

Notifiable Diseases Policy

Document control

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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 HCAIs.
Past Board/committee approval at meeting on:	JICC 24 March 2009 JICC IPACC 2/2012 Virtual IPACCC minutes IPACC 15/03/2016 21/11/2017 03/09/2019
Distribute to:	Clinical staff
Due for review by Board/committee no later than:	September 2023
Enquiries to:	ecch.infectionprevention@nhs.net

Revision History

Date	Summary of changes	Author(s)	Number
Feb 2012	Logo changed, HPU contact details changed	IPCS	6
Dec 2013	Equality & Diversity change of PHE contact details	Teresa Lewis	7
January 2016		Teresa Lewis	8
November 2017		Teresa Lewis	9
September 2019		Teresa Lewis	10
September 2021	COVID-19 added to the list of notifiable diseases	IPCT	11

Approvals

Committee	Date	Number
IPACC	22/2/2012	6
IPACC (as a virtual with minutes at next IPACC 18/3/14)		7
IPACC (as a virtual with minutes at next IPACC 15/03/2016)	06/01/2016	8
IPACC	21/11/2017	9
IPACC	03/09/2019	10
IPACC	08/09/2021	11

EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- ☐ All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- ☐ Service developments
- ☐ Estates and facilities developments

Name of Policy / Procedure / Service	Notifiable Diseases Policy
Manager Leading the Assessment	Teresa Lewis
Date of Assessment	11/12/2013

STAGE ONE – INITIAL ASSESSMENT

<p>Q1. Is this a new or existing policy / procedure / service?</p> <p><input type="checkbox"/> New</p> <p>√ Existing</p>
<p>Q2. Who is the policy / procedure / service aimed at?</p> <p><input type="checkbox"/> Patients</p> <p>√ Staff</p> <p><input type="checkbox"/> Visitors</p>
<p>Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?</p> <p><input type="checkbox"/> Yes</p> <p>√ No</p> <p>If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.</p>

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First issued: July 2006

Reviewed: November 2007, November 2008, March 2009, April 2010, February 2012 December 2013 January 2016 November 2017 September 2019 September 2021

Next review date: September 2023

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 infections*’

Current guidance is detailed in:

The Health Protection (Notification) Regulations 2010

<http://www.legislation.gov.uk/uksi/2010/659/contents/made>

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
COVID-19
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 and contact details for the Proper Officer:

All notifications should continue to be made to Public Health England. The recommended form and list of diseases is attached below.

In addition, for urgent notification of matters of serious public health significance, the proper officers should be notified by telephone on a 24 hour basis. During office hours they can be contacted on 0300 303 8537 Outside office hours the proper officer can be reached via Public Health on call rota, dialling in the same number.

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 team 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 came into force in October 2010.

9. References

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance> (Accessed 17/08/2021)

<https://www.legislation.gov.uk/ukxi/2010/659/schedule/1/made> (Accessed 17/08/2021)

<https://www.legislation.gov.uk/ukxi/1988/1546/made> (Accessed 17/08/2021)

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report> (Accessed 17/08/2021)

10. Author

Infection Prevention and Control Team

NOTIFICATION FORM

ON COMPLETION SEND TO:
PHE Eof E HPT, Public Health
England, The Mildenhall Hub,
Sheldrick Way Mildenhall.
IP28 7JX

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)	