

Influenza Pandemic Plan



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1. Introduction

1.1 As an essential part of their duty of care, managers of services and settings are responsible for preparing emergency plans to deal with crises/emergencies and the business continuity of the establishment. It is self-evident that where services and settings have anticipated a major emergency, and made plans for managing a response, they are likely to handle the actual event more effectively and confidently. To this end, where a setting has established:

- who will assume key roles
- that checklists and procedures are in place
- that contact lists are accurate
- that there is a tested framework for communications
- that the appropriate training has been undertaken

the response to a crisis will be more assured than that based on improvisation.

This guidance is not exhaustive or rigid in its format. It is there to assist in the production of an emergency response plan and can therefore, be modified or adapted in any way required to suit the needs of Ratton School, and the ethos of its management.

2. Aims

The aims of this plan are to:-

1. Provide accurate, timely and authoritative advice and information to staff, students and parents/carers.
2. Reduce the impact of an influenza pandemic on this school.
3. Minimise the disruption to the provision of education to students

3. Objective

To ensure a flexible and appropriate response for the management of the Ratton school during an influenza pandemic.

4. Definition of Pandemic Influenza

A pandemic is the worldwide spread of a disease, with outbreaks or epidemics occurring in many countries and in most regions of the world. An influenza pandemic is likely to occur when the influenza virus undergoes major change ('antigenic shift'), and a new influenza virus emerges, which is markedly different to recently circulating strains, and to which people are not immune. A pandemic will occur if the new virus:-

- infects people (rather than, or in addition to, animals or birds);
- spreads from person to person;
- causes illness in a high proportion of the people infected;
- spreads widely, (most people will have little or no immunity to the new virus and will be susceptible to infection).

5. Risk Assessment

Influenza pandemics are not new. Three flu pandemics caused public health emergencies during the last century and experts are predicting that another is inevitable and will almost certainly reach the UK.

No-one knows exactly when a pandemic will occur. Once a pandemic arrives, it is likely to spread throughout the country in a matter of weeks. It may come in two or more waves several months apart. Each wave may last two to three months across the UK as a whole.

The UK Health Departments have published a plan for how the Government overall will respond. The Government recommends that organisations, including those in the public sector at local level, should be as prepared now so that plans can be activated when a pandemic arrives.

Planning for a flu pandemic presents great challenges because it is impossible to predict its characteristics in advance, for example whether it will be mild or severe, whether it will have minimal impact upon children, be severe across all age ranges or have its highest impact on children.

If, for example, the next flu pandemic were similar to those in the 1950s and 1960s, the elderly would be most affected. The 1918-19 'Spanish' flu pandemic, however, had a different profile, with young adults most affected.

Of the hundreds of strains of avian influenza A viruses, only four are known to have caused human infections: H5N1, H7N3, H7N7, and H9N2. In general, human infection with these viruses has resulted in mild symptoms and very little severe illness, with one notable exception: the highly pathogenic H5N1 virus.

Of all influenza viruses that circulate in birds, the H5N1 virus is of greatest present concern for human health for two main reasons. First, the H5N1 virus has caused by far the greatest number of human cases of very severe disease and the greatest number of deaths. It has crossed the species barrier to infect humans on at least three occasions in

recent years: in the current outbreaks, between December 2003 up to June 2007, there have been in the region of 300 cases with around 183 deaths which is a 61% fatality rate.

A second implication for human health, of far greater concern, is the risk that the H5N1 virus – if given enough opportunities – will develop the characteristics it needs to start another influenza pandemic. The virus has met all prerequisites for the start of a pandemic save one: an ability to spread efficiently and sustainably among humans. While H5N1 is presently the virus of greatest concern, the possibility that other avian influenza viruses, known to infect humans, might cause a pandemic cannot be ruled out.

Current Government advice is that generally, people should try to continue their everyday essential activities as normally as possible, whilst taking personal responsibility for reducing their own risk of exposure and taking measures to lessen the spread of the virus.

6. Clinical features of influenza

- Fever, dry cough and abrupt onset.
- Headache, sore throat, runny or stuffy nose, aching muscles and joints and extreme tiredness also possible.

7. How influenza is spread

- Adults can be infectious from a day before symptoms begin through to 5 days after illness onset.
- Children can be infectious for about 7 days and infect others for several days before coming ill.
- The most important routes of transmission are through large droplets (from coughing and sneezing) and direct and indirect contact with infected people.
- On hard surfaces the virus is detectable for up to 72 hours, but in viable quantities to be transferable and detectable for 24 hours.
- Soft surfaces/furnishings: detectable for up to 24 hours but in viable quantities to be transferable and detectable for only 15 minutes

8. Infection Control

Hygiene measures need to be taken to reduce the risk of infection spreading. These include;

- Always cover the nose and mouth with a tissue when coughing or sneezing. Dispose of used tissues carefully ie, sealed in a bag and placed in a bin with a lid. (The use of pedal bins will remove the need for staff and students to touch the lid and therefore reduce the risk of contamination).

- When disposed of in this way tissues do not need to be treated as clinical waste.
- Frequently touched hard surfaces should be cleaned at least twice a day using either household cleaners or standard detergents. This includes desks, chairs, tables, worktops, door handles etc.
- Telephones, keyboards, light switches etc, should be cleaned with anti-viral wipes.
- Staff and students should be encouraged to wash their hands frequently with liquid soap & water for a minimum of 20 seconds and drying with paper towels, OR by using an alcohol based gel. Paper towels do not need to be treated as clinical waste. Consider providing hand cleansers (gel) for use in the classroom to promote hand hygiene without requiring students to go to a separate wash-room.
- Avoid bringing students together in large groups in enclosed spaces (e.g. whole-school assemblies).
- Consider restricting the sharing of equipment such as; pens, pencils, crayons, musical instruments etc.
- In order to minimise the risk to colleagues from used PPE, it is essential that it is removed in a safe manner. To begin with, you should remove the apron. If you have worn gloves, you should remove them next by turning them inside out in one single motion, then remove the mask from your face, avoiding touching the front of the mask by using the tapes.
- Staff would need to be trained in the use of PPE. The Department of Health is developing training materials for this purpose.
- Staff showing any signs of infection should be advised to go home.
- Parents should be urged to collect children showing signs of infection.
- Posters on putting on and removing personal protective equipment and on correct hand washing technique can be accessed at;
http://www.dh.gov.uk/en/PandemicFlu/DH_078752

9. Closure of Services/school

Schools cannot be treated in the same way as other organisations, because of the presence of children. There is evidence from seasonal flu that children secrete larger quantities of the virus, and for longer, than adults. Their hygiene precautions may also leave much to be desired.

There is evidence that other infections, for example seasonal flu, spread less among children during school holidays than during term time.

It may, therefore, be the case, depending on the circumstances, that the school is advised to close to students for some, or all, of a pandemic. DCFS advice is, however, that staff should still be asked to continue to work if they are not ill or caring for dependants. Some staff may be able to work at home. This is consistent with Government advice to employers across all employment sectors.

Local authorities and Ratton School need to plan both to remain open until the pandemic reaches our area and to close once advice to that effect is received from central Government, via the local authority.

Following government advice the final decision on whether to close our school remains with the governing body. Normally the governing body would delegate that power to the head teacher. Head teachers could use this power to close their setting before this advice is given, for example because of high levels of staff absence. The Government believes that where settings are advised to close, head teachers will share the desire to safeguard children's health and will wish to comply with such advice. There are no plans, therefore, to use emergency powers under the Civil Contingency Act 2004 to oblige schools to close.

If Ratton remains open during the period of a pandemic, it is important that we take the measures set out in paragraph 8 above and any updated guidance from the Department of health.

10. Re-opening of Ratton School

If Ratton School closes on Government advice, the advice to re-open and any conditions attached to this advice would follow the same communications channels.

The Government is currently considering the criteria for determining when settings should re-open. This is likely to be when infection rates reach a sufficiently low level in that area. It is possible that partial re-opening would be advised in the first instance, for example for students who have been infected and who have recovered.

11. Continuing Education for Students

The Government expects local authorities to provide a reasonable level of education for students if they are unable to attend Ratton School due to closure. It is advised that on-line materials, such as BBC JAM should be used, where students have internet access. For students without internet access, it is suggested that hard copy work be sent by post to the students home. Ratton is also invited to consider how best to support exam-year students.

12. Business Continuity Management

A business continuity incident is one which interferes with the ability of an organisation to deliver its goods or services.

Cabinet Office guidance (Contingency planning for a possible influenza pandemic) emphasizes the need for Business Continuity plans to include the potential impact of the loss of staff during the peak of the pandemic wave.

Ratton needs to carry out our own assessments and consider that staff may be absent from work if;

- They are ill with flu
- They need to care for children or other family members
- They have non-flu medical problems
- Employers have asked staff to work from home
- There are other reasons

13. Recovery Process

The recovery process should be planned in advance and the provision of a recovery plan can greatly assist the transition back to normality. Some bullet points are provided at Appendix B which are by no means exhaustive and should be tailored to suit the needs of the setting and the prevailing circumstances.

Ratton School's Pandemic Influenza Action Plan

The following list of questions / actions should be resolved in advance of a pandemic alert to convert this form into a workable plan

1. The following members of staff are empowered to make a decision on the closure and re-opening of the setting
1) Mr D Linsell
or in his/her absence
2) Mrs A Wardle
or in his/her absence
3) Mrs T Comfort
4) Mts E Fitzpatrick
2. The Local Authority liaison for pandemic flu is Mike Pettitt (Departmental Emergency Manager (DEM) for Children's Services who can be contacted on 01273 814194 or by email at mike.pettitt@eastsussex.gov.uk
3. Posters on general infection control that the Department of Health has made available will be used to help educate students to avoid normal everyday infections as well as in a pandemic. These posters provide advice on hand-washing and on 'coughs and sneezes.' These posters can be downloaded from http://www.dh.gov.uk/en/PandemicFlu/DH_078752 or obtained free of charge from dh@prolog.uk.com, quoting reference 278819 for the hand-washing poster and 279933 for that on coughs and sneezes.
4. Judith Barnett has been tasked with the provision and storage of the following infection control materials/equipment;
 - 300 disposable masks have been provided for staff
 - 400 aprons have been provided
 - 10 boxes of (100) gloves have been provided
 - 100 boxes of wipes have been provided, one for each class room/office
 - 10 hand gel dispensers have been provided placed around the school
 - 5 litres of hand gel have been provided
 - 20 litres of liquid soap/refills have been provided
 - 6 boxes of paper towels (1000) have been provided
 - 100 boxes of tissues have been provided
 - 560 disposable plastic bags have been provided for the disposal of used tissues.

The above mentioned equipment will be stored in Caretakers area in Technology. Temporarily stored in old Media cupboard.

5. Mick Foster has been tasked with meeting with the contracted cleaning services (or other stated service provider) to ensure that during a pandemic the provision of service will meet the requirements detailed in section 8 and the DCFS Infection Control guidance.

6. During a pandemic Ratton will communicate with staff, students, parents/carers via the following systems/arrangements;
 - a) a voice message on Welfare phones/school answer phone.
 - b) email
 - c) school web-site
7. Draft letters and information sheets have been prepared in advance and attached as appendices to this plan. They will also be provided in the following languages;
 - a) Turkish
 - b) Polish
 - c) Chinese
8. The DCFS recommends that remote learning is provided by the setting while it is closed to students. This will be achieved using the following arrangements;
 - a) Citrix
 - b) email
9. Lienna Gomm has been asked to consider how relevant information will be made available to students who are hearing or sight impaired and for those with special educational needs as recommended by the DCFS.
10. The contact details for staff, including email addresses, are held in hard copy (in case the person responsible is absent) and updated by LBa/GCo.
11. The contact details for students, parents/carers, including email addresses, are held in hard copy (in case the person responsible is absent) and updated by LBa/GCo
12. Cover for absent teaching staff will be arranged by GCO or AWa
13. TCo has been asked to list non-teaching jobs and consider job shadowing so that the highest priority non-teaching jobs can be maintained in the event of staff absences. That list will be Appendix C of this plan.
14. Cover for absent non-teaching staff will arranged by TCo.
15. AWa/TCo have been asked to consider what pastoral arrangements need to be put in place for students and staff during or following a pandemic and whether any additional facilities or training that could be put in place in advance.
16. A list of willing volunteer helpers who have been CRB checked is maintained by LBa/TCo.

Appendix B

Ratton School Pandemic Influenza Recovery Plan

- 1) Ascertain which teaching staff will be available to return to work
- 2) Ascertain which non-teaching staff will be available to return to work
- 3) Select a suitable date to re-open the school
- 4) Decide which year groups will return on which dates
- 5) Adjust curriculum in line with the above
- 6) Decide which facilities will not be available
- 7) Discuss the provision of transport with contracted provider
- 8) Discuss the provision of meals with contracted provider
- 9) Decide which methods of notification will be used e.g. letter, email, local media etc.
- 10) Record details of the reopening on the settings answer-phone
- 11) Ensure that all areas are disinfected prior to reopening to staff or students
- 12) Consider whether there may be a need for bereavement counselling for both staff and students
- 13) Consider whether there may be a need for a memorial service

Appendix C

Non-Teaching Jobs to Assist in Pandemic

Care and Guidance	Jacky Pierce, Sue Jones, Maureen Huggins
Welfare Staff	Julie, Mark Jones, Jill Thomas
Business Manager	Tracy Comfort
Site Management	Steve Comfort
Cleaning	Mick Foster
Cover arrangements	Gill Court
Teaching assistants	Lead person: Lienna Gomm
Kitchen Manager	Chris Wheeler
Catering Staff	Lead person: Elaine Lemon
ICT support	Colin Etwell and Simon Thomas
Art/Science technicians	Lorraine Scott, Colin Beard, Zoey Holden and Eddie Webb
Food/DT Technicians	Paul Bartholomew, Gill Manger
Reprographics	Simon Gardiner

ANNEX i: WHO pandemic phases and UK ALERT LEVELS

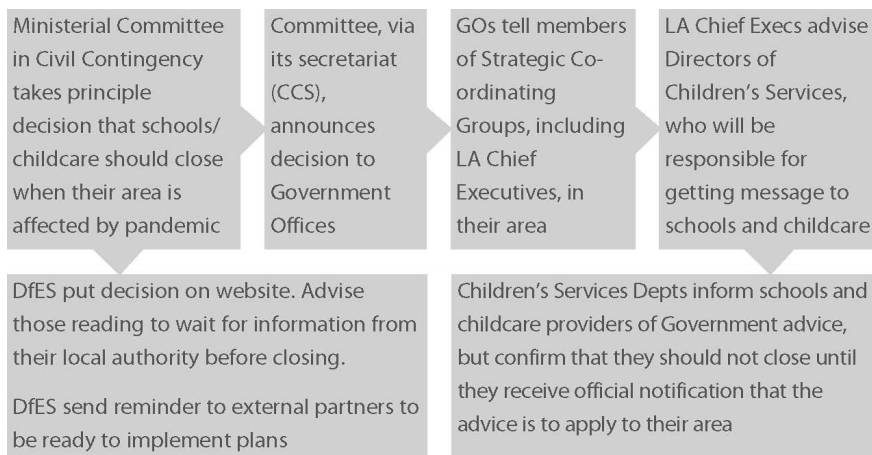
Inter-pandemic Period		
1	No new influenza virus subtypes detected in humans	UK not affected UK has strong travel/trade connections with affected country UK affected
2	Animal influenza virus subtype poses substantial risk	
Pandemic Alert Period		
3	Human infection(s) with a new subtype, but no new human to human spread to a close contact	UK not affected UK has strong travel/trade connections with affected country UK affected
4	Small cluster(s) with limited human-to human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans	
5	Large cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	
Pandemic Period		
6	Increased and sustained transmission in general population	<p>UK Alert level</p> <p>1 Virus/cases only outside the UK</p> <p>2 Virus isolated in the UK</p> <p>3 Outbreak(s) in the UK</p> <p>4 Widespread activity across the UK</p>
Post Pandemic Period		
	End of pandemic Return to inter-pandemic period	

ANNEX ii: Key contacts

NAME / POSITION	CONTACT DETAILS
Local Authority Liaison	Kate Matthews – 01273 335442 Kim Hicks - 01273 481938
Supply Agencies	Hayes - 01273 729465 Supply desk- 01273 609993
Wightman and Parrish	01323 440444
Seton	0800 585501
Kent County Council	01622 605001
Eastbourne DGH	01323 417400
Eastbourne Borough Council	01323 410000
Winter Garden Caterers	01323 415520
Scholarest Caterers	01435 865310

Annex iii – Communications Channels

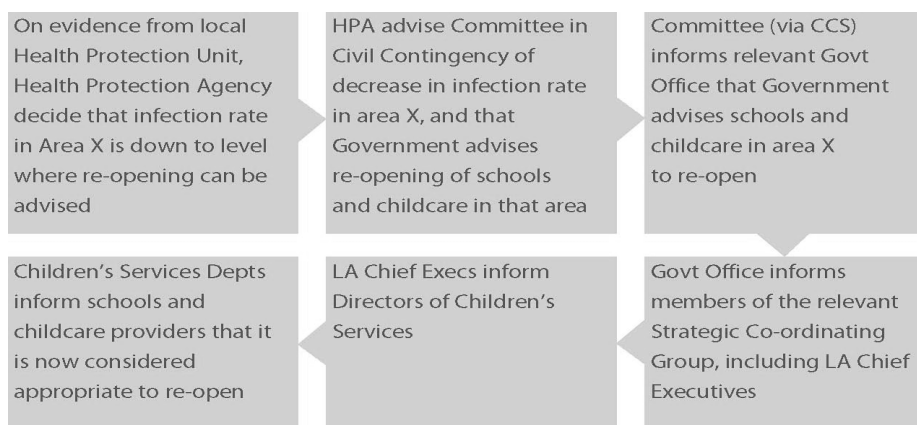
1. Principle decision taken on whether schools and childcare settings should close (based on medical evidence).



2. If principle decision to close has been taken, informing schools and childcare providers when the pandemic has reached an area.



3. Re-opening after closure.¹



¹ It is possible that partial reopening would be advised first (e.g. for children who had been infected and recovered).

Annex iv: Further Information and links

Schools and Children's services guidance documents: www.teachernet.gov.uk/humanflupandemic

Government wide planning available from the Department of Health: www.dh.gov.uk/pandemicflu

Regional preparedness contacts are at:

www.gos.gov.uk/prepemergencies/preparedness/?a=42496

DfES / DH guidance on managing medicines in schools and early years settings:

www.publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-1448-2005

This has a chapter on dealing with medicines safely, including emergency procedures (e.g. staff should never take a child to hospital in their own car; it is safer to call an ambulance).

Also see DfES guidance on First Aid:

www.teachernet.gov.uk/wholeschool/healthandsafety/firstaid

Advice on supporting a school where a pupil has died is at:

www.teachernet.gov.uk/wholeschool/healthandsafety/pupifatality

General background: NHS leaflet for families available from DH on 08701 555 455 or dh@prolog.uk.com, or at: www.dh.gov.uk/pandemicflu

Information targeted at parents will be at: www.parentscentre.gov.uk or www.direct.gov.uk/Parents/fs/en

The Health Protection Agency website contains more information on relevant issues, including explaining the difference between avian, pandemic and seasonal flu:

www.hpa.org.uk/infections/topics_az/influenza/default.htm