



## UNIVERSITY OF EXETER HEALTH AND SAFETY STANDARD

### Meningitis and Septicaemia

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Aims	To ensure the University of Exeter has a clear plan in place to manage and communicate in the event of a suspected or confirmed case of Meningitis or Septicaemia, including proactive promotion of Meningitis and Septicaemia symptoms to raise awareness		
Scope	This standard is applicable to all students and staff of the University of Exeter		
Definitions	<p>Meningitis is an inflammation of the meninges; the lining surrounding the brain and spinal cord. It can be caused by a variety of organisms such as viruses and bacteria.</p> <p><u>Viral meningitis</u> is the most common type. Symptoms are usually mild (like the common cold) and recovery is normally complete without any specific treatment (antibiotics are ineffective). In most cases admission to hospital is unnecessary (although it is still notifiable to UK Health Security Agency (UKHSA)).</p> <p><u>Bacterial meningitis</u> is a rare disease, but it can be very serious and requires urgent treatment with antibiotics. There are two main forms of bacterium: pneumococcal and meningococcal (of which there are five groups (strains) A, B, C, Y and W135).</p> <ul style="list-style-type: none"> <li><u>Pneumococcal meningitis</u> mainly affects infants and elderly people, but people with certain forms of chronic disease or immune deficiencies are also at increased risk. There is a vaccine available to protect people at high risk. It does not normally spread from person to person and public health action is therefore not usually needed. The pneumococcal bacterium is better known as a cause of pneumonia.</li> </ul> <p><u>Meningococcal meningitis</u> is the most dangerous type of bacterial infection. The bacterium can give rise to meningitis and/or septicaemia. Public health action is always required to identify and arrange the provision of antibiotics to close contacts of a case of meningococcal disease. Meningococcal disease is fatal in about one in ten cases. <u>Septicaemia</u> is a type of blood poisoning caused by the same bacteria. The bacteria release toxins which break down the walls of the blood vessels allowing blood to leak out under the skin and reduces the amount of blood available for vital organs. Septicaemia is often more life threatening than meningitis.</p>		
Responsibility for implementation	University Meningitis Policy Coordinator with expert advice from UKHSA when required		
Training availability:	Residency inductions during welcome week Fresher's Fayre Widespread Comms to students and staff who have direct contact with students		
<b>Standard to meet:</b>	<b>Accountability</b>	<b>Reference documents and more information</b>	
1. <b>Action to be taken before a case occurs: Raising awareness among</b>	Head of	<a href="#">General Information on</a>	

	<p><b>students and staff</b> It is important that all members of the University are aware of the nature of meningitis so that vital early detection can occur.</p> <p><b>Raising Students' awareness</b> At the start of the academic year all students will be encouraged to:</p> <ul style="list-style-type: none"> <li>• become familiar with the symptoms and signs of meningitis.</li> <li>• register with the Student Health Centre or a local General Practice.</li> <li>• look out for each other's welfare; and</li> <li>• inform someone (e.g., a friend, Resident Tutor or Residence Manager) if they are feeling ill, so that they can be monitored, and prompt medical attention sought if their condition deteriorates.</li> </ul> <p>At the same time student awareness will be raised by:</p> <ul style="list-style-type: none"> <li>• distributing leaflets and symptom cards / fridge magnets (e.g., by attaching to notice boards in study bedrooms, by making them available in the Student Health Centre and local General Practices).</li> <li>• holding an Annual Guild of Students Meningitis Awareness Campaign (with the assistance of the National Meningitis Charities)) and</li> <li>• providing information on the University and Guild of Students website</li> </ul> <p><b>Raising Staff awareness</b> The awareness of staff who are most likely to be supporting a student will be raised by:</p> <ul style="list-style-type: none"> <li>• including training in the signs and symptoms of meningococcal disease amongst Resident Tutors, Residence Managers, Residence Staff</li> <li>• Information on the Health and Safety Website</li> </ul> <p>Targeted comms to frontline staff</p>	Education Support (UMPC - students)	<a href="#">Meningitis and Septicaemia for staff and students</a>
2.	<p><b>Student Immunisation</b> All first-year students (aged under 25) should be immunised against group A, C, Y, and W meningococcal disease by their own General Practitioner, prior to arrival at the University.</p> <p>Those students (under 25) who arrive without immunisation should (and will be encouraged) register with the Student Health Centre or a local General Practitioner and request this to be carried out as soon as possible. Based upon advice from the Department of Health, it is not considered necessary for other students or staff to receive this precautionary immunisation, but it may become necessary if a case occurs.</p>	Students	
3.	<p><b>Action to be taken when a case or cases occur</b></p> <p><u>Immediate Communication with University Meningitis Policy Coordinator (UMPC)</u> Any student or member of staff who becomes aware of a suspected or confirmed case shall identify the University Meningitis Policy Coordinator (and Deputy) and lead the University response to any case(s). These nominated post holders are currently the Head of Education Support, and the deputy is the Head of Education Administration.</p> <p>The name of the UMPC will be shared with the UKHSA and Public Health teams in Devon and Cornwall to ensure that communication can be made with the University as soon as a suspected or confirmed case is identified.</p>		<a href="#">contact Head of Education Support</a>  <a href="#">Contact HR</a>

	<p><b>UK Health Security Agency (UKHSA)</b></p> <p>When a case occurs, it is the University's role to liaise and assist the UKHSA assigned Consultant in implementing their recommended actions. In order to minimise the risk of an outbreak the speed of communication and implementing agreed actions are paramount. A University Meningitis Policy Coordinator (UMPC) and deputy appointed will communicate with UKHSA.</p> <p>Meningitis is a serious public health issue, and the management of a case or cases is primarily the responsibility of the Health Protection Team (HPT) (based in the local UKHSA Centre), the person in charge on behalf of the HPT is the assigned UKHSA consultant. The UKHSA Consultant is the prime mover when cases occur, and they will advise on what action will be taken.</p> <p><b>The Incident Control Team (ICT)</b></p> <p>Depending on the seriousness or complexity of the case(s) UKHSA may convene an Incident Control Team (ICT) to assist in the management of the case, ensuring that the necessary resources are available. See section 8.</p>		
<p><b>IN ALL SUSPECTED OR CONFIRMED CASES OF MENINGITIS, URGENT MEDICAL ATTENTION IS REQUIRED</b></p> <p>The following emergency protocols will be put into action and communications sent, according to circumstances of the case:</p>			
4.	<p><b>Protocol A: A single case of <u>possible</u> meningococcal meningitis:</b></p> <p><i>A Possible case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the public health doctor considers that diagnoses other than meningococcal meningitis are at least as likely. No public health measures are necessary and contacts do not need antibiotics unless or until further evidence emerges that changes the diagnostic category.</i></p> <ol style="list-style-type: none"> <li>1. Admit the person to hospital (or be informed by the UKHSA that a person connected with the university is in hospital with possible or confirmed case)</li> <li>2. Inform and liaise with the UMPC and deputy UMPC to liaise with UKHSA</li> <li>3. UMPC to liaise with UKHSA to agree any communications required</li> <li>4. UMPC to issue communications to agreed cohort</li> <li>5. UMPC to Inform and liaise with Resident Tutor/Residence Manager/Director of Campus Services / the Guild and the Student Health Centre</li> <li>6. UMPC Inform and liaise with the Faculty Management Team</li> </ol>	UKHSA/UMPC	<a href="#">UMPC</a>
5.	<p><b>Protocol B: A single case of <u>probable</u> or <u>confirmed</u> meningococcal meningitis</b></p> <p><i>A Probable case is a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation where the public health doctor considers that meningococcal disease is the most likely diagnosis. Antibiotics will be issued to close contacts of the case by the Consultant in Communicable Disease Control or duty public health doctor.</i></p> <p><i>A Confirmed case is a clinical diagnosis of meningococcal meningitis or septicaemia which has been confirmed microbiologically. Antibiotics will be</i></p>	UKHSA/ <a href="#">UMPC</a>	

	<p><i>issued to close contacts of the case by the Consultant in Communicable Disease Control or duty public health doctor.</i></p> <ol style="list-style-type: none"> <li>1. Admit the person to hospital (or be informed by UKHSA of admission)</li> <li>2. Liaise with the UMPC and deputy</li> <li>3. UMPC to liaise with UKHSA</li> <li>4. Student Health Centre / UKHSA to arrange for close contacts to be alerted and to be issued with antibiotic prophylaxis (and offered vaccines where appropriate). UKHSA may require UMPC to provide contact details if these have not already been made available via the confirmed case individual.</li> <li>5. UMPC to Inform and liaise with Resident Tutor/Residence Manager/Director of Campus Services / the Guild and the Student Health Centre</li> <li>6. UMPC inform and liaise with the Faculty Management Team</li> <li>7. Student Health Centre to Inform and alert the General Practitioners of all close contacts who are thus treated</li> <li>8. UMPC: Issue communication urgently (same day) to students as agreed with UKHSA</li> <li>9. UMPC: Consider arranging a meeting for students in the same residence and on the same course</li> <li>10. UMPC: Issue communication to all Faculties, Student Residences, and the Guild (via email). Communication content is normally provided by UKHSA.</li> <li>11. UKHSA: Provide public health information and advice to the University</li> <li>12. UKHSA: Consider informing national meningitis charities and establish if support able to be provided e.g. use of their telephone help-line numbers</li> <li>13. UMPC: Consider issuing a press statement – discuss with UKHSA / Press officer</li> </ol>		
6.	<p><b>Protocol C: Two or more unrelated cases of meningococcal meningitis (each case dealt with separately using Protocol B)</b></p> <ol style="list-style-type: none"> <li>1. Admit the person to hospital or be informed by UKHSA that persons related to the University are possible / confirmed cases</li> <li>2. Inform and liaise with the UMPC and deputy</li> <li>3. UMPC to liaise with UKHSA</li> <li>4. UMPC to Inform and liaise with Resident Tutor/Residence Manager/Director of Campus Services / the Guild and the Student Health Centre</li> <li>5. UMPC Inform and liaise with the Faculty Management Team</li> <li>6. Student Health Centre /UKHSA to arrange for close contacts to be alerted and to be issued with antibiotic prophylaxis (and offered vaccines where appropriate)</li> <li>7. Student Health centre to Inform and alert the General Practitioners of all close contacts who are thus treated</li> <li>8. UMPC: Issue communication urgently (same day) to students in the same residency and on the same course. Communication content is normally provided by UKHSA</li> <li>9. UMPC: Consider arranging a meeting for students in the same residence and on the same course</li> <li>10. UMPC: Issue communication to all Faculties, Student Residences, and the Guild (via email). Communication content is normally provided by UKHSA.</li> </ol>		

	<ul style="list-style-type: none"> <li>11. UKHSA: Provide public health information and advice to the University</li> <li>12. UKHSA: Consider informing national meningitis charities and establish if support able to be provided e.g. use of their telephone help-line numbers</li> <li>13. UMPC: Consider issuing a press statement – discuss with UKHSA / Press officer</li> </ul>		
7.	<p><b>Protocol D: Two or more related cases (an outbreak of) meningococcal meningitis</b></p> <p><i>Cases of meningococcal disease will be considered related, and an outbreak declared if the following applies:</i></p> <p><i>(i) Two confirmed or probable cases within a four-week period which are, or could be, caused by the same bacterial strain and are epidemiologically linked</i></p> <ul style="list-style-type: none"> <li>1. Admit second (or more) case(s) to hospital</li> <li>2. Inform and liaise with the Student Health Centre and University Meningitis Policy Coordinator (UMPC)</li> <li>3. UMPC and UKHSA: Activate the Outbreak Plan and convene the Incident Control Team (see Appendix II)</li> <li>4. UKHSA: Consult with Field Epidemiology Services</li> <li>5. Incident Control Team: Define the Target Group UKHSA: (a) Offer meningococcal vaccine to the Target Group (if one or more cases is Bacterial strain “C”), as soon as possible (b) Check for acute illness in the Target Group (c) UKHSA will seek advice from national experts as required and ICT would decide on the correct course of action to take</li> <li>6. UKHSA: Issue, a previously prepared communication, as soon as possible, to students in the same residence and on the same course</li> <li>7. UKHSA / UMPC: issue previously prepared communication, urgently (same day) to all Faculties and student residences. Update on a regular basis</li> <li>8. UKHSA / UMPC / Press office: Issue a previously prepared press statement and consider holding regular press briefings</li> <li>9. UKHSA: Alert urgently (same day) local General Practices and Accident &amp; Emergency Departments of acute hospitals</li> <li>10. UMPC: Notify other local FE and HE establishments</li> <li>11. UKHSA / Student Health Centre: Consider convening a meeting with the Target Group should there be a delay in issuing treatment</li> <li>12. UKHSA: Consider notifying details of the incident to the national meningitis charities</li> <li>13. UKHSA: Consider use of a helpline for students, staff and parents and establish support available from others e.g. the local authority public health team and national meningitis charity helplines</li> </ul> <p>UKHSA: Consider reporting of incident via national systems e.g. weekly national telecom.</p>	UKHSA / <a href="#">UMPC</a>	
8.	<p><b>The Incident Control Team (ICT)</b> The ICT will be convened at the request of UKHSA and will be arranged by UKHSA</p> <p><b>Convenor</b> Consultant in Communicable Disease Control/Health Protection</p>	UKHSA / <a href="#">UMPC</a>	

	<p>(CCDC/CHP /UKHSA).</p> <p><b>Membership (to be determined between UMPC and UKHSA)</b>  University Meningitis Policy Coordinator (UMPC or Deputy UMPC)  Medical Officer from the Student Health Centre  Director of Campus Services  University Press Relations Manager  Senior Resident Tutor/Residence Life Officer  Guild Welfare Officer  Business Continuity Officer  Local Health Authority Officers  Community Hospital Manager  Microbiologist  Infection Control Nurse</p> <p>Other members with appropriate specialist knowledge will be co-opted as necessary.</p> <p><b>Terms of reference</b></p> <ol style="list-style-type: none"> <li>a) develop a strategy to deal with an outbreak, allocating individual responsibilities for implementing action.</li> <li>b) investigate an outbreak, implement control measures, and to monitor their effectiveness.</li> <li>c) ensure that adequate manpower and resources are available for the management of the outbreak.</li> <li>d) provide appropriate information and advice for students and staff, parents, relevant outside agencies, and the media; and</li> <li>e) draft and issue a final report on the outbreak will be circulated to all ICT members and any other agencies as required.</li> </ol>		
<b>Standard Monitoring and Measurement Criteria</b>			
Annually the Standard will review key aspects of compliance as below. A compliance and performance report will be submitted to the UoE H&S Committee annually. Where necessary a corrective action plan will be put into place where performance in the annual policy monitoring indicates improvements are needed			
1.	Annually or following a case of suspected or confirmed meningococcal meningitis or septicaemia (whichever is sooner) the UMPC and / or Deputy will carry out a review of the Standard, communications and guidance to ensure it is up to date. Any amendments required will be made by the UMPC in consultation with UKHSA		
2.	Following all outbreaks where IMT is implemented, a review will be carried out by UOE to ensure we learn from any lessons identified during the outbreak. The plan will be updated if required.		
<u>Version control:</u>			