

Policy for Notifying Suspected Infectious Diseases and Causative Organisms

Department / Service:	Infection Prevention and Control
Originator:	Mandy Bodily/Lara Bailey (Infection Prevention and Control)
Accountable Director:	Sarah Shingler – Director of Infection Prevention and Control
Approved by:	TIPCC Trust Infection Prevention and Control Committee
Date of approval:	15 th August 2023
First Revision Due:	15 th August 2026
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Clinical Departments
Target staff categories	All Medical and Nursing Staff

Policy Overview:

This policy provides guidance on informing public health professionals about specific organisms/diseases which pose a risk for spread of infection, and for which control measures may be necessary (including vaccination).

Key amendments to this Document:

Date	Amendment	By
18.05.2009	Document approved by Trust Infection Prevention and Control Committee	
20.06.2011	Re-approved at Trust Infection Prevention and Control Committee	Dr Claire Constantine
April 2011	Updated throughout to reflect changes in law brought in by Health Protection (Notification) Regulations 2010. Primarily: 1. List of notifiable diseases in 5.1 2. New section 3. on duties of Microbiology Laboratory to notify specific diseases.	Dr Claire Constantine
April 2011	Converted from guideline to policy	Dr Claire Constantine
May 2014	Document reviewed with no amendments made	Dr A Dyas
Aug 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
Aug 2017	Document extended for 6 months as per TMC paper approved on 22 nd July 2015	TMC
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG

Policy for Notifying Suspected Infectious Diseases and Causative Organisms

October 2018	Document extended until end of November	Heather Gentry
April 2019	Document extended for 6 months whilst review process takes place	TIPCC
December 2019	Title of document changed to Policy for notifying known or suspected infection. Document approved with no changes to content. New equality impact assessment added in to document.	TIPCC
June 2023	<p>Various amendments made to the policy:</p> <ul style="list-style-type: none"> • Contents page updated • Hyperlinks throughout the document updated • Name of Accountable Director changed • Name changed to UK Health Security Agency, which was formerly known as Public Health England. Thereafter referred to as the UKHSA in the document. • Section 5.1 - Updated details for UKHSA's Health Protection Team (HPT) • Section 5.6 added – reporting of SARS-CoV-2 results to UKHSA • Reference list updated • Changed name of Major Outbreak Policy to Policy for Outbreak Reporting and Control, including Major Outbreaks. • Consultation List updated with relevant Heads of Department • Appendix 3 updated with changes to notifiable organisms • Removed Appendix 4 	M Bodily/L Bailey

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Appendices (to be found on Key Documents Intranet Page)

[Appendix One - Registered Medical Practitioner Notification Form](#)

[Appendix Two - PHE Notifiable Diseases Poster](#)

[Appendix Three - Additional Microbiology Laboratory Notifiable Organisms](#)

Supporting Documents

Supporting Document 1	Equality Impact Assessment
Supporting Document 2	Financial Risk Assessment

1. Introduction

This policy provides guidance on informing public health professionals about specific diseases/organisms which may pose a risk for spread of infection, and for which control measures may be necessary (including vaccination).

2. Scope of this document

This policy covers the duty to report infectious diseases or contamination of public health significance to the UK Health Security Agency (UKHSA), formerly known as Public Health England (PHE) by the attending clinician or by the Microbiology Laboratory.

It also covers the responsibility of clinical staff to alert the Infection Prevention and Control Team (IPCT) to any individuals (patients or staff) whose condition presents a risk of cross-transmission/infection.

3. Definitions

A notifiable infectious disease is an infection listed in the [Health Protection \(Notification\) Regulations 2010](#), which is considered to have public health significance.

The Registered Medical Practitioner (RMP) is the clinician attending the patient, who has the statutory duty to notify the "Proper Officer" (PO) at their local council or local health protection team (HPT) of suspected (or known) cases of notifiable diseases.

4. Responsibility and Duties

All attending clinicians (RMPs) and Microbiology Departments have the legal responsibility to follow this notification policy.

All clinical Trust staff are responsible for following the policy to alert the IPT about infectious individuals.

5. Policy Detail

Revised measures are contained within the amended [Public Health \(Control of Disease\) Act 1984](#) and its accompanying [Regulations](#) to provide public authorities new powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation.

5.1 Notification of Infectious Diseases (or contamination) to the PO

It is the responsibility of the attending clinician (RMP), either in a patient's home, surgery or hospital, to report the suspected (or known) infectious disease to the PO at the local HPT.

Notification (Appendix 1) should be made immediately on diagnosis of a suspected notifiable disease. **DO NOT** wait for laboratory confirmation of the suspected infection or contamination with chemicals/radiation.

For further information regarding notifiable diseases or contamination with chemicals/radiation, consult the PHE Notifiable Diseases poster (Appendix 2). NB: the list is not exhaustive.

The notification should be sent by the attending clinician (RMP) to the Proper Officer within 3 days at the local HPT, or notification verbally within 24 hours if the case is considered urgent by telephone.

Details of the Local HPT:

UKHSA West Midlands Health Protection Team,
Level 2 Zone 1, 23 Stephenson Street,
Birmingham,
B2 4BH

Telephone: 0344 225 3560 option 2
Out of hours for health professionals only: 01384 679 031

5.2 Purpose of Notification

Immediate notification by telephone about cases that are considered urgent:
This allows for isolation, contact tracing, investigation of the source of the infection and other preventative measures to begin as soon as possible.

Routine notification by certificate (within 3 days):
This allows early detection of outbreaks of disease that might be amenable to investigation.

5.3 Notification by Medical Staff

In cases of serious infection, or in the event of an outbreak of infection, the clinician (RMP) attending the patient must notify the Duty Consultant Medical Microbiologist (CMM).

The Duty CMM is contactable between 0900-1700 (Mon-Fri) via the Microbiology Laboratory OR the On-Call CMM (OOH) is contactable via the hospital switchboard.

5.4 Notification by Nursing Staff

The nurse in charge (NIC) of the ward is responsible for informing the IPCT of any infectious patient, whether or not the disease is considered to be notifiable, and of any patient being isolated because of suspected infection.

In the event of an outbreak of infection, please refer to the Major Outbreak Policy action cards.

Worcestershire Royal Hospital:

Tel: 01905 733 092
Ext: 38752

Alexandra General Hospital:

Tel: 01527 512 185
Ext: 44744

5.5 Notification by Microbiology Laboratory to the Health Protection Team

In addition to the list of notifiable diseases (Appendix 2), the Microbiology Laboratory has legal responsibilities to notify the UKHSA on the confirmation of a notifiable organism (causative agent) if they are performing a primary diagnostic role.

[Full guidance](#) for diagnostic laboratories can be found online or via the hyperlink.

A list of organisms to be notified by the Microbiology Laboratory to the UKHSA as per *Health Protection (Notification) Regulations 2010* can be found in Appendix 3.

5.6 Reporting of SARS-CoV-2 test results to UKHSA

All laboratories in England performing a primary diagnostic role must notify UKHSA of specified causative agents (organisms), in accordance with the Health Protection (Notification) Regulations 2010. SARS-CoV-2 is the notifiable causative agent for COVID-19.

All RMPs in England must notify the PO of the relevant local authority or the local UKHSA HPT of specified infectious diseases, in accordance with the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010.

All POs must disclose the entire notification to UKHSA. COVID-19 is a notifiable infectious disease.

6. Training and Awareness

It is a mandatory requirement that all new Trust employees must attend a Trust corporate induction programme, which includes IPC training. It is the responsibility of the line manager to ensure that infection prevention and control issues are covered in all local inductions and that this is documented.

It is a mandatory requirement that all clinical and non-clinical staff update their infection control training annually, either by attendance at a formal session, or using and completing online or e-learning resources. It is the line manager's responsibility to ensure that this occurs.

Different modalities are available to facilitate compliance with mandatory training requirements. These include attendance at formal lectures, ad hoc teaching, and access to online training. Records of staff training are kept centrally on the ESR database, and locally by Directorates as required.

7. Monitoring and compliance

The HPT and the UKHSA monitor notifications and will inform the Trust of compliance.

8. Policy Review and Dissemination

8.1 Policy Review

This policy will be reviewed every three years or earlier if regulations change by the named individual on the front of the policy and circulated for comment prior to approval by the Trust Infection Prevention and Control Committee.

8.2 Policy Dissemination

Dissemination of the document will be as per the Trust Policy for the Development, Approval and Management of Key Documents (WAHT-CG-827). Reference to relevant Infection Prevention and Control policies will also be made during induction, annual and other update sessions for staff. The policies will be available to view on the Trust Key Documents page.

Line managers are also responsible for ensuring that their staff are kept up to date with new documents.

9. References

UK Health Security Agency (UKHSA) (2014 updated 2023) [Notifications of Infectious Diseases](#)

UK Health Security Agency (UKHSA) (2010 updated 2023) [Notifiable diseases and causative organisms: how to report](#)

[Health Service \(Control of Patient Information\) Regulations 2002](#)

[The Public Health \(Control of Disease\) Act 1984 and Public Health \(Infectious Diseases\) Regulations 1988](#)

[Health Protection \(Notification\) Regulations 2010](#)

[Laboratory reporting to UKHSA – A guide for diagnostic laboratories \(2023\)](#)

Policy for Outbreak Reporting and Control, including Major Outbreaks – INF-044

10. Background

10.1 Equality requirements

The equality risk assessment for this policy has been undertaken and meets the required standards (See Supporting Document 1).

10.2 Financial risk assessment

The financial risk assessment for this policy has been undertaken and does not require any additional resources (See Supporting Document 2).

10.3 Consultation

Consultation List

This key document has been circulated to the following individuals for consultation -

Name	Designation
Dr E Yates	CM and Infection Control Doctor
Dr E Yiannakis	CM and Infection Control Doctor
Dr M Ashcroft	CM
Dr H Morton	CM
Ms J Booth	Deputy Director of Infection Prevention and Control
Ms E Fulloway	Infection Prevention and Control Nurse Manager
Ms K Howles	Senior Infection Prevention and Control Nurse
Ms E Neale	Senior Infection Prevention and Control Nurse

This key document has been circulated to the following CDs/Heads of Department for comments from their Directorates/Departments -

Name	Designation
Dr E Mitchell	Divisional Medical Director - SCSD
Dr J Trevelyan	Divisional Medical Director - Medicine
Dr D Raven	Divisional Medical Director – Urgent Care
Dr S Goodyear	Divisional Medical Director - Surgery
Dr B Kamalarajan	Divisional Medical Director – Women & Children’s
Dr M Ling	Consultant for Infectious Diseases
Dr M Roberts	Consultant for Infectious Diseases
Dr C Chatt	Consultant in Communicable Disease Control
Ms K James	Lead Health Protection Practitioner (UKHSA)

This key document will be circulated to the chair(s) of the following committee for comments;

Name	Committee
Ms S Shingler	Trust Infection Prevention and Control Committee (TIPCC)
	Circulated to all TIPCC Members

*indicates comment received

10.4 Approval Process

The final draft will be checked to ensure it complies with the correct format and that all supporting documentation has been completed.

The document will be submitted to TIPCC for approval before document code and version number are confirmed and the policy is released for placement on the Trust intranet.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Julie Booth – Deputy DIPC
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Lara Bailey	Senior Infection Prevention and Control Nurse Advisor	larabailey@nhs.net
Date assessment completed	28.07.2023		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy (Document)
What is the aim, purpose and/or intended outcomes of this Activity?	This policy provides guidance on informing public health professionals about specific diseases/organisms which may pose a risk for spread of infection, and for which control measures may be necessary (including vaccination).

Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Staff
Is this:	<input type="checkbox"/> Review of an existing activity	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	National Guidance	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Key stakeholders have been engaged through the circulation of this policy prior to ratification being undertaken.	
Summary of relevant findings	No findings.	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	When the quick guide requires revision in 3 years or if new guidance is published sooner.			

Section 5 - Please read and agree to the following Equality Statement


1. Equality Statement

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1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Lara Bailey
Date signed	28.07.23
Comments:	
Signature of person the Leader Person for this activity	Julie Booth 
Date signed	31.07.2023
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	NIL