

— **Notifiable Diseases Policy** —

Document control

Name of Document:	Notifiable Diseases Policy
Version:	6
File location\Document name:	
Date of this version:	February 2012
Produced by:	Infection Prevention and Control Team
Reviewed by:	IPACC
Synopsis and Outcomes of Consultation Undertaken:	JICC. Reference to key guidance documents
Synopsis and Outcomes of Equality & Diversity Impact Assessment	No specific issues. National EIA gives more details on measures to reduce HCAs.
Board/committee approval at meeting on:	JICC 24 March 2009 JICC IPACC 2/2012
Publication date:	
Distribute to:	Clinical staff
Date distribution completed:	
Due for review by Board/committee no later than:	February 2014
Enquiries to:	gyw-pct.infectionprevention@nhs.net

Revision History

Date	Summary of changes	Author(s)	Number
Feb 2012	Logo changed, HPU contact details changed	IPCS	6

Approvals

Committee	Date	Number
IPACC	22/2/2012	6

CONTENTS	PAGE
1. Introduction	4
2. Purpose and scope	4
3. Policy statement	4
4. Responsibilities	4
5. Policy monitoring	4
6. Review	4
7. Notifiable diseases	5
8. Notification procedures	6
9. Contact details for The Proper Officer	6
10. References	6
11. Author	6
12. Notification form	7

First issued: July 2006

Reviewed: November 2007, November 2008, March 2009, April 2010, February 2012

Next review date: February 2014

1. Introduction

This guidance applies to all medical staff. Every NHS body under The Health Act 2006 must ensure ‘*so far as is reasonably practicable, patients staff and other persons are protected against risks of acquiring HCAs...*’

On 6th April 2010 changes were made to the Public Health law, this new legislation adopts an all hazards approach. The new regulations specify the diseases that should be notified that is different from the list used until now. It also require notification of other infections or of contamination by chemicals or radiation which doctors believe present, or could present, a significant risk to human health. There are several additional notifiable infections; Legionnaire’s disease, invasive group A streptococcal infection, haemolytic uraemic syndrome, botulism, SARS, brucellosis and infectious bloody diarrhoea

2. Purpose and scope

This policy is for all medical staff employed by East Coast Community Healthcare CIC, to enable them to understand the principles of formal notification.

3. Policy Statement

This policy will be implemented to ensure adherence to safe practice and to conform with national statute.

4. Responsibilities

It is the responsibility of all staff to ensure that they adhere to best practice

5. Policy monitoring

It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy.

6. Review

This policy will be reviewed by the Infection Prevention and Control Team.

7. SCHEDULE 1 Notifiable Diseases

Acute encephalitis
Acute meningitis
Acute poliomyelitis
Acute infectious hepatitis
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 and scarlet fever
Legionnaires' Disease
Leprosy
Malaria
Measles
Meningococcal septicaemia
Mumps
Plague
Rabies
Rubella
SARS
Smallpox
Tetanus
Tuberculosis
Typhus
Viral haemorrhagic fever (VHF)
Whooping cough
Yellow fever

8. Notification Procedures

9. Contact details for the Proper Officer:

All notifications should continue to be made in writing. The recommended new form and list of diseases is attached below. In addition, for urgent notification of matters of serious public health significance, the proper officers may be notified by telephone on a 24 hour basis. During office hours they can be contacted on 01842 765260. Outside office hours the proper officer can be reached via Public Health on call rota, dialling in the following numbers: Norfolk – 01603 481210, Suffolk – 01603 419800 and Cambridgeshire – 01603 481221.

The only change to reporting parameters is the requirement to record patients' ethnicity. If using the old forms, this should be entered in the box marked "any other relevant details". The criteria for notification are as below.

Registered medical practitioners (RMPs) **attending** patients are required to notify the proper officer of the local authority, in which they attended the patient, of:

- cases of notifiable infectious diseases in Schedule 1 to the Notification Regulations (attached);
- cases of other infections not included in Schedule 1 if they present, or could present, significant harm to human health (e.g. emerging or new infections);
- cases of contamination, such as with chemicals or radiation, that may present or could present significant harm to human health;
- cases of patients who die with, but not necessarily because of, a notifiable disease or other infectious disease or contamination that presents, or could present, or that presented or could have presented significant harm to human health.

Notification of infections not included in Schedule 1 and contamination are expected to be exceptional occurrences. Factors the RMP may wish to consider in deciding whether to notify a case of infection that is not included in Schedule 1 or a case of contamination include:

- the risk of transmission or spread to others

and

- the potential to cause significant harm to human health

Please consult your local health protection unit if you have any queries about whether to notify a case under these new regulations.

RMPs should not wait for laboratory confirmation of the suspected infection or contamination before notification. They must notify cases if they have reasonable clinical suspicion that their patient is suffering from a notifiable disease or other relevant infection or contamination. If a RMP has good reason to believe that another RMP has already notified the case, they are not required to notify. However, prior notification of the causative agent by a diagnostic laboratory does not remove the RMP's responsibility to notify a notifiable disease or relevant infection. Changes in the law regarding the separate notification systems in place for diagnostic laboratories will come into force in October 2010.

10. References

Department of Health (2006) revised 2008 The Health Act. DoH London 285524

Department of Health (2008) The Health and Social Care Act. DoH London_ 292435

Public Health (Control of Disease) Act 1984, Health Protection (Notification) Regulations

2010:http://www.opsi.gov.uk/si/si2010/uksi_20100659_en_1; and, Health Protection Legislation (England) Guidance 2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114510

Public Health (Control of Diseases) Regulations 1988

13. Author

Infection Prevention and Control Team

ON COMPLETION SEND TO:
 NS&C HPU
 Thetford Healthy Living Centre
 Croxton Road
 Thetford IP24 1JD

NOTIFICATION FORM

To be completed by a Registered Medical Practitioner

Health Protection (Notification) Regulations 2010: Notification to the Proper Officer of the Local Authority

Registered Medical Practitioner reporting the case

Name	
Address	
Post code	
Contact number	
Date of Notification	

Notifiable Disease

Disease, infection or contamination	
Date of onset of symptoms	
Date of diagnosis	
Date of death (if patient died)	

Index Case Details

First name	
Surname	
Gender (M/F)	
Date of birth	
Ethnicity	
NHS number	
Home address	
Post code	
Current residence if not home address	
Postcode	
Contact number	
Occupation (if relevant)	
Work/education address (if relevant)	
Post code	
Contact number	
Overseas travel, if relevant (destinations and dates)	