

ELMSTEAD PRIMARY SCHOOL  
**POLICY FOR THE MANAGEMENT OF INFLUENZA**

**Policy co-ordinated by C.A. Middleditch  
(April, 2009)**

**INTRODUCTION**

Seasonal influenza is a familiar infection in the UK, especially during winter. Pandemic influenza occurs when a new influenza A virus subtype emerges which is markedly different from recently circulating subtypes and strains and is able to:

- infect humans;
- spread efficiently from person to person;
- cause significant clinical illness in a high proportion of those infected.

**POLICY STATEMENT**

This policy outlines the procedures in place to try and prevent and control the spread of pandemic flu, including preparations required for readiness.

**SCOPE**

This policy applies to all staff (including volunteers) working for Elmstead Primary School. It applies to pandemic influenza only and is aimed at preventing the spread of influenza to staff and pupils during an influenza pandemic. This policy may be subject to change at short notice based on advice from the government during a pandemic.

A summary of the key points for the control of pandemic influenza can be seen in Appendix 1.

**RESPONSIBILITIES**

The Board of Governors are responsible for the overall implementation of this policy. It is the Head Teacher's responsibility to ensure that the policy and its procedures are made available to all staff. All staff are responsible for ensuring their practice complies with this policy. It is the responsibility of the Head Teacher to ensure that training is in place, where necessary, so those staff employed can fulfill their duties.

## CLINICAL FEATURES & TRANSMISSION

According to government guidelines, Influenza is an acute illness characterised by fever, sudden onset of chills, headache, muscle pains, severe prostration and, usually, a cough with or without a sore throat or other respiratory symptoms:

- Typical incubation period is 1-3 days (typically 2 days).
- Acute symptoms last for about 1 week but full recovery may take longer.
- Adults can be infectious from the onset of symptoms for 4-5 days.
- Children may shed the virus for longer than adults.
- Severely immunocompromised service users can shed virus for up to 21 days.
- Influenza is mainly spread by the respiratory route, through droplets of infected respiratory secretions produced when an infected person talks, coughs or sneezes (direct droplet spread); it may also be spread by hand/face contact after touching a person or surface contaminated with infectious respiratory droplets.
- Airborne transmission through finer respiratory aerosols (which stay in the air for longer and are therefore more effective at spreading infection) may occur in some circumstances.
- An aid to identifying cases can be seen in appendix 2.

## PROCEDURES

*There will be several levels of alert before the government declares a pandemic. In the event of pandemic influenza being declared advice can be sought from Essex LA, in addition to direct advice from the DfCSF.*

## PRIMARY PREVENTION

Any vaccine becoming available will be administered in line with Department of Health guidance. Prompt and early identification of cases is of primary importance.

Staff, pupils, parents and visitors to the school, with signs and symptoms of flu, should stay at home and contact their GP by telephone if necessary. The message should be **“STAY AT HOME!”**

## STAFF DEPLOYMENT

All staff with any signs of influenza must not report for work, but contact the Head Teacher, or line manager in the event of the Head Teacher being absent. Any staff developing symptoms whilst at work must report to the Head Teacher, or line manager, and immediately and go home. Any member of **staff with symptoms of influenza** should be excluded from work to avoid passing the infection to other staff and pupils.

To prevent the spread of influenza the school may have to close for a period of time, using the Internet and/or telephone to link with pupils in their homes to maintain some progress in key areas of the curriculum. The school will draw up a list of CRB checked parents and volunteers to help in this process.

**Staff who have recovered from pandemic influenza** must report to the Head Teacher or their line manager before resuming their duties.

Staff who have recovered from pandemic influenza or are vaccinated (in the event of vaccine being available) should be prioritised for monitoring pupil progress.

**Staff at high risk of complications** of pandemic influenza (eg pregnant women, immunocompromised workers) should be considered for alternative work assignment, away from direct contact with others. Staff may be required to undertake work outside of the scope of their usual practice. Such examples may include reception and administrative duties, cleaning etc. The Leadership Team should identify opportunities for redeployment of staff.

A 'Being Prepared' summary can be found in Appendix 2.

### **RECOMMENDED INFECTION CONTROL MEASURES**

- Hand hygiene is the single most important practice to reduce the risks of transmission of pandemic influenza.
- Hands must be decontaminated with soap and water or alcohol based hand disinfectants: before and after contact with their immediate environment.
- When using soap and water hands must be thoroughly dried and the paper towels securely disposed of.

### **MANAGEMENT OF THE COUGHING AND SNEEZING**

Pupils as well as staff and visitors should be encouraged to minimise potential influenza transmission through good hygienic measures:

- cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing noses;
- dispose of used tissues in the nearest waste bin;
- wash hands after coughing, sneezing, using tissues, or contact with respiratory secretions and contaminated objects;
- keep hands away from the mucous membranes of the eyes and nose;
- younger pupils may need assistance with containment of respiratory secretions including provision of tissues, disposal facilities and hand wipes.

#### **Masks:**

- Wherever possible, coughing, sneezing sufferers should wear a particle mask to assist in the containment of respiratory secretions and to reduce environmental contamination.

#### **Gloves:**

- Gloves are required as part of Standard Infection Control precautions only.

## SUMMARY OF KEY POINTS IN PANDEMIC INFLUENZA CONTROL (NHS OVERVIEW)

### Appendix 1

#### **Health Impacts in the UK**

- The elderly, young adults and children may be particularly affected.
- Attack rates may be between 25% and 50%.
- 50,000 or more deaths are possible.
- Substantial demand for healthcare likely.

#### **Clinical features**

- Fever, dry cough, abrupt onset.
- Headache, sore throat, runny or stuffy nose, aching muscles and joints and extreme tiredness also possible.
- Adults can be infectious from a day before onset of symptoms through to 5 days after. Children can be infectious for about 7 days: young children can shed the virus for several days before becoming ill.

#### **How is influenza spread**

- Transmitted person-to-person through close contact – large droplet, direct and indirect contact important.
- Airborne and fine droplet may also occur especially during aerosol generating procedures.

#### **Prevention of influenza transmission**

- Strict adherence to Infection Control practices especially hand decontamination and the containment of respiratory secretions.
- Strict adherence to Standard Infection Control principles.
- Administrative controls e.g. redeployment of staff and volunteers.
- Restriction of symptomatic workers and visitors.
- Education of staff, service users and visitors.

#### **Preparedness**

- An influenza pandemic will not be business as usual.
- Prompt recognition of staff and pupils with influenza essential to limited spread of pandemic.
- Staff with pandemic influenza should be excluded from work; exceptions may be necessary.

#### **Infection Control Precautions**

- Hand hygiene and containment of respiratory secretions are essential.
- Signage and posters should be displayed prominently to raise awareness of these basic and critical Infection Control measures.

#### **Case recognition criteria**

A diagnosis of influenza can be attributed if individuals have criteria 1 and new onset **OR** sudden worsening of one or more of the other respiratory criteria listed:

##### **Criteria Present**

1. Fever > 37.80C ( <b>OR</b> sudden & serious deterioration in physical or mental ability).	Yes/No
2. Cough (with or without phlegm).	Yes/No
3. Runny/stuffy nose.	Yes/No
4. Sore throat.	Yes/No
5. Sneezing.	Yes/No
6. Hoarseness.	Yes/No
7. Shortness of breath.	Yes/No
8. Chest pain.	Yes/No
9. Wheezing.	Yes/No

## Appendix 2

### GENERAL PRACTICE PREPAREDNESS CHECKLIST FOR PANDEMIC INFLUENZA

Full reference should be made to the attached document:

# **ESSEX COUNTY COUNCIL**

## **EDUCATIONAL PANDEMIC INFLUENZA**

### **RESPONSE PLAN**

(FOR EDUCATIONAL ESTABLISHMENTS)

<b>REMEMBER:</b>
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- Follow the precautionary procedures outlined at all times.
- If in doubt request support and guidance.
- If you are subject to flu symptoms inform your line manager immediately.
- In the event of the school closing use the contact details, issued with the Disaster Plan.
- A separate plan will be issued for dealing with the ongoing education of the children, for those not suffering from influenza, but subject to school closure and the interruption of their learning.