored and responded to as appropriate. Digital signage across campus is also available, although this would need to be used with great care.
- c. Communication with the public media agencies, regardless of format, should be channelled through the University Communications Team, both in and outside of office hours (**refer to Annex A for contact details**).
- d. In the event of any number of confirmed cases of infectious disease, the press may require a statement from the University. This will normally be supplied by the

Communications Team}, in liaison with UKHSA, describing what action is being taken on campus regarding disease awareness and prevention. The identity of any affected person(s) must not be disclosed. If a vaccination programme is to be conducted, media access to the programme is via the UKHSA in consultation with the Communications Team.

Annex A: Key Contact Numbers

Community Safety Control Centre (24/7)	Emergency: 22222 (internal) +44(0)24 7652 2222 (external) OR +44(0)24 7652 4999 Non-emergency: +44(0)24 7652 2083
Director of Health & Safety (if unavailable, contact Community Safety as above)	In hours 07884 733064 Out-of-hours: via Community Safety – see above
Director of Operations and Community Wellbeing (if unavailable, contact Community Safety as above)	In hours: 07469020716 Out-of-hours: via Community Safety – see above
Head of Residential Community	In hours: 07876217792 Out-of-hours: via Community Safety – see above
Head of Risk and Resilience	In hours: 07469020739 Out-of-hours: via Community Safety – see above
Internal Communications Team	02476 150494 Out of hours: Via Community Safety – see above
Campus Cleaning Services	In-hours: via Estates Helpdesk - 02476 522567 Out-of- hours and emergency: External contractor via Community Safety – see above.

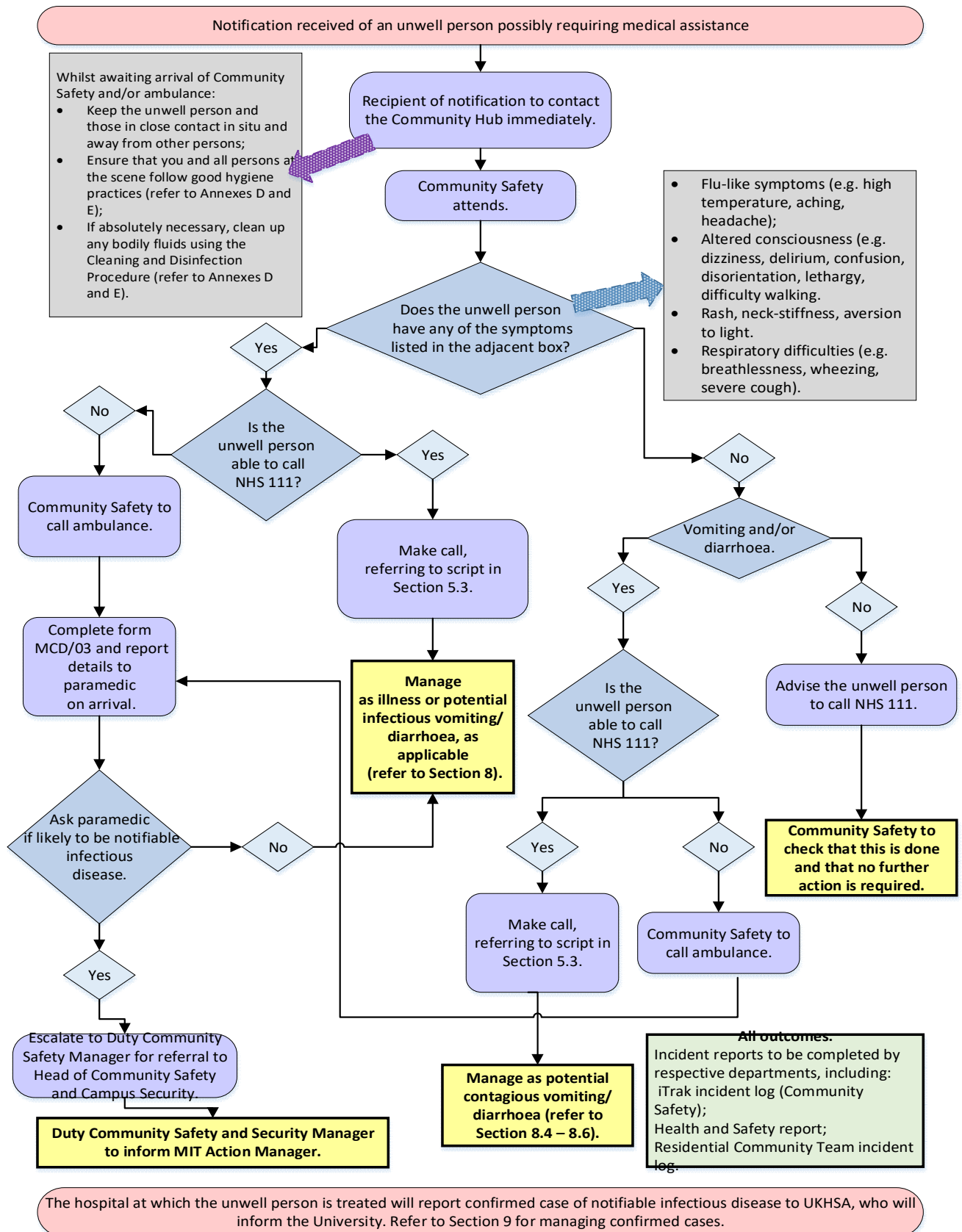
University Health Centre	02476 524888 Term Time: Mon to Fri, 9am – 6pm Vacation: Mon to Fri: 9am – 5pm (Closed on Bank Holidays) Out of Hours (non-emergency): NHS 111. Emergency: Community Safety Control Centre (see above).
UK Health Security Agency: West Midlands East Health Protection Team	In hours - 0344 225 3560 Option 0 then Option 2 Out of Hours (evenings, weekends, bank holidays) - 01384 679031
Environmental Health	Coventry City Council (Environmental Health) - 024 7683 1850 Warwick District Council (Environmental Health) - 01926 456711 Stratford-upon-Avon District Council (Environmental Health) – 01789 260835
Meningitis Now	0808 8010 388
Coventry TB Service, UHCW	(024) 76961351

Annex B: List of Diseases Requiring Notification to the UKHSA, and Common Infectious Diseases in a University environment.

Notifiable Infectious Diseases	Common Infectious Disease * denotes also notifiable
Acute encephalitis	Acute meningitis*
Acute infectious hepatitis	Food poisoning*
Acute meningitis	Influenza
Acute poliomyelitis	Measles*
Anthrax	Mumps*
Botulism	Norovirus
Brucellosis	Severe Acute Respiratory Syndrome (SARS)*
Cholera	Tuberculosis*
Diphtheria	Covid-19*
Enteric fever (typhoid or paratyphoid fever)	
Food poisoning	
Haemolytic uraemic syndrome (HUS)	
Infectious bloody diarrhoea	
Invasive group A streptococcal disease	
Legionnaires' disease	
Leprosy	
Malaria	
Measles	
Meningococcal septicaemia	

Monkeypox	
Mumps	
Plague	
Rabies	
Rubella	
Severe Acute Respiratory Syndrome (SARS)	
Scarlet fever	
Smallpox	
Tetanus	
Tuberculosis	
Typhus	
Viral haemorrhagic fever (VHF)	
Whooping cough	
Yellow fever	
Please check the current UKHSA list of notifiable Diseases and Viruses and procedure https://www.gov.uk/notifiable-diseases-and-causative-organisms-how-to-report	

Annex C: Escalation Process for those on Campus asking for medical assistance or support (note, initial intervention after notification at Wellesbourne will be the responsibility of suitably trained First Aid Staff, as opposed to Community Safety).

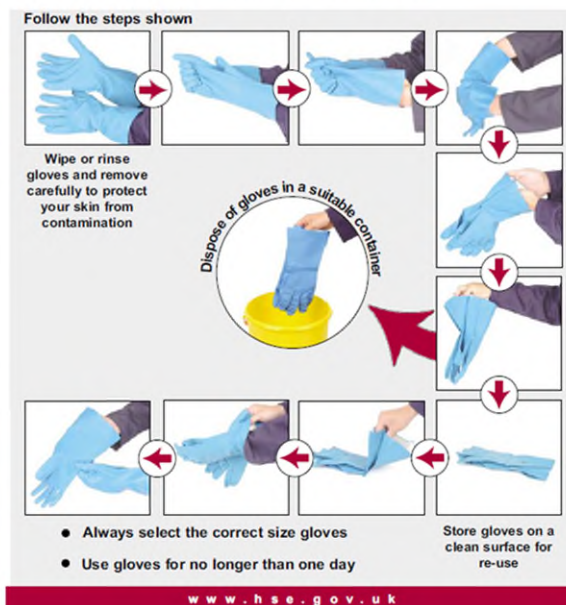


Annex D: Good Practice Hygiene for First Responders

- Avoid hand-mouth or hand-eye contact – don't put pens/pencils in mouths.
- Wash hands (and arms if necessary) with warm water and liquid soap immediately on leaving the scene of the incident, and again before eating, drinking, smoking, using the telephone, taking medication, applying make-up, inserting contact lenses. Always wash hands after visiting the toilet. Ensure hands are dried thoroughly after washing.
- Cover any cuts and grazes with waterproof dressings and/or gloves before attending the scene.
- Cleaning of bodily fluids should be undertaken by Cleaning Services staff (or appointed contract cleaners) only, following procedures outlined in Annex E. If it is absolutely necessary to clean the affected area before such colleagues can attend, wear appropriate protective clothing to stop personal contamination, e.g. waterproof/water-resistant protective clothing, plastic aprons, gloves, rubber boots/disposable overshoes.
- Remove gloves and disposable aprons as detailed below, and dispose of any waste in line with the Disinfecting Procedure outlined in Annex E.

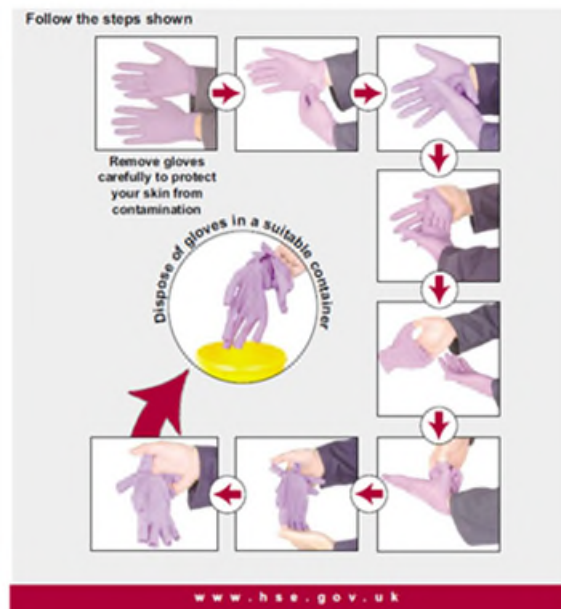
Correct removal of gloves

Reusable gloves (chemically resistant)



Correct removal of gloves

Single use gloves (splash resistant)



Removal of disposable apron

- Assume the apron front is contaminated, even if it looks clean.
- Unfasten or break ties.
- Pull apron away from the neck and shoulder, touching the underside of the apron only.
- Turn the apron inside out.
- Fold, and roll into a bundle ensuring the outer side of the apron is fully encased by the folding/rolling action.

If you have followed the above guidance carefully and you are still concerned about any skin or health related issue, then please contact your supervisor or line manager. If you wish to seek immediate medical advice, contact NHS **111**.

Annex E: Disinfection Procedures for Bodily Fluids – Cleaning Services (note-. out-of-hours cleaning is done by an external contractor, to be arranged via the Control Centre – see Annex A)

The timely and effective cleaning and disinfection of affected areas is paramount in the prevention of further spread of illness with any infectious disease. The procedure below draws on advice from UK Health Security Agency (UKHSA).

PLEASE ALSO REFER TO YOUR LOCAL TEAM SOPs IN RELATION TO CLOTH ALLOCATIONS, STEAM CLEANING, CHEMICAL USAGE OR ANY OTHER RELEVANT AREA

Staff members who have been involved in the cleaning of rooms must not travel into other buildings without first changing all Personal Protective Equipment (PPE) and washing or cleansing their hands thoroughly in order to restrict further spread of illness. Supplies of face coverings, sanitiser & wipes are held centrally, within Estates Stores. Departments can order supplies from Estates and then supply their cost code, for payment.

Method

1. **Do not enter affected areas where the emission of bodily fluids**, such as bleeding, vomiting and/or diarrhoea, **has occurred within the previous 20 minutes** as there may be risk of exposure to “aerosols” (viral particles). **Follow UKHSA guidance** in relation to timescales to clean affected areas for other illnesses such as COVID-19.
2. Wherever possible, **cordoned off and restrict access** to affected public spaces, or lock affected rooms and install signage.
3. Before going into an affected area, put on the following **appropriate Personal Protective Equipment (PPE)**:
 - rubber gloves for cleaning (colour-coded if applicable) with disposable gloves over them for handling soiled items
 - disposable respirator (disposable face mask) to EN149, suitable for fine mists
 - eye protection where there is risk of splashing
 - disposable apron
 - plastic overshoes
4. Use absorbent granules to capture bodily fluids on flat, level surfaces (where practicable)
 - a. Leave to absorb for 90 seconds.
 - b. Cover with hand towels and remove the absorbent granules
 - c. Place in a Clinical Waste bag (yellow).

Where the use of granules is not practicable, use disposable towels to wipe the fluids off until visually clean, wash with detergent and water, rinse, and **disinfect** with appropriate chemical solution. This process is likely to be required for:-

- d. **Vertical or sloping surfaces,**
- e. **Objects,**
- f. **“Hand Contact” points** e.g. door handles, toilet flushes, taps, light switches, window catches, etc..

** Care must be taken when cleaning and disinfecting components of electrical equipment – ensure that they are switched off and unplugged.*

5. **Clean any other objects in the location with detergent and water, rinse, allow to dry and then disinfect with appropriate chemical solution.**
6. **Disinfect with 0.1% sodium hypochlorite (bleach)** at 1000 ppm available chlorine.
 - a. If using C17 sanitising tablets – dilute in line with manufacturer’s guidelines
 - b. If using domestic liquid bleach dilute in line with manufacturer’s guidelines.
7. Dispose of **soiled disposable towels** in a Clinical Waste bag (yellow), seal and label the bag appropriately and dispose of as in point 15 below.
8. If applicable, remove the following **washable items** for laundering and place in an appropriate water-soluble (alginate) bag and double-bag:
 - **mattress covers, blankets, duvets & bedspreads**
 - **pillow slips & sheets**
 - **bath/hand towels & bath mats**
 - **shower curtains**Guidance indicates that standard laundering processes (recommended for the fabric) will be sufficient for the effective cleaning of soiled linen.
9. If applicable, **steam clean in location items which cannot be laundered or cleaned using the hypochlorite (bleach) solution:**
 - Mattresses & pillows
 - Carpets & curtains
 - Seat covers
 - Any other item which cannot be removed for laundry or cleaned using the hypochlorite (bleach) solution
10. **Dispose of anything remaining in the location which cannot be effectively disinfected** in a Clinical Waste bag (yellow), seal and label the bag appropriately and dispose of as in point 15 below.
11. **Disinfect all cleaning equipment (mops, buckets, cloths etc)** using the hypochlorite (bleach) solution as directed in point 6 above.

** Equipment used for cleaning bodily fluids cannot be used for other duties until disinfected.*

12. **If applicable, remove disposable bags from vacuum cleaners**, dispose of in a Clinical Waste bag (yellow), seal and label the bag appropriately and dispose of as in section 15.
13. **If applicable, disinfect the interior of the vacuum cleaner** with a damp cloth which has been soaked in the sodium hypochlorite solution at the prescribed dosage rate identified in point 6 above.

**Ensure that the electricity supply to the vacuum has been isolated before undertaking this task.*

14. **On completion of cleaning, correctly remove PPE in the following order:**

- disposable apron
- overshoes
- gloves
- eye protection
- face mask

15. **Place all PPE into a Clinical Waste bag (yellow)**, seal and label the bag appropriately and dispose of by placing in a sealable container in a secure compound overnight. This must be reported to your area manager who must follow up with the Health and Safety Department without delay (HealthSafetyHelpDesk@warwick.ac.uk)

16. **Wash hands and face with soap and water.**

ANNEX E(I): FORM MCD/01 - PUBLIC TOILET AREAS CHECKLIST (CLEANING & DISINFECTION)

Date :

Area:

Has the area been cordoned off with restricted access by general public/staff? Yes / No

A period of 20 minutes should lapse between contamination of the area and entering/cleaning affected area owing to the risk of exposure to aerosols containing viral particles.

A bio-hazard kit and personal protective equipment must be used when undertaking cleaning

Disinfection to be carried out with a chemical containing 'hypochlorite' at a solution of 1000 ppm

Brand name of chemical used for disinfection purposes:

Items for disinfection (tick as appropriate):

- washbasins, taps & splash backs
- soap dispensers
- hot air dryer/towel dispenser
- toilet, toilet flush handle & brush
- waste bin
- sani bin (ladies)
- door handles
- floor
- walls
- light switches (care must be taken when disinfecting components of electrical fittings)

Items to be steam-cleaned (tick as appropriate):

- window & blinds
- artificial flowers (ladies)
- other:

Items to be discarded (tick as appropriate):

- unprotected toilet rolls
- first six hand towels from dispenser
- first six toilet tissues from dispenser
- contents of waste bin
- urinal blocks (gents)

Important information

- yellow cloths/equipment used for taps and general areas
- red cloths/equipment used for toilet and toilet floor
- soiled cloths and contents from waste bin contained in a “yellow” bag and disposed of in the appropriate manner
- cleaning equipment disinfected

Signature of person:

ANNEX E(II): FORM MCD/02 - BEDROOM CHECKLIST (CLEANING & DISINFECTION)

Date:

Room no:

Has the room been blocked off and restricted access to general public/staff? **Yes / No**

A period of 20 minutes should lapse between contamination of the room and entering/cleaning affected bedroom owing to the risk of exposure to aerosols containing viral particles.

A bio-hazard kit and personal protective equipment must be used when undertaking cleaning

Items removed for laundering (tick as appropriate):

- mattress cover
- blanket
- bedspread
- duvet
- pillow cases
- sheets
- towels

Items to be steam cleaned (tick as appropriate):

- mattress
- pillows
- curtains
- carpets
- seat covers
- waste bin
- window

Disinfection to be carried out with a chemical containing 'hypochlorite' at a solution of 1000 ppm
 Brand name of chemical used for disinfection purposes:

Items for disinfection (tick as appropriate):

- washbasin taps & splash backs
- taps/head to showers
- toilet flush handle
- toilet/towel rail
- ironing board cover
- door handles
- telephone
- television controls
- light switches (care must be taken when disinfecting components of electrical fittings)

Items to be removed for disinfection (tick as appropriate):

- cup, saucer, teaspoons etc
- Items to be discarded** (tick as appropriate):
- notepad & pencil
 - box of tissues
 - disposables glasses
 - first six toilet tissues from dispenser/roll
 - brochures & information leaflets

Important information

- yellow cloths/equipment used for taps and general areas
- red cloths/equipment used for toilet and toilet floor
- soiled cloths and contents from waste bin contained in a "yellow" bag and disposed of in the appropriate manner
- cleaning equipment disinfected

Signature of person:

ANNEX F: FORM MCD/03 REPORTING OF UNEXPLAINED ILLNESS

1 Details of person showing illness

Name: _____ email address: _____

Home address: _____

Post code: _____ Tel. no: _____

Staff

Student

Guest

Visitor

Contractor

2 Details of event/course and accommodation or location

Event/Course: _____ Arrival date: _____

Departure date: _____

Course organiser (optional): _____ Tel. no: _____

Location: _____ Room no

3 About the illness; symptoms shown and/or described by unwell person

Diarrhoea Severe headache and /or aversion to light Fits/convulsions

Vomiting Neck stiffness Swollen glands and/or limbs

Stomach cramps Severe muscle aches

Nausea Altered consciousness (e.g. drowsiness, dizziness, confusion, delirium)

Severe fever (e.g. very high temperature, clamminess, cold hands/feet)

Respiratory difficulties (e.g. breathlessness, wheezing, severe cough)

Skin rash/blotchiness/discolouration

Any other symptoms:

4 Additional Information

A) Details of any known allergies

B) If the unwell person has undertaken any of the below activities in the last 28 days, please indicate when and where

Travelled abroad

Been swimming

Visited a farm/zoo environment

5 Food and drink consumption (for diarrhoea, vomiting and stomach cramps, allergies ONLY)

Please list the food and drink consumed by the complainant in the past 24 hours, indicating if any such items were prepared by a catering establishment (e.g. restaurant, takeaway, sandwich shop/deli, hotel/conference centre etc...)?

Date and time	Item(s) consumed	Where prepared
<input type="text"/>	<input type="text"/>	<input type="text"/>

