

Pandemic Disease Policy

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Job title: College Nurse

Last review date: July 2021

Next review date: July 2022

Relevant ISI coding (if applicable)

Circulation: This policy has been adopted by the governors and is available to parents on request. It is addressed to all members of staff and volunteers and applies wherever they are working with children.

'Parents' refers to parents, guardians and carers.

Pandemic Disease Policy

This document considers actions to take for **prevention, management and recovery** from any pandemic virus.

PREVENTION

Our situation:

- The majority of our students come from the Greater Manchester area and overseas and their accommodation varies (host families, Clydesdale, some private room/apartment rental). A small handful of students travel in from beyond the Greater Manchester area.

Risk of contraction/spread among students and staff inside and outside the college premises varies with potential for exposure:

- Students living at home are at no greater or lower risk of spreading a virus to other students or catching it from another student than other children in this country.
- Students living with host families have the same level of risk as home-dwelling children, unless they share the accommodation with other students, who may be more widely exposed in their turn.
- Students living in private rented accommodation are at slightly greater risk than those in (a) and (b) as they are most likely to be sharing accommodation with other students, and there is also the risk of lower standards of hygiene.
- Students living in Clydesdale and their supervising staff are at the greatest risk of both contracting and spreading a virus as they are in frequent contact with many other students.
- The above risk assessments are also relevant to other college staff: the higher an individual's exposure to other people, the greater the risk of contracting an infection.

MANAGEMENT

1. Risk of virus spread if it enters the college community:

As the government guidelines point out, young people are the most efficient spreaders of virus infections, both because they congregate in schools, colleges, etc and because they are generally less fastidious about personal hygiene than older people. The highest likelihood of disease spread is in classrooms, study areas or any other confined space where students congregate and viral transmission through aerosols or skin contact is consequently more probable.

2. Spread prevention: measures:

The risk of spread may be reduced by introducing a standardised and rigorously maintained regime:

(a) **Student Training:** Systematic training of all students in the basics of personal hygiene:

- Sneezing and blowing noses into tissues rather than handkerchiefs, and discarding the soiled tissues ('bag and bin') in appropriate receptacles;
- Washing hands thoroughly and frequently (viruses can survive for up to 3 hours on human skin, and are transmitted through touch as well as being airborne);
- Using portable disinfectant hand-creams (available at any pharmacy) on a frequent basis;
- Fastidious personal and toilet practice (washing hands, discarding soiled tissues in bags and bins, etc).

(b) **Adult training:** parents, host families and Houseparents to be alert for signs of feverishness /flu in their charges: These are:

- **Sudden and acute fever,**
- **Headache;**
- **Aching muscles;**
- **Possible cough;**
- **Possible sore throat;**
- **Possible conjunctivitis (infected and inflamed eyes).**
- **Loss of taste/smell.**

If such symptoms arise, they should...

- Keep the child home and in bed, and ensure s/he maintains hygiene as detailed in item 4(a);
- Keep the sufferer well hydrated and deliver standard analgesics;
- Monitor Temperature. Complete and follow the isolation documentation if caring for a confirmed COVID 19 student.
- Alert the college (**Student Services and EE/CR**),
- Telephone *but not visit* their **GP** or call **NHS 111** and describe their symptoms. (*Doctors are instructed to advise, assess whether to prescribe antiviral drugs: it is possible that a student may not be suffering from pandemic flu*);
- Keep the sufferer segregated from others, and maintain careful personal hygiene while caring for him/her. For a confirmed case of COVID 19 then follow the correct PPE as advised via NHS and COVID 19 PPE policy (Riverside Accommodation).
- Follow NHS/GP guidance.
- If suspected COVID 19 complete the track & trace via Government website.

(c) **Classroom practice:**

- Wherever possible, teachers should keep rooms in which they work well ventilated (open windows and/or doors; ensure a good through-draught of air. **NB: Running fans in closed, airless rooms is counterproductive as it only helps to speed the spread of airborne viruses**).
- Teachers should also try to ensure that students are seated as far apart as space allows.

- They should insist on proper hygiene in the classroom, and be alert for students who are not maintaining these standards.
- They should be alert for any student showing symptoms as detailed in **4(b)**, in which case the student should be sent or taken home, and the case reported immediately (**Student Services à EE/CR**). Actions as outlined in **4(b)** should then be followed by the adult responsible for the domiciliary care of the student.

3. If Pandemic Flu virus infection is detected or suspected during school hours:

Any person suspecting that pandemic virus has infected a member of the college should report it immediately: (**Student Services à EE/CR à contact with a medical practitioner or NHS Direct for confirmation**).

(b) To date, wherever a member has been diagnosed as having Pandemic flu, the school in question has been closed for a few days in order to limit the spread of infection. **The decision to move from spread prevention to isolation via school closure is no longer advocated, but discretion to close the school still ultimately rests with:**

- **The Principal in consultation with HO/WHO;**
- **The local or national HMG Health Authority.**

In the unlikely event of a closure, the decision to close the college will be communicated to students and staff by means of the process described in the College Emergency Closure Plan.

General notification of the temporary closure and its duration will be published on the Abbey College Manchester website (students/parents have been advised to watch this space).

Skeleton staffing of the college during closure will be at the discretion of the Principal and depend on availability of personnel.

Provision for continuing studies during closure: all teachers will provide work for students to complete, or issue instructions to students for home-based work, as appropriate. Staff should prepare to place work on the student shared drive and clearly label in department folders. It may be necessary to prepare an ad hoc rota of staff to take charge of organisation and supervision of study areas or lessons if possible.

Provision for possible impact on Public Examinations: the Exams Manager will notify exam boards of the closure as necessary, and make provision for recovery of exams after re-opening of the college.

Provision for impact at Clydesdale/Homestay: Director of Accommodation to arrange temporary Host family or bank cover at Clydesdale

4. RECOVERY

Re-opening of the college: This decision will be taken at the **Principal's** discretion, after appropriate consultation (e.g. with HO, medical advisers, the Health Authority, etc).

Notification of re-opening can follow the same communication stream as notification of closure.

COVID-19 PPE (Personal Protective Equipment) Guidance from the Manchester Council will be followed and updated (Appendix 1).

Appendix 1:

Use of PPE in schools and settings. Always refer to the most up to date PHE / DfE guidance

[Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#)
[Safe working in education, childcare and children’s social care settings, including the use of personal protective equipment \(PPE\)](#)

In all education, childcare and children’s social care settings, a range of approaches and actions should be employed to help prevent the spread of coronavirus. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced. These include:

1. Minimise contact with individuals who are unwell
2. Clean your hands often
3. Respiratory hygiene (catch it, bin it, kill it)
4. Clean surfaces that are touched frequently
5. Minimise contact and mixing
6. Use of personal protective equipment (PPE)

PPE is only needed in a very small number of cases:

- where an individual child, young person or other learner becomes ill with coronavirus (COVID-19) symptoms and only then if a distance of 2 metres cannot be maintained
- where a child, young person or learner already has routine intimate care needs that involves the use of PPE, in which case the same PPE should continue to be used

•	Examples	All children, young people and students	Children with complex medical needs
General	Everyday activities	<p>The majority of staff in schools and settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases.</p> <p>Maintain cohort staff as much as possible so the same staff member works with the same child / children</p>	<p>Where possible, all children in this group should stay at home and not attend school.</p> <p>If a child needs to be in school then the use of PPE should be based on their risk assessment and the employee risk assessment where relevant.</p> <p>Maintain cohort staff as much as possible so the same staff member works with the same child / children</p>

		Practice good hygiene - frequent hand washing, catch it bin it kill it Follow the 6 controls as above	Practice good hygiene - frequent hand washing, catch it bin it kill it Follow the 6 controls as above
When social distancing can be maintained	Everyday activities	No PPE required unless their care routinely already involves the use of PPE, due to their individual needs.	No PPE required unless their care routinely already involves the use of PPE, due to their individual needs.
When social distancing cannot be maintained	Everyday activities where the adult and/or child are unable to socially distance	The majority of staff in schools and settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others. Consider the need to use PPE based on risk assessment.	Wear PPE: disposable gloves, disposable apron and fluid resistant surgical mask. Consider the need for eye protection based on risk assessment.
When social distancing cannot be maintained	Intimate care e.g. feeding / giving medication / toileting / washing	Children, young people and students whose care routinely already involves the use of PPE, due to their individual needs, should continue to receive their care in the same way. Consider the need to use PPE based on risk assessment.	Children, young people and students whose care routinely already involves the use of PPE, due to their care needs, should continue to receive their care in the same way. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn

<p>Aerosol generating procedures (AGPs)</p>	<p>Including caring for children with tracheostomies</p>		<p>Where possible, all children in this group should stay at home and not attend school.</p> <p>If a child needs to be in school then the use of PPE should be based on their risk assessment and the employee risk assessment where relevant.</p> <p>NHS guidance should be followed. https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</p> <p>Staff performing AGPs should also follow Public Health England's personal protective equipment (PPE) guidance on aerosol generating procedures, and wear the correct PPE which is:</p> <ul style="list-style-type: none"> • a FFP2/3 respirator • gloves • a long-sleeved fluid repellent gown • eye protection
<p>Children showing symptoms</p>	<p>If a child, young person or other learner becomes unwell with symptoms of coronavirus (COVID-19) while in their setting and needs direct personal care until</p>	<p>PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).</p> <p>If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn.</p>	<p>PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).</p> <p>If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn</p>

	they can return home.		
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Frequently asked questions

Q1. How should I care for children who regularly spit or require physical contact?

If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as biting, licking, kissing or spitting) or require care that cannot be provided without close hands-on contact, they should continue to receive care in the same way, including any existing routine use of PPE.

In these circumstances, to reduce the risk of coronavirus (COVID-19) transmission, no additional PPE is necessary as these are non-symptomatic children in a non-healthcare setting and so the risk of viral transmission is very low. However, additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot.

Q2. What protection is needed when settings organise transport for children?

If the children or young people being transported do not have symptoms of coronavirus (COVID-19), there is no need for a driver to use PPE. See [COVID-19: safer transport guidance for operators](#) for further guidance on PPE and face coverings.

In non-residential settings, any child, young person or other learner who starts displaying coronavirus (COVID-19) symptoms while at their setting should, wherever possible, be collected by a member of their family or household. In exceptional circumstances, where this is not possible, and the setting needs to take responsibility for transporting them home, or where a symptomatic child or young person needs to be transported between residential settings, you should do one of the following:

- use a vehicle with a bulkhead or partition that separates the driver and passenger
- the driver and passenger should maintain a distance of 2 metres from each other
- the driver should use PPE, and the passenger should wear a face mask if they are old enough and able to do so

Q3. Is PPE required for tasks involving changing nappies or general care for babies?

Staff should follow their normal practice when changing nappies and caring for babies more generally, provided the child is not showing symptoms of coronavirus (COVID-19). This includes continuing to use the PPE that they would normally wear in these situations, for example aprons and gloves. If a child shows symptoms, they should not attend a setting and should be at home.

Q4. Does coronavirus (COVID-19) mean that PPE is needed for administering first aid?

Children, young people or learners who require first aid should continue to receive care in the same way. No additional PPE is needed because of coronavirus (COVID-19) for anyone who does not have coronavirus (COVID-19) symptoms.

Q5. How should I care for young children or children with special educational needs who do not understand why they must stay apart or who ignore distancing guidelines?

Young children and children with special educational needs may not be able to understand the need for social distancing and may also seek close interaction with their peers or adults to provide reassurance at a period of disruption to their routines.

It is imperative that education, childcare and children's social care settings conduct risk assessments around managing groups of children within the setting. This should include limiting the number of children in each group and reducing this to provide more space in each classroom or learning area. As far as possible, small groups of children should be supported by consistent staffing, and groups should remain as consistent as possible throughout the outbreak.