



Ysgol Uwchradd Y Frenhines Elisabeth  
Queen Elizabeth High School

## PANDEMIC EMERGENCY PLAN

### Background

1. Influenza (flu) is a familiar infection in the UK, especially in the winter months. The illness caused by the flu virus can be mild or severe, and can at times lead to death. Some groups of people – older people, young children and people with certain health conditions – are generally more susceptible to flu, and each year people in those groups are encouraged to have a flu vaccination.
2. Pandemic flu is different from ordinary flu as it occurs when a new flu virus emerges into the human population and spreads readily and rapidly from person to person worldwide. As it would be a new virus, no-one would have any immunity to it, and there is unlikely to be a suitable vaccine available. Everyone would be susceptible, healthy adults and children as well as those most susceptible to normal 'seasonal' flu. In comparison with seasonal flu, many more people could become severely ill, and many more could die.

### Symptoms and spreading the virus

3. The symptoms of influenza are:

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

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

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

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

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

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

- Infected people can pass the virus to others through large droplets when coughing, sneezing, or even talking within a close distance (one metre or less).
- You can catch the virus by direct contact with an infected person: for example, if you shake or hold their hand, and then touch your own mouth, eyes or nose without first washing your hands.
- You can catch the virus by touching objects (eg door handles, light switches) that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands. The virus can survive longer on hard surfaces than on soft or absorbent surfaces.

### Advance planning

8. We have already undertaken the following:

- a. Refreshed our lists of contact details for staff and parents/carers;
- b. Reviewed our plans for dealing with above average levels of staff absence;
- c. Ensured that adequate supplies of cleaning materials are readily available, checked that the cleaning contractors have contingency plans), and that there are procedures for regular cleaning of hard surfaces;
- d. Ensured that hand hygiene facilities are adequate and working properly.

- Ensured that we have stocks of tissues, paper towels and soaps;
- e. Considered how we might use hand cleansers, for example at the entrances to rooms or sites without hand-washing facilities;
- f. Checked that we have procedures for isolating (with appropriate supervision) a child who falls ill during the day until their parents can collect them;
- g. Ensured that all adults in school are aware of the relevant procedures and of the infection control guidance below.

### **What to do in a pandemic**

9. It is possible that we may be advised to close to children during a pandemic. While our school remains open, we should all follow the advice below.
10. You can reduce, but not eliminate, the risk of catching or spreading flu by:
  - a. Regular hand-washing;
  - b. Minimising contact between your hands and mouth/nose, unless you have just washed your hands;
  - c. Covering your nose and mouth when coughing or sneezing; use a tissue when possible, then dispose of the tissue promptly and carefully (bag it and bin it);
  - d. Encouraging our pupils to follow points a-c above.
11. Staff should remain at home if they display any relevant symptoms, or inform the head/deputy head and go home if they first display symptoms while at work.
12. We should ensure that hard surfaces (door handles, light switches, taps, kitchen worktops) are cleaned more regularly than usual, using normal cleaning products.
13. We need to provide an isolation room for use by any child who falls ill during the day until their parents can collect them, and ensure this room is cleaned very regularly; isolate the child (with appropriate supervision) and inform the parents as soon as possible. With parents' agreement, it may be possible for an older child to go home alone, but a child who would normally be mature enough to go home alone may not be able to do so when he or she is unwell;
14. Remind parents and carers that children displaying flu symptoms should stay at home;
15. Discourage the sharing of such items as pencils, crayons and pens during a pandemic. Encourage the wiping and cleaning of hands and objects when passing round objects like musical instruments. Do not allow children to share wind

instruments;

16. Avoid bringing children together in large crowds in enclosed spaces (eg assemblies).

### **Looking after a child who falls ill while in school**

17. We should nominate a member of staff to look after the child in the isolation room, with the door to the room left open.

18. The member of staff should not sit/stay within one metre of the child unless the child needs assistance in which case the member of staff should wear a disposable apron and surgical face mask (which constitute 'personal protective equipment', or PPE). Gloves are not essential, though wearing gloves might be useful to remind the member of staff not to touch their own face during contact with the child. They are however no substitute for hand-cleansing, which should be carried out frequently, and always before and after contact with a symptomatic child.

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

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

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

22. When the child has gone home, make sure that the isolation room is cleaned before its next use – with warm water and detergent, a normal household cleaning product or disinfectant.

### **Getting the right messages to children – advice to all members of staff**

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

24. Although it is not possible to monitor that every child is following the advice all of the time, frequent reminders should help to spread the right messages.

## ANNEX A

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

#### **Cover your cough**

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

#### **Wash your hands frequently:**

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

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

#### **Remember:**

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

#### **How to wash and dry your hands with soap and water**

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

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

*DfES & DH/ HPA, 2007.*

## **ANNEX B - SUPPORTING LEARNING DURING AN EXTENDED CLOSURE PERIOD IN A 'FLU PANDEMIC**

### **KEY MESSAGES**

- The objective is that students should be provided with a reasonable degree of teaching and learning if we close for an extended period in a flu pandemic;
- The overall planning responsibility lies with the LEA;
- It is important for us to discuss now with the LEA our current position on planning, our ability to deal with this issue, and the need to co-ordinate our response;
- Resources for planning should take account of the current World Health Organization phase, and should – as far as possible – be aligned with broader work on remote learning options and IT developments;
- It would be helpful for us to review the proportion of students with IT facilities at home, and the extent to which students with such facilities could access school IT systems from home;
- We should acknowledge that every teacher and member of support staff has a role to play in emergency planning and, together with trade unions/professional associations, should be consulted on our emergency plans;
- All guidance here is subject to an 'as far as is reasonably practical' proviso; a severe pandemic would cause major disruption to all aspects of life, including what it is reasonable to expect of schools and local authorities – but that is not a reason to neglect planning.

### **KEY ACTIONS**

1. As closure could seriously affect children's education, we must remember our legal duty to provide education "at school or otherwise' for children who for any reason may not for any period receive suitable education unless such arrangements are made for them".
2. The LEA has a key role in co-ordinating planning as well as for co-ordinating work in a pandemic. We should seek to work within a framework developed and managed by the LEA. Doing so is the best way to provide some form of helpline for students; across the LEA it may be possible to provide specialist staff support for subjects at each key stage. It may also be the most effective way to co-ordinate (non-IT) systems for getting work to and from students.
3. As indicated by the reference to a 'reasonable level of education', objectives have to be realistic: in the event of school closures for an extended period of time, though one would hope to provide as broad a curriculum as possible in the circumstances, one cannot aim to provide the full and balanced curriculum that would normally be offered, nor could fully personalised learning be offered. However, students should be able to expect support with some remote learning activities, taking account of students' special educational needs as far as possible.

4. Other services may also be affected by staff shortages. Though all providers of essential services are being encouraged to develop contingency plans that would allow them to continue to operate, there could be some disruption to postal or transport services (or at least a reduction in levels of service) and, though the internet would continue to function, high levels of usage might make it significantly slower.
5. Whichever approach is used by us to provide continuity of learning, it will only be effective if it is carefully managed and supported throughout the closure period.
6. Plans should take account of the numbers of staff who are likely to be available, on the school site or working from home, with appropriate contingency arrangements to cover the absence or non-availability of staff with specific skills or knowledge.
7. With regard to getting work to and from pupils, we need to take account of:
  - a. The accuracy of contact details we have for children and their families;
  - b. The proportion of children who have access to the internet and e-mail at home – and whether the school’s IT systems allow those students with IT facilities to access the school’s own systems from home (and, for example, use their school e-mail addresses); we might wish to include an option for providing temporary IT access (eg by loaning lap-tops) to students who would not otherwise have this facility... but this will not be possible for all, as some students might not be able to use a laptop from home (eg problems with telephone links);
  - c. Security and child protection issues; for example, the personal addresses, e-mail and telephone details of staff should not be made available to students or their parents, so there must be systems to enable them to make appropriate contact through the school’s systems and networks if they need to contact staff. Such contact should be on teaching and learning matters only, and should be within the agreed school session times. We will also need to be aware of the need to protect the confidentiality of students’ home and e-mail addresses and telephone numbers.
  - d. E-mail is one tool that can be used for students that have access to e-mail systems, and for materials that can be sent electronically. The postal service is an alternative, and it is expected to continue to operate during a pandemic. Another option may be for arrangements to be made for work to be collected from the school. Any plans made now would need to be reviewed in the context of the services available in the event of a pandemic, and need to be appropriate and reasonable in the context of effective workforce deployment and the statutory duty to ensure that staff benefit from a satisfactory work/life balance.

- e. For students to return work to the school without burdening families with potentially high postal costs, we may wish to have arrangements for parents or students to deliver completed work to a collection point. If we were advised to close to students the closure would be to reduce the risk of infection from students mixing together in the classroom over the school day; so any approach that would bring students into school to deliver or collect work should be managed so as to reduce mixing between students. Alternatively, families living close to one another might arrange for one parent to deliver work from all students in those families.
  - f. Whichever channel we use, we need to explore how we could provide access to a range of on-line materials, text books, worksheets or similar materials for students. We should also consider how we might provide school telephone numbers or a school e-mail address on which students or parents can reach staff during school session times in order to raise any questions on the work that has been sent home. In doing this, schools will need to consider how such facilities will be staffed.
  - g. In agreement with the LEA, such support could be provided at LEA level, with schools pooling some resources to make sure that support is available for all subjects and all key stages. Any such cross-LEA plans should, as far as possible, take account of our curriculum plans and the requirements of awarding bodies.
8. We will provide parents with some simple, straightforward advice on how they can support their children's learning while the school is closed. This may include information on the curriculum, or hints about how to use a child's home surroundings – or programmes on television or radio – to inform their work. The local authority's guidance to home educators may be a useful source of information to which schools can draw parents' attention.
9. We will also aim to support the learning of children who may be bereaved in a pandemic. Wherever possible, they should be provided with appropriate pastoral support from suitably qualified support staff.
10. After a pandemic wave, if we have been closed for an extended period, the LEA will work with us on activities to help children catch up on education that they have lost during the pandemic.
11. Priorities for 'catch-up' work may depend on the extent and duration of any closures, and the time of year at which they occur.
12. Any 'catch up' work provided by school staff within their existing contracts must be handled within the existing school sessions. There would be no expectation that staff would be expected to work extra hours to provide extra 'catch up' classes.



13. We will aim to take a number of steps to ensure that curriculum materials will be available to learners throughout the crisis period, including:

- a. **Curriculum resources:** Develop a core online set of content to support specific curriculum objectives that can be managed in the main by learners themselves. These resources may be provided from a range of sources and may include school-generated and commercial content, and free material available via Teachers TV or similar to support formal and informal learning. If learners' access to the Internet is limited, these resources should be printed and delivered to homes.
- b. **Feedback to learners:** We will wish to ensure that learners receive feedback on any work they have completed at home. This will be particularly important for examination classes. While some on-line resources (such as the major examination revision sites) are sufficiently interactive to provide feedback directly to the learner, students' responses to much school-generated and other resources will need marking by teachers. We will aim to ensure that facilities are available, either through e-mail, the school website or the learning platform, for students to communicate with staff and gain feedback and support. Staff will not be able to devote inordinate amounts of time to chasing up work that students have not returned, but will need contact details so that they may contact students in the event of failure to return work.
- c. **Peer-to-peer support:** Students benefit from discussing their work with other learners. Where students are unable to meet because of the risks of contagion, we may be able to use our facilities for online student dialogue through the learning platform.

## **ANNEX C - CHECKLIST FOR ACTION**

### **1. Early Planning :**

Completed	In Progress	Not Started		Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.1 Read the guidance, available at <a href="http://www.teachernet.gov.uk/humanflupandemic">www.teachernet.gov.uk/humanflupandemic</a> and share it with others in your school – including staff and governors.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2 Identify who would make any decision on whether to close (and reopen) the school in the case of government advice, staff absence or to prevent the spread of infection.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3 Determine who is the LEA liaison on this issue.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4 Read the DCFS infection control guidance.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.5 Check whether school is suitably equipped with materials needed to implement infection control measures (e.g. tissues and tissue disposal, hot water and soap).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.6 Check cleaning arrangements / contracts and whether special provision could be provided during a pandemic.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.7 Develop communication and dissemination plans for staff, students, and families, including information about possible closures, any timetable changes, and – where relevant - transport changes. <sup>1</sup>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.8 Consider allocating some curriculum time to pandemic flu.	

<sup>1</sup> Possible avenues of communication may include automated phone messages, phone trees, e-mail, Web sites, text-messaging and local media outlets.

## 2. Preparedness:

Completed	In Progress	Not Started	In addition to the steps listed above:	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1 Compile a list of key contacts; including your LEA liaison, local strategic coordinating group (SCG) and others.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2 Check and update pupil and parent/carer contact details. Compile home email addresses for students and parents/carers who have access to the internet at home.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.3 Consider how we might operate in the event of key staff absence (including both teaching and ancillary staff). Review arrangements for covering teaching and non teaching duties.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4 Consider the allocation of responsibilities, duties and cover arrangements during a pandemic, including who would take key decisions in the event of leadership team absence.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.5 Review procedures for communicating with staff, students, and families.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.6 Consider pastoral needs of the students and staff during a pandemic; are there staff training needs that could be met now?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.7 Identify the languages spoken by the student population and their families, and discuss with LA how the information might be made available in those languages. Also consider the needs of blind and deaf students or others with special educational needs.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.8 Preplan; develop template letters, both for closure and reopening.	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.9 Consider developing and testing communications mechanisms in the possible event of school closure e.g. Telephone trees and text messaging services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.10 Consider compiling a pool of parents / volunteers (who are CRB checked) who could be used to supervise children in times of significant absence.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.11 Investigate options with your LA about how students might work from home during a pandemic.

## ANNEX D: WHO pandemic phases and UK ALERT LEVELS

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

## ANNEX E: Key contacts

NAME / POSITION	CONTACT DETAILS		
<b>Local Authority Liaison</b>	Bryan Stephens	01267 228101	<a href="mailto:BStephens@carmarthenshire.gov.uk">BStephens@carmarthenshire.gov.uk</a>
	Elin Cullen	01267 224552	<a href="mailto:ECullen@carmarthenshire.gov.uk">ECullen@carmarthenshire.gov.uk</a>
	Ian Rees	01267 224596	<a href="mailto:IanRees@carmarthenshire.gov.uk">IanRees@carmarthenshire.gov.uk</a>
	Helen Evans	01267 224956	<a href="mailto:HEvans@carmarthenshire.gov.uk">HEvans@carmarthenshire.gov.uk</a>
	Nicola Hoare	01267 224551	<a href="mailto:NJHoare@carmarthenshire.gov.uk">NJHoare@carmarthenshire.gov.uk</a>
<b>School contacts</b>	Tim Day	01267 245300	<a href="mailto:tday@gehs.carms.sch.uk">tday@gehs.carms.sch.uk</a>
	Allan Carter	01267 245300	<a href="mailto:acarter@gehs.carms.sch.uk">acarter@gehs.carms.sch.uk</a>
	Ann James	01267 245300	<a href="mailto:ajames@gehs.carms.sch.uk">ajames@gehs.carms.sch.uk</a>
	Billy Jones	01267 245300	<a href="mailto:wjones@gehs.carms.sch.uk">wjones@gehs.carms.sch.uk</a>
	General Enquiries	01267 245300	<a href="mailto:office@gehs.carms.sch.uk">office@gehs.carms.sch.uk</a>
<b>Supply agencies</b>			
<b>Chair of Governors</b>			
<b>Trainee Teacher Institutions</b>			
<b>School Transport</b>			
<b>Contract Cleaning</b>			
<b>Contract Catering</b>			
<b>Carillion</b>			
<b>Alternative Education providers, e.g. Coleg Sir Gar</b>			

## Annex F – Communication Channels

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



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



3. Re-opening after closure.<sup>2</sup>



<sup>2</sup> It is possible that partial reopening would be advised first (e.g. for children who had been infected and recovered).

## Annex G: Further Information and links

### **WAG Document, produced in April 2009:**

*"Pandemic Influenza – Children and young people - Contingency planning for schools and other settings where children are educated"*

Schools and Children's services guidance documents:

[www.teachernet.gov.uk/humanflupandemic](http://www.teachernet.gov.uk/humanflupandemic)

Government wide planning available from the Department of Health:

[www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)

Regional preparedness contacts are at:

[www.gos.gov.uk/prepemergencies/preparedness/?a=4246](http://www.gos.gov.uk/prepemergencies/preparedness/?a=4246)

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

[www.publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-1448-2005](http://www.publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-1448-2005)

DfES guidance on First Aid:

[www.teachernet.gov.uk/wholeschool/healthandsafety/firstaid](http://www.teachernet.gov.uk/wholeschool/healthandsafety/firstaid)

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

[www.teachernet.gov.uk/wholeschool/healthandsafety/pupildfatality](http://www.teachernet.gov.uk/wholeschool/healthandsafety/pupildfatality)

General background: NHS leaflet for families available from DH on 08701 555 455 or

[dh@prolog.uk.com](mailto:dh@prolog.uk.com), or at: [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)

Information targeted at parents will be at: [www.parentscentre.gov.uk](http://www.parentscentre.gov.uk) or

[www.direct.gov.uk/Parents/fs/en](http://www.direct.gov.uk/Parents/fs/en)

The Health Protection Agency website contains more information on relevant issues, including explaining the difference between avian, pandemic and seasonal flu: [www.hpa.org.uk/infections/topics\\_az/influenza/default.htm](http://www.hpa.org.uk/infections/topics_az/influenza/default.htm)

Government advice on personal hygiene education and general advice for young people: [www.wiredforhealth.gov.uk/cat.php?catid=838](http://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](http://www.wiredforhealth.gov.uk/cat.php?catid=917) .

Curriculum: Citizenship guidance:

[www.nc.uk.net/webdav/harmonise?Page/@id=6004&Subject/@id=4164](http://www.nc.uk.net/webdav/harmonise?Page/@id=6004&Subject/@id=4164) .

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



## **APPENDIX H - FREQUENTLY ASKED QUESTIONS**

### **Q1 Will we be expected to close in a pandemic?**

A There is no definitive answer at this time. It will depend on the nature of the pandemic and the level of risk to children. We will take the decision based on the evidence available once the pandemic was declared and on advice from medical experts.

### **Q2 Why might we need to close?**

A Influenza spreads rapidly in schools and other closed communities. If schools close at the right time, it could significantly reduce the spread of infection and the number of children infected. Some analyses of the potential benefits of closure suggest that it could reduce the number of children infected by up to 50%. However, it may take 2-3 weeks, or more, for a pandemic to spread across the country. Given the impact of closures on children's education, and on working parents, we would not close before it is necessary to do so.

### **Q3 What notice of closure can we expect to receive, and from whom? Who will tell parents? And will closure be immediate?**

A If we were advised to close when the pandemic reached our area, the local authority would advise the head teacher when this happened and the advice thus became applicable. In that situation, closure would take effect from the end of the day when that message was received from the local authority, unless staff shortages made it impossible for the school or setting to operate safely for the day – unlikely in the early stages of a pandemic. We would not expect parents to be asked to come and collect their children earlier than usual. Where possible, it would be helpful to contact parents during the day to advise them of the coming closure, so that parents could start to make plans. We will otherwise give children letters to take home.

### **Q4 If schools close, would parents have to keep their children locked indoors to keep them protected? What sort of contact between children, if any, would be safe?**

A We acknowledge that it may be unrealistic – and unhelpful – to try to stop children mixing with others altogether. However, the less they mix, especially in larger groups, the lower the chance of infection. In the light of information about the pandemic strain of virus, the government would provide more guidance to parents – and to those whose facilities might be used by groups of children – about the factors that might increase or reduce the risk.

### **Q5 If we remain open (because it's a less severe pandemic, or because the pandemic has not yet reached our area), how can we keep children safe?**

In broad terms, much of the guidance reflects normal good practice to reduce the spread of any infection: washing hands, using tissues etc.

**Q6 If a pandemic came during the exam period, and we were advised to close, would pupils be able to sit exams?**

A We would have to consider this in the light of information about the pandemic virus and the level of risk. Exams might be considered a lower-risk activity: the students would be older, only those sitting exams would be present, students would only be in school for the duration of the exam, and students would have to sit apart in the exam room. But 'lower risk' does not mean 'no risk', so we would have to decide in the context of the overall level of risk to our pupils.

**Q7 What if GCSE and A-level students couldn't sit exams? Could they be awarded grades?**

A The Qualifications and Curriculum Authority and the awarding bodies have developed business continuity plans to deal with crises like this. Awarding bodies would use the 'special consideration' procedures they currently use when a student misses an exam through illness or other reasons, and believe they could fairly assess and award grades to almost all students on this basis.

**Q8 If we closed for several weeks, this would have a severe adverse effect on children's education. What should we do to reduce the impact of this?**

A If schools closed to pupils, staff who were well would still be expected to report for work. One possible task for teaching staff would be to support remote learning. After the pandemic, we would seek to help pupils catch up on anything that they had missed during the closure.

**Q9 In a pandemic, what should cleaning staff clean, and how?**

A They should clean surfaces that are frequently touched by hand, using normal cleaning materials. As far as possible, you should suspend the use of communal items during the pandemic, especially those prone to frequent hand and mouth contact (eg wind instruments) and soft toys, which are hard to clean adequately. As the cleaning procedures in a pandemic are more extensive than in normal circumstances, other support staff and caretakers may be able to assist cleaning staff.

**Q10 What about protective equipment?**

A We do not recommend protective equipment or clothing for staff, except for those who supervise a sick child.