

Planning For a Human Influenza Pandemic



Background

It is impossible to predict when the next pandemic might occur or how severe its consequences might be. On average, three pandemics per century have been documented since the 16th century, occurring at intervals of 10 - 50 years. In the 20th century, pandemics occurred in 1918, 1957 and 1968. The pandemic of 1918 is estimated to have killed more than 40 million people in less than a year, with peak mortality rates occurring in those aged 20 - 45 years. The pandemics of 1957 and 1968 were milder with 1 - 4 million estimated deaths primarily in traditional groups such as the elderly, but many countries nevertheless experienced strains on health-care resources. If an influenza pandemic virus were to appear again similar to the 1918 strain, even taking account of recent medical advances, unparalleled tolls of illness and death could be expected. Air travel would hasten the spread of transmission of the virus and decrease the time available for preparing intervention. Although it is not considered to be feasible to halt the spread of a pandemic virus, it should be possible to minimize its consequences through advance preparation. This note, which will be reviewed and re-issued annually, sets out guidelines in the event of a pandemic together with the school's policy in relation to the control and prevention of flu-like symptoms as a matter of routine.

The World Health Organisation (WHO)

The WHO constantly monitors the various flu-type viruses that emerge each year and categorises the development of each within five defined phases, with particular concern where there is evidence that a virus that emanated in animals or birds has become adapted to humans. At Phase 4, international air travel is likely to be compromised. The Head and Bursar will routinely monitor the WHO categorisation of virus developments and advise the SMT of unusual or worrying developments. Advice will also be issued through the ISBA, IAPS and the Pandemic Influenza Planning Group established in the Health Protection Agency.

Planning Assumptions

Advice to all sectors is that they should seek to continue operating as normally as possible during a pandemic, but should plan for much higher than usual levels of staff absence and the consequences as well as for other possible disruption resulting from the pandemic's impact on other services. However, schools are potentially different from other settings. Children are highly efficient "spreaders" of respiratory infections, amongst themselves and to adults. There is some evidence that such infections spread less amongst children in holiday periods than in term-time. Thus, closing school for a period might reduce significantly the number of children infected. Once the nature of any future pandemic is detected, the Government may advise schools to close for a stated period. Our response to any pandemic should cover both closure and the school remaining open.

The School's Response

The Senior Management Team will be responsible for co-ordinating the school's response which will be graduated according to what may be a quickly changing scenario. Unless directed to close, the aim will be to conduct business as normal within the following:

- The school does not have the facilities to treat those suffering from influenza. Staff feeling unwell or displaying symptoms such as a high temperature will be sent home immediately. Similarly, pupils will be referred to the Day Room where they will remain until collected at the first opportunity by their parent(s) or guardian.
- Pupils and staff deemed to be at high risk due to pre-existing conditions should be advised to stay at home for all or part of any pandemic.
- Central Government, through the local authority, will advise on any mandatory closure of the school when pupils and staff would be sent home with the school reverting to its normal security posture for periods of closure.
- Should local conditions, such as general shortages of food, the disruption of power supplies, or insufficient staff to ensure the proper supervision or first-aid medical care for pupils occur, the Headmaster will inform the Chairman of Governors accordingly and order closure.
- Parents will be informed of closure through the use of text messages, emails and the website with updates sent as often as possible.
- Dining arrangements will be retained while staff are available.
- The Deputy Head (Curriculum/Administration) will manage academic staff absences on a daily ad hoc basis making best use of available staff.
- In the event of school closure, in consultation with the HODs of academic departments, the Headmaster and SMT should consider what arrangements could be made to continue educating pupils by the use of e-mails, remote tutorials/work-setting.

Infection Control

As a matter of course during the traditional "flu season" from Nov - Mar, pupils and staff should be actively encouraged to minimise potential influenza transmission through good hygiene measures as follows:

- By covering the nose and mouth with single-use disposable tissues when sneezing, coughing, wiping and blowing noses.
- By disposing of used tissues in the nearest waste bin.
- By keeping hands away from the mucous membranes of the eyes and nose.

Cleaning and Waste Disposal

General

The Bursar, Catering Manager and Matrons are to adopt as appropriate the following measures to improve general hygiene as a matter of course:

- Domestic cleaning and laundry staff are to be issued with non-powdered latex gloves for use in cleaning duties.
- All hard surfaces in kitchens, door handles, telephone handsets, toilet seats and flushes are to be wiped over with an approved, chlorine based anti-septic solution on a daily basis.
- Waste bins are to be emptied on a daily basis with the contents being sealed in plastic bags prior to disposal.

Pandemic

- If and when instructed by the Bursar, all cleaning staff are to be issued with medicated face-masks which are to be worn when employed on cleaning duties.
- The Bursar is to ensure that receptacles containing sealable plastic bags are deployed around the school for the collection of used paper tissues. They are to be emptied on a daily basis and disposed of in sealed plastic bags: if practical, they should be burnt.

Pre-stocking

The school is to hold three months' stocks of latex gloves, medicated face masks and suitable plastic bags. Perishable stocks are to be turned-over on a regular basis.

Conclusion

It is difficult to determine in advance the likely consequences for the school in the event of a major pandemic. The school should continue to function unless instructed to close or in the event of local conditions making continuation impossible or unsafe. Flexibility would be required by all staffs, with due emphasis at all levels being given to minimising the risk through good and responsible personal and general hygiene.

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