

POLICY FOR MANAGING MENINGITIS

Introduction

1. The policy for managing meningitis has been developed and reviewed to take into account new national guidelines. The guidance illustrates action that should be taken before a case, during a case or outbreak and action following a case or outbreak. This policy is produced in line with the guidance contained in "Managing meningococcal disease (septicaemia or meningitis) in higher education institutions published in July 2004 by Universities UK. The policy for managing meningitis was previously revised in November 1998.

2. The policy defines the University's response to a case of meningitis in the student population. The policy ensures that there are strong links with local health authorities and health protection agencies, who provide the University with direct access to advice on the management of meningococcal disease. The policy also ensures that there are established support arrangements in place for students and staff in advance of an incident or outbreak.

Policy Statement

3. Background

Meningococcal disease is a serious bacterial infection that can be rapidly fatal or cause major permanent disability. The bacteria can cause two types of illness: meningitis and septicaemia (blood poisoning). The bacteria live in the nose and throat and are only passed on by prolonged, close contact. It has been estimated that between 10% and 20% of the population are carrying the bacteria at any given time, only rarely does infection give rise to disease.

Statistics show that University undergraduate students are at increased risk from meningococcal disease compared with non-students of the same age group. Public health action and advice is required to identify and provide preventative measures, increase student awareness in addition to reducing the risk of further cases in the event of an outbreak.

4. Raising awareness among students

At the start of the academic year, all new students will be encouraged to:

- (i) Familiarise themselves with the symptoms and signs of meningococcal disease. The Student Centre will have a range of leaflets and symptom cards for all students, posters will be displayed throughout the University and at the Halls of Residence. Information on meningococcal disease will be incorporated in the student diary for all new students.
- (ii) There will be an annual poster and leaflet awareness campaign at the start of every academic year. Student Services will publicise information on their webpages. It is recognised that students in Halls of Residence may be at greater risk and so information is particularly directed to those students.
- (iii) The services of the Greater Manchester Health Protection Agency (GMHPA) can be used to deliver talks and hold stalls at the Fresher's Fair.
- (iv) Students will be encouraged to register with a local general practice. The Student Centre will have information on local GP's available for collection throughout the academic year.
- (v) Promote MenC vaccination among first year students.
- (vi) All students will be encouraged to inform a friend, colleague or warden at the Halls of Residence if they are feeling ill, so that their symptoms can be monitored and prompt medical attention sought if their condition deteriorates

5. Raising awareness among staff

The following are suggested methods of raising awareness to staff at the University:

- (i) Staff will need to be fully briefed on the disease and its management. Student Services will arrange training for halls of residence staff, including team leaders, caretakers and cleaners, so that they are aware of the signs and symptoms and be aware of how to respond appropriately. This may involve the services of the Greater Manchester Health Protection Agency.

- (ii) The poster and leaflet information indicated above will also be available to staff at the University.

6. Case definitions

The following recommended case definitions have been adopted from the Universities UK publication “Managing meningococcal disease in Higher Education”:

- *Possible case*: Person with a clinical diagnosis of meningococcal meningitis or septicaemia without microbiological confirmation, where the clinician and public health doctor consider that diagnoses other than meningococcal disease are at least as likely.
- *Probable case*: person with a clinical diagnosis without microbiological confirmation, where the clinician and public health doctor consider that meningococcal disease is the most likely diagnosis.
- *Confirmed case*: person with a clinical diagnosis of meningococcal meningitis or septicaemia, which has been confirmed microbiologically by culture or non culture methods.

Attached to the policy is an action plan flowchart for managing probable / confirmed Meningococcal meningitis/septicaemia.

7. Possible case of Meningococcal meningitis/septicaemia

The University will be alerted to the fact that a student has a possible case of meningococcal disease. The Greater Manchester Health Protection Agency will monitor the microbiological results, at this stage there will be no public health action required unless the results confirm meningococcal disease.

8. Single probable/confirmed case of Meningococcal meningitis

This section identifies the actions which need to be taken in the event of a single case of meningococcal disease occurring.

The University will be informed by the GMHPU if a student is admitted to hospital with a diagnosis, or a suspected diagnosis, of meningococcal disease. On receipt of this advice the Student Services Manager will liaise with the hospital, discuss options and inform relevant University staff of the progress of the situation. The University will follow procedures set by the GMHPU who will provide information, advice and guidance to the University. The University will issue a pre-prepared letter to students who live in the same

residence, the extent of the information cascade will be suggested by GMHPU. The Student Services Manager will be asked to liaise with the Head of School and consideration will be given at this stage to issuing information to students on the same course. The identification of close friends (where possible) will also be carried out. Consideration and arrangements will be made to provide pastoral support for students, family and close friends and information will be given to those who wish to speak with the Meningitis charity helpline.

The Student Services Manager, in liaison with the Communications and Publications Manager, will draw up a reserve press statement and one point of communication will be agreed. The situation will then be monitored by the GMHPU.

9. Multiple probable/confirmed cases of Meningococcal meningitis

The University will be alerted by the GMHPU if there are multiple cases of meningococcal disease. In the event of the cases being unrelated the GMHPU will recommend a single case action plan.

If the cases are related, this will be determined by results from the HPA Meningococcal Referencing Laboratory the GMHPU will convene an Outbreak Control Meeting (OCT). The roles and responsibilities of the members will be clearly defined.

Key personnel

The following University staff will form part of the Outbreak Control Team (OCT), with the Student Services Manager acting as a convenor of the group and be responsible for the receipt and dissemination of information as appropriate:

- A member of the Executive team
- Student Services Manager
- Communications and Publications Manager
- Halls of Residence Team Leader
- The Head of the appropriate School(s)
- Students' Union Representative

The Outbreak Control Meeting will decide on what actions and interventions are appropriate to manage the incident and may request rooms etc. Information will be issued immediately to students across the University, including the Halls of Residence. The dissemination and nature of the information will be decided by OCT.

The immediate priority of the University will be to alert all students and staff to the symptoms of meningococcal disease and to inform local general practices

of the incident. The University may be advised to set up a helpline number for students, staff and parents and arrangements will be made by the OCT. Many queries and concerns are likely to be best dealt with by the University and such helplines should be able to be set up at short notice.

The Outbreak Control Meeting will organise for notification of details of the incident to the Meningitis Research Foundation/ National Meningitis Trust and disseminate details of charities helplines.

The University in partnership with the Health Protection Agency will develop and release a press statement and media response. There will be one point of communication agreed. It will be necessary for the OCT to agree on a spokesperson for the health protection unit and the University.

The situation will be monitored by the GMHPU.

Note: In the event of an outbreak a number of University rooms should be immediately available for use by the GMHPU. Appropriate rooms would be Orlando Common Room, Deane Lecture Theatre and the Sports Centre. Additional telephone lines should also be made available for use as required.

10. Action after a case or outbreak

After a case or outbreak, action will be reviewed by the OCT, the University should consider pastoral and after care of the affected student(s), family and friends and staff at the University. Immediate reassurance and support should be given. Families, staff and students affected would be referred to the charities for further help and support.

The Student Services Manager will also review the incident to identify any learning points for the University's policy, procedures and future management of similar situations.

Equality Impact Assessment

11. The University of Bolton is committed to the promotion of equality, diversity and a supportive environment for all members of our community. Our commitment to equality and diversity means that this policy has been screened in relation to the use of plain English, the promotion of the positive duty in relation to race, gender and disability and avoidance of discrimination to other equality groups related to age, sexual orientation, religion or belief or gender reassignment.

Other Related Policies

12. Other relevant policies include:

University of Bolton's Crisis Management Plan

Monitoring and Review

13. This policy will be monitored and reviewed by the Student Services Manager.

14. The policy will be reviewed every three years by the Student Services Manager in collaboration with the Greater Manchester Health Protection Agency.

Dissemination of and Access to the Policy

15. This policy will be available on the University's website (Current Students: Policies and Procedures). The policy will be available to staff on the University website via Student Services home page.

POLICY FOR MANAGING MENINGITIS	
Policy Ref	
Version Number	1.1 (August 2015 updated)
Version Date	July 2009
Name of Developer/Reviewer	Beverley Knights
Policy Owner (School/Centre/Unit)	Student Services
Person responsible for implementation (postholder)	Sara Burgess
Approving Committee/Board	Executive Team
Date approved	
Effective from	September 2009
Dissemination method (e.g. website)	University website
Review Frequency	3 years
Reviewing Committee	Governance and Management
Consultation History (individuals/groups consulted with dates)	GMHPA
Document History (e.g. rationale for and dates of previous amendments)	Policy revised November 1998 Technical and Nomenclature updates August, 2015

Appendix 1

Policy for Managing Probable/Confirmed Meningococcal Meningitis/Septicaemia & Action Plan Flowchart

