

# **PLANNING FOR A HUMAN INFLUENZA PANDEMIC:**

## **GUIDANCE FOR SCHOOLS, CHILDCARE AND CHILDREN'S SERVICES IN SCOTLAND**

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# PLANNING FOR A HUMAN INFLUENZA PANDEMIC: SCHOOLS, CHILDCARE AND CHILDREN'S SERVICES IN SCOTLAND

## Summary

This guidance aims to encourage and support local authorities and other providers of schools and children's services in planning for a human influenza (flu) pandemic. It provides brief background on pandemic flu and its potential implications for schools and children's services. It outlines the role of government and local arrangements for responding to a pandemic, consistent with the [Influenza Pandemic Contingency Plan](#) and the core guidance on Scottish arrangements for emergency planning and response set out in "[Preparing Scotland](#)".

All those responsible for planning or managing services should plan for pandemic flu as part of their normal planning for responding to any emergency or 'business continuity' planning, and the Scottish Executive recognises that many organisations are already very active in terms of preparing for a pandemic.

This guidance explains why, for medical and child welfare reasons, schools, nurseries and group childcare settings might be an exception to the general 'business as normal' message that underpins our guidance to other sectors. It recommends that local authorities, schools, nurseries 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 Executive proposes such closure for medical and child welfare reasons. Such decisions about whether to close will be taken at a national level. **On the basis** of national advice from the Executive and a framework of public health advice, local authorities will take decisions about when, and for how long.

The guidance sets out the processes that we would use to get information to local authorities, and other providers of schools, nurseries and children's services, via Strategic Co-ordinating Groups (SCG's).

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 providing or operating 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); group childcare, early years settings and childminders (Ch 3); Children's Residential Units (Ch 4); other Local authority children's services (e.g. children's centres, statutory youth services etc) (Ch 5). Click on the relevant entry in the index above 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 of looked after children, as well as foster carers or other carers.

Some brief information for parents and carers is also available on the Executive's website.

This guidance is for Scotland only, although it has been produced through joint working with other Education and Health Departments across the UK to achieve appropriate consistency. Parallel guidance is being issued by the Department for Education and Skills in England and the Welsh Assembly Government, and the Department of Education Northern Ireland is consulting on draft guidance. The Executive recognises that this initial guidance will need to be updated periodically to take account of ongoing planning and development and any improved intelligence about a human pandemic. As such, we would also welcome any constructive feedback or comment on the contents of this document, and these should be sent by e-mail to [EYP Flu Comments](#).

## **Chapter 1 General Introduction**

### **Why you should read this guidance**

1.1 “[Preparing Scotland](#)” and The Chief Medical Officer’s publication ‘Explaining Pandemic Flu’ set the context for this guidance:

The World Health Organization (WHO) and other international organisations have recently warned that an influenza (flu) pandemic is both ‘inevitable’ and ‘imminent’...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 Organization 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 (June 2006); there is a new sub-type of virus, but no human-to-human transmission or at most rare instances of spread to a close contact;  
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 plans for how they will work together to prepare for and respond to a pandemic. (see Annex A). It recommends that all organisations should be as prepared as possible now so that plans can be activated when a pandemic arrives. The Scottish Executive has produced this guidance, in consultation with other education departments across the UK and stakeholders in Scotland as part of 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 therefore supports planning for schools and group childcare settings in Scotland, and as such differs from other versions where it needs to relate appropriately to a Scottish context and structures. Further guidance on specific issues (e.g. infection control, remote learning – see Chapter 2) will follow, and we will review this guidance as regularly as required.

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 UK Health Departments are jointly 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), which will 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. The Influenza Pandemic Contingency plan advises that planning should be adaptable, to respond to different levels of infection and fatality. It puts 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 1.2).

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 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 (e.g. seasonal flu) spread less rapidly 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, based on medical advice, the Scottish Executive would advise the closure of schools, nurseries and group childcare settings during a pandemic. Our first priority in a pandemic would be the welfare of children.

**1.9 The Executive therefore recommends that in the context of SCGs' and local authorities' developing plans, all relevant organisations plan both for schools, nurseries and group childcare settings 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 if **national** public health advice confirms that this will reduce the spread of infection among children. In the event of closure to pupils for medical and child welfare reasons, local authority (and other employers) should still ask staff to work (if well); this is consistent with advice to employers in all sectors.

1.10 Experience has shown that organisations who prepare for emergencies are more likely to withstand or recover successfully from these disruptions than those who do not. The Executive therefore recommends that local authorities, schools, nurseries and group childcare providers, and other service providers (including for example youth organisations) develop contingency plans now, which should be part of their general business continuity planning. While there **may** be some time to review plans in the period between a pandemic being identified 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, the rest of the guidance is arranged for specific sectors and, within each sector, for specific audiences – what to do if you are a local authority or other employer, a head teacher, etc. All basic information is here; for more background, Annex A lists further references. The Scottish Executive 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 **Scotland-wide:** The Scottish Executive 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 the Health Department, and these messages will be passed through SCGs and

local authorities to state and other schools, children's services providers, other people working with children, and parents. Our advice will focus on how schools and group childcare services can deal with the effects of a pandemic. Routine channels of communications - through SCGs and local authorities - will be used to disseminate messages to those sectors. In certain circumstances, we will consider using other channels in addition, e.g. issuing a statement to the news media.

1.13 During a pandemic, while we would publicise national messages relevant to partners in the sectors for which it is 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.

1.14 **Locally:** Before a pandemic, the Civil Contingencies Act 2004 requires front-line emergency responders (e.g. 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.

1.15 In a pandemic, response and recovery at the local level is led by 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.

### **The pivotal role of local authorities**

1.16 Local authorities have a pivotal role in assisting their planning and delivery partners 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.

1.17 Local authority service managers and planners should familiarise themselves with all parts of this guidance, *Preparing Scotland*, and the public health advice from UK Health Departments, Health Protection Scotland and the Health and Safety Executive (see Chapter 1 and Annex A for details).

1.18 The local authority will have an important role in communications during all stages of preparing for and dealing with a pandemic and its aftermath. Relevant Directors of Service should ensure that local authority

children's services and children's services in the community receive and act on these communications.

1.19 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 national advice about schools and group childcare settings that may be issued to safeguard children's health and welfare. This present guidance is mainly concerned with our 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 recognises the responsibilities of local authorities as employers and providers of services.

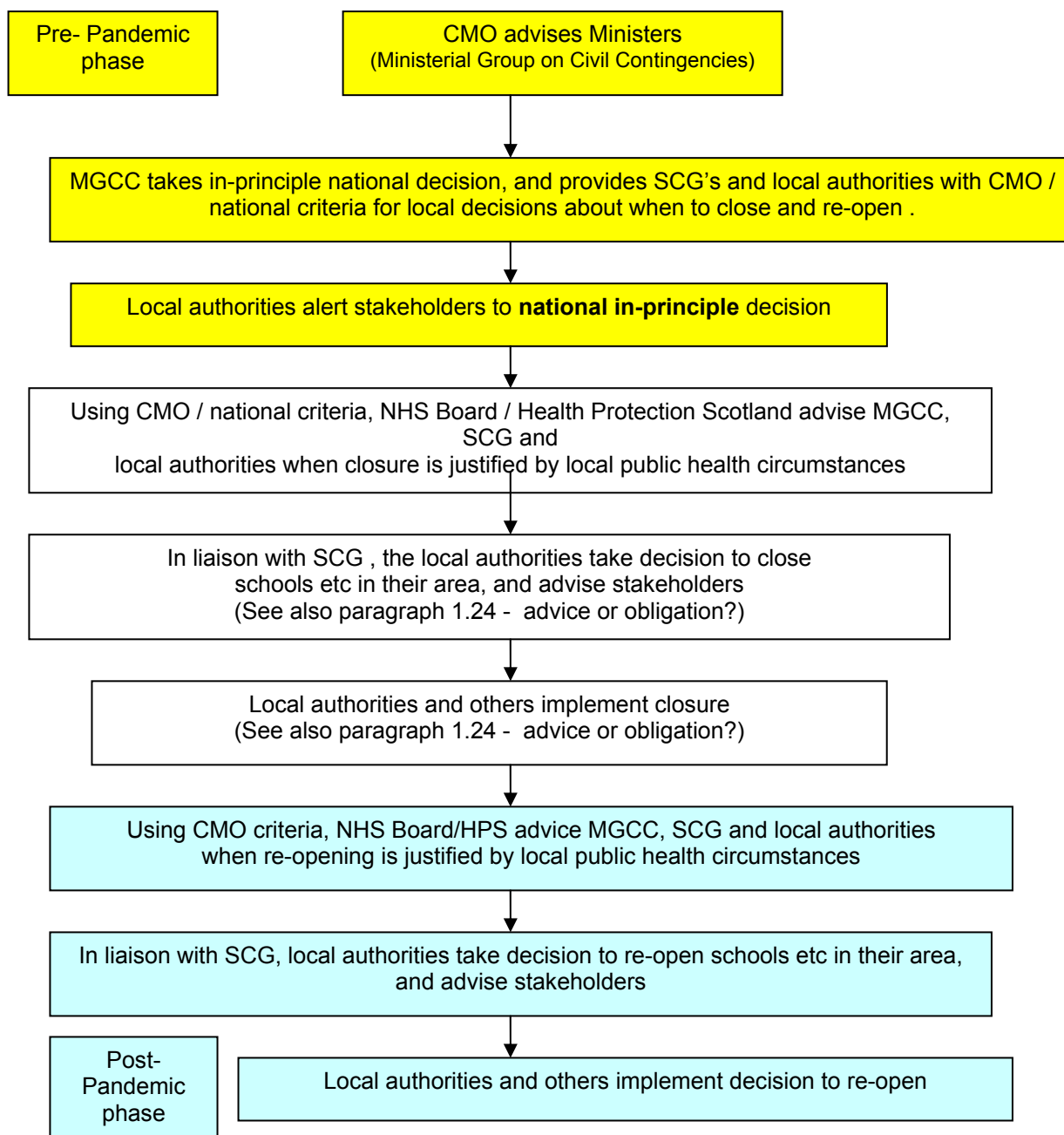
1.20 In their planning, service managers should take account of possible extra demands on their services because of the pandemic: for example, might the number of parents and carers infected mean an increased demand for short-term (foster/respite) care provision because of parents being temporarily unable to look after their own children.

### **Communicating messages about possible closure of schools and group childcare**

1.21 As indicated above (para 1.8), The Scottish Executive may issue national advice that, in order to reduce the spread of infection among children, schools and group childcare settings should close when the pandemic reaches their area. If we issue such advice, the Executive would inform members of the 8 Strategic Co-ordinating Groups (whose members include Local Authority Chief Executives). The Chief Executives would be required to ensure that all relevant service providers were advised, as appropriate, to pass on a message to schools and childcare providers not to close, but to prepare for closure when the pandemic reaches their area. We are undertaking work in conjunction with Health Departments to confirm what the triggers for closure and re-opening should be and this will be set out in further advice.

1.22 When public health professionals confirm that local circumstances meet the national criteria for closure (or re-opening), local authorities, and as appropriate other schools and group childcare providers – in line with the responsibilities set out in chapters 2 and 3 of this guidance – should implement as appropriate.[See paragraph 1.24 - Advice or Obligation?]

**Decision & communication chain if Chief Medical Officer (CMO) advises closure of schools and group childcare settings on medical and child welfare grounds**



1.23 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 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. The Executive will update the Influenza

Pandemic Contingency plan accordingly.

### **Advice or obligation?**

1.24 If the Executive decides that closing schools and group childcare settings for child welfare reasons is advisable, we expect to issue national advice to schools and childcare providers, via SCG's and local authorities. We do not currently expect to use emergency powers under the Civil Contingency Act 2004 (see Annex A) to oblige services to close. Legal powers to close rest with local authorities and other service providers. We believe that all concerned will share the desire to safeguard children's health, and will want to comply fully with advice based on children's welfare.

### **Subsequent waves of pandemic flu**

1.25 There may be two or more waves in a pandemic, possibly several months apart. The Scottish Executive's 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; or close to all pupils. As before, normal channels of communication would be used to provide advice to service providers

### **General public health messages**

1.26 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 (e.g. 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.

**SEHD, October 2005**

## **Chapter 2 Schools**

### Overview

2.1 This chapter is for local authorities and state sector schools as well as independent school proprietors, governors of grant-aided schools and all head teachers.

2.2 The Scottish Executive recommends that **all** schools (including independent and grant-aided schools) work closely with their local authority to:

- A. now: put in place outline plans for a pandemic;
- B. 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 reliably and quickly;
- C. between now and when a pandemic is imminent (World Health Organization (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;
- D. when a pandemic is imminent (at WHO Phase 4, and, if time permits, at Phase 5): check, refine and prepare to activate these plans;
- E. during a pandemic: if there is national advice to close schools, on medical and child welfare grounds, to continue to provide some form of education by remote methods for the duration of the closure, to the extent that this is reasonable given local circumstances;
- F. during a pandemic: if there is no national advice to close schools on medical and child welfare grounds, 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, and seek health protection advice as and when appropriate; local authorities will manage any necessary temporary transfer of staff to other establishments or services;
- G. after the first few weeks of the pandemic: if schools have closed to pupils, be prepared to respond to advice from national and local health professionals, which might be to re-open some or all schools

2.3 The Scottish Executive recommends that all those responsible for the management and delivery of school education ensure they are clear about their roles and responsibilities (which are summarised in the table below):

<b>Who</b>	<b>Now</b>	<b>During pandemic</b>
Local authorities, proprietors of independent schools, and governors of grant-aided schools) <b>Section 2A</b>	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, and ensure staff continue working to provide, so far as practical, a reasonable level of education at home if children not in school
Head teachers - <b>Section 2B</b>  boarding schools - <b>Section 2C:</b>  special schools - <b>Section 2D</b>	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.

2.4 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 substantive changes to this guidance.

2.5 The Executive will inform you, on our website and through SCGs and local authorities, when WHO Phase 4 is reached, and again at Phase 5. These announcements should prompt you to revise plans and be ready 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.

## **2A Role of local authorities and independent or grant-aided schools**

### **What you should do now**

2.6 This section is for **all** local authorities, proprietors of independent schools and governors of grant-aided schools. However, the guidance is drafted from the perspective of local authorities as we anticipate that they will undertake planning collaboratively with their schools. The principles however apply to all schools and those responsible for their management. See also specific guidance below for special schools and boarding schools.

2.7 The Scottish Executive strongly recommends that you should:

A. Familiarise yourself with:-

- a. overall UK Government advice on pandemic flu planning, and the current World Health Organization (WHO) phase of alert - at the time of writing, alert phase 3 (see UK/ WHO details in Annex A);
- b. if you are a non-local authority establishment, 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, below);

B. Have an overall Pandemic Influenza Business Continuity Plan, prepared in partnership with your local authority Emergency Planning Committee and the SCG; and share this with schools to ensure that they understand your arrangements and how they make their planning complementary. Early and sustained involvement of unions and professional associations is recommended.

C. Continue or revive your regular action to:-

- a. ensure that school staff are aware of general advice for young people, and general guidance on infection control (see Annex A);
- b. 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;
- c. ensure head teachers are familiar with your (established or modified) criteria for judging when falling staff levels and/or unavailability of key staff or services may require a school to close to pupils because of inability to keep the school operational on safety or other grounds; the school would remain open for staff to continue to work if they are well and not caring for a sick relative, but you should also put in place options for

remote working where appropriate);

- d. 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;
- e. 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;
- f. review any plan you already have in place, or put one in place, for supporting a school when a member of staff or pupil has died;

D. Take new action to:-

- a. encourage head teachers of your school(s) to study the guidance at 2B below and act on it, involving unions and professional associations. Check briefly (no need to go into detail) that they have done so;
- b. 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;
- c. be proactive in providing to staff, or helping staff to access, information relevant to their own health in a pandemic. Make available, and advise staff to read, published NHS information;
- d. take all reasonable steps to ensure positive encouragement to staff who are ill or think they are ill during a pandemic, not to come into work. Check your human resources policies: review them if needed, to achieve this;
- e. agree a communications strategy with your head teachers - who will inform parents and brief School Boards, Parent Teachers Associations and other parents' organisations?;
- f. when infection control guidance for schools has been issued (currently planned for summer 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 and equipment;

E. Local authorities should take a lead, seeking early input from head teachers and unions and professional associations, on how to address the following issues if schools remain open during a pandemic:

- a. cover arrangements if head and/or deputy are ill during the pandemic;

- b. supply cover for absent staff;
- c. whether staff are willing and able to take on a different role during the pandemic;
- d. regrouping pupils if teachers are absent;
- e. desirability/practicality of sharing staff between schools;
- f. options for using unqualified parents/volunteers (and ensuring appropriate checks) to supervise children in the absence of qualified staff;
- g. continuity of school meals and school transport services.

### **Remote Learning**

2.8 Local authorities have a power to provide education other than at a school, for pupils unable to attend school “by reason of extraordinary circumstances”. Therefore, while it might well not be possible to provide the usual full service, local authorities will wish to 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. One way to meet this challenge may be for all teachers to continue to provide support remotely for pupils working from home. We therefore recommend that local authorities make preliminary plans now, and more detailed preparations when we issue more detailed advice, and that they discuss with independent and grant-aided schools the extent to which those schools will be able to fulfil this commitment to their respective pupils. We envisage that these plans will include on-line material such as the ‘BBC JAM’, available free on-line from September, where pupils have internet access. Working with key agencies as appropriate we will explore the scope to provide more curricular support at a national level in the event of school closures, and will provide further advice in due course.

### **Local authority role in closure and re-opening of schools**

2.9 The Scottish Executive may advise that schools in affected areas should close to pupils on medical and child welfare grounds, to reduce the spread of infection among children. The local authority, acting on national and local public health advice, would inform all schools in its area when their area is affected; the media are also likely to publicise this information, which would also appear on the Executive’s website. In this context, ‘closure’ means closure to pupils; staff who are not ill would still be expected to come to work. Agreed arrangements whereby staff may be temporarily transferred to other schools or services to aid or maintain operational capacity should also be considered.

2.10 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 national advice to close), and the local authority

would inform schools of any action to be taken. It is possible that medical advice might then be to make some provision available (possibly only for pupils who have had pandemic flu and recovered). Alternatively, medical advice may be to remain closed, in which case local authorities and schools would be told when the situation would next be reviewed.

2.11 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 1.21 – 1.23) 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.

### **What you should do during a pandemic**

2.12 Put into practice the plans developed previously, involving unions and professional associations. If your school(s) remain(s) open during a pandemic, your top priority will be to check that infection control is practised consistently and rigorously throughout the school(s). You should also keep up to date with advice from the UK Government and the Scottish Executive on any other social measures proposed, which is likely to be announced in the national media as well as through the emergency planning department of the local authority.

2.13 The most important decisions relate to whether and when to close your school(s), and when to re-open 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. A decision to close a school to pupils may be based on two main reasons:

- A. Even if there has been no national advice that schools should close, it may be necessary to do so because staff absences make it impossible to operate safely;
- B. The Scottish Executive may issue general advice Scotland-wide via SCG's and local authorities to schools that closure is advisable when pandemic flu reaches an area. If this happens, the local authority, on national and local medical advice, would advise when an area is affected, and schools should close (see paras 1.21 – 1.23 for communications channels). We recommend that the local authority should convey that advice to the head teachers of **all** schools within the area, not just local authority schools.

2.14 If a school is closed to pupils on medical and child welfare grounds, it would remain open for staff. You should have appropriate plans in place to allow staff to be redeployed temporarily (for example to schools where there is a high absence rate among teachers, or a shortage of janitors). Also, 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 are positively encouraged not to come into work, whether the school is open or closed to pupils.

2.15 If we advise schools to close to pupils on medical and child welfare grounds, 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.

2.16 Put arrangements in place to be able to contact the head teacher of each of school on any working day during the pandemic, or a suitable deputy if the head teacher is ill.

2.17 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.

2.18 If schools are likely to be closed for longer than two weeks of school time, local authorities should work with schools to implement plans to provide education for children at home (see para 2.8 above). If closure was because of medical and child welfare advice from the Executive, the local authority would be expected to have indicated whether closure was likely to be for more than 2 weeks when it informed schools that the pandemic had reached the area.

**Local Authorities sending information to, and collecting it from schools, including independent and grant-aided schools**

[a] When a local authority issues information, guidance or instructions on pandemic flu planning to its community and schools, we would expect it also to inform the proprietors of independent schools and the governors of grant-aided schools in their area of any such document, so that those schools can also use it if they wish;

[b] We also expect each local authority to gather basic information from all schools in their area (including independent and grant-aided) daily during a pandemic, and feed that into the SCG. To minimise the burden of reporting for schools, authorities could agree that schools closing would only need to report on the day of closing and the day of re-opening.

[c] The Scottish Executive Education Department (SEED) will send to each local authority contact details for independent and grant-aided schools in their area for the above purposes – including e-mail addresses wherever possible.

**2B Advice to Head Teachers**

## **What you should do now**

2.19 Much advance planning for a flu pandemic is likely to take place at local authority/proprietor/governor level. They should contact you about preparations, particularly on:

- A. 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;
- B. Communicating on closures / re-opening to parents (and School Boards, PTAs etc) and pupils;
- C. Infection control and maintaining your school's cleaning arrangements;
- D. Preparing emergency plans and promoting the key messages to staff, involving unions and professional associations;
- E. Arrangements for supporting those who need time off to care for dependents;
- F. Support for any staff or pupils who are bereaved;
- G. Your role in providing continuing education at home if schools are closed for extended periods.

2.20 You should ensure that your local authority / proprietor/governor has made arrangements for deciding whether and when to close your school (in response to national advice communicated via the SCG and local authority or because of staff absence): you need to be clear whether that power or authority has been delegated to you.

2.21 You should develop plans, taking account of local guidance to head teachers, for:

- A. Emergency arrangements (to care for children or send them home) if in a pandemic the school was to close to children in the middle of the day – though such closure would be unusual;
- B. Ensuring back-up arrangements for janitors/ key holders, bearing in mind requirements of insurance cover, and health and safety of staff and pupils;
- C. Heating of buildings if janitor absent;
- D. 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;
- E. Continuity of school meals provision / advising parents of alternatives;

- F. Arrangements for rapid access to medical help for use when a pupil suddenly becomes very ill. Remind yourself of the Scottish Executive's guidance on the administration of medicines in schools (see Annex A).
- G. Plan where, if the school is open during a pandemic, you would isolate an ill pupil if their parent cannot immediately collect them;
- H. Managing any significant new risks to safety arising from staff undertaking unfamiliar tasks, including meeting the needs of more challenging pupils.

### **What you should do in a pandemic**

2.22 You should put into practice plans prepared earlier with your local authority / proprietor / governor and all staff, involving unions and professional associations. They will receive information on whether the Executive 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.

2.23 If schools remain 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.

2.24 If schools close to all pupils on the basis of national guidance, 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.

2.25 If your school closes temporarily 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.

2.26 If schools close for an extended period for medical and 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 para 2.8 above). Your local authority will contact you when they receive advice to re-open.

### **2C Boarding schools and secondary schools with hostels**

#### **Advice to Boarding Schools**

2.27 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. 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 para 2.8)

2.28 Such 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.

2.29 If a pandemic were to arrive in an area during term-time, and if a school closed following national 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.

2.30 If a pandemic starts during a school holiday and schools do not re-open because of national 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.

2.31 Infection control guidance for boarding schools will be published on the same web pages as this guidance, in summer 2006.

2.32 Independent boarding schools may wish 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 2.8) may be a factor in this.

## **2D Special schools**

2.33 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, some 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 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 local authority and head teacher decide exceptionally that is in the pupils' best interest**. In the case of children who usually receive health, therapeutic or similar services in their school, local authorities should consider with their partners options for providing access to these services in the event of school closures.

2.34 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. Special schools accommodating these pupils should work with social services to identify any children at risk of going into local authority care, and continue to provide education and care to this small group, limiting social mixing so as to reduce the risk of infection. The local authority, 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.

## **2E School examinations and future guidance**

### **School Examinations**

2.35 The Scottish Executive is working with the SQA 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. They will publish separate guidance on those arrangements, and a link to that guidance will be added to this website.

### **Issues to be covered in further guidance**

2.36 The purpose of this initial guidance is to enable local authorities, proprietors of independent schools, governors of grant-aided schools and head teachers to start planning now, and to understand the action that is the Scottish Executive is likely to recommend at later stages. We will issue further guidance in due course, which will cover:

- Infection control, in liaison with Health Protection Scotland;
- Updates to the current guidance, building on any further feedback received from stakeholders and partners;
- Further advice on how schools might (if closed to pupils during 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.

2.37 In addition, if government, in a pandemic, were to issue “*advice to travel only if essential, encouraging remote working or the staggering of journeys to work using public transport*” (Cabinet Office (CO), February 2006) – **which is not currently recommended** as actions to take in a pandemic – then guidance would be issued on how to apply that to schools, which could include:

- where schools were open to pupils, advising local authorities to consider whether travel for off-site visits, or travel by peripatetic staff was essential;

- where schools were closed to pupils, advising local authorities and other education providers to encourage remote working by school staff who would otherwise travel to the school site.

### **Chapter 3: Group childcare and early years settings**

#### Overview

3.1 This chapter is for:

- Local authorities, proprietors of private childcare services and management committees of voluntary/independent sector providers (collectively referred to as employers throughout this section);
- Managers and head teachers of group childcare (including nurseries) and other early years settings, including children's centres and play 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. We recognise that many local authority nurseries are co-located with schools in which case guidance in the schools section may be equally relevant.*

3.2 Management arrangements can vary significantly, particularly in the voluntary and private sectors, and the terms and roles used in the guidance may need to be adapted for different settings. However, the Scottish Executive recommends that **all** settings work closely with their local authority to:

- A. now: put in place outline plans for a pandemic, planning both to keep services open and for possible closure;
- B. now: respond promptly to any request from the local authority for up-to-date contact details, so that you are able to receive information from the local authority reliably and quickly;
- C. between now and when a pandemic is imminent (World Health Organization (WHO) Phase 4 [see explanation in Chapter 1]); take note of any new guidance, review plans regularly, ensure contact lists are kept up to date;
- D. when a pandemic is imminent (at WHO Phase 4, and, if time permits, at Phase 5): check, refine and prepare to activate these plans;
- E. during a pandemic: if there is no national advice to close settings on medical and child welfare grounds, remain open as long as sufficient staff are available, provide as near to normal services as resources

permit; also to follow advice to minimise the spread of infection among children and staff, and seek health protection advice as and when appropriate;

- F. after the first few weeks of the pandemic: if settings have closed to children, be prepared to respond to advice from national and local health professionals, which might be that some or all settings can reopen

### **Sections 3A – 3B**

#### Overview

3.3 The guidance from here until para 3.21 applies to group childcare settings only, not to childminders, whose guidance is in section 3C, starting at para 3.22. The Scottish Executive recommends that all those responsible for the management and delivery of group childcare ensure they are clear about their roles and responsibilities (which are summarised in the table below):

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

3.4 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

substantive changes to this guidance.

3.5 The Executive will inform you, on our website and through SCG's and local authorities, when WHO Phase 4 (see Chapter 1 for explanation) is reached, and again at Phase 5. These announcements should prompt you to revise plans and be ready 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.

3.6 Settings may need to close temporarily because insufficient staff are available to run the setting safely, and we would expect these decisions to be taken locally. All settings should check that they are aware of guidance (if any) from the local authority. The final decision on when to close will normally be taken by employers.

### **Local authority role in closure and re-opening of group childcare settings**

3.7 The Scottish Executive may advise that settings in affected areas should close to children on medical and child welfare grounds, to reduce the spread of infection. The local authority, acting on national and local public health advice, would inform all settings in its area when their area is affected; the media are also likely to publicise this information, which would also appear on the Executive's website. In this context, 'closure' means closure to children; employers may still expect staff who are not ill to come to work.

3.8 Local authorities **do not** have the power to direct private providers of childcare to close their premises: 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, the Scottish Executive would however expect heads, managers, or management committee chairs of settings to follow national advice intended to safeguard children's welfare. As set out in paragraph 1.24, the Executive has the capacity to take emergency powers under the Civil Contingency Act 2004.

3.9 If all 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 national advice to close), and the local authority would inform settings of any action to be taken. It is possible that medical advice might then be to make some provision available. Alternatively, medical advice may be to remain closed, in which case local authorities would advise when the situation would next be reviewed.

3.10 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 1.21 – 1.23) and would inform settings. Any conditions to be attached to re-opening, or any specific measures to be taken would be communicated at that time.

### **Section 3A: Role of local authorities, management committees, proprietors of private childcare settings.**

#### Overview for all employers

3.11 This section is guidance for **all** employers, including employer management committees and proprietors of private nurseries. It also covers the more strategic role of local authorities in ensuring plans are in place for dealing with a pandemic across all sectors. 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. Employers will 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 those responsible for their management.

#### **What you should do now**

3.12 The Scottish Executive strongly recommends that you should:

- A. "Familiarise yourself with our advice on pandemic flu planning at [www.show.scot.nhs.uk/sehd/pandemicflu](http://www.show.scot.nhs.uk/sehd/pandemicflu); and the current WHO..(World Health Organization) 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](http://www.who.int/csr/disease/avian_influenza/phase/en/index.html) ; **All**
- B. 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**
- C. Ensure the setting(s) for which you are responsible 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**
- D. 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**
- E. Agree who will communicate information to parents and carers , and how, about closing settings **Employers**
- F. 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**
- G. Make plans for supporting settings where bereavements have occurred. **Employers**



### **What you should do during a pandemic**

3.13 If your setting remains open during a pandemic, you should:

- A. 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 local authority. **Employers**
- B. 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**
- C. 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**
- D. Provide support to staff who are sick or bereaved, and deal sympathetically with requests for leave to care for sick dependents. **Employers**

3.14 The most significant decisions that may need to be taken are around closing settings and subsequently re-opening them. A decision to close a childcare setting may be based on two main reasons:

- A. Even if there has been no national advice that settings should close, it may be necessary to do so because staff absences make it impossible to operate safely;
- B. The Scottish Executive may issue general advice Scotland-wide via SCGs and local authorities that closure of childcare settings is advisable when pandemic flu reaches an area. If this happens, the local authority, on national and local medical advice, would advise when an area is affected, and settings should close (see paras 1.21 – 1.23 for communications channels).

3.15 Advice will come through the SCG and local authority to employers and/or head-teachers/managers of both local authority -controlled settings and private and voluntary provision. The final decision on when to close will be taken by employers, unless they have agreed to delegate the decision to head teachers and setting managers.

### **Section 3B: Advice to head teachers/managers of early years settings**

#### **What you should do now**

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

- A. Closure/reopening to settings: who would inform your setting that any national advice to close now applies in your area, and when it no longer applies;
- B. Communicating advice on closures/reopening to parents and children. You could consider:
  - text-messaging
  - email
  - parents volunteering to phone others
  - local radio
  - open meetings (pre-pandemic)
- C. Infection control and your setting's cleaning arrangements;
- D. Preparing emergency plans and promoting key messages to staff; involving unions and professional associations where relevant;
- E. Arrangements for supporting those who need time off to care for dependents;
- F. Support for staff and children who are bereaved;

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

- A. If the headteacher/manager post is vacant, or the head and deputy are ill, what the cover arrangements will be;
- B. Supply/Agency cover if setting remains open;
- C. Emergency arrangements if children need to be sent home, or the setting needs to be closed in the middle of the day
- D. Ensuring backup arrangements for janitors/ key holders, bearing in mind requirements of insurance cover and health and safety risk assessment;
- E. Heating of buildings if janitors/ key holders absent.
- F. 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;
- G. Continuity of meals provision/advising parents of alternatives
- H. Rapid access to medical help if needed; and plan where you would isolate an ill child if their parents cannot immediately collect them;
- I. Willingness of staff to take on a different role for the duration of the pandemic, taking account of the views of staff unions and professional bodies where relevant;
- J. Desirability/practicality of sharing staff between settings;
- K. Options for unqualified adults/parent volunteers assisting while staff are absent (subject of course to Disclosure Scotland requirements);

- L. Managing any significant new risks to safety arising from staff transferring to or undertaking unfamiliar tasks.

3.18 If you are the manager or lead worker in a voluntary sector setting, you should ensure that the chair of your management committee has made arrangements for deciding whether and when to close your setting (in response to national advice communicated via the SCG and local authority or because of staff absence): you need to be clear whether that power or authority has been delegated to you.

### **What you should do in a pandemic**

3.19 Your employer will receive advice from the local authority on whether the Executive nationally has advised that group childcare settings should close when the pandemic reaches their area, and information from the local authority on whether that now applies to your setting.

3.20 If all settings remain open, you will need to 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 child who becomes ill – though you may need arrangements to look after such children until a parent can collect them.

3.21 If your setting closes temporarily 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.

### **Section 3C: Childminders - roles and responsibilities**

#### Overview

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

### **What you should do now**

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

- A. Read the NHS Scotland leaflet for families available on <http://www.show.scot.nhs.uk/sehd/pandemicflu/Pages/PanFluFamLeaflet.htm>
- B. 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;
- C. Speak to your local authority or Scottish Child Minding Association (SCMA) development officer and parents to decide on what your responsibilities are if there is a flu pandemic;

- D. Emergency arrangements if children need to be sent home before the time normally arranged with parents;
- E. 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
  - email
  - parents volunteering to phone others.

### **What you should do during a pandemic**

3.24 If you (and your own family) are well you should carry on as normal, but you should:

- A. Make sure that read any available NHS information and maintain rigorous infection control measures consistent with guidance;
- B. 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;
- C. Make sure that any child you care for who has been unwell is fully recovered before they return to your care. .

3.25 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.

3.26 Before accepting children into your care, make sure you follow the infection control guidance and carry on doing so until the pandemic is over.

## **Chapter 4: Children's Residential Units**

### Overview

4.1 This chapter is for all providers of children's residential units. Generally, wherever possible, such settings 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 provider of Children's Residential Units 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 with sick children. In such circumstances providers of Children's Residential Units, with necessary support from primary care services, will need to take action, wherever possible, to prevent the spread of infection. An issue 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 providers of Children's Residential Units will be expected to have arrangements in place to maintain sufficient levels of staff cover in order to comply with Regulation 13 of the Regulation of Care (Requirements as to Care Services)(Scotland) Regulations 2002 and to meet Standard 7 of the National Care Standards: Care Homes for Children and Young People. 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 Providers of Children's Residential Units will need to ensure that, as at any other time, any temporary staff have appropriate Disclosure Scotland 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.

## **Secure Units**

4.6 There are particular issues in planning for pandemic flu which affect secure units. It will be necessary to consider issues of security, both in terms of detention and in terms of maintaining any support packages in place for young people. This will require liaison between secure units to retain young people within the secure estate. As far as possible secure units should remain open, reducing contact between children if necessary to aid infection control. Any movement of children between secure units must either be authorised by the Chief Social Work Officer or Ministers (for those sentenced by the courts). The Scottish Executive will issue further guidance to secure units to take forward planning for pandemic flu for secure units.

## **Advice for providers and registered managers**

### **What you should do now**

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

- A. Preparing emergency plans;
- B. 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;
- C. 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;
- D. 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;
- E. Ensuring that units will be fully equipped with materials needed to implement infection control measures in time to cope with any imminent pandemic;
- F. Familiarising yourself with the procedures to be followed if a child in your care dies;
- G. Making plans for supporting a home when a child has died;
- H. Making plans for supporting a child or staff member who has been bereaved.

4.8 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:

- A. Heating of buildings;
- B. Maintaining health, safety and hygiene arrangements to a high standard, e.g. cleaning toilets, prompt disposal of waste;
- C. Continuity of meals provision;
- D. Rapid access to medical help if and when required;
- E. Willingness of 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;
- F. Desirability/practicality of sharing staff between homes;
- G. Options for unqualified volunteers assisting while staff are absent (bearing in mind the need to ensure that no unsuitable person has access to children)
- H. Plans for when and how you might isolate a sick child.

4.9 In order to develop the plans set out above, we strongly recommend you familiarise yourselves with relevant information and guidance (see Annex).

### **What you should do during a pandemic**

4.10 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:

- A. Advise staff to read any available NHS information;
- B. 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;
- C. Ensure that staff and children are aware of the general background information and guidance such as material in the NHS Scotland leaflet for families available on <http://www.show.scot.nhs.uk/sehd/pandemicflu/Pages/PanFluFamLeaflet.htm>

4.11 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 Residential Units for which you are responsible. You will need to keep up to date with advice from the Chief Medical Officer that you would receive through your local authority.

4.12 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.

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

## **Chapter 5: Local authority children's services (eg children's centres, statutory youth services etc)**

### Overview

5.1 Local authorities have a pivotal role in assisting their planning and delivery partners 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 this guidance, *Preparing Scotland*, and the public health advice from UK Health Departments, Health Protection Scotland and the Health and Safety Executive (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. Relevant Directors of Service should ensure that local authority children's services and children's services in the community 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 national advice about schools and group childcare settings that may be issued by the Executive to safeguard children's health and welfare. This present guidance is mainly concerned with our 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 recognises the responsibilities of local authorities 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/respice) 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 a provider of school education, childcare and early years services, and Children's Residential Units. They have also clarified the authority's role as the communications link between SCG's 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 detailed in the area's Integrated Children's Services Plan, 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. Annex A to this guidance provides more information and advice.

### **What you should do now**

5.8 You should check your preparations for the pandemic with your Director of Service , and particularly:

- A. Familiarise yourself with overall Government information and advice on pandemic flu planning, including any specific guidance relevant to your service (links in Annex A)
- B. Check with your Director of Service 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;
- C. 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.
- D. Ensure that you have procedures for keeping up to date your contact lists for partners and service providers in the independent, private and voluntary sectors, including independent schools, residential special schools, children's residential units and early years settings.
- E. Keep up to date lists of employees who hold relevant qualifications for working with children, and who have Disclosure Scotland checks, who may be redeployed to cover absent staff in front line services.
- F. 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;

- G. 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;
- H. Check arrangements for supporting those staff who need time off to care for dependents;
- I. 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;
- J. Check arrangements to support staff and children who are bereaved.

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 and professional associations and 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 professional associations and 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
- help your staff to access Scottish Executive Health Department information (which will be available in print and online);
- Need for additional risk assessments where staff are transferred to unfamiliar tasks.

### **What you should do during a pandemic**

5.10 If your service remains open during a pandemic, a 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.

**BACKGROUND: OTHER PUBLISHED INFORMATION AND GUIDANCE**

**Scottish Executive Health Department Pandemic Flu Website**

<http://www.show.scot.nhs.uk/sehd/pandemicflu/>

**UK Health Departments' Pandemic Influenza Contingency Plan**

<http://www.show.scot.nhs.uk/sehd/pandemicflu/Pages/PanFluContingency.htm>

**Explaining Pandemic Flu - a guide from the Chief Medical Officer**

<http://www.show.scot.nhs.uk/sehd/pandemicflu/Pages/PanFluCMOguide.htm>

**Scottish version of the Cabinet Office guidance for key responders**

<http://www.show.scot.nhs.uk/sehd/pandemicflu/Pages/UpdatedContingency032006.htm>

**Cabinet Office advice to emergency planners:**

[www.ukresilience.info/latest/human\\_pandemic.shtm](http://www.ukresilience.info/latest/human_pandemic.shtm)

**World Health Organization:**

[www.who.int/csr/disease/avian\\_influenza/phase/en/index.html](http://www.who.int/csr/disease/avian_influenza/phase/en/index.html)

The current WHO phase of alert, at the time of writing, is phase 3 (since 2004); a pandemic will be phase 6.

**Administration of medicines in schools**

<http://www.scotland.gov.uk/library3/education/amis-00.asp>

**Parentzone in Scotland** – this is a portal to other websites which will offer information for parents on pandemic flu.

<http://www.parentzonescotland.gov.uk/index.asp>

**Scotland – other useful links**

[Scottish Executive](#)

[NHS 24 - 24 hour health service for Scotland](#)

[Scottish Chief Scientist Office](#)

[NHS Scotland - Emergencies](#)

[SHOW - Scotland's Health on the Web](#)

[Health Protection Scotland](#)

**NHS 24 helpline 08454 24 24 24**, textphone 18001 0854 24 24 24

**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 20<sup>th</sup> 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 below

**Range of possible excess deaths, UK population**

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

