



UNIVERSITY OF CAPE TOWN

DEPARTMENT OF STUDENT AFFAIRS

Student Wellness Service

GUIDELINES FOR THE MANAGEMENT OF COMMUNICABLE DISEASES AT THE UNIVERSITY OF CAPE TOWN

(Version for nonclinical staff and students)

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Guidelines for Management of Communicable Diseases University of Cape Town

Introduction:

The purpose of this document is to provide a framework for the containment and prevention of communicable diseases on the UCT campus. This documents guideline is limited to common communicable diseases which when they occur may affect UCT students and staff according to clinical observations.

Universities are unique communities that provide many opportunities for large groups of students, staff (academic and support) and visitors, who have travelled from local and international areas, to interact.

Reporting assists health authorities and UCT management to speedily implement measures that will prevent the spread of that disease, will allow rapid tracing of close contacts, put measures in place to prevent the further spread and provide prophylactic treatment/ immunisation if required.

It is essential for all Universities to have tools to manage communicable & notifiable diseases:

- Assessment of communicable disease risk to staff and students
- Developing a plan of action to manage any risks
- Implement a plan to respond to the risk
- Reporting to appropriate authorities
- Monitor the progress
- Evaluating the outcome

Abbreviations:

AIDS – Acquired Immunodeficiency Syndrome

CoW – College of wardens

DoH – Department of Health

DSA –Department of Student Affairs

HIV – Human Immuno-deficiency Virus

HoD – Head of Department

HCITT – Health Crisis Intervention Task Team

IAPO – International Academic Programmes Office

LoA – Leave of Absence

NICD – National Institute for Communicable Diseases

NMC – Notifiable Medical Conditions

OHS – Occupational Health and safety

SADAG – South African Depression and Anxiety Group

SH& RL – Student Housing and Residence Life

STIs – Sexually Transmitted Infections

SWS – Student Wellness Service

TB – Tuberculosis

Definitions:

Infectious disease/ notifiable disease

Important: Not all infectious diseases are notifiable however TB, Measles, Food – borne diseases, Meningococcal Meningitis, Malaria and Hepatitis must be reported.

Infectious diseases are disorders caused by organisms — such as bacteria, viruses, fungi or parasites. Many organisms live in and on our bodies. They're **normally harmless** or even helpful, but under certain conditions, some organisms may cause disease.

Some infectious diseases can be passed from person to person. Some are transmitted by bites from insects or animals. And others are acquired by ingesting contaminated food or water or being exposed to organisms in the environment.

Signs and symptoms vary depending on the organism causing the infection, but often include fever and fatigue. Mild infections may respond to rest and home remedies, while some life-threatening infections may require hospitalization.

Many infectious diseases, such as measles, chickenpox, influenza and hepatitis can be prevented by vaccines. Frequent and thorough hand-washing also helps protect a person from many infectious diseases.

Notifiable Medical Conditions are diseases that are of public health importance because they pose **significant public health risks** that can result in disease outbreaks or disease epidemics with high case fatality rates both nationally and internationally

The disease reporting system in South Africa is based on government law (National Health Act, Act 61 of 2003) which states that specific infectious diseases must be reported on specific Government forms.

Pandemic - A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population.

Isolation – Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease

Quarantine – Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.

Confidentiality and consent in contact investigations

Maintaining confidentiality is challenging during contact investigations because of the social connections between an index patient and contacts. Constant attention to maintaining confidentiality is required. Legal and ethical issues in sharing confidential information sometimes can be resolved by obtaining consent from the patient to disclose information to specified persons and by documenting this consent with a signed form.

The law allows for medical information to be provided without patient consent to public health and legal authorities, who are charged with prevention and controlling of communicable diseases. Where possible protective measures or infection control will be implemented with the student's consent. In the case of category 1 NMC, the DoH will be responsible for the follow up contact management

Reporting procedure at UCT:

When a UCT staff member or student is diagnosed with a potential or confirmed case of a communicable disease the student / staff member should contact the following Health Professionals for guidance and support.

1. Students (including International Students) should approach any health professional at Student Wellness Service to ensure that they receive the appropriate care and support, and facilitate that management implement the necessary preventative strategies required. Students may also consider discussing their condition with a warden or faculty member, in confidence should this be a preferable option to request support from a SWS Health Practitioner.
2. Staff should contact their Private Medical Practitioners if they have medical aid or the on-site Primary Health Care provider, Kaelo
3. Staff in pay class 2 – 6 should contact their on-site Primary Health Care provider, Kaelo

Disease Notification process:

Every Health Care Professional (Doctor / Nurse) in both the public and private sector who diagnoses a patient with any of the Notifiable Medical Conditions (NMC) is obliged by law to report the case. Failure to report an NMC is a criminal offence.

The notification system is based on a clinical diagnosis and a Health Professional does not have to wait for confirmation of laboratory tests as any delay could increase the risk of spread and prevent containment of the disease.

In South Africa notifiable diseases are listed in 4 categories depending on the urgency of the reporting. (refer colour chart listing NMC and appendix 3 flow chart)

Student notification:

Students, whether in residence, in digs, local or international are encouraged to inform the clinical staff at SWS that they have a notifiable / infectious disease e.g. TB once they are diagnosed by any health professional in private or public facility. SWS will assist students with the appropriate medical support, referral, advice and provide them with the necessary documentation required to submit to the academic departments for concessions e.g. medical certificates, deferred exams, LOA. This enables the student to be able to access medical care and support to recover without the pressure of the academic load. Students who have been diagnosed with a notifiable condition or any of the medical conditions in Annexure 1 should not attend classes and increase the risk of infecting others.

Students can contact the SWS on the following email address sws@uct.ac.za or contact Triage on 021 6505620 to speak to a Health Professional in confidence.

The clinical staff will, with the student's permission, inform the warden of the residence if clinically indicated and for reasons of providing support

Roles and responsibilities:

1. Student Wellness Service

- SWS clinicians have the responsibility of reporting of notifiable / Communicable diseases to the DoH and NICD as prescribed by law.
- Providing medical treatment, care and support to student including appropriate referral/ follow up as required clinically.
- Recommending preventative strategies e.g. isolation, tracing and treatment of student contacts, immunisation where feasible and providing medical advice to the University whole community as well as management.
- Providing health guidelines and information on the notifiable/ communicable disease by contacting the housing warden with students' permission, should the student be living in a UCT residence.
- In the event of the student being an international student, SWS will contact IAPO on behalf of the student and with the student's permission provide health information for additional support to be offered by IAPO.
- Refer to Social Worker to inform family and discuss arrangements that may be required e.g. returning home, LOA and family to be encouraged continuity of care at home

2. Human Resources (staff)

- HR through the Occupational Health Services have a responsibility to reporting of notifiable / communicable disease to DoH, NICD as prescribed by law (refer appendix 3 flow chart and colour chart).
- Providing appropriate referral for treatment and care to staff members and follow up if required.
- Refer staff to ICAS / onsite counsellor for support.
- Provide staff with relevant information and to complete administrative requirements for example, completing the SANLAM income forms if the staff member is booked off work for 14 days or longer due to the diagnosis of a communicable disease or other medical grounds.
- Provide staff with facilitated return to work report which will be sent to OHS department.
- HR has a role in informing DSA

3. SH &RL Residence

- Communication & education to staff and students living in UCT residences.
This can be arranged, when requested by SH&RL, either through SWS, outreach team or delegate (private provider contracted by SH&RL). Information will include sensitizing staff and students on the guidelines in this document.

- SH&RL have a responsibility to implement as far as is feasible the recommendations provided by SWS once a notifiable disease has been reported. This may include consideration of isolation to manage sick students diagnosed with a notifiable disease while living in residence as per health professional's recommendation, including receiving medical attention and food. The Clinician from SWS will provide a medical certificate, based on their clinical findings, detailing the support the student will require e.g. isolation. Residence protocols will advise what can be provided to the student in residence e.g. if they are staying in a single room and are able to care for themselves versus a student who requires care and family support beyond residence management.
 - SH&RL should inform SWS as soon as they are aware of a student or staff member who has been diagnosed with a notifiable disease to obtain information on preventing further spread among students.
 - Procedures for managing a sick student in residence, the residences have their own protocols however; for notifiable diseases SWS must be contacted for further inputs to enable preventing of communicable disease spread. An important aspect is the immediate removal of the uninfected student sharing a room with the affected student.
 - Dining facilities for students in catering residences and shared kitchen
Advice will be provided in medical certificate from health professional and the residence have a responsibility to implement as far as possible the recommendations from a treating clinician.
 - Infection control for staff and students in residence
SH&RL have a responsibility to initiate infection control measures in collaboration with the university health and safety department and the DSA. Depending on the nature of the communicable disease reported, SWS will provide a student care pack e.g. gloves, masks, apron etc if this is required as stated in medical certificate. The student will bring the pack to the residence and SH&RL will be expected to arrange training for their staff as per their protocols, especially for cleaning staff.
Refer to Appendix 1 & 2
 - Management of biomedical waste storage and removal
SH&RL to contact the Environmental Officer of Property and Services. Current waste disposal service provider is BCL 0219552447.
 - Transportation of student to home
When the level of care and support required is well beyond the scope of the residence, the student may be best supported at home by family. Clinical opinion from an SWS Clinician or Social worker will be provided regarding the mode of transport best suited for the student. Ideal solution would be for a family member to come to UCT to collect student and support student while returning home for care and support. IAPO will be requested to assist with International Students. The DSA may be consulted for further support required by the student and family to transport the student. A student who is diagnosed with a notifiable/communicable disease which possess a risk to other members of the UCT community will not be provided with the option to not go home once this is recommended by treating team. Where a student is unable to go home, consider referral to a step down / subacute ward if available and hospital. This would need to be arranged through SWS social worker.
4. Students
- All UCT students have a responsibility to report a diagnosis of a notifiable/communicable disease listed in Annexure 1 to SWS health professional or private health professionals.

- Students have a responsibility to comply with recommendations from their treating team with regards to returning to class. This applies to all students whether residing in a UCT residence or not. Students should forward the medical certificates issued by their health professional, to their faculties and faculties to provide them with the required concessions while they recover.
- The student will provide the treating team with permission to communicate with faculty concerning recommendations and prevention strategies.

5. Faculties

- When a student reports an infectious disease listed in Annexure 1 (either self, another student or via a medical certificate) to a staff member in a faculty then HOD or lecturer has a responsibility to contact a Health Professional at SWS for further support the faculty should also inform HR Occupational Health for staff preventive strategies and support for staff.
- If a staff member reports an infectious disease (self, colleague or via a medical certificate) to another staff member/ line manager then the HOD or delegate should contact Organisational Health Manager for further support for the staff member. The DSA should also be informed for preventive strategies and student contact tracing and linkage to medical care.
- Arrange access for affected students to online study material, writing of exams, deferring exams, LOA applications and other academic support.

Health Crisis Intervention Task Team (HCITT)

Activation: The HCITT will only be activated and respond should a Category 1 NMC health crisis arise. Once activated the HCITT will respond by informing the University Executive.

Members of the HCITT:

- Director SWS – (Ex- Officio)
- DSA Finance Manager (Ex –Officio)
- SWS Principal Medical Officer (Chair)
- SWS Outreach Team Representative, Social Worker
- Manager of Organisational Health
- Director Student Housing or nominee
- SRC Residences Portfolio
- SRC Student Health and Wellness Portfolio
- Chair of CoW
- Health and Safety Officer
- Deputy Registrar or nominee (representing academic departments or faculties)

Servicing Officer: SWS Senior Practice Administrator

Specific communicable diseases most likely to impact UCT staff and students in order of significance (FAQ in appendices)

Remember: not all infectious / communicable diseases are notifiable

Medical condition	Notifiable / not notifiable	Precautions	Appendix
Measles	Notifiable	Standard hygiene precautions	2
Meningococcal Meningitis	Notifiable	Standard hygiene precautions	2
Tuberculosis	Notifiable	Air borne precautions	1
Chicken -pox	Not notifiable	Standard hygiene precautions	2
HIV / AIDs	Not notifiable	STI / HIV prevention	3
Influenza	Not notifiable	Standard hygiene precautions	2
Rubella	* Not notifiable	Standard precautions	2
STI's	Not notifiable	STI/ HIV prevention	3

* Not notifiable but important to inform students/staff who may be pregnant or planning conception

Referral Hospitals/ Alternative Resources

Emergencies requiring admission: ER 24	084124
ICAS (staff)	0801113945
SADAG (staff)	0800171171
SADAG (Students)	08000242526 sms 31393
KAELO (staff PC 1 -6)	0861493587

State facilities:

- Groote Schuur Hospital Casualty
- District Six Community Centre
- Chapel Street Clinic for TB screening and treatment only

Private facilities (for student / staff members who have Medical Aid):

- Vincent Pallotti Hospital
- Rondebosch Medical Centre
- Kingsbury Hospital
- Any private hospital covered by the Medical Aid closest to where you live

Appendices

General:

1. Standard isolation precautions / airborne precautions for TB
2. Prevention of spread of any infectious disease
3. Prevention of STI's (including HIV / AIDS)
4. TB infographic
5. TB screening tool

Clinicians only: separate document

6. Communicable Diseases likely to occur at Tertiary Institutions
7. Notifiable medical conditions and contact details
8. Colour chart NMC's
9. NMC case notification form

Frequently Asked Questions: separate document

1. Tuberculosis
2. Influenza
3. Food borne illness
4. Measles
5. Meningococcal meningitis

Appendix 1: Standard Isolation precautions

Standard Isolation precautions are used to help stop the spread of germs from one person to another.

1. Hand hygiene – washing before and after leaving room
2. Use of personal protective equipment (e.g., gloves, gowns, masks if indicated by a Health professional) This will be provided by SWS on request
3. Safe handling of potentially contaminated equipment or surfaces in the patient environment
4. Respiratory hygiene/cough etiquette.

A poster should be placed on the patient's door.

AIRBORNE PRECAUTIONS for TB, (measles & chicken pox)

In addition to the above Standard Precautions, use Airborne precautions

TB is spread through the air and you cannot get TB germs from: • Sharing drinking containers or eating utensils. • Smoking or sharing cigarettes with others. • Saliva shared from kissing. TB is NOT spread through shaking someone's hand, sharing food, touching bed linens or toilet seats, or sharing toothbrushes.

A. PATIENT PLACEMENT

1. Ideally place the patient in a private room area
2. The room should have an open window, and adequate ventilation.
3. Keep the room door closed and the patient in the room

B. RESPIRATORY PROTECTION (mask) – to be provided by SWS on request

Wear respiratory protection when entering the room of a patient known or suspected of infectious pulmonary tuberculosis, Measles (rubeola) and varicella (chickenpox).

Susceptible persons (those not vaccinated or have a reduced immune system – chronic disease, cancer, on steroids etc) should not enter the room of patients known or suspected of having measles or varicella. However, if susceptible persons must enter the room they must wear respiratory protection (mask)

Minimum isolation of a smear positive patient will probably be two weeks

C. PATIENT TRANSPORT

Limit the movement and transport of the patient from the room to essential purposes only.

If a student with an infectious disease e.g. TB is sharing a room with another student who is not ill, ensure that the well student is moved to a new room.

Students family should be encouraged to fetch student to return home for care and support

Appendix 2: Prevention of the spread of ANY infectious diseases

Most communicable diseases can be prevented if the basic measures are implemented:

1. Immunisation

Immunisation is a way of preventing infectious diseases e.g. Measles, Mumps, Rubella (MMR), Influenza, Polio, DPT, Chicken Pox, Hepatitis A& B, Meningococcal. The influenza vaccine is particularly important for students / staff who have chronic medical conditions e.g. asthma, diabetes, immunocompromised or on steroids.

2. Wash your hands

Washing your hands is one of the most important and effective ways of stopping the spread of infections and applies to everyone.

Use water and soap or alcohol-based sanitiser for at least 20 seconds

Warm water and dry completely after washing especially after:

- going to the toilet
- coughing or sneezing,
- before preparing food
- looking after sick people

It is important that an unwell person stays at home to stop the spread of the infection to others.

3. Coughs and sneezing

Some infectious diseases can be transferred in the air when an infected person coughs or sneezes. Examples include Tuberculosis, influenza, meningococcal meningitis, measles and chicken pox

If you are unwell, avoid close contact with other people. Cover your coughs and sneezes to stop spreading the illness to other people.

- Cover your mouth and nose with a tissue when you cough or sneeze – then put the tissue in a bin.
- If you do not have a tissue, cough or sneeze into your elbow.
- Clean your hands after you cover a cough or sneeze.

4. Keep household surfaces clean

Some infectious diseases can be spread by touching a surface or object that has been contaminated by an infected person.

Regularly cleaning household surfaces that are frequently touched will help reduce the spread of infections.

Clean surfaces with hot soapy water or your normal household cleaning product.

Where possible, use disposable cloths or paper towels to clean surfaces. Reusable cloths should be disinfected and then dried after use, as bacteria and viruses can still survive on damp cloths.

5. Ventilate your room

Poor ventilation in rooms can increase the spread of infectious diseases. Open windows regularly to get fresh air circulating.

6. Prepare food safely

It is important that you prepare, cook and store food safely.

Appendix 3: STI Prevention

Sexually Transmitted Infections (STIs) are caused by bacteria or viruses usually passed through sexual contact with an infected partner. STIs include many diseases, such as HIV (human immunodeficiency virus), chlamydia, gonorrhoea, genital herpes, genital warts, and syphilis

Reduce your risk of STIs, including HIV, in the following ways:

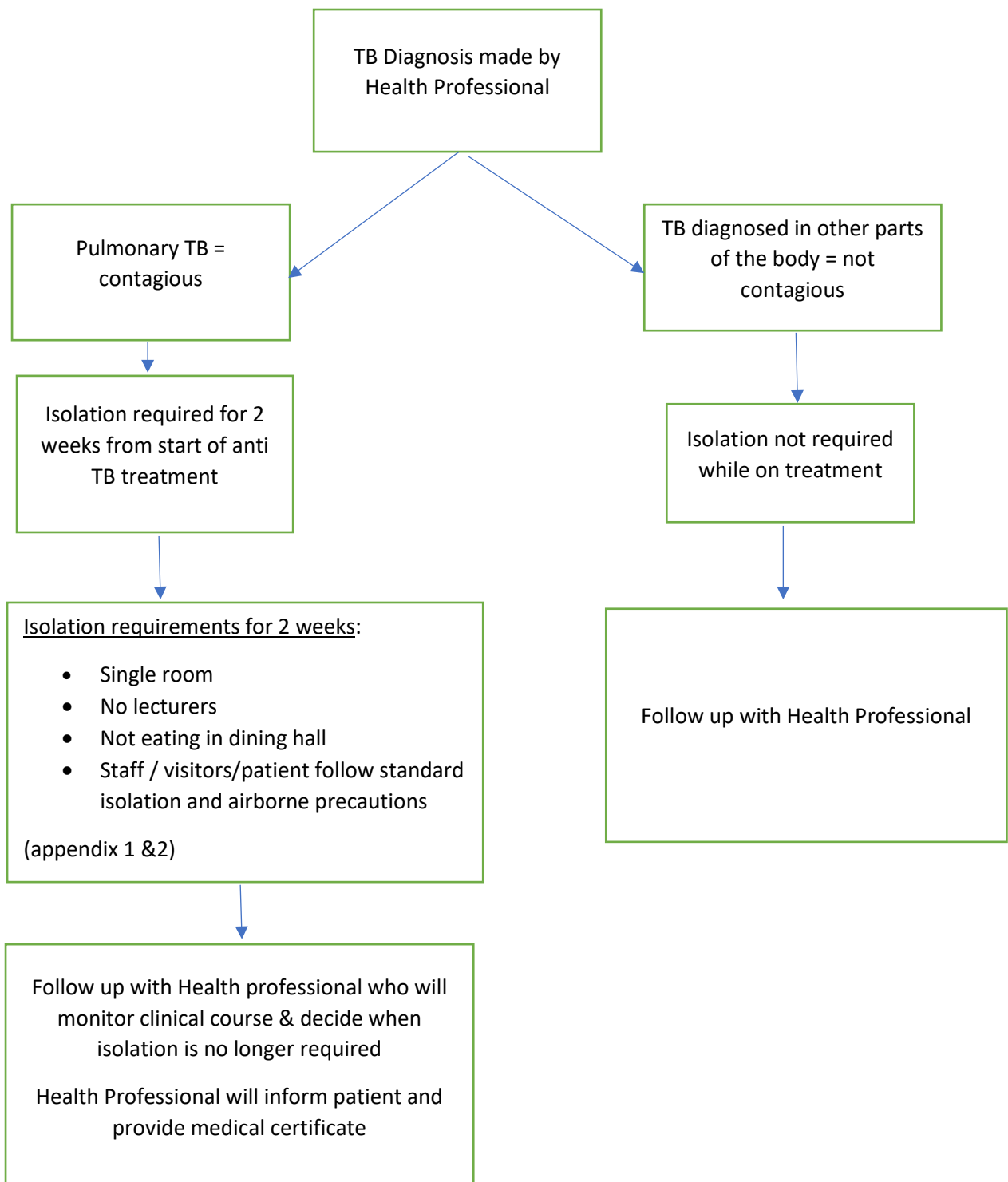
- Abstinence is the only sure way to avoid getting an STI.
- Healthy lifestyle – avoid alcohol and drugs which are associated with disinhibition
- Having a monogamous relationship /or limiting the number of partners
- Using protective barriers, such as condoms, dental dams, latex gloves, etc.
- Correct and consistent use of condoms
- STI screening and early treatment
- Partner notification and treatment
- Male circumcision
- PrEp – will reduce risk of HIV but no other STI's
- Anti – Retroviral Therapy will reduce risk of HIV transmission but not STI's

Appendix 4: TB infographic

TB INFOGRAPHIC

TB can happen to anyone, anywhere

TB is spread through the air and you cannot get TB germs from: • Sharing drinking containers or eating utensils. • Smoking or sharing cigarettes with others. • Saliva shared from kissing. TB is NOT spread through shaking someone's hand, sharing food, touching bed linens or toilet seats, or sharing toothbrushes.



Appendix 5: TB Screening Tool

The screening tool as per the Department of Health protocols. If you have experienced the symptoms listed below for more than 2 weeks, please consult the Professional Nurse at the SWS Clinic in the Commerce Building at Hiddingh Campus, no appointment is required. The nurse will screen you for TB, provide professional advice and provide referral for you to Chapel Street Clinic in Woodstock for Confirmatory tests.

- Persistent cough for more than 2 weeks
- General feeling of illness or fever for more than 2 weeks
- Drenching night sweats
- Unexplained weight loss
- Tiredness

<https://www.westerncape.gov.za/tb>

Important Note:

It is unlikely that students in lectures would have enough of the prolonged exposure that would be of risk to other students. Transmission generally occurs indoors, in dark, poorly ventilated spaces where droplet nuclei stay airborne for a long time. Direct sunlight quickly kills tubercle bacilli, but they can survive in the dark for several hours. Close contact and prolonged exposure increase the risk of transmission. Once infected, the progression to active disease is dependent on the immune status of the individual. In those with normal immunity, 90% will not progress and only 10% will develop active disease (half of these now and half later in life). (National Department of Health TB Guidelines).