

Policy on Infectious Disease Control in the Student Population

This policy should be read in conjunction with any specific advice that the government and or the University may issue from time to time.

Infectious diseases have the potential to spread throughout the student community and affect staff. There is a separate policy for the management of meningitis outbreaks at the University of Buckingham.

The greater number of infectious diseases affecting the UK population are preventable by vaccination. Most of these are offered to young children as part of NHS policy. Students are strongly advised to ensure they have had the full MMR vaccinations.

1. Infectious Disease Control Team (IDCT)

The implementation of this policy is the responsibility of the Infectious Diseases Control team (IDCT). The team comprise of the following:

- Head of Students First (Student Welfare), University of Buckingham (Chair of IDCT)
- GP representative from the Swan Practice Surgery
- an Occupational Health Service Manager via the Swan Practice Surgery
- Health and Safety Adviser, University of Buckingham
- Estates Bursar, University of Buckingham

The IDCT periodically review the policy in conjunction with Academic Services.

The IDCT will consider from time to time, advice to be provided to the general student population about vaccinations and other preventative measures related to the spread of infectious diseases.

The IDCT are responsible for ensuring that relevant agencies have a clear first point of contact, in case of a notifiable disease being identified by them, which may require urgent action by University. The first point of contact for the relevant agencies is the Head of Students First.

When relevant agencies share information about outbreaks of infectious diseases with the first point of contact (Head of Student First). It is the Head of Student First responsibility to update the IDCT as soon as possible, so that IDCT can discuss the advice, guidance and if applicable required action. Where appropriate, the IDCT will include the local Consultant in Communicable Disease Control.

The IDCT in consultation with the Senior Management Team, will arrange for such advice to be issued to students, including any arrangements for vaccination or other medication. The IDCT in consultation with Public Health England (PHE) and Environmental Health will consider the need for cleaning and decontamination of any areas of the University that appears to be associated with an outbreak of infectious disease [e.g. food poisoning].

2. Major Incident Team (MIT)

In the event of an epidemic, the IDCT will arrange for the major incident team (MIT) to convene. The team will comprise of the following:

- At least, one member of the Senior Management team (Chair of MIT)
- Head of Students First
- Estates Bursar
- Health and Safety Adviser

The MIT will be responsible for ensuring that the incident is managed the best way possible to prevent further spread of the infectious disease.

- The Senior Management team are responsible for publishing a statement to university staff and students advising of the infectious disease and how it is being managed, using the advice given from the national or local PHE and/or the Swan Practice Surgery

- The Head of Student's First is the point of contact for PHE and are responsible for updating the MIT of advice, guidance and required action.
- The Estates Bursar is responsible (if required) to ensure affected halls of residence are secure and thoroughfare is kept to a minimum,
- The Estates Bursar is responsible (if required) to ensure the media are dealt with appropriately
- The Estates Bursar is responsible (if required) to ensure that the appropriate PPE clothing is worn by staff and students entering infected halls of residence and for deep cleaning the room after an incident is declared safe
- The Health and Safety adviser is present at MIT meetings in an advisory role.
- In the event of an epidemic the MIT will arrange for information and updates to be posted on the University website <http://www.buckingham.ac.uk>

3. Preventing the Spread of Infectious Diseases

To limit the spread of infectious diseases students and staff should:

- Wash your hands often. This is especially important before and after preparing food, before eating and after using the toilet.
- Get vaccinated. Immunization can drastically reduce your chances of contracting many diseases. Keep your recommended vaccinations up-to-date.
- Use antibiotics sensibly. Take antibiotics only when prescribed. Unless otherwise directed, or unless you are allergic to them, take all prescribed doses of your antibiotic, even if you begin to feel better before you have completed the medication.
- Stay at home if you have any signs or symptoms of an infection. Do not go to work or class if you are vomiting, have diarrhoea or are running a fever.
- Be smart about food preparation. Keep counters and other kitchen surfaces clean when preparing meals. In addition, promptly refrigerate leftovers. Do not let cooked foods remain at room temperature for an extended period of time.
- Disinfect the 'hot zones' in your residence. These include the kitchen and bathroom - two rooms that can have a high concentration of bacteria and other infectious agents.
- Practice safer sex. Use condoms. Get tested for sexually transmitted diseases (STDs), and have your partner tested, or abstain altogether.
- Do not share personal items. Use your own toothbrush, comb or razor blade. Avoid sharing drinking glasses or dining utensils.
- Travel wisely. Talk to your doctor about any special immunizations you may need prior to travel. Do not fly when you are ill. With so many people confined to such a small area, you may infect other passengers in the plane.

4. Students First (Student Welfare)

If you are concerned about getting an infectious diseases or think you may have an infectious disease Students First are here to support you. Student First is here to give students as much support as they need to successfully graduate, and the team works closely with all the University departments as well as local doctors surgery.

As supporting someone is often a complicated matter, Student First have put in place a simple process to ensure all our students access the most appropriate help in a quick and efficient manner. To receive support call the Student First team: 01280 820200. You will first speak to one of the Student Advisers who will determine the most appropriate support service based on your physical, emotional or mental health needs.

5. General Infections

The general infections listed below are for guidance only. A medical practitioner will determine the duration of exclusion for any infected individuals. Further information can be obtained through the NHS England (Health Protection Agency) and/or NHS Direct.

DISEASE	USUAL INCUBATION PERIOD	DURATION OF INFECTIVITY	MINIMUM RECOMMENDED EXCLUSION (exclusion to be determined by a medical practitioner)
CHICKENPOX	15 - 18 days	From 1 - 2 days before, and up to 5 days after the appearance of the rash	5 days from the onset of rash (until spots are dry)
CONJUNCTIVITIS (viral or bacterial)	Depends on cause	Whilst symptoms persist	Until treatment has begun and Inflammation has started to resolve
FIFTH DISEASE (Slapped Cheek Syndrome)	6 - 14 days	Not well known - a few days before the appearance of the rash	Until clinically well. Pregnant contacts should seek medical advice
GLANDULAR FEVER	28 - 42 days	Prolonged infectivity but once the symptoms have subsided, risk is small apart from very close contact i.e. kissing	Until clinical recovery
HAND, FOOT AND MOUTH DISEASE	3 - 5 days	Usually while symptoms persist	Until clinically well
INFLUENZA / Corona Virus	1 - 7 days	7 – 14 days	See specific advice available on Health Protection Agency or NHS Direct websites/ UK.Gov
MEASLES	10 - 15 days	A few days before to 4 days after onset of the rash	4 days from onset of rash
NORAVIRUS	12 - 48 hours	12 - 60 hours	1 - 2 days
RUBELLA (German Measles)	14 - 21 days	About 7 days before to 4/5 days after onset of rash	5 days from appearance from rash
MENINGOCOCCAL INFECTION (MENINGITIS)	2 - 10 days (commonly 2 – 5 days)	Whilst organism is present in nose and mouth	Until clinical recovery
MUMPS	12 - 21 days	From a few days before the onset of symptoms to subsidence of swelling (often 10 days)	Until swelling has subsided or when clinically recovered
SCARLET FEVER & OTHER STREPTOCOCCAL INFECTION	1 - 3 days	Whilst organism is present in the nasopharynx or skin lesion	Until clinical recovery or 48 hours after starting antibiotics
TUBERCULOSIS	25 - 90 days	Whilst organism is present in sputum. Usually non-infectious 2 weeks after starting treatment with standard anti-tubercular drugs.	Consultant Communicable Disease Control (CCDC) will advise. Exclude until treatment has been commenced and found to be effective
WHOOPING COUGH	10 - 14 days	7 days after exposure to 21 days after onset of paroxysmal coughing	21 days from onset of paroxysmal cough, or 5 days after commencement of antibiotics.

6. Additional Information and Guidance

Additional information and guidance about infectious diseases can be found at:
<https://www.gov.uk/government/organisations/public-health-england>

7. Useful Contacts

- **Student First:** Call: 01280 820200 or email students.first@buckingham.ac.uk
- **Swan Practice Surgery:** Call 01280 818 600 or visit their website: www.theswanpractice.co.uk
- **NHS:** Call 111 or visit their website: <https://111.nhs.uk/>