

Planning for a human influenza pandemic

Guidance to schools
and children's services

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DFES GUIDANCE TO SCHOOLS AND CHILDREN'S SERVICES ON PLANNING FOR A HUMAN INFLUENZA (FLU) PANDEMIC

EXECUTIVE SUMMARY

This guidance aims to encourage and support schools and children's services in planning for a human influenza (flu) pandemic. It provides brief background on pandemic flu and its implications for schools and children's services. It explains the role of central Government and of local arrangements for responding to a pandemic.

The guidance reminds all those responsible for planning or managing services that they should plan for pandemic flu as part of their normal planning for responding to any emergency – known as 'business continuity' planning (or some will know it as 'emergency response planning'). It explains why, for child welfare reasons, schools and childcare might be an exception to the general 'business as normal' message that underpins Government guidance to other sectors. It recommends that schools and childcare providers should plan both for operating during a pandemic and for the possible closure to children of schools and childcare services if the Government proposes such closure for child welfare reasons. Managers would decide locally whether to close, on the basis of national advice from the Government.

The guidance sets out the processes that we would use to get information to schools and childcare providers if we advised that they should close to children.

The guidance stresses the importance of reviewing plans regularly as there may be too little time immediately before the arrival of a pandemic to review plans and take necessary action.

Using this guidance

In order to help you develop and implement your plans for a possible flu pandemic, we

recommend that everyone who is responsible for schools or children's services should read Chapter 1, which sets out the general context, lines of responsibility and communications channels. You should also all take note of Annex A, which provides links to a wide range of other sources of information and guidance.

Each of Chapters 2-5 is relevant to specific services: schools (Ch 2); childcare, early years settings and childminders (Ch 3); children's homes and secure units (Ch 4); other services for children and young people (Ch 5). Click on the relevant entry in the index to go to that part of the guidance.

Wherever we use the term 'parents' in this guidance, this should be read as referring to everyone with parental responsibility for a child, including social workers for looked after children, as well as foster carers or other carers.

Alongside this guidance, DfES has issued parallel guidance to the HE and FE sectors.

DfES has also made available some brief information for parents and carers.

This guidance is for England only. Parallel guidance is being issued by the Scottish Executive, the Welsh Assembly Government, and the Department of Education Northern Ireland.

CHAPTER 1

GENERAL INTRODUCTION

Why you should read this guidance

1.1 The Chief Medical Officer's publication 'Explaining Pandemic Flu' sets the context for this guidance:

The World Health Organisation (WHO) and other international organisations have recently warned that an influenza (flu) pandemic is 'inevitable'. The consequences of an influenza pandemic would be serious with the numbers of people falling ill and dying being far higher than with 'ordinary' winter flu outbreaks.

Influenza pandemics are not new. Three flu pandemics caused public health emergencies during the last century and experts are predicting that another is due.

1.2 No-one knows exactly when a pandemic will occur. When it does, 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. If a pandemic flu strain emerges overseas, it will almost certainly reach the UK; while this may take around a month, planners cannot rely upon having that much forewarning. Once the pandemic arrives, it is likely to spread throughout the country in a matter of weeks.

World Health Organisation Phases

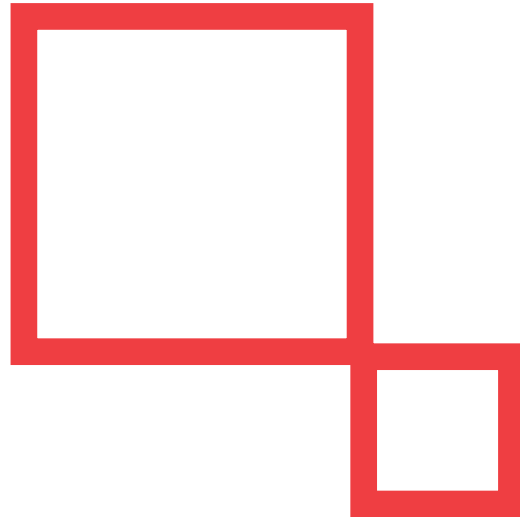
The WHO has set out the phases of a pandemic, and these are often cited to refer to the different situations we may face. The meaning of the most relevant phases is summarised below:

Phase 3: the **current position** at the time of publication of this guidance (July 2006); there is a new sub-type of virus, but no human-to-human transmission;

Phase 4: small clusters of infection, but limited human-to-human transmission;

Phase 5: large clusters of infection but human-to-human spread is localised; this suggests the virus is adapting to humans but may not yet be fully transmissible between humans;

Phase 6: **pandemic phase;** increased and sustained transmission between humans.



1.3 The UK Health Departments have published a plan for how the Government overall will respond (see Annex A). The Government recommends that organisations, including those in the public sector at local level, should be as prepared as possible now so that plans can be activated when a pandemic arrives. DfES has produced this guidance in consultation with other Government departments as part of the Government's coordinated efforts to encourage prudent planning across all sectors. Our first priority in a pandemic would be the welfare of children. This guidance is to support planning for schools and childcare settings in England. Further guidance on specific issues (eg infection control, remote learning – see end of Chapter 2) will follow, and we will review this guidance regularly.

1.4 Flu viruses change all the time. A vaccine closely matching the specific virus in a pandemic will not be available for the first wave of a pandemic. The Department of Health (DH) is procuring a stockpile of enough anti-viral drugs (Tamiflu) to treat 25% of the population, the scenario considered most likely, based on WHO advice about the likely attack rate. This should be complete by September 2006: these will be used to treat those who fall ill (not to prevent illness).

1.5 Planning for a flu pandemic presents challenges because it is impossible to predict its characteristics in advance, e.g. whether it will be relatively mild, or have minimal impact on children; or be severe across all age ranges, or have its highest impact on children. DH advises that planning should be adaptable, to respond to different levels of infection and fatality. To put these levels into some context, the lowest likely levels of infection and fatality would mean around 54,000 deaths in excess of normal levels in the UK, the highest likely levels over 700,000, over the course of a pandemic, which may involve more than one wave (see para 1.23).

1.6 The impact on children and young people will depend on the nature of the virus causing the pandemic. If the next flu pandemic were similar to those in the 1950s and 1960s, most of the additional deaths would be among the elderly, but the 1918-19 'Spanish' flu pandemic had a different profile, with young adults being most affected.

1.7 Current guidance from the Government is that people should try to continue their everyday (essential) activities as normally as possible during a pandemic, while taking personal responsibility for reducing their risk of exposure to the virus and social responsibility to lessen the spread of the virus.

1.8 There are however some specific issues to consider concerning children. There is evidence from seasonal flu that children secrete larger quantities of the virus and for longer than adults, which can lead to a rapid spread of infection when they are together in school or other group settings. There is evidence that other infections (eg seasonal flu) spread less among children during school holidays than in term-time, and indications that closing schools and similar settings could reduce the spread of pandemic flu among children, though it may not reduce infection in the adult population as a whole. There may therefore be circumstances in which the Government would advise the closure of schools and group childcare settings during a pandemic.

1.9 We therefore recommend that all schools and childcare settings plan both for staying open and for possible closure, for some or all of a pandemic. Closure could either be very localised and brief – for example, a school with too few staff to operate safely – or more widespread and for a longer period, in order to reduce the spread of infection among children. If a school were to close to pupils for child welfare reasons, school employers should still ask staff to work; this is consistent with advice to employers in all sectors.

1.10 Experience has shown that organisations that prepare for emergencies are more likely to withstand or recover successfully from these disruptions than those who do not. We therefore recommend that local authorities, schools and other service providers develop contingency plans now, which should be part of their general business continuity planning. See DfES guidance for schools on emergency planning at <http://www.teachernet.gov.uk/emergencies> ; more generic advice on business continuity planning can also be found at <http://www.pfe.gov.uk> . While there **may** be a little time to review plans in the period between a pandemic being identified as imminent elsewhere and it reaching the UK, this is unlikely to be enough to develop robust plans from scratch,

so most work should be done now, and then reviewed regularly – we would suggest approximately annually – until a pandemic occurs.

1.11 After this introductory chapter, which is relevant to all schools and children’s services, the rest of the guidance is arranged for specific sectors and, within each sector, for specific audiences – what to do if you are an employer, a head teacher, etc. All basic information is here; for more background, Annex A lists further references. DfES will also be adding to this website frequently asked questions about this issue that fall outside the scope of this guidance.

Advice and communications - who does what before and during a pandemic

1.12 **England-wide:** The Government wants to give consistent messages to all services and to the public about pandemic influenza. Until a pandemic arrives, core messages on public health matters will come from DH, and DfES will help to pass on these messages to children’s services providers, the school workforce, other people working with children, and parents. Our own advice will set out how schools and childcare services can deal with the effects of a pandemic. We will communicate with schools through emails to all maintained-school head teachers, and monthly (online and hard-copy) editions of Spectrum, supplemented by writing to independent schools with key messages.

1.13 Routine channels of communications to providers of children’s services will also be used to disseminate messages to those sectors. If a message is both urgent and important, we will consider using other channels in addition, e.g. asking local authorities by email or phone to pass on a message, and/ or issuing a statement to the news media.

1.14 During a pandemic, while we would publicise national messages relevant to partners in the sectors for which we are responsible, any communications about what schools or other services in a specific area should be doing will be handled locally through the arrangements set out below.

1.15 **Regionally:** Before a pandemic, at the regional level in England, the Government’s civil protection planning for a pandemic is co-ordinated through 9 Regional Resilience

Forums (RRFs), one in each Government Office region; they will forward Government guidance on schools and children's services to the 43 Local Resilience Forums in England (LRFs, generally based on police force areas). In a pandemic, Regional Civil Contingency Committees will co-ordinate, and will report to central Government on the situation in schools and other services. For details about regional and local preparedness contacts, see Annex A.

1.16 **Locally:** Before a pandemic, the Civil Contingencies Act 2004 requires front-line emergency responders (eg NHS, police, local authorities) to work in partnership to build their preparedness. This legislation requires what the Act terms 'Category 1 responders' to maintain emergency plans and business continuity arrangements, informed by risk assessments, to ensure that they can mobilise an effective emergency response, and are able to continue to exercise their other functions during a full range of emergencies, including health emergencies. The legislation also requires local authorities and other key partners to exercise these plans.

1.17 In a pandemic, response and recovery at the local level is led by Strategic Co-ordinating Groups (SCGs, again based on police force areas). These are the key bodies tasked with delivering an effective and joined up response. Key front-line responders will participate in SCGs.

Communicating messages about possible closure of schools and childcare

1.18 As indicated above (para 1.8), the Government may nationally issue advice that, in order to reduce the spread of infection among children, schools and childcare settings should close when the pandemic reaches their area. If the Government issues such advice, the Committee in Civil Contingency (CCC) would, through the Civil Contingencies Secretariat (CCS), tell Government Offices. They would in turn inform members of Strategic Co-ordinating Groups within their area; the SCG members include LA Chief Executives. The Chief Executives would ask their Directors of Children's Services to get the message communicated to schools and childcare providers. At this stage, the message to schools

and childcare providers would be not to close, but to prepare for closure when the pandemic reaches their area. We are investigating further with the Department of Health and the Health Protection Agency (HPA) how to assess exactly when the advice should be put into practice in an area.

1.19 When evidence indicates that the advice to close should be put into practice in an area, the HPA would, through DH, inform the CCC. The information would then follow the route set out in the previous paragraph. It is at this point that schools and childcare providers have to decide – in line with the responsibilities set out in chapters 2 and 3 of this guidance – whether they close.

1.20 If schools and childcare settings close on Government advice, the advice to re-open, and any conditions attached to it, would follow the same communications channels. We are undertaking further work on the criteria for advising schools to re-open. See the charts on the following two pages for illustration of these channels.

1.21 Section 4 of the Civil Contingencies Act requires local authorities to take steps to raise business continuity awareness among organisations in their areas. In many cases this will involve publishing information about the impact of a possible influenza pandemic. School closures can have significant business continuity implications for organisations who have employees with young children. We consider it would be prudent for any local authority advice on the impact of pandemic flu on business continuity to flag up the issue of possible school closures.

Advice or obligation?

1.22 If the Government decides that closing schools and childcare settings for child welfare reasons is advisable, we expect to issue advice to schools and childcare providers, and do not expect to use emergency powers under the Civil Contingency Act 2004 (see Annex A) to oblige services to close. We believe that all concerned will share the desire to safeguard children's health, and will want to comply with advice based on children's welfare.

COMMUNICATIONS CHANNELS IF GOVERNMENT ADVISES SCHOOLS AND CHILDCARE SETTINGS TO CLOSE

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



Notes

- Further work is taking place on the criteria for determining when infection rates in an area are low enough for schools and childcare settings to be advised that they can re-open
- It is possible that advice that it is safe to re-open may be accompanied by certain conditions (depending on what is known about virus); any such conditions would be communicated along with the advice
- It is possible that partial reopening would be advised first (eg for children who had been infected and recovered). Any advice to re-open partially would follow the same route

Subsequent waves of pandemic flu

1.23 There may be two or more waves in a pandemic, possibly weeks or months apart. Government advice on action to be taken in subsequent waves will depend on information that would not be available until after the first wave: for example, which groups were infected in the first wave and whether they would be subsequently immune; and whether a virus-specific vaccine could be developed and produced in time. Depending on such information, advice could be to remain open and operate normally; close to all pupils; or open for pupils who had been infected but recovered in the first wave. The same channels of communication would be used to provide advice to service providers

General public health messages

1.24 The key public health messages in a pandemic will be:

If you do catch flu:

- Stay at home and rest
- Take medicines such as aspirin, ibuprofen or paracetamol to relieve the symptoms (following the instructions with the medicines). Children under 16 must not be given aspirin or ready-made flu remedies containing aspirin.
- Drink plenty of fluids.

You can reduce, but not eliminate the risk of catching or spreading influenza during a pandemic by:

- Covering your nose and mouth when coughing or sneezing, using a tissue when possible
- Disposing of dirty tissues promptly and carefully – bag and bin them
- Avoiding non-essential travel and large crowds wherever possible
- Maintaining good basic hygiene, for example washing your hands frequently with soap and water to reduce the spread of the virus from your hands to your face, or to other people.
- Cleaning hard surfaces (eg, kitchen worktops, door handles) frequently, using a normal cleaning product

- Making sure your children follow this advice.

These measures are for your own health and to avoid spreading the illness to others.

Department of Health, October 2005

CHAPTER 2

SCHOOLS

This chapter is for school employers (local authorities, employer governing bodies, independent school proprietors), head teachers and non-employer governing bodies.

2.1 We recommend **all** schools (including independent, non-maintained, foundation and aided schools, as well as pupil referral units and alternative education settings) to work closely with their local authority to:

NOW: put in place outline plans for a pandemic: we advise local authorities to take a lead for community and voluntary controlled schools;

NOW: respond promptly to any request from the local authority for up-to-date contact details for the school, so that they are able to receive information from the Local Authority efficiently;

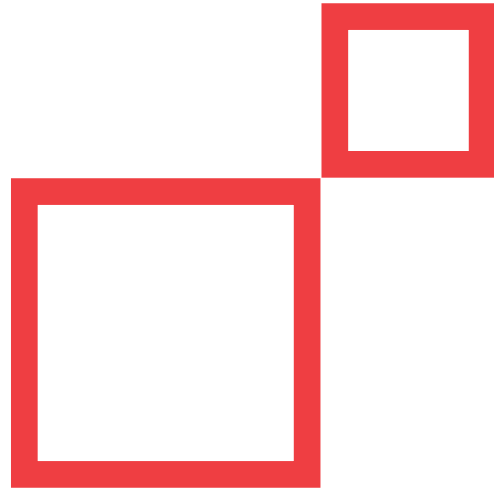
BETWEEN NOW AND WORLD HEALTH ORGANISATION (WHO) PHASE 4 (see explanation in Ch 1); take note of any new guidance, review plans regularly, ensure contact lists are kept up to date;

AT WHO PHASE 4 (ANY TIME AVAILABLE AT PHASE 5 IS LIKELY TO BE VERY LIMITED): check, refine and prepare to activate these plans;

IN A PANDEMIC: if schools are advised to close to pupils, to continue to provide some form of education by remote methods for the duration of the closure, to the extent that this is reasonable in a school's individual circumstances; if closed to pupils, schools would not however have the general duty of care for pupils that they normally have during school activities.

IN A PANDEMIC: if there is no advice to close schools, to remain open as long as sufficient staff are available, provide as near to normal classes and curriculum as resources permit; also to follow advice to minimise the spread of infection among pupils and staff;

AFTER THE FIRST FEW WEEKS OF THE PANDEMIC: if schools have closed to pupils, be prepared to respond to information from the local authority, which might be to re-open some or all schools, possibly only for pupils who have recovered from the virus.



2.2 DfES recommends that school employers, non-employer governing bodies and head teachers should ensure they are clear about roles and responsibilities which are summarised in the table below:

Who	Now	During pandemic
School employer (Local Authority, employer governing body, proprietor of independent school) and all governing bodies Section 2A	Plan at a strategic level how school/s will respond. Ensure that it is clear who will take any decisions on school closure Establish system of regular reviews of plans.	Ensure plans are put into practice Support employees, ensure staff continue working to provide, so far as practical, a reasonable level of education at home if children not in school (Maintained schools) Continue with statutory duty to direct conduct of school with a view to promoting high standards of educational achievement at the school. Were schools to close for extended periods, this could be through supporting remote learning
Head teacher Section 2B Section 2C (boarding) Section 2D (special)	Prepare outline plan with employer. Establish systems for reviewing plan regularly	Consider and act on advice from local authority Put plan into practice Support staff who are ill or need time off as carers. If school open, ensure rigorous infection control. If school closes to pupils, work with local authorities so far as practical to enable a reasonable degree of learning by children at home.

2.3 A head teacher (under delegated authority from the governing body) might decide to close a school because insufficient staff are available to run the school safely. In maintained schools, each head teacher and governing body should check both that they are clear about whether the governing body has delegated this authority, and that they are aware of guidance (if any) from the local authority. It would be helpful for the head teacher and governing body to agree in advance the minimum number of staff in different categories needed to continue operating, and whether there are key staff whose absence might lead to closure; if so, could the school plan so that another member of staff could temporarily take on their duties?

2.4 The Government may also advise that schools in affected areas should close to pupils on child welfare grounds, to reduce the spread of infection among children. The local authority, acting on information from central Government via Government Offices and Strategic Co-ordinating Groups (SCGs), would inform all schools in its area when their area is affected. In maintained schools, governing bodies will remain legally responsible for school closures and should ensure that the head has delegated powers to close the school at short notice if advised to do so. In this context, 'closure' means closure to pupils; staff who are not ill would still be expected to come to the school, unless arrangements for them to work from home had been agreed.

2.5 In the case of **schools with sixth forms**, it is likely that any advice to close to pupils would apply up to Y11 only, though information about a particular strain of virus might change this. As our advice to the FE sector, including sixth form colleges, is likely to be to continue operating, students in school sixth forms should not be treated differently from their peers in other settings; without the younger pupils, they should be at no greater risk than the students in the other settings. Schools will however need to take account of practical issues that might affect their ability to operate for sixth form pupils only.

2.6 Local authorities have a power to direct a community, community special, or voluntary controlled school as to the use of its premises; this power is mainly used to enable LAs to require their schools to allow community use of their premises, but an LA

could in theory use it to direct a head teacher to close a school if the LA had reasonable grounds. However, as set out in para 1.22, DfES believes it is likely that schools would follow advice in these circumstances, without LAs needing to use those powers.

Re-opening of schools (if all schools in an area close)

2.7 If all schools in an area close during a pandemic, the situation would be reviewed by the SCG after a period of time, (probably 2-3 weeks, but this would be made clear in the advice to close), and the LA Children's Services Dept would inform schools of any action to be taken. It is possible that advice might then be to make some provision available, possibly only for pupils who have had pandemic flu and recovered; those who have been infected and recovered may be immune to further infection from that strain of virus, and may have cross-protection from any related strain, though this not certain. Alternatively, (and more probably) advice may be to remain closed, in which case schools would be told when the situation would next be reviewed.

2.8 We are undertaking further work on the criteria for advising schools to re-open and on the mechanics of local timing. When schools in an area can re-open, local authorities would be informed (as per the procedures in paras 1.18 – 1.20) and would inform schools. Any conditions to be attached to re-opening, or any specific measures to be taken would be communicated at that time.

Roles and responsibilities – employers, governing bodies and head teachers

2.9 The following sections set out roles and responsibilities in more detail. They set out action to be taken now and during a pandemic. Much of the action to be taken now would come under the general heading of planning. It is vital that the plans you develop now are reviewed, and revised if necessary, regularly – at least once a year, perhaps twice, and whenever we issue any changes to this guidance. To assist you with the production of plans, we are developing a model plan that you may wish to use or adapt, and this should become available on this website before the autumn.

2.10 We will inform you, on our website and through LAs, when WHO Phase 4 is reached, and again at Phase 5. These announcements should prompt you to revise plans and prepare to put them into action. You should not leave this until the last minute as there may be little time between reaching Phase 5 and the pandemic reaching the UK. It will be for you to decide which activities to prioritise at this stage, but in most cases we would advise a final check of contact details and reminding staff of procedures to be followed.

SECTION 2A – ROLE OF SCHOOL EMPLOYERS AND GOVERNING BODIES

What you should do now

2.11 This section is for **all** employers, including employer governing bodies and proprietors of independent schools. It also applies to non-employer governing bodies of maintained schools, and covers the role of LAs vis-à-vis schools where they are not the employer. In the list of action points below, we clearly indicate – in bold type after each action – whether it applies to all, LAs, employers, GBs, or independent/ non-maintained schools (shows as ‘Ind’); though action may be delegated to head teachers, the responsibility remains as below.. However, we ask local authorities to take note of all proposed actions, as we recommend that they should undertake planning collaboratively with their schools. Employer governing bodies should adapt the guidance to reflect their responsibility for a single school or small group of schools. The principles apply to all schools and employers. See also specific guidance below for special schools and boarding schools.

2.12 We strongly recommend that you should:

Familiarise yourself with:

- overall UK Government advice on pandemic flu planning, and the current World Health Organisation (WHO) phase of alert - at the time of writing, alert phase 3 (see UK/ WHO details in Annex A); **All**

- DfES generic guidance on emergency planning, which includes a draft emergency plan for a school, and Government advice on personal hygiene education (for both, see Annex A); **All**
- if you are a non-LA employer, check whether and how your local authority will, in a pandemic, communicate messages from the SCG to, and collect information from, your school/s (as recommended by DfES, below); **Employer GBs + Ind**

Continue or revive your regular action to:

- ensure that school staff are aware of general advice for young people, and general guidance on infection control, including personal hygiene and seasonal influenza (see Annex A); **GBs + Ind**
- make plans jointly with your school/s to ensure that they are suitably equipped with materials needed to implement infection control measures (e.g. tissues and tissue-disposal, hot water and soap); such materials could also be used to prevent the spread of other infections; **GBs + Ind**
- remind head teachers of your policies for staff taking time off short-term to care for a sick member of their family, and of staff rights to time off for dependants – usually unpaid, unless agreed otherwise (see Annex A); **Employers**
- ask schools to ensure that they have accurate records of contact names, addresses and phone numbers (including mobile numbers and e-mail addresses where possible) for pupils and staff; **GBs + Ind**
- review any plan you already have in place, or put one in place, for supporting a school when a pupil has died (see Annex A); **LAs.**

Take new action to:

- encourage head teachers of your school/s to study the guidance at 2B below and act on it, involving staff unions. Check briefly (no need to go into detail) that they have done so; **GBs + Ind**

- consult schools and the local media about the best channels of communication with parents in a pandemic, agreeing the respective roles and responsibilities of the local authority and schools; **LAs**
- be proactive in providing to staff, or helping staff to access, information relevant to their own health in a pandemic – your staff are your key resource. Employers could make available, and advise staff to read, published NHS information; **Employers**
- ensure positive encouragement to staff who are ill or think they are ill during a pandemic, not to come into work. Check your personnel policies: review them if needed, to achieve this; **Employers**
- think ahead about reasonable measures to support any staff while their own child has flu; such staff might be able to do some work from home. Check your existing local arrangements on entitlement to leave of absence; **GBs; + Ind**
- agree with your head teachers or non-employer governing bodies, who will inform parents and who will inform you, and how, if they decide to close their school to pupils (the school would remain open for staff to continue to work if they are well and not caring for a sick relative, but the employer should also put in place options for remote working where appropriate); **LAs**
- when the Government has issued infection control guidance for schools (currently planned for autumn 2006), ask schools to read and take action on it, including any liaison with contractors or managers of cleaning services, ensuring that they have sufficient cleaning materials; **GBs + Ind**

Take a lead, seeking input from head teachers and involving staff unions, on how to address the following issues if schools remain open during a pandemic: **Employers**

- cover arrangements if head and/or deputy are ill in the pandemic; **Employers**
- supply cover for absent staff; **Employers**

- whether staff are willing and able to take on a different role during the pandemic, taking account of the 38 hour limit on cover; **Employers**
- regrouping pupils if teachers are absent; **Employers**
- desirability/practicality of sharing staff between schools; **Employers**
- options for using unqualified parents/volunteers (and ensuring CRB checks) to supervise children in the absence of qualified staff; **Employers**.

Remote Learning

2.13 Local authorities have a legal duty to provide education “at school or otherwise” for children who for any reason (“illness, exclusion, or otherwise”) “may not for any period receive suitable education unless such arrangements are made for them”. Therefore, while it might well not be possible to provide the usual full service, local authorities must provide a reasonable level of education for **all** children in their area if pupils are unable to attend schools due to school premises being closed to pupils during term time. This presents practical challenges, and we recommend that the most practical way to meet this obligation is for all school staff to continue to provide support remotely for pupils working from home.

2.14 We therefore recommend that local authorities make preliminary plans now, and more detailed preparations when we issue more details later in the year, and that you discuss with independent, foundation and aided schools the extent to which those schools will be able to fulfil this obligation for their respective pupils. Independent schools, while prioritising the welfare of their pupils, will be keen, where reasonably practicable, to use remote learning to continue providing a service to pupils and parents. We advise that these plans should include on-line material such as the ‘BBC JAM’, available free on-line from September, where pupils have internet access. For the significant proportion of pupils without internet access, schools might send hard copy work to the pupil’s home by post. Schools should particularly consider how to support exam-year students. We are looking into how we might provide more curricular support at a national level in the event of school closures, and will provide further advice in due course.

What you should do during a pandemic

2.15 Put into practice the plans developed previously, involving staff unions. If your school remains open during a pandemic, your top priority will be to check that staff practise infection control consistently and rigorously throughout the school. You should also keep up to date with advice from the Government on any other social measures that it might propose, which the Government is likely to announce in national media as well as through the emergency planning department of the local authority.

2.16 In maintained schools, **governing bodies** should continue with their statutory duty to direct conduct of the school with a view to promoting high standards of educational achievement at the school – whether it is open or closed.

2.17 The most important decisions that governing bodies or head teachers will take will be whether and when to close your school, and when to re-open it if you do. It is vital that it is clear to all parties who will make decisions on this: whether the power to decide has been delegated to the head teacher. You could decide to close the school to pupils for two main reasons:

- Even if there has been no national advice that schools in infected areas should close, you may feel it necessary to do so because staff absences make it impossible to operate safely;
- The Government may issue general advice UK-wide to all schools to close to pupils when pandemic flu reaches an area. If this happens, in England the local authority would advise schools when an area is affected, and schools should close (see paras 1.18 – 1.20 for communications channels). DfES recommends that the local authority should inform the head teachers of all maintained schools, non-maintained and independent schools and city academies and the teachers in charge of pupil referral units.

2.18 If a school is closed to pupils on child welfare grounds, it would remain open for staff. Staff who are well should continue to go to work, in line with workers in all other sectors. As part of their responsibility for the welfare of staff who are ill and their colleagues who are well, employers should take all reasonable steps to ensure that employees who are ill, or who think they may be ill, are positively encouraged not to come into work, whether the school is open or closed to pupils.

2.19 If we advise schools to close to pupils on child welfare grounds, the advice will be that schools should close not only for compulsory education, but also for extended activities for children, including childcare, in order to reduce the spread of infection.

2.20 Employers should put arrangements in place to be able to contact the head teacher of each of their schools on any working day during the pandemic, or a suitable deputy if the head teacher is ill.

2.21 During the pandemic you should provide support to staff who are sick or bereaved, and deal sympathetically with requests for leave to care for sick dependants. Ensure that health and safety responsibilities to staff continue to be fully discharged.

2.22 If schools are likely to be closed for longer than two weeks of school time, which is likely to be the case if there has been Government advice to close, local authorities should work with schools to implement plans to provide education for children at home (see paras 2.13 – 2.14 above). If closure was because of child welfare advice from the Government, the local authority would have indicated whether closure was likely to be for more than 2 weeks when it informed schools that the pandemic had reached the area.

LAs sending information to, and collecting it from schools: DfES recommends including aided, foundation, independent and non-maintained schools

(a) LAs must have regard to this guidance (as required by Children Act 2004 Section 10), as part of their duty to make arrangements to promote co-operation with other school providers in the LA's area whom the authority consider appropriate, with a view to improving the well-being of children in the area relating to "physical health" and "protection from harm and neglect";

(b) DfES recommends that when an LA issues information, guidance or instructions on pandemic flu planning to its community and controlled schools, the LA should also inform the governing bodies of all other maintained and non-maintained schools and the proprietors of independent schools in their area of any such document, so that those governing bodies or proprietors can also use it for their schools if they wish;

(c) DfES recommends that each LA should seek agreement from governing bodies and proprietors in their area to submit basic information daily during a pandemic, for the LA to feed into the SCG. To minimise the burden of reporting for schools, LAs could agree that schools closing would only need to report on the day of closing and the day of re-opening.

(d) DfES will send to each LA a list of addresses of independent and non-maintained schools in their area for the above purposes – including e-mail addresses wherever possible.

SECTION 2B – ADVICE TO HEAD TEACHERS

What you should do now

2.23 Much advance planning for a flu pandemic is likely to take place at local authority/ employer level. Your employer should contact you about preparations, particularly on:

- Closure/ re-opening: who would inform your school that any national advice to close now applies in your area, and when it no longer applies and so you should re-open to all pupils;
- Communicating on closures/ re-opening to parents and pupils;
- Infection control and maintaining your school's cleaning arrangements;
- Preparing emergency plans and promoting the key messages to staff, involving staff unions;
- Arrangements for supporting those who need time off to care for dependants;
Support for any staff or pupils who are bereaved;
- Your role in providing continuing education at home if schools are closed for extended periods.

2.24 You should ensure that the chair of your governing body has made arrangements for deciding whether to close your school (in response to advice from the Government or because of staff absence): the normal arrangement is delegation to the head teacher, but you need to be clear whether that decision has been delegated to you

2.25 You should also develop plans for

- Emergency arrangements (to care for children or send them home) if in a pandemic you were to decide to close the school to children in the middle of the day – though such closure would be unusual;
- Ensuring back-up arrangements for premises officers/ key holders, bearing in mind requirements of insurance cover, and health and safety of staff and pupils;
- Heating of buildings if premises officer absent;
- Maintaining health and safety and hygiene arrangements to a high standard e.g. cleaning toilets and prompt disposal of waste, at a time when improved hygiene is important;
- Continuity of school meals provision/ advising parents of alternatives;
- Arrangements for rapid access to medical help for use when a pupil suddenly becomes very ill. Remind yourself of DfES / DH joint guidance on managing medicines in schools, and DfES guidance on first aid for schools (see Annex A). You may also wish to contact your local health organisation as arrangements may vary during a pandemic.
- Plan where, if the school is open during a pandemic, you would isolate an ill pupil if their parent cannot immediately collect them;
- Managing any significant new risks to safety arising from staff undertaking unfamiliar tasks, including keeping order with more challenging pupils.

What you should do in a pandemic

2.26 You should put into practice plans prepared earlier with your employer, governing body and all staff, involving staff unions. Your employer will receive information on whether the Government nationally has advised that schools should close when the pandemic reaches their area, and information from the local authority on whether that now applies to your school.

2.27 If your school is remaining open, you should activate contingency plans for dealing with likely staff absence. In these circumstances, it is important that you give very high priority to rigorous infection control measures, and ask parents to collect and take home any pupil who becomes ill – though you may need arrangements to look after such children until a parent can collect them.

2.28 If the school is closed to all pupils, attendance registers should show that the school was closed and pupils should not be marked as absent. The sessions affected should not be included in the number of available sessions when compiling attendance data returns. If a school sends some pupils home or closes completely during a session but after the register has been taken for a session, the marks in the register must not be changed. If some pupils are sent home during a session before the register is taken then the register should show them as having authorised absence. Those schools using electronic registers should use codes such as "closed to all" or "enforced closure".

2.29 If your school closes because of staff absences, you should ensure you have contact details that will enable you to tell parents when you are able to re-open.

2.30 If your school closes for an extended period for child welfare reasons, you should work with your local authority to put into effect their plans to provide a reasonable level of education for children at home (see paras 2.13 – 2.14 above). Your employer or governing body will contact you when they receive advice to re-open all or part of the school, and will tell you whether it is to re-open for all pupils or only those who have had pandemic flu and recovered.

SECTION 2C – BOARDING SCHOOLS

2.31 In past flu pandemics infection rates in closed communities such as boarding schools have been significantly higher than attack rates in the general community. We also recognise that boarding schools face logistical tasks additional to those in day-schools, in the event of school closures; issues may be different for different groups, e.g. maintained boarding schools, or special schools (see next section). We urge boarding schools to put in

place contingency plans for closure including dispersal of pupils, and to revise these urgently when a pandemic is imminent. Boarding schools should consider to what extent they can supply an education service remotely (see paras 2.13- 2.14).

2.32 Schools should strongly advise all families of their pupils who are based outside the UK to put in place a guardianship arrangement for use in the event that their child is unable to return home in a pandemic which might involve the closure of boarding schools. Where a pupil from an overseas family has no guardianship arrangement in the UK, the school should, at the start of WHO alert phase 4 (see Ch 1), ask the parents whether they wish immediately to repatriate the pupil. Any pupil remaining in the UK into phase 4 would risk being unable to travel overseas at phase 5 or phase 6, due to possible disruption of international travel.

2.33 If a pandemic were to arrive in an area during term-time, and if a school closed following Government advice, some pupils may be unable to travel home and may not have guardianship arrangements in place. In these circumstances the school should continue to accommodate those pupils, and should split them into small groups to limit social mixing.

2.34 If a pandemic starts during a school holiday and schools do not re-open because of Government advice to close, pupils should remain with their families. If a holiday period starts during a pandemic, schools might require guardians to take care of any pupil unable to return home.

2.35 DfES will publish infection control guidance for boarding schools on the same web pages as this guidance, later in 2006.

2.36 We advise independent boarding schools to check whether their insurance cover (or their contractual agreements with parents) includes the refund of fees if pupils have to return home or to guardians. Schools' ability to provide some remote learning (see para 2.13 – 2.14) may be a factor in this.

SECTION 2D – SPECIAL SCHOOLS

2.37 Special schools cater for pupils with a wide range of differing needs. In general, we expect special schools to follow guidance for other day schools or boarding schools.

However, we recognise that a small number of children with complex needs, including medical needs, most of whom would be in residential schools (in some cases for 50-52 weeks pa), could not easily be cared for in a different setting. It may therefore be in the interest of those pupils for their school to remain open even if other schools were advised to close during a pandemic. We advise residential special schools to consult social and healthcare professionals and to continue to care for this group of pupils, while taking infection control measures, **if the head teacher decides exceptionally that is in the pupils' best interest.** In the case of children who usually receive health, therapeutic or similar services in their school, LAs should consider with their partners options for providing access to these services in the event of school closures.

2.38 The families of other pupils with special needs, particularly with very challenging behaviour or behavioural, emotional and social difficulties (BESD), could be unable to cope if the pupil were unable to attend school. This could result in children entering the care system at a time when it would be strained by staff absences. Residential special schools accommodating these pupils should work with social services to identify any children at risk of going into public care, and continue to provide education and care to this small group, limiting social mixing so as to reduce the risk of infection. The head teacher and social care professionals should decide jointly whether it is in the best interest of the child for the school to continue educating this group.

SECTION 2E – SCHOOL EXAMINATIONS AND FUTURE GUIDANCE

2.39 DfES is working with QCA, the awarding bodies and others to ensure that they have contingency arrangements in place ready to be implemented if and when required, particularly if the timing of a pandemic would affect public examinations. The Joint Council for Qualifications (JCQ) will be writing to exam centres in September about the arrangements for

special consideration. These arrangements would continue to apply in the event of candidates being affected by a pandemic.

Issues that DfES will cover in further guidance

2.40 The purpose of this initial guidance is to enable employers, governing bodies, head teachers and others to start planning now, and to understand the action that DfES is likely to recommend at later stages. DfES will issue further guidance in due course, which will cover:

- Infection control, in liaison with the Health Protection Agency;
- Updates to the current guidance, building on any further feedback received from stakeholders and partners in DfES's sector;
- Further advice on how schools might (if closed to pupils in a pandemic) support, to the extent that is practical in their local circumstances, a reasonable level of remote learning by well pupils at home;
- Any more practical information for schools that becomes available;

2.41 The Government does not currently recommend any restrictions on travel in a pandemic. Were it later to issue any advice to restrict travel we would issue guidance on how to apply that to schools, which could include:

- where schools were open to pupils, advising head teachers to consider whether travel for off-site visits, or travel by peripatetic staff was essential;
- where schools were closed to pupils, advising employers to encourage remote working by school staff who would otherwise travel to the school site.

CHAPTER 3

CHILDCARE AND EARLY YEARS SETTINGS

This chapter is for:

Local authorities

Registered childcare providers

Managers and head teachers of group childcare (nurseries) and other early years settings, including Sure Start children's centres and pre-school groups (sections 3A – 3B); and

Childminders (section 3C).

'Setting' is used to describe all forms of childcare and early years activity to which the guidance applies.

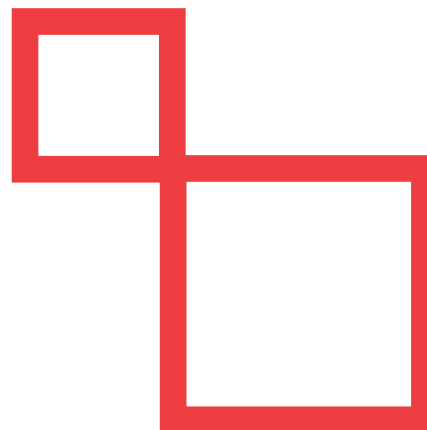
Key messages

3.1 We expect everyone responsible for operating or managing childcare or any early years setting (including childminders, Sure Start children's centres, maintained nursery schools, childcare settings, and pre-school groups) to work closely with their local authorities to:

- Start making outline plans for a pandemic now – planning both to keep services open and for possible closure;
- Understand how you will get information from the LA;
- Refine and activate these plans when a pandemic is imminent.

SECTIONS 3A – 3B

3.2 The guidance from here until para 3.16 applies to group childcare settings only, not to childminders, whose guidance is in section 3C, starting at para 3.17. Employers, governing bodies, management committees, head teachers and setting managers will want to be clear about roles and responsibilities which are summarised in the table below:



Who needs to act	Now	During pandemic
Employers (Local authorities, governing bodies/ management committees, proprietors of private childcare settings) and non-employer governing bodies and management committees	<p>Plan at a strategic level how settings will respond.</p> <p>Ensure that it is clear who will take any decisions on closure</p> <p>Establish system of regular reviews of plans.</p>	<p>Ensure plans are implemented</p> <p>If setting open, ensure procedures are in place for rigorous infection control.</p> <p>Support settings and families as appropriate</p>
Head teachers and setting managers	<p>Prepare outline plan with employer.</p> <p>Review plan regularly</p>	<p>Support staff who are ill or who need time off to care for dependents.</p> <p>If setting open, ensure procedures are in place for rigorous infection control.</p> <p>Ensure clear communication to and from parents/carers and staff</p>

3.3 Settings may need to close because insufficient staff are available to run the setting safely, and we would expect these decisions to be taken locally, by the head or manager. All settings should check that they are aware of guidance (if any) from the local authority.

3.4 The Government may also advise that group childcare settings in affected areas should close to pupils on child welfare grounds, to reduce the spread of infection among children. The local authority would inform all settings in its area when their area is affected (see paras 1.18 – 1.20 for details of communications channels). Heads or managers of

settings would be responsible for taking the decision to close when the pandemic reaches their area if we have given such advice.

3.5 Local authorities **do not** have the power to **direct** maintained nursery schools to close their premises, nor do they have such powers in respect of private providers of childcare: however, where the local authority has contractual arrangements with private providers they may be able to rely on the terms of such contracts. In all cases, we would however expect heads or managers of settings to follow advice intended to safeguard children's welfare.

Re-opening of childcare settings (if all in an area close)

3.6 If all childcare settings in an area close during a pandemic, the situation would be reviewed by the SCG after a period of time, (probably 2-3 weeks, but this would be made clear in the advice to close), and the LA Children's Services Dept would inform childcare providers of any action to be taken. It is possible that advice would then be to make some provision available, possibly only for children who have had pandemic flu and recovered – that decision would depend on health protection information. Alternatively, advice may be to remain closed, in which case you would be told when the situation would next be reviewed.

3.7 We are undertaking further work on the criteria for advising settings to re-open and on the mechanics of local timing. When settings in an area can re-open, local authorities would be informed (as per the procedures in paras 1.18 – 1.20) and would inform head teachers or setting managers. Any conditions to be attached to re-opening, or any specific measures to be taken would be communicated at that time.

Roles and responsibilities

3.8 The following sections set out roles and responsibilities in more detail. They set out action to be taken now and during a pandemic. Much of the action to be taken now would come under the general heading of planning. It is vital that the plans you develop now are reviewed, and revised if necessary, regularly – at least once a year, perhaps twice, and whenever we issue any changes to this guidance. To assist you with the production of

plans, we are developing a model plan that you may wish to use or adapt. This is designed for schools, but may assist other settings also.

3.9 We will inform you, on our website and through LAs, when WHO Phase 4 (see Ch1 for explanation) is reached, and again at Phase 5. These announcements should prompt you to revise plans and prepare to put them into action. You should not leave this until the last minute as there may be little time between reaching Phase 5 and the pandemic reaching the UK. It will be for you to decide which activities to prioritise at this stage, but in most cases we would advise a final check of contact details and reminding staff of procedures to be followed.

SECTION 3A – ROLE OF EMPLOYERS, GOVERNING BODIES AND MANAGEMENT COMMITTEES

3.10 This section is guidance for **all** employers, including employer governing bodies and proprietors of private nurseries. It also applies to non-employer governing bodies and management committees, and covers the role of LAs where they are not the employer. In the lists of action points, we clearly indicate – in bold type after each action – whether it applies to all, employers, LAs, GBs, or management committees (shown as ‘ManComm’); though action may be delegated to head teachers or setting managers, the responsibility remains as shown below. However, we ask local authorities to take account of all proposed actions as we recommend that they should undertake planning collaboratively with settings in their area. Employer governing bodies/management committees will therefore need to adapt the guidance to reflect their responsibility for a single setting, or group of settings, as appropriate. The principles apply to all settings and employers.

What you should do now

3.11 We strongly recommend that you should:

- familiarise yourself with overall Government advice on pandemic flu planning at www.ukresilience.info/emergencies/health.shtm#guidance and atwww.dh.gov.uk/pandemicflu ; and the current WHO (World Health Organisation) phase

of alert - at the time of writing, we have been in alert phase 3 since 2004, and a pandemic will be phase 6, see:

www.who.int/csr/disease/avian_influenza/phase/en/index.html ; **All**

- Check that head teachers/managers of settings where you are the employer have seen the guidance “**Advice to Head Teachers/Managers**” (Section 3B below) and are acting on it; **Employers**
- Familiarise yourself with Government advice on personal hygiene education and ensure settings are aware of general advice and general “guidance on infection control”, including personal hygiene and seasonal influenza, at: www.wiredforhealth.gov.uk/cat.php?catid=917 . New guidance will be added as it becomes available; **All**
- Make plans jointly with settings to ensure they will be fully equipped with materials needed to implement infection control measures (e.g. tissues and tissue-disposal; hot water and soap), in time to cope with any imminent pandemic; **Employers**
- Consult settings and the local media about the best channels of communication with parents, agreeing the respective roles and responsibilities of the local authority and settings; **LAs**
- Agree who will communicate information to parents and carers , and how, about closing settings; **Employers**
- Familiarise yourself with the DfES generic guidance on Emergency Planning, which includes a draft Emergency Plan for a setting to adapt for its own use, at: www.teachernet.gov.uk/emergencies, and publicise this, or your preferred local arrangements, to settings to assist with pandemic planning; **Employers, with LA advice and support**
- Remind head teachers/managers of settings of your policies for staff taking time off short-term to care for sick a member of their family. See Government guidance on time off for dependants at: www.dti.gov.uk/er/time_off_deps.htm; **Employers**
- Ensure that policies for applying for medical leave are in place, respecting confidentiality,

and publicised to all staff. Ensure that all staff are aware that Government advice is that they should not come to work if they think they are unwell, throughout the pandemic; **Employers**

- Make plans for supporting settings where bereavements have occurred. The advice that can be found in www.teachernet.gov.uk will be revised to cover situations such as a pandemic as well as accidents and sudden deaths; **Employers**.

What you should do during a pandemic

3.12 The most significant decisions that may need to be taken are around closing settings and subsequently re-opening them. Advice will come through the local authority to employers and/or head-teachers/managers of both LA-controlled settings and private and voluntary provision. The final decision will be taken by employers, unless they have agreed to delegate the decision to head teachers and setting managers. If your setting remains open during a pandemic, you should:

- As a top priority, ensure that infection control is practised consistently and rigorously throughout the setting. You will also need to keep up to date with advice from the Chief Medical Officer. This information should be relayed through your LA; **Employers**
- Take all reasonable steps to ensure that employees who are ill, or who think they may be ill, are positively encouraged not to come into work; **Employers**
- Ensure that arrangements are in place for every setting to communicate daily, if necessary, with the local authority for the duration of the pandemic; **Employers**
- Provide support to staff who are sick or bereaved, and deal sympathetically with requests for leave to care for sick dependents; **Employers**.

SECTION 3B – ADVICE TO HEAD TEACHERS/MANAGERS OF SETTINGS

What you should do now

3.13 Most advance planning for settings to minimise the effect of a flu pandemic is likely to

take place at local authority/employer level. However, as the manager or head teacher of a setting, you should check preparations with your local authority/employer, particularly on:

- Communicating advice on closures/reopening to settings;

and you should make plans for:

- Communicating advice on closures/reopening to staff, parents and children.

You could consider:

- text-messaging
- email
- parents volunteering to phone others
- local radio
- open meetings (pre-pandemic);

- Infection control and equipping your setting with appropriate cleaning materials;

- Preparing emergency plans;

- Arrangements for supporting those who need time off to care for dependents;

- Procedures to follow for staff who have medical conditions placing them in high risk groups, where they should be encouraged to take leave for part or all of the pandemic;

- Support for staff and children who are bereaved.

3.14 There are other issues which might need to be considered so that arrangements are in place before a pandemic begins, for example:

- If the headteacher/manager post is vacant, or the head and deputy are ill, what the cover arrangements will be;

- Supply cover if setting remains open;

- Ensuring backup arrangements for premises officers/ key holders, bearing in mind requirements of insurance cover and health and safety risk assessment;

- Heating of buildings if premises officer absent.
- Maintaining health and safety and hygiene arrangements to a high standard e.g. cleaning toilets and prompt disposal of waste, at time when improved hygiene is required;
- Rapid access to medical help if needed
- Willingness of staff to take on a different role for the duration of the pandemic, taking account of staff unions' views;
- Desirability/practicality of sharing staff between settings;
- Options for unqualified adults/parent volunteers assisting while staff are absent (note: subject to CRB checks, so you may need to include those in planning);
- Need for additional risk assessments where staff transferred to unfamiliar tasks;
- Continuity of meals provision/advising parents of alternatives
- Emergency arrangements if children need to be sent home, or the setting needs to be closed in the middle of the day.

3.15 You should ensure that the chair of your governing body or management committee, or registered provider has made arrangements for deciding whether to close your setting: the normal arrangement is delegation to the head teacher/manager, but you must check whether the decision has been delegated to you.

What you should do in a pandemic

3.16 Your employer will receive advice from the local authority on whether your setting should close. If they do not advise closing all settings in your area, you will need to activate contingency plans for staff absence: it is also essential that you give very high priority to rigorous infection control measures. Even if settings are generally open in an area, you will need to decide (or ask your employer to decide) whether to close if staff absences make it difficult to operate effectively and safely.

SECTION 3C – CHILDMINDERS - ROLES AND RESPONSIBILITIES

3.17 Childminders should only look after children if they themselves and their own children are well, and should not look after children who are infected with pandemic flu.

What you should do now

3.18 This advice is for all childminders. We strongly recommend that you should:

- Read the NHS leaflet for families available from DH 08701 555 455 or dh@prolog.uk.com or at www.dh.gov.uk/pandemicflu . Information for parents which you may also find helpful can be found at www.parentscentre.gov.uk or www.direct.gov.uk/Parents/fs/en ;
- Familiarise yourself with Government advice on personal hygiene education on <http://www.wiredforhealth.gov.uk/cat.php?catid=838> , and general guidance on infection control, incl personal hygiene and seasonal influenza, at: www.wiredforhealth.gov.uk/cat.php?catid=917 New guidance will be added as it becomes available;
- Ensure that you are fully equipped with materials needed to implement infection control measures (e.g. tissues and tissue-disposal; hot water and soap), in time to cope with any imminent pandemic;
- Speak to your local authority or childminder network co-ordinator and parents to decide on what your responsibilities are if there is a flu pandemic;
- Emergency arrangements if children need to be sent home before the time normally arranged with parents;
- Plan your method of communication with parents, in consultation with the local authority and make sure your contact details are up to date. You could consider:
 - text-messaging
 - phone calls
 - email
 - parents volunteering to phone others.

What you should do during a pandemic

3.19 If you and your own children are well you should carry on as normal, but you should:

- Make sure that you follow the infection control guidance;
- Stay alert to any sign that children in your care (including your own) may be unwell. If any do show signs of having flu, contact their parents and make arrangements to have them returned home. Let the parents of any other children you care for know that their children may have been exposed to infection, but so long as they and you are well you should continue to care for them as normal;
- Make sure that any child you care for who has been unwell is fully recovered before they return to your care. Children who have recovered will not fall ill again and will not spread infection to others.

3.20 If you feel unwell with flu symptoms you should:

- a. Not look after other people's children and take sensible precautions for the care of any children of your own;
- b. Inform the parents of all the children you care for and ask them to make alternative arrangements for childcare;
- c. Not agree to care for any children until you are fully recovered.

3.21 Those who have been infected and recovered may be immune to further infection from that strain of virus, and may have cross-protection from any related strain. Before accepting children into your care, make sure you follow the infection control guidance, take sensible precautions and carry on doing so until the pandemic is over.

CHAPTER 4

CHILDREN'S HOMES/SECURE UNITS

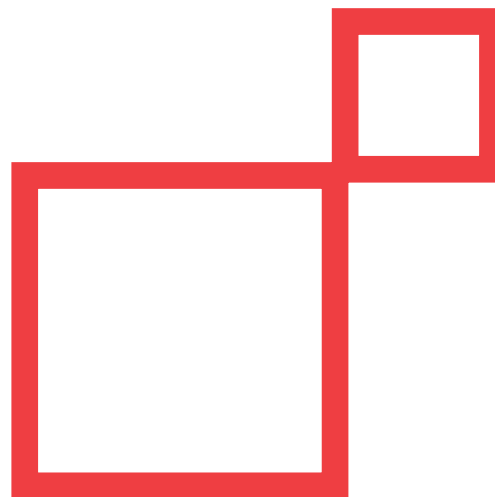
4.1 This chapter is for all children's homes providers, and also highlights specific issues for secure units. Generally, wherever possible, children's homes should continue to function during a flu pandemic, as they will usually be the only residence for the children who depend on their services. The risk of infection spreading in these settings will not be much greater than in a large family, and is outweighed by the disruption of a transfer to other accommodation for children and young people who will often already have experienced much disruption in their lives.

4.2 Where a children's home provider is responsible for more than one establishment, it may be possible to limit the spread of infection by moving children so that well children are not accommodated with sick ones. However, this will depend on appropriate infection control and medical advice and require the agreement of the local authority responsible for each individual child's care. In most cases, however, well children will need to stay in homes with sick children. In such circumstances children's homes providers, with necessary support from primary care services, will need to take action, wherever possible, to prevent the spread of infection. An issue that will need to be addressed is the administration of antivirals to children who are thought to be ill with pandemic flu.

4.3 During a flu pandemic children's homes providers will be expected to have arrangements in place to maintain sufficient levels of staff cover in order to comply with section 25 of the Children's Homes Regulations 2001 and to meet Standard 30 of the Children's Homes National Minimum Standards. Where it is necessary to introduce temporary staff at short notice to cover for exceptional levels of staff absence, it will be important for them to be provided with sufficient guidance and supervision to be effective in their role.

4.4 Children's homes providers will need to ensure that any temporary staff have appropriate Criminal Records Bureau checks, and that unsuitable adults do not have access to children in any circumstances. Emergency plans should take account of this.

4.5 It is important that you review regularly the plans that you develop now – we would suggest at least annually, and whenever new guidance is issued. We will inform you, on our



website and through LAs, when WHO Phase 4 (see Ch 1 for explanation) is reached, and again at Phase 5. These announcements should prompt you to revise plans and prepare to put them into action. You should not leave this until the last minute as there may be little time between reaching Phase 5 and the pandemic reaching the UK.

Advice for providers and registered managers

What you should do now

4.6 Providers, in discussion with their registered managers, need now to begin to plan for continuity of care. Some key activities will include:

- Preparing emergency plans;
- Ensuring that you have procedures for keeping up to date lists of contact names, phone numbers and addresses (including mobile numbers and e-mail addresses where possible) for all staff;
- Putting in place arrangements for the recruitment of temporary staff to cover for unusually high levels of staff absence – you will need to take into account the likelihood of demands from other service providers for the same ‘pool’ of potential cover staff;
- Ensuring that policies for applying for medical leave (or for special leave to take care of family members) are in place. Staff should be aware that Government advice is that they should not come to work, if they think they are ill, during the pandemic;
- Ensuring that homes will be fully equipped with materials needed to implement infection control measures in time to cope with any imminent pandemic;
- Familiarising yourself with the procedures to be followed if a child in your care dies;
- Making plans for supporting a home when a child has died;
- Making plans for supporting a child or staff member who has been bereaved.

4.7 There are other issues that you may need to consider in your plans so that arrangements are in place before a pandemic begins, such as:

- Heating of buildings;
- Maintaining health, safety and hygiene arrangements to a high standard, eg cleaning toilets, prompt disposal of waste;
- Continuity of meals provision;
- Rapid access to medical help if and when required;
- Willingness of a staff to take on a different role for some or all of the duration of a pandemic, and arrangements for the provision of any necessary additional support and supervision;
- Desirability/practicality of sharing staff between homes;
- Options for unqualified volunteers assisting while staff are absent (bearing in mind the need to ensure that no unsuitable person has access to children)
- Plans for when and how you might isolate a sick child.

4.8 In order to develop the plans set out above, we strongly recommend you familiarise yourselves with relevant information and guidance (see Annex A). The DfES generic guidance on emergency planning that can be found in the Annex can be adapted for your use.

What you should do during a pandemic

4.9 You should have checked your plans when informed that WHO phases 4 and 5 had been reached. If you have not done so, you should:

- Advise staff to read any available NHS information;
- Ensure that all staff have read, and taken action in response to, infection control guidance, that cleaners are informed of measures that need to be taken, and that all necessary cleaning materials are readily available;

- Ensure that staff and children are aware of the general background information and guidance such as material in the NHS leaflet for families available from DH 08701 555 455 or dh@prolog.uk.com or at www.dh.gov.uk/pandemicflu .

4.10 As far as possible providers, with their registered managers, should try to maintain normal routines for the children in their care. Your top priority will be to ensure that infection control is practiced consistently and rigorously throughout all the children's homes for which you are responsible. You will need to keep up to date with advice from DH or the Chief Medical Officer that you would receive through your local authority.

4.11 You will need to take all reasonable steps to ensure that staff who are ill are positively encouraged not to come to work. You should, as far as possible, provide support to staff who are sick or bereaved, and deal sympathetically with requests for leave to care for sick dependants; and also provide support for children who are bereaved.

4.12 If as a result of the pandemic children have to be moved from their established children's home placement, you must inform the local authority responsible for the child's care.

4.13 Children's homes providers may wish to contact the National Centre for Excellence in Residential Child Care on 0207 843 1168 or 0207 843 6093 for further advice and information.

Secure Units

4.14 There are particular issues in planning for pandemic flu which affect secure units. It will be necessary to consider issues of security and safety, both in terms of detention and in terms of maintaining any support packages in place for children and young people. This will require liaison between secure units to retain children and young people within the secure estate. As far as possible secure units should remain open, reducing contact between children and young people if necessary to aid infection control. Any movement of children and young people between secure training centres and/or young offender institutes must be authorised by the Youth Justice Board (YJB). In the case of children and young people placed under criminal justice legislation by the YJB in a secure children's

home, or where the proposed transfer was to this type of secure accommodation, the authorisation of the YJB must be obtained.

4.15 In the case of children and young people under a secure welfare order for the protection of themselves or others (welfare placements), any moves between secure children's homes should be first discussed with the YJB's placement team. This will ensure that the YJB is able to co-ordinate moves and monitor pressures across the secure estate. In addition, the local authority responsible for the child and the child's parents/carers should be informed.

CHAPTER 5

LOCAL AUTHORITIES

5.1 Local authorities have a pivotal role in assisting their partners in children's trust arrangements to prepare for a flu pandemic. This role is important in all three stages of a pandemic:

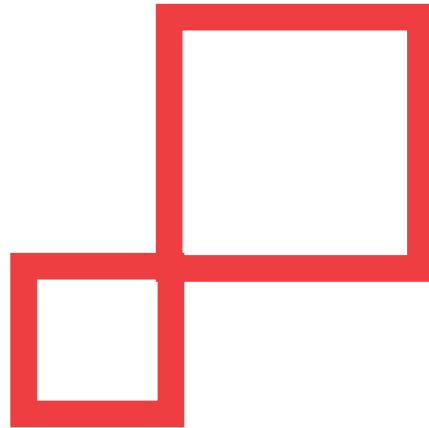
- a. Preparation before a pandemic;
- b. Operation of services and advice to the public and service providers during a pandemic; and
- c. Ensuring a smooth transition to normal operation of services when the pandemic has passed.

5.2 Local authority service managers and planners should familiarise themselves with all parts of the guidance from DfES, the related planning guidance from Cabinet Office and ODPM, and the public health advice from DH, HPA and the HSE (see Chapter 1 and Annex A for details).

5.3 The local authority will have an important role in communications during all stages of preparing for and dealing with a pandemic and its aftermath. The Director of Children's Services (DCS) should ensure that managers of local authority children's services (social services, looked after children, early years, education etc) and the managers of children's services in the community (including head teachers, nursery owners and managers, children's centre managers, childminders, youth service providers etc) receive and act on these communications.

5.4 When a flu pandemic is imminent and throughout the period of the pandemic the local authority should adopt a 'business as usual, so far as possible' approach – subject to any specific advice about schools and children's services that may be issued to safeguard children's welfare. This present guidance is mainly concerned with the DfES priority to promote the health and well-being of as many children as possible (and therefore the arrangements for the full range of children's services), but also reminds local authorities of their responsibilities as employers and providers of services.

5.5 In their planning, service managers should take account of possible extra demands on their services because of the pandemic: for example, might the number of parents and carers infected mean an increased demand for short-term (foster/respite) care provision



because of parents being temporarily unable to look after their own children?

5.6 Previous chapters of this guidance have set out the local authority's role as an employer in schools, childcare and early years settings, and children's homes. They have also clarified the authority's role as the communications link between SCGs and schools and children's services.

5.7 This brief chapter offers **general** guidance to managers of other children's services for which local authorities are responsible. As each local authority will have variations in the range and deployment of such services based on the local needs analysis at the heart of Every Child Matters: Change for Children, it is not possible to offer detailed advice for every service and setting in every area. One useful source of general advice for employers and employees is the Health and Safety Executive's fact sheet Pandemic Influenza, which you can find at <http://www.hse.gov.uk/biosafety/diseases/pandemic.htm> along with other guidance and information from Government departments. Annex provides more information and advice.

What you should do now

5.8 You should check your preparations for the pandemic with your Director of Children's Services (DCS), and particularly:

- Familiarise yourself with overall Government information and advice on pandemic flu planning, including any specific guidance relevant to your service (links in Annex A)
- Check with the DCS who will communicate any messages from the Strategic Co-ordinating Group (SCG) to your service, and collect any information from you, in the event of a pandemic; this would include advice on maintaining services so far as possible, and for possible closure/reopening of services if and where that is appropriate;
- Ensure that you have procedures for keeping up to date your contact lists for staff, parents and children. Ensure you have plans to use more than one method of communication with parents – preferably tried and tested methods. You might have

obtained good results from:

- letters, by post or taken home by the children;
- text-messaging;
- email;
- parents volunteering to phone others;
- or even, in some circumstances, local radio.

- Draw up contingency plans for dealing with increased levels of staff absence; as part of this, agree the priority parts of the service to be maintained; also agree what level of staff absence, if any, would require the closure of the service;
- Make plans to ensure your service is fully equipped with materials needed to implement infection control measures (e.g. tissues and tissue-disposal, hot water and soap), in time to cope with any imminent pandemic;
- Check arrangements for supporting those staff who need time off to care for dependents;
- Ensure that policies for applying for medical leave are in place, respecting confidentiality, and publicised to all staff. Ensure that all staff are aware that Government advice is that they should not come to work if they think they are unwell, throughout the pandemic;
- Check arrangements to support staff and children who are bereaved. The advice that can be found in www.teachernet.gov.uk will be revised to cover situations such as a pandemic as well as accidents and sudden deaths.

5.9 There are other issues which might need to be considered so that arrangements are in place before a pandemic begins. You should seek input from service managers and involve staff unions to help consider how far it might be practical and sustainable to implement any of the following:

- cover arrangements if a senior post is vacant, or senior staff fall ill;
- cover for staff absent (for any reason), if service stays open;

- staff willing to take on a different role during the pandemic, taking account of any contractual restrictions and staff unions' views;
- sharing staff between services;
- options for unqualified adults/ parent volunteer helpers when staff absent;
- Ensuring backup arrangements for premises officers/key holders, bearing in mind requirements of insurance cover and health and safety risk assessment;
- Heating of buildings if premises officer absent;
- Maintaining health and safety and hygiene arrangements to a high standard e.g. cleaning toilets and prompt disposal of waste, at time when improved hygiene is required;
- Continuity of meals provision/advising parents of alternatives;
- Helping your staff to access Department of Health information (which will be available in print and online);
- Need for additional risk assessments where staff transferred to unfamiliar tasks.

What you should do in a pandemic

5.10 If your service remains open during a pandemic, your top priority will be to ensure that infection control is practised consistently and rigorously throughout the service.

5.11 As part of their duty for the welfare of staff who are ill and their colleagues who are well, managers should take all reasonable steps to ensure that employees who are ill, or who think they may be ill, are positively encouraged not to come into work.

5.12 During the pandemic you should provide support to staff who are sick or bereaved, and deal sympathetically with requests for leave to care for sick dependents. Ensure that health and safety responsibilities to staff continue to be fully discharged.

ANNEX A

BACKGROUND: OTHER PUBLIC HELD INFORMATION GUIDANCE

England-wide: Government overall plan: www.dh.gov.uk/pandemicflu . It advises organisations to plan on the basis of a likely range of the proportion of people who will fall ill (clinical attack rate, CAR) and the proportion of ill people who will die (case fatality rate, CFR), which would lead to excess deaths in the UK between 54,000 (CAR 25% and CFR 0.37% - DH's base scenario, the lowest likely levels of infection and fatality) and 709,000 (CAR 50% and CFR 2.5%).

England and the rest of the UK: DfES has liaised closely with its counterparts in the other Home Countries, seeking broad agreement on the overall lines of policy; under the Devolution Acts, Devolved Administrations are free to choose what guidance to publish when.

Regional preparedness contacts are at:

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

Local contacts: <http://www.pfe.gov.uk/government/lrfs.shtm>

Cabinet Office advice to emergency planners:

www.ukresilience.info/latest/human_pandemic.shtm

Information on the Civil Contingency Act: www.resilience.gov.uk

Overall Government advice on pandemic flu planning is at

www.ukresilience.info/emergencies/health.shtm#guidance and www.dh.gov.uk/pandemicflu ; the current WHO phase of alert, at the time of writing, is phase 3 (since 2004); a pandemic will be phase 6, see: www.who.int/csr/disease/avian_influenza/phase/en/index.html .

DfES defines the period “when a pandemic is imminent” as when the WHO announces (see previous item) WHO alert level 6, UK Alert Level 1 – pandemic overseas, no virus yet in the UK: the last level before UK Alert Level 2 - sporadic cases in UK. At UK Alert Level 2, employers and schools will have 2-4 weeks before virus established in UK; 7-9 weeks before it peaks in UK.

For more general information, see Explaining Pandemic Flu

<http://www.dh.gov.uk/assetRoot/04/12/17/49/04121749.pdf>

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 .

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

<http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-1448-2005> which 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), and DfES guidance on First Aid: www.teachernet.gov.uk/wholeschool/healthandsafety/firstaid .

DfES's generic guidance on Emergency Planning, with a draft Emergency Plan for a school to adapt for its own use: www.teachernet.gov.uk/emergencies .

Employees have rights to time off for dependants, see:

www.dti.gov.uk/er/time_off_deps.htm .

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

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

Infection control guidance for contractors or managers of cleaning and catering staff: good practice recommended by HSE: www.hse.gov.uk/biosafety/diseases/pandemic.htm;

General background: NHS leaflet for families available from DH 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:

Explaining the difference between avian, pandemic and seasonal flu

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

More detailS

http://www.hpa.org.uk/infections/topics_az/influenza/avian/default.htm

Influenza Pandemic contingency plan

http://www.hpa.org.uk/infections/topics_az/influenza/pandemic/fluplan.htm

ANNEX B

MAIN PLANNING ASSUMPTIONS ABOUT A HUMAN FLU PANDEMIC (from UK Influenza Pandemic Contingency Plan)

A new pandemic will be due to a new sub-type of influenza A;

A pandemic strain could emerge anywhere, including the UK, but is most likely to emerge in China or the Far East; spread from an origin in Asia is likely to follow the main routes of travel and trade;

In the event of a novel influenza virus causing significant outbreaks of human illness elsewhere in the world, it is unlikely that the UK could prevent importation (except by closing all borders); even a 99.9% restriction on travel into the country would only be expected to delay importation of the virus by up to two months;

Spread from the source country to the UK is likely to take around a month...modern travel may result in wide international spread even more rapidly than this;

Following arrival in the country it will take a further 2-3 weeks until cases are occurring across the whole country;

Once influenza levels exceed the baseline threshold, influenza activity in the UK may last for 3-5 months, depending on the season, and there may be subsequent waves, weeks or months apart;

All ages will be affected, but children and otherwise fit adults could be at relatively greater risk, particularly should elderly people have some residual immunity from exposure to a similar virus earlier in their lifetime;

For planning purposes the base scenario, based on previous pandemics in the 20th century, is a cumulative clinical attack rate of 25% of the population (the figure advised by the WHO) over one or more waves of around 15 weeks each, weeks or months apart. The second wave may also be the more severe. 10% and 50% attack rates have also been considered;

The impact of overall case fatality rates between 0.37% and 2.5% have also been considered. See the table opposite

Range of possible excess deaths, UK population

Case Fatality Rate (CFR)	10% attack rate	25% attack rate	50% attack rate
0.37%	21,500	53,700	107,500
1.00%	56,700	141,800	283,700
2.50%	141,800	354,600	709,300

You can download this publication online at
www.teachernet.gov.uk/humanflupandemic

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