



Planning for a human influenza pandemic

Infection Control – how to reduce the spread of pandemic flu

Guidance for residential settings for children and vulnerable young people

Every Child Matters
Change For Children

June 2007

INTRODUCTION

Who is this guidance for?

1. The guidance is designed to assist staff in residential settings for children: boarding schools, residential special schools and children's homes. It may also assist staff in specialist colleges and residential settings for vulnerable young people.
2. It is in addition to general guidance on planning for a flu pandemic previously issued by DfES, and available at: <http://www.teachernet.gov.uk/humanflupandemic>
3. The guidance focuses on pandemic flu, but much of the advice here would also be good practice for reducing the spread of other viral infections.

When should this guidance be put into practice?

4. You should read the guidance now and make any preparations that need to be made well in advance of a pandemic. While much of the guidance would not need to be implemented until there is a pandemic, some previous preparation – supplies of materials, raising awareness – will help you be ready to respond to a pandemic.
5. You will be advised by your local authority and through the media if and when the World Health Organization changes the pre-pandemic “phase”, the alert level that they use to guide worldwide planning. You should then review your plans.

Background

6. Influenza (flu) is a familiar infection in the UK, especially in the winter months. The illness caused by the flu virus can be mild or severe, and can at times lead to death. Some groups of people – older people, young children and people with certain health conditions – are generally more susceptible to flu, and each year people in those groups are encouraged to have a flu vaccination.
7. Pandemic flu is different from ordinary flu as it occurs when a new flu virus emerges into the human population and spreads readily and rapidly from person to person worldwide. As it would be a new virus, no-one would have any immunity to it, and there is unlikely to be a suitable vaccine available. Everyone would be susceptible, healthy adults and children as well as those most susceptible to normal ‘seasonal’ flu. In comparison with seasonal flu, many more people could become severely ill, and many more could die.
8. The circumstances now exist for a new flu virus to emerge and spread worldwide. This could arise from an avian flu (‘bird flu’) virus mixing with an ordinary human flu virus and becoming able to infect people. Experts advise that a virus with pandemic potential could emerge soon, though this is not certain. People should however start planning now.

Symptoms and spreading the virus

9. The symptoms of influenza are:

Most significant	Other
<ul style="list-style-type: none">• Fever• Cough and/or shortness of breath• Sudden onset of symptoms	<ul style="list-style-type: none">• Aching muscles• Sore throat• Runny nose, sneezing• Loss of appetite• Headache• Malaise (lethargy, listlessness)• Chills

Children aged 6 months or less can also have tummy aches, diarrhoea and vomiting. In very young children, tiredness, poor feeding and difficulty in breathing can also be early signs of flu.

10. The symptoms of pandemic flu would probably be similar to those of seasonal flu, but they could be more severe and cause more serious complications. A key message during a pandemic should however be that, in case of doubt, one should assume that an infection is pandemic flu, and act accordingly. It is better that someone stays at home for a couple of days with what might turn out to be a normal cold than that they go into work or school with the early symptoms of pandemic flu and pass the flu virus on to other people.

11. The **incubation period** (the time from being exposed to the virus to showing symptoms of infection) is from one to four days: for most people, it will be 2-3 days.

12. In terms of the **infectious period** (how long you are infectious to others), people are most infectious soon after they develop symptoms, and remain infectious to some extent until the symptoms disappear. In general, adults can continue to excrete viruses for up to five days, and children for up to seven days, but occasionally longer. Over this period, the amount of virus, and therefore the infection risk to others, will decline as symptoms improve, but does not disappear until the symptoms themselves also disappear.

13. Flu, including pandemic flu, is **spread from person to person** by close contact. Some examples of how it may be spread are shown below:

- Infected people can pass the virus to others through large droplets when coughing, sneezing, or even talking within a close distance (one metre or less).

- You can catch the virus by direct contact with an infected person: for example, if you shake or hold their hand, and then touch your own mouth, eyes or nose without first washing your hands.
- You can catch the virus by touching objects (eg door handles, light switches) that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands. The virus can survive longer on hard surfaces than on soft or absorbent surfaces.

What you can do as an individual

14. Everyone can play their part in helping to reduce the spread of pandemic flu. There are two key things to remember:
- a. Good hygiene practice – wash your hands regularly, particularly after coughing, sneezing or blowing your nose;
 - b. If you have flu symptoms (see para 9 above), do not go into work; call your manager. If you become ill at work, inform your manager and go home. If your children show flu symptoms, keep them at home.

Context – the likely impact of pandemic flu on schools and residential settings

15. In order to reduce the spread of infection among children, and thus the number of children infected (and child deaths), the Government may advise schools and early years settings to close to children during a pandemic. The Government will decide whether to issue such advice in the light of information about the severity of the pandemic and the level of risk to children. The Government does not expect to advise post-16 institutions to close. More details can be found in DfES's general guidance on planning for a pandemic at <http://www.teachernet.gov.uk/humanflupandemic> .

16. In the event of the Government issuing such advice to schools and early years settings, there may however be exceptions:
- a. While the advice to close would apply to boarding schools, some children may not be able to return to parents or guardians, so their school might have to continue to accommodate them, even if other children returned to their families and the school suspended most of its activities;
 - b. Children's homes would be expected to continue to operate, including some that are also registered as schools;

- c. In residential special schools, decisions should be taken on the basis of the overall wellbeing of the individual children and young people. We would expect different types of residential special schools to be affected in different ways. For example, it is likely that a school providing accommodation for children with moderate needs would be in a similar position to a mainstream boarding school and most pupils would return home. A school providing long-term accommodation for children with more severe or complex needs may find that is more appropriate for children to remain in the school where their overall needs can best be met.

17. Some residential settings are therefore more likely than day schools to continue to provide a service through a pandemic. It is therefore particularly important that you have plans that will enable you to function safely and reduce the risk to children in your care and to staff.

18. The closure of day schools and early years settings may have a further impact on residential settings as staff who are parents may need or wish to stay at home to look after their own children. This could mean staff absence additional to the absence of members of staff who are themselves sick or looking after sick dependants.

19. The number of staff who would be absent would depend on the severity of the pandemic, their family responsibilities and other factors. In a severe pandemic, at the peak (which might last 2 weeks) of the pandemic a small organisation might have up to 30% of their staff absent for their own or family illness, as well as any absent looking after their children because of school/childcare closures.

Advance planning – headteachers, school proprietors and home managers

20. While much of this guidance focuses on what you should do during a pandemic, there are things that you can and should do before then, beginning now:

- a. Refresh your lists of contacts: staff, parents/carers, contacts in placing authorities;
- b. Review your plans for dealing with potentially high levels of staff absence (see information on staff absence in paras 18-19);
- c. (Boarding schools) Check the guardianship arrangements for children who would not be able to return to their families in the event of closure of the school; keep these up to date. It will help your planning if you have a good estimate of the number of children you may need to accommodate;

- d. (Residential special schools) Liaise with placing authorities on the needs of the children placed with you; agree how you will determine what would be in the best interests of the child if the Government advises most schools to close;
- e. Consider the protective equipment or clothing that staff may need when caring for a child sick with pandemic flu (see paras 22ff below). Ensure you obtain and maintain adequate stocks of the necessary items;
- f. Ensure that adequate supplies of cleaning materials are readily available (or, if you contract others to provide cleaning services, check that they have contingency plans), and that there are procedures for regular cleaning of hard surfaces;
- g. Ensure that hand hygiene facilities are adequate and working properly; if/when updating or repairing facilities, consider installing automatic or foot-operated taps, dryers and waste bins. Ensure that you have stocks of tissues, paper towels and soaps;
- h. Consider how you might use hand cleansers¹, for example at the entrances to rooms or sites without hand-washing facilities;
- i. Check that you have procedures for isolating and caring for a child who falls ill and for obtaining/administering relevant treatment;
- j. Ensure that your staff are all aware of the relevant procedures and of the infection control guidance below.

Protective equipment/clothing

21. Members of staff who look after a child who is ill with flu, and who have to provide some assistance to that child, should wear a disposable apron and surgical face mask (which constitute 'personal protective equipment', or PPE). Gloves are not essential, though wearing gloves might be useful to remind the member of staff not to touch their own face during contact with the child. They are however no substitute for hand-cleansing, which should be carried out frequently, and always before and after contact with a symptomatic child.

22. It would be desirable for the child to wear a surgical mask, but that may be impractical.

¹ The term 'hand cleansers' is used in this guidance for a range of cleansers and sanitisers available as gels, handrubs, wipes and sprays. You should follow the manufacturers' guidance on the use of such materials.

23. In order to minimise the risk to colleagues from used PPE, it is essential that PPE is removed in a standard manner. To begin with, you should remove the apron, and then remove the surgical mask from your face, avoiding touching the front of the mask (by using the tapes). If you have worn gloves, you should remove them first, by turning them inside out in one single motion, then remove the apron and the mask.

24. All used PPE should be placed in a specific labelled dustbin that has a lid, and needs to be disposed of as clinical/infectious waste. After disposing of the PPE in the bin, you must wash your hands with soap and water, or hand cleansers if soap and water are not available.

25. Staff would need to be trained in the use of PPE. The Department of Health is developing training materials for this purpose.

26. Staff sometimes have to provide care for children with ongoing medical needs (not connected to pandemic flu). They should continue to do this, but should take the precautions outlined above if the child has symptoms of flu.

What to do in a pandemic

27. You will almost certainly have had some forewarning of a pandemic before it reaches the UK and your area. At that time, you (headteachers/ principals and managers) should review your advance planning.

28. You will be advised by your local authority of any Government advice around school closures and how it might affect you. **If the Government does not advise schools to close**, you should try to function as normally as possible, but follow the advice in paras 29-32 below. Children's homes would be expected to continue operating anyway, so should follow this advice:

29. You can reduce, but not eliminate, the risk of catching or spreading flu by:

- a. Regular hand-washing;
- b. Minimising contact between your hands and mouth/nose, unless you have just washed your hands;
- c. Covering your nose and mouth when coughing or sneezing; use a tissue when possible, then dispose of the tissue promptly and carefully (bag it and bin it);
- d. Encouraging the children and young people to follow points a-c above.

30. Staff should remain at home if they display any relevant symptoms, or inform their manager and go home if they first display symptoms while at work.

31. Headteachers, principals or managers should ensure that hard surfaces (door handles, light switches, taps, kitchen worktops) are cleaned more regularly than usual, using normal cleaning products.

32. To reduce the spread of infection between children, try to follow the advice below:

- a. (headteachers/principals/managers) Ensure that hand hygiene facilities, and facilities for the disposal of tissues, are adequate, accessible, and in working order;
- b. Consider providing hand cleansers in rooms without washbasins to promote hand-washing without requiring children to go to a separate wash-room;
- c. Ensure that you can isolate any child who falls ill, and provide him or her with adequate supervision and care; you should advise the child's parents/carers (or guardian when the parents are abroad), but we would not generally advise trying to get a sick child back to their family home;
- d. Remind parents and carers that children displaying flu symptoms while at home (weekends, holidays) should stay at home and not return to school or college;
- e. Discourage the sharing of pencils, crayons and pens during a pandemic. Encourage the wiping and cleaning of hands and objects when passing round objects like musical instruments or toys. Because of the difficulty in cleaning soft toys adequately, remove communal soft toys. Do not allow children to share wind instruments;
- f. Avoid bringing children together in large crowds in enclosed spaces (eg whole-school assemblies).

33. Children's homes will generally be accommodating relatively small numbers of children. It would not be realistic – nor good for children's emotional well being – to try to isolate them from one another; one would not advise parents to keep their children apart. The only exception would be the need to isolate any child who displays symptoms of flu.

34. **If the Government has advised schools to close to pupils**, boarding schools should make arrangements to get pupils back to parents or guardians wherever possible, and to care for those pupils who have to remain in the school. Residential special schools should agree with placing authorities whether children should remain in the school, or return to their families or local authority provision (see para 16c above).

35. The Government does not expect to advise post-16 institutions to close. Nevertheless, specialist colleges should also consider arrangements to get students back to parents or guardians wherever possible, and to care for those students who have to remain in the college.

36. For those children who remain in the school or home, the measures set out in paras 29-32 above still apply.

37. In a boarding school where most pupils have been able to return to parents or guardians, we would advise the school to try to accommodate the remaining pupils in small groups – the fewer children that a child mixes with, the lower the risk of either catching or spreading an infection. Some level of social mixing would however be necessary for children's general wellbeing as long as any children with symptoms of flu were isolated from other children. Schools may also wish to support some learning activities, alongside any support for remote learning for pupils who have returned home.

38. If a residential special school finds that most of the pupils remain in the school (for the reasons set out in para 16c), it may well be appropriate to pursue normal lessons as far as possible, while taking the measures set out above to reduce infection.

Looking after a child who has pandemic flu

39. If a child in your school or home displays any of the symptoms of pandemic flu set out in para 9 above, you should isolate them from other children. As long as there is any doubt, keep them away from other children.

40. Detailed arrangements for obtaining antiviral drugs, such as Tamiflu, will be publicised by the Department of Health prior to a pandemic. It will be necessary to call a dedicated Flu Line, explain the child's symptoms and – if appropriate – arrange for someone to collect the antiviral medication on the child's behalf.

41. If a child does have pandemic flu, they should remain isolated from other children until all symptoms have disappeared. We would advise you to keep to a minimum the number of staff who have close contact with the child during their illness. Any member of staff who has contact with a child ill with flu should follow the guidance on using PPE above, and take particular care in washing their hands thoroughly before they have any contact with other children.

Getting the right messages to children

42. You should teach and encourage children in an age-appropriate way to follow the advice on personal hygiene (hand hygiene, minimising contact between hands and mouth/nose, use of tissues). You should emphasise that this is serious, and not a fit subject for joking, but take care not to scare younger or impressionable children.

43. We recognise that it is not possible for staff to monitor that every child is

following the advice all of the time, but frequent reminders should help to spread the right messages.

44. We recommend that staff make use of the posters on general infection control that the Department of Health has made available in spring 2007. These can help pupils to avoid normal everyday infections as well as in a pandemic. There are posters on hand-washing and on 'coughs and sneezes'; these can be 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. You can see copies of both posters at <http://www.teachernet.gov.uk/humanflupandemic> .

You may also wish to use Annex A to this guidance on how children should avoid spreading lots of germs when coughing or sneezing and wash their hands thoroughly; Annex B contains links to other sources of information.

Children: how you should cough or sneeze, to avoid spreading lots of germs

Cover your cough

- when you cough or sneeze, cover your nose and mouth with a tissue;
- throw away your tissue, into a proper bag or bin, as soon as you've used it.
- Wash your hands

Wash your hands frequently:

On days when you are coughing, sneezing or blowing your nose, frequently wash your hands often with soap and water; or, if you can't use soap and water, use wipes or gels.

See more advice below at: "How to wash and dry your hands".

Remember:

Washing your hands is the single best way that you can help stop spreading germs that cause illness with coughs and sneezes.

How to wash and dry your hands with soap and water

- 1 Wet your hands with warm water, then add soap.
- 2 Rub in the soap, while you count to fifteen. Make sure you rub the soap into:
 - the backs of your hands;
 - the backs of your fingers;
 - your finger-nails;
 - your finger-tips;
 - the skin between your fingers.
- 3 Rinse your hands under running water.
- 4 Dry your hands with a disposable paper towel or a hot-air blower.

[If you are wearing any rings or bracelets, remove them before washing your hands. If you have any cuts or scratches, cover them with a clean dressing]

DfES & DH/ HPA, 2007.

FREQUENTLY ASKED QUESTIONS (FAQ) AND OTHER SOURCES OF INFORMATION

FAQ

Q In a pandemic, what should cleaning staff clean, and how?

A They should clean surfaces that are frequently touched by hand, using normal cleaning materials.

As far as possible, you should suspend the use of communal items during the pandemic, especially those prone to frequent hand and mouth contact (eg wind instruments) and soft toys, which are hard to clean adequately.

As the cleaning procedures in a pandemic are more extensive than in normal circumstances, other support staff and caretakers may be able to assist cleaning staff.

Q What about protective equipment?

A We do not recommend protective equipment or clothing for staff in schools or early years/childcare settings in a pandemic, except for those who supervise a sick child (see paras 21ff of infection control guidance).

Q Will DfES provide extra funding for hand cleansers, paper tissues etc?

A No. DfES is not imposing this as a requirement, and it relates only to a human flu pandemic, not to a normal winter. We believe schools and settings should be able to afford sensible measures under normal budgets.

Other guidance or sources of information

Government advice on personal hygiene education and general advice for young people: www.wiredforhealth.gov.uk/cat.php?catid=838

General guidance on infection control, including personal hygiene and seasonal influenza: www.wiredforhealth.gov.uk/cat.php?catid=917 .

Curriculum: Citizenship guidance:

www.nc.uk.net/webdav/harmonise?Page/@id=6004&Subject/@id=4164 .

See also QCA Citizenship scheme of work guidance for KS1-4.

Planning guidance for schools and early years/childcare providers:

<http://www.teachernet.gov.uk/humanflupandemic>

Feedback Form for Users of Infection Control Guidance (ICG)

Please send any tips or advice which you believe would improve this ICG.

The ICG will be reviewed, and where necessary updated, every 6-12 months, depending on developments and research. If you would like to include a suggestion for consideration, please submit it by sending this page to the address below, or an email to neil.remsbery@dfes.gsi.gov.uk. We will acknowledge all suggestions, though may not comment on the suggestion until we are conducting the next review.

Name:

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