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| --- | --- | --- |
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Meningitis Policy

|  |
| --- |
| The Policy has been reviewed and supersedes all previous issues. It has undergone the following approval process: |
|  |
| Equality Analysis |  | [insert date here] |
| L&T&SE Team |  | 29 January 2020 |
|  |  |  |
| The Policy was last issued in April 2015. The principal changes relate to: |
| Section/Paragraph | Title | Change: |
| Cover page |  | New cover page |
| Throughout |  | ChET changed to VCG |
| Appendix D | Contact Details | Updated |

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# Introduction

There is evidence to suggest that university students are at an increased risk of meningococcal disease compared with non-students of the same age group. Many students live communally and are likely therefore to be exposed to a wider variety of meningococcal strains than they may have encountered previously.

Cases of meningococcal disease in universities can cause considerable alarm as well as pose problems in health management. The close circle of contacts may be difficult to define and trace as students will often not only be living in a halls but may also be part of an active social network outside the University. Misinformation about incidences may spread quickly by word of mouth and panic can result. Students who have recently left home may feel particularly vulnerable, especially if they have not yet established good access to the local primary health care services. Good management of the situation is paramount.

The objective of this policy is to ensure that the following principles are observed in the University's response to the incidence of Meningitis amongst the student population:

* 1. Appropriate, timely and well-managed level of response from the University, in order to protect the health and wellbeing of its staff and students.
	2. Clear and effective channels of communication with students, staff and the public, which are sensitive to the potential distress and wishes of those involved.
	3. Effective support arrangements for students.
	4. Strong links to Public Health England (PHE) and local GPs.
	5. Direct access to appropriate advice on the management of meningococcal disease.

In addition, the University recognises the importance of educating all students and staff on the dangers and signs and symptoms of the disease, and incorporates meningitis advice into residential student inductions as well as conducting regular meningitis awareness campaigns on both campuses.

The University recognises the need for a reflective approach to the management of Meningitis and this policy is therefore subject to annual review and updating in light of experience and best practice examples.

# Definitions

### Public Health England (PHE)

Public Health England was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service. In cases of Meningitis they will provide the University with information and advice. Where two or more probable/confirmed cases are identified they will assess the situation and advise on the action to be taken. Where there is a cluster of cases they will take a leading role in managing the outbreak.

**Telephone Surrey & Sussex Health Protection Team 0344 225 3861 option 3, then option 1 or web link:** [*https://www.gov.uk/government/organisations/****public****-****health****-****england***](https://www.gov.uk/government/organisations/public-health-england)

### Meningitis Management Group (MMG)

This group will be convened by the Director of Student Support and Transition when one or more probable or confirmed cases of meningococcal disease have been diagnosed.

Membership includes the Director of Student Support and Transition (Chair), the Nurse Health Advisers (NHAs), representatives from Accommodation, Marketing and the Students’ Union, administrative support and, optionally, other key members of Student Support and Wellbeing.

The group will be responsible for implementing the procedures outlined in this document and for liaising with the Vice-Chancellor’s Group (VCG), PHE and, where appropriate with the Serious Incident Management Team, who can be contacted by the University Secretary or the Director of Student Support and Transition (see Appendix D: Contact Details).

### Health Protection Team:

In England, Health Protection Team refers to the local health team to which all clinically suspected cases of invasive meningococcal disease (IMD) should be notified and this team is responsible for advising on any subsequent local public health action. In England, the local Health Protection Teams are part of Public Health England (PHE).

### Outbreak Control Team:

The Outbreak Control Team will be convened by the duty Consultant in Communicable Disease Control (CCDC) when PHE confirm an outbreak of meningococcal disease. The team members and their roles are defined in Appendix B.

### Other Definitions:

The following definitions have been adopted from ‘Guidance on the prevention and management of meningococcal meningitis and septicaemia in higher education institutions’1: [https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/582511/MenA](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582511/MenACWY_HEI_Guidelines.pdf) [CWY\_HEI\_Guidelines.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582511/MenACWY_HEI_Guidelines.pdf)

1 © Crown copyright 2016; PHE Publications Gateway Number: 2016383

* **Invasive meningococcal disease (IMD)** is an acute infectious bacterial disease caused by Neisseria meningitidis. There are 12 capsular groups of Neisseria meningitidis that cause human disease of which groups B, C, W and Y (referred to as MenB, MenC, MenW and MenY respectively) were historically the most common in the UK.
* **Prophylaxis** is preventive treatment. This will usually consist of a single dose of antibiotics (chemoprophylaxis) and is recommended for the group of close (household-type) contacts of a case to reduce the risk to these contacts themselves and, more importantly, to reduce the risk of further cases in that setting by eradicating carriage of the organism in the throats of members of that group who have no symptoms.
* **Possible case:** person with a clinical diagnosis of meningococcal meningitis or septicaemia or other invasive meningococcal disease without microbiological confirmation, where an experienced member of the local Health Protection Team, in consultation with the clinician and public health doctor consider that diagnoses other than meningococcal disease are at least as likely. Cases categorised as possible do not require public health action but may raise awareness and anxiety that requires the prompt dissemination of information to students and staff.
* **Probable case:** person with a clinical diagnosis of meningococcal meningitis or septicaemia or other invasive meningococcal disease without microbiological confirmation, where an experienced member of the local Health Protection Team, in consultation with the clinician and microbiologist consider that meningococcal disease is the most likely diagnosis.
* **Confirmed case:** person with a clinical diagnosis of meningococcal meningitis or septicaemia, or other invasive disease (e.g. orbital cellulitis, septic arthritis) which has been confirmed microbiologically by culture or nonculture methods.
* **An HEI Cluster:** two or more confirmed or probable cases of IMD that occur in the same HEI within a four-week period and have an identified common link (e.g. same social network, same course and year, same hall of residence) and who are, or could be, infected by the same strain.

In the following circumstances, cases of meningococcal disease at the same HEI will not usually constitute an outbreak that requires public health action:

* if there are two confirmed cases due to different meningococcal strains; or
* if there are two confirmed or probable cases but the interval between cases is more than four weeks; or
* if there are two confirmed or probable cases with no evidence of any common links in spite of intensive enquiry (e.g. no social contact network, cases live in different halls of residence, or are on different courses), whatever the interval between them; or
* if there are two possible cases (or one possible and only one confirmed/probable case), whatever the interval or link between them.

# Management of Meningitis Flowchart

**Awareness of Meningitis**

* All residential students to be advised on the dangers, signs and symptoms of Meningitis at induction sessions
* Regular Meningitis awareness promotions to be run at both campuses
* Encourage all students to receive the ACWY vaccine if eligible.

**Single possible case of Meningitis**

* No further public heath measures required
* Prophylaxis not required
* NHAs and Head of SSW, with advice from PHE, will inform relevant students and staff that no follow up action is required.

**A single confirmed or probable case of meningococcal disease**

* The MMG will be convened to coordinate appropriate action and will:
* Inform the local Health Protection Team (HPT) who will liaise with the MMG to ensure that clear information is available to the relevant students and staff. The HPT will also help to ensure that prophylaxis is offered to the close household contacts of that case.
* Gather information about the specific case and potentially affected students and staff, and provide them with prompt and accurate information
* Confirm PR strategy, inform and instruct frontline staff, confirm how information will be disseminated
* Increase general student/staff awareness of the dangers and signs and symptoms of Meningitis
* Support the student’s family

**Two or more probable or confirmed cases of meningococcal disease**

* PHE will make careful and rapid assessment of all cases, reviewing dates, links between cases and potential numbers of students involved
* PHE will consider the options (no action, information, prophylaxis) and take appropriate action
* If a cluster or outbreak is confirmed the Outbreak Control Team will be convened

**Cluster of meningococcal disease (two or more linked cases within four weeks)**

* The Outbreak Control Team is responsible for the management of the situation including medical aspects, practical arrangements and media response
* If appropriate prophylaxis will be offered to a subgroup or, if necessary, campus or University wide

# Management of Meningitis in the University

## Awareness of the dangers of Meningitis

It is important that all students and front line staff are aware of the dangers of Meningitis and of the signs and symptoms associated with it so that possible cases are identified and treated quickly, and so that students take sensible precautions and look out for each other.

All residential students will be advised of Meningitis during the inductions, and regular meningitis awareness campaigns will be run throughout the academic year across both campuses.

See Appendix A for a chart of Meningitis awareness promotions and education.

## Action when a single possible case of Meningitis occurs

A single possible case of Meningitis does not require any further public health measures and contacts do not need to receive antibiotic prophylaxis.

On receipt of advice that a student has been admitted to hospital with a possible diagnosis of Meningitis, the Nurse Health Advisers (NHAs) and Director of Student Support and Transition, on advice from PHE, will inform students and staff in the same halls of residence and on the same course that:

* + - Students are not considered at any risk from the incident, even if they were in close contact with the case.
		- Antibiotic prophylaxis is not necessary.
		- No follow up action is required unless further evidence emerges that changes the diagnostic category to a probable or a confirmed case.

PHE has prewritten information and letters (see Appendix C for example letter 1). Health promotion posters, emails and campaigns will reinforce PHE advice; Meningitis charities can supply information and advice in large quantities.

The relevant GP surgeries should be alerted by PHE of the possible case and that no preventative action has been taken.

## Action when a single probable or confirmed case of meningococcal disease occurs

The Director of Student Support and Transition will convene the Meningitis Management Group (MMG) and inform the VCG. The Nurse Health Advisers (NHAs) and the Director of Student Support and Transition will assess the available information, notify the local Health Protection Team (HPT) and agree a course of action following consultation with PHE.

Actions to be taken will include:

* + - Obtain advice from PHE, this will be documented and confirmed (eg by email).
		- Gather information about the specific case and potentially affected students and staff including:
			* Confirm if the student is a resident on campus.
			* Confirm the stage of the student’s course and who their key academic contacts are.
			* Confirm and obtain contact details for the student’s social and family network.
			* Ascertain the likely time delay between onset of illness and confirmation of diagnosis.
		- Notify potentially affected students and staff and provide prompt accurate up to date information:
			* Identify key resources staff/literature; PHE has prewritten information and letters. (See Appendix C for example letter 2).
			* Provide to those affected promptly.
		- Confirm PR strategy and inform and instruct frontline staff and SIZ to direct enquiries from the Press, media, parents and the public to Marketing (see Appendix D: Contacts Details). Confirm how information will be disseminated.
		- Increase general student/staff awareness of the dangers and signs and symptoms of Meningitis:
			* Contact Meningitis charities to supply additional written info and advice.
			* Display health promotion posters, emails and campaigns which reinforce PHE advice.
			* Provide regular news updates to keep the University community informed about developments. This will involve changing posters and publicity on a regular basis and removing previous publicity in order to avoid confusion.
		- Consider support to the student’s family:
			* Contact the Accommodation Office in order to offer accommodation to the student’s family to facilitate visits, if appropriate.
			* Consider informing the Chaplaincy in order that a pastoral visit might be arranged to the student or the student’s family.
		- All members of staff informed about the incident should also be advised of the following key points:
			* All information should be directed through the MMG; and should be sensitive, accurate, consistent and helpful and should respect the distress which the student’s family and friends may be suffering.
			* All relevant communication should be on a ‘need to know’ basis, and should take into account confidentiality needs.
			* All enquiries from the Press/media should be directed to Marketing.

## Action when two or more probable or confirmed cases of meningococcal disease occurs

When two or more cases are reported from the University, PHE will make careful and rapid assessment.

This should include a review of:

* + - Clinical features of the cases
		- Microbiological data
		- Dates of onset of illness and of last attendance
		- Links between cases
		- Possible numbers of students involved.

### PHE will consider the possible options

* + - No further action if no obvious links between cases
		- Giving out information only
		- Giving out information and offering wider prophylaxis/vaccine in the University.

### PHE will then make a decision

* + - If **two *possible* cases** attend the University, whatever the interval between cases, prophylaxis may not necessarily be required, seek advice and guidance from PHE
		- If **two *confirmed* cases** caused by different strains attend the University, they should be regarded as two sporadic cases, whatever the interval between them. Only close contacts of each case should be offered prophylaxis.
		- If **two *confirmed/probable* cases** that attend the University arise within a four-week period and are, or could be, caused by the same Meningitis strain, **public health action is indicated**. It is not necessary to wait for microbiological results on probable cases (*as there is a high immediate risk of further cases).*

# Managing clusters of meningococcal disease

### In this context, an outbreak is defined as two or more cases of meningococcal disease which occur within a four-week period.

Where there is a confirmed cluster of meningococcal disease the PHE Consultant in Communicable Disease Control (CCDC) will convene the Outbreak Control Team (see Appendix B). This Team is primarily made up of public health officials although, since the University has an interest in the situation, it is usual for their representatives to be invited to sit on it.

The Outbreak Control Team is ultimately responsible for the management of the situation including:

* Medical aspects
* Practical arrangements
* Media Response.

The speed of a public health response is important in order to implement preventive measures and reduce public anxiety. In educational settings, once a second related case has occurred, the risk of a third case may be as high as 30-50%. The risks are known to be highest in the week after the second case. The risk to staff in such clusters is not known.

Chemoprophylaxis (prevention of disease primarily with the use of chemicals) in a closed community has shown a significant effect on disease reduction. The aim of such interventions is to eradicate carriage of the outbreak strain from a population at high risk of invasive disease. Therefore, if an outbreak is caused by a Meningitis strain for which an effective vaccine exists, vaccination should be considered.

If a clear subgroup can be defined that contains the cases, prophylaxis should be offered to that group. If a subgroup cannot be defined, then a decision may be needed on offering prophylaxis to the whole campus or across the entire University. This will depend on factors such as the size of the population, the time interval and age difference between cases, and whether they are confirmed or not.

# Responsibilities

### Preparation of information

All students need to be made aware of the risks associated with meningococcal disease and of the associated signs and symptoms. In the event of one or more probable cases of meningococcal disease, information and advice will need to be disseminated promptly to potentially affected students and staff. In addition, the level of awareness across the whole University needs to be raised.

Public Health England will provide general frameworks for ‘letters’ and health advice / posters. Meningitis awareness charities will also be able to supply quantities of advice.

*Responsibility; PHE, Nurse Health Advisers, the Director of Student Support and Transition*

### Help lines

In the event of an outbreak, it may prove necessary to provide help lines to field large numbers of in-coming telephone calls to the University.

Such lines should be set up promptly and in accordance with the University’s Serious Incident Management Plan protocol.

National Meningitis charities may be able to assist with support and training.

*Responsibility: SIZ Manager*

### Facilities for immunising

In the event of an outbreak of meningococcal disease, it may be necessary to administer antibiotics and mass immunisation to a large target group.

PHE and the Outbreak Control Team will determine the extent of the immunisation campaign; this may a defined subgroup of the University or potentially the whole University. The Outbreak Control Team and MMG will arrange for staff and students to be informed, and the NHAs in particular will be involved in coordinating the immunisation program. The supply of medication will be organised by PHE and GP surgeries.

The venue for immunisation will depend on the size of the group concerned and the location of the outbreak (i.e. the Chichester or Bognor campus). Potential venues include:

* Chichester
	+ New Hall Health and Advice Centre
	+ Tudor Hale Centre
	+ Sports Dome
	+ Local GP surgeries
* Bognor Regis
	+ LRC Health Centre
	+ Local GP surgeries

Closing the University would NOT routinely be advised as no reduction in risk would be expected (success of intervention will be assisted if attendance is high). PHE will advise.

Swabbing to measure carriage of outbreak strains is not usually recommended in acute outbreaks because decisions have to be taken before results are available and because carriage rates often bear no relationship to risk of further cases.

*Responsibility: Co-ordinating action by PHE, MMG, NHAs and GP surgeries.*

### Public Relations

An outbreak of Meningitis can be of national interest. The approach to public relations management identified in the University’s Serious Incident Management Plan will be adopted for all public communications related to incidences of meningococcal disease occurring at the University, in collaboration with PHE.

*Responsibility: Co-ordinating action by Marketing or PHE.*

### Liaison between PHE and the University

PHE has responsibility for ensuring that action is taken to minimise the risk of further associated cases, and to collect data for research and surveillance.

The University maintains good relationships with PHE and will establish plans and protocols in conjunction with PHE to deal with cases of meningococcal disease.

All communication and instructions from PHE should be documented. Instructions, advice, and verbal communication should be confirmed by email whenever possible to facilitate communication within the University team, prevent misunderstanding and provide documentation of events and rationale for actions.

*Responsibility: MMG, Director of Student Support and Transition and NHAs*

# APPENDIX A: Meningitis awareness promotion and education chart

|  |  |  |
| --- | --- | --- |
| **Aims** | **Methods** | **Responsibility** |
| All new students to be familiar with the symptoms and signs of meningococcal diseaseAll new students to be aware of immunisation recommendations and implications | Leaflets and symptom cards distributed to all students at registration and throughout the yearInformation on Meningitis and immunisations will be incorporated into the *Student Handbook* and the Student Health Service web page.Meningitis awareness video screened as part ofthe Residential students induction sessions | Nurse Health Advisers |
| All students to be encouraged to look out for each other’s welfare | There will be an annual leaflet and poster awareness campaign during the Autumn Semester.In addition, the services of the national Meningitis charities may also be used.The student newspaper and SU Facebook can also disseminateinformation. | Nurse Health AdvisersNurse Health AdvisersCollaboration with the Health Centre / Students’ Union |
| All students to be encouraged to inform someone (a friend, the nurse health advisor or their residential adviser) if they are feeling unwell so they can be monitored and prompt medicalattention sought if their condition deteriorates | All students to be encouraged to register at a local general practice.Display exhibited during the ‘Fresher’s Fair’. | Nurse Health Advisers |
| All front line staff to be familiar with the signs and symptoms of meningococcal disease | Via on-line and hard copy dissemination of information | Student Support and Wellbeing, Accommodation and HR |

# APPENDIX B: Outbreak Control Team

Membership of the Outbreak Control Team and their roles and responsibilities:

|  |  |
| --- | --- |
| **Membership (essential)** | **Role of member** |
| Consultant in Communicable Disease Control (CCDC) | * Chair of Outbreak Control Team
* Co-ordination of outbreak management
* Media spokesperson for PHE and on health issues
 |
| Consultant microbiologist | * Expert advice and feedback on results
* Liaison with microbiology laboratory
 |
| University - Nurse Health Advisers | * Liaison with and feedback from student primary care services
 |
| University - Marketing & Public Affairs | * Co-ordination of all University external and internal communications
* Media relations co-ordinator
* Media spokesperson for the University
 |
| University - Student Support and Wellbeing/ SIZ | * Help lines staffing and organisation
* Co-ordination of University welfare services
* Liaison with families of students
 |
| Administrative support | * Keep a comprehensive record of the Outbreak Control Team meetings
 |
| **Other possible members** |
| Health Sector public relations | * Media relations
 |
| Director of Public Health (DPH) | * Executive support to CCDC
* Handling resource issues
* Liaison with Health Service and local authority Chief Executives, Chairman, Members of Parliament, etc.
 |
| Consultant in Public Health Medicine | * Organisation of Health Services input to helpline
 |
| Communicable Disease Control Doctor/Nurse | * Case finding and follow-up
* Specific media queries
* "Holding the fort" (maintaining a service for other infections)
 |
| Regional Epidemiologist | * Expert advice and support in decision- making
* Communication with regional office, CDSC, DOH, etc.
* Organising epidemiological studies
 |
| University - Head of Campus and Residential Services and/or Accommodation Manager | * Communication with Accommodation
* Communication with residents
* Organisation and staffing of immunisation sessions in residences
 |
| University - the Director of Student Supportand Transition | * Support to students and staff in general and at immunisation sessions
 |
| President, Students’ Union | * Represent views/concerns of students
* Co-ordinate activities of the Union with those of the Outbreak Control Team
 |

# APPENDIX C: Example Letters/Communications for Students

## Letter 1

*The following letter will be sent to students as appropriate, following the confirmation that a student, hospitalised with possible meningococcal disease, is suffering from a non- meningococcal complaint.*

Dear Student,

### Meningitis

A {first, second, etc.} year student living {at home, in private accommodation, in *named halls*} was admitted to hospital on {*date*} with possible Meningitis.

The cause of illness {is not, is unlikely to be} meningococcal disease. Other students and staff are not considered at any risk from this incident, even if they were in close contact with the case.

The Health Authority has advised us that preventive antibiotics are not necessary for contacts of the student concerned.

If you need any further information or advice, you may contact one of the following charitable trusts, which will have full information about this case.

[Meningitis Now](https://www.meningitisnow.org/) on 0808 80 10 388

[Meningitis Research Foundation](https://www.meningitis.org/) on 0808 800 3344

You may also contact one of the University Nurse Health Advisers:

* Mob: 07739 983 703, Phone: 01243 816111 or extension 6111
* Email: studenthealth@chi.ac.uk
* *(Add current times for drop in clinics)*

Yours sincerely

## Letter 2

*This letter will be sent to close contacts of a student who is a confirmed or probable case of meningococcal disease.*

Dear Student,

### Meningococcal disease

A {first, second, etc.} year {*study subject*} student living {at home, in private accommodation, in *Named halls}* was admitted to hospital on {*date*} with {confirmed, probable} meningococcal disease.

The meningococcal bacterium is carried in the nose and throat and is only passed on by prolonged and close contact. The Health Authority is issuing preventive antibiotics to the close contacts of the ill student.

Whether you have been in close contact with the student or not, you are advised to be especially vigilant over the next few days.

It is important to understand that the disease can develop and progress very rapidly, sometimes within only a few hours. Early symptoms may be similar to those you get with ’flu or a hangover, such as feeling feverish, vomiting, severe headache, and stiff neck, joint or back pain.

If you feel unwell, ask a friend to help you and to visit you regularly. If your symptoms are not relieved by paracetamol, you must consult a doctor.

If any of the following symptoms develop, seek medical help urgently:

* A rash of any sort
* Disorientation or increasing drowsiness
* Severe dislike of bright lights

If you need any further information or advice, contact the following:

* [Meningitis Now](https://www.meningitisnow.org/) on 0808 80 10 388
* [Meningitis Research Foundation](https://www.meningitis.org/) on 0808 800 3344
* {*Insert relevant CCDC (with telephone number and e-mail address), but only with their specific agreement*}

You may also contact one of the University Nurse Health Advisers:

* Mob: 07739 983 703, Phone: 01243 816111 or extension 6111
* Email: studenthealth@chi.ac.uk
* *(Add times for current drop in clinics)*

Yours sincerely

# APPENDIX D: Contact Details (for internal use)

### Public Health England (PHE)

**Telephone 0207 654 8000 and web link**

<https://www.gov.uk/government/organisations/public-health-england>

### Director of Student Support and Transition

Dave Corcoran, 01243 816459, 07415 385320, d.corcoran@chi.ac.uk

### University Secretary

Sophie Egleton, 01243 816051, s.egleton@chi.ac.uk

### Nurse Health Advisers

Denise Wild and Becky Pothecary, 01243 816111, 07739 983 703, studenthealth@chi.ac.uk

### Chief Marketing Officer, Mark Barlow

01243 816360, m.a.barlow@chi.ac.uk

### Students’ Union President

01243 816390, Supresident@chi.ac.uk

### Student Union Manager

Anne Elliot 01243 816398, a.elliot@chi.ac.uk

### Health and Safety Adviser

Kevin Hickman, 01243 816488, k.hickman@chi.ac.uk

### University Emergency Service

01243 816363

### University Duty Manager

07876 870721 or 07876 870722

### Director of Estate Management

John Kingdon, 01243 816276, j.kingdon@chi.ac.uk

### Head of Campus and Residential Services

Charles White, 01243 816081, c.a.white@chi.ac.uk

### Accommodation Manager

Joe Ayers, 01243 793417, j.ayres@chi.ac.uk

### Student Support and Wellbeing Administrator

Vanessa Church, 01243 793468, v.church@chi.ac.uk