



# **PANDEMIC FLU**

Guidance for Further Education Colleges and  
Higher Education Institutions

**PLANNING FOR A HUMAN INFLUENZA PANDEMIC:  
HOW TO REDUCE THE SPREAD OF PANDEMIC FLU**

**INFECTION CONTROL**

**Guidance for Further Education Colleges and Higher Education Institutions**

**Introduction**

Who is this guidance for?

1. The guidance is designed to assist staff in further education colleges and higher education institutions. It explains what staff and students can do to protect themselves and those around them. The guidance focuses on pandemic flu, but much of the advice would also be good practice for reducing the spread of other viral infections.
2. It is in addition to general guidance on planning for a flu pandemic previously issued by the Scottish Government, and available at: <http://www.scotland.gov.uk/Publications/2006/07/05121311/0> and <http://www.scotland.gov.uk/Topics/Health/health/AvianInfluenza/PandemicFlu>.

When should this guidance be put into practice?

3. You should read the guidance now and make any preparations that need to be made well in advance of a pandemic. While much of the guidance would not need to be implemented until there is a pandemic, some previous preparation – supplies of materials, raising awareness – will help you prepare and respond to a pandemic.
4. If and when the World Health Organization change the pre-pandemic “phase”, the alert level that they use to guide worldwide planning, you should then review your plans. At that point, everyone will be involved in the fight against pandemic influenza in terms of preventing further spread of the infection.

**Guidance**

What is Pandemic Influenza (Flu)?

5. Flu is a familiar infection in Scotland, especially in the winter months. The illness caused by the flu virus can be mild or severe, and can at times lead to death. Some groups of people – older people, young children and people with certain health conditions – are generally more susceptible to flu, and each year people in those groups are encouraged to have a flu vaccination.
6. Pandemic flu is different from ordinary flu because it occurs when a new influenza virus emerges into the human population and spreads from person to person worldwide. There were three pandemics during the past century occurring in 1918-19, in 1957 and in 1968.

7. As it will be a new virus, the entire population will be susceptible because no-one will have any immunity to it. Therefore healthy adults as well as the elderly, young children and people with existing medical conditions will be affected. The lack of immunity in the Scottish (and UK) population will mean that the virus has the potential to spread very quickly between people. In comparison with seasonal flu, many more people could become severely ill and many more could die.

8. Experts advise that a virus with pandemic potential could emerge soon, though this is not certain. People should however start planning now.

What are the signs and symptoms of influenza?

9. You should familiarise yourself with the signs and symptoms of flu. Looking out for the onset of influenza for yourself and others can help decide what action to take. The symptoms of influenza are:

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

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

11. The **incubation period** (the time from being exposed to the virus to showing symptoms of infection) is from 1-4 days; for most people, it will be 2-3 days.

12. In terms of the **infectious period** (how long you are infectious to others), people are most infectious soon after they develop symptoms, and remain infectious to some extent until the symptoms disappear. In general, adults can continue to spread the flu virus for up to 5 days, and children can spread it for up to 7 days, but occasionally longer. Over this period the amount of virus, and therefore the infection risk to others, will decline as symptoms improve, but does not disappear until the symptoms themselves have disappeared.

How is Pandemic Flu caught and spread to others?

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

- Infected people can pass the virus to others through coughing, sneezing, or even talking within a close distance (one metre or less);
- You can catch the virus by direct contact with an infected person: for example, if you shake or hold their hand, and then touch your own mouth, eyes or nose without first washing your hands;
- Influenza viruses can survive for some time in the environment, for example on hard surfaces, (e.g. stainless steel counters or a plastic washing-up bowl) for up to 72 hours. In contrast, soft porous items (e.g. clothes, curtains, seat cushions, tissues, magazines etc,) virus is transferable for about 24 hours.
- Flu virus could be transferred to hands from hard surfaces for up to 24 hours after the surface has been contaminated and from soft items for up to 2 hours after, albeit in very low quantities after 15 minutes. On this basis it may be possible to catch the virus by touching objects that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands.

***Will staff and students in further education colleges and higher education institutions have access to antiviral drugs and vaccines?***

14. As a pandemic-specific vaccine cannot be developed until the pandemic strain of virus exists, no such vaccine would be available until several months after the start of the pandemic. Such a vaccine would therefore play little or no part in the first wave of a pandemic though it could be effective for later waves, if these occur. As supplies of pandemic-specific vaccine will take time to become available, the Scottish Government will decide which groups should be considered a priority, based on expert advice.

15. The Scottish and UK Governments are working together to establish a stockpile of antiviral medication sufficient to allow for the treatment of all symptomatic patients up to a clinical attack rate of 50%. The size of the stockpile is kept under review. Most antiviral medication will be authorised via a dedicated Flu Line and made available through local distribution arrangements organised by NHS Boards. Should a high attack rate lead to pressures on supplies, the Scottish Government would recommend prioritisation of the remaining stocks, taking into account expert advice. Any student with flu-like symptoms should remain at their place of residence and contact the Flu Line in the first instance.

16. Most adults in Scotland, including lecturers, other staff and students, are unlikely to be in a priority group for vaccines or antiviral drugs, though some with underlying medical conditions may be a priority because of those conditions. However, clinical academic staff with 'frontline' NHS responsibilities will be treated as healthcare workers.

**What can institutions do to reduce the spread of infection?**

17. This guidance is given on the basis that institutions, along with the rest of industry and commerce in Scotland (and the UK as a whole), will try to continue to operate as near to normal as possible.

18. FE Colleges and HEI's should ensure that staff and students have access to general guidance to protect themselves and others. Such guidance is available on the [Health Protection Scotland](#) and [Scottish Government](#) websites but institutions might want to consider reminding staff and students of some of the basic principles of preventing infection through posters<sup>1</sup> in key communal areas, e.g. toilets, refectories, foyers, libraries, canteens etc advising them:

- to go home or back to their student accommodation and stay there if they develop flu-like symptoms;
- do not attend classes and stay away from others until their symptoms have fully resolved. Tell a friend that they are ill and where they will be. Ensure that family are advised;
- to cover their nose and mouth when sneezing and coughing and use disposable single-use tissues for wiping / blowing nose. Dispose of used tissues immediately;
- that washing their hands (with liquid soap and water) after coughing, sneezing, using tissues or contact with respiratory secretions and contaminated objects will reduce the risk of spreading flu to others. Hand cleansers<sup>2</sup> are a good alternative if liquid soap and water hand washing facilities are unavailable; these can be located in rooms without nearby access to liquid soap and water hand washing facilities;
- to avoid touching their eyes, nose or mouth with contaminated hands.

***Consider whether there is more that can be done to reduce the risk of infection***

19. For example, institutions should:

- ensure that hand hygiene facilities are working properly and consider installing foot-operated waste bins etc. When new facilities are being built, dryers and automatic or foot operated taps should be considered;
- ensure good stocks of paper towels, liquid soaps, cleaning materials etc are available;
- consider providing hand cleansers, possibly at entrances to rooms, sites etc which don't have adequate hand washing facilities;
- ensure that the regular cleaning of hard surfaces, particularly door handles, takes

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<sup>1</sup> Posters on general infection control are available from [Health Protection Scotland](#).

<sup>2</sup> The term 'hand cleansers' is used in this guidance for a range of cleansers and sanitisers available as gels, hand rubs, wipes and sprays. You should follow the manufacturers' guidance on the use of such materials.

place. Detergent and warm water or detergent wipes should be used. Cleaning should be undertaken as frequently as practically possible, but at least daily and whenever known to be soiled.

### Personal Protective Equipment (PPE)

20. There is little evidence that the provision of protective masks, clothing and equipment is effective in general settings, including within the university and college context. There are significant issues associated with how long face masks remain effective, and whether they can be worn correctly and safely removed (without recontamination) by untrained persons. It is not recommended that institutions provide these. No PPE is required for cleaning staff, other than that normally worn for cleaning purposes.

***Ensure that procedures are in place to come into effect in a pandemic so that students and staff know what to do if they or their colleagues fall ill.***

21. Institutions should ensure that:

- Students, including International students, are advised to register with a local GP so that they have ease of access to local arrangements for treatment;
- Students and staff are aware of the symptoms and advise colleagues to go home immediately if they are displaying the symptoms. Consistent with that, lecturers should advise students to leave lectures and return home if they are displaying symptoms and to stay away until they are completely recovered;
- NB - Lecturers are at no greater risk than any other member of the community. The risk comes with any contact with others. **There is no evidence of additional risk from standing in front of a class;**
- Adequate advice and guidance notices are displayed in key communal areas, e.g. toilets, refectories, foyers, libraries, canteens etc;
- Students and staff have a contact point to inform the institution if they are ill and, in the case of students with term time residences on or off campus – whether they are remaining there or have gone home. It will be for institutions to determine who should collect this information, e.g. individual Departments. However, institutions will need to consider workloads, given that at the height of a pandemic resources will be stretched;
- In the event of a pandemic, the Scottish Government may introduce data collection procedures so that an accurate picture of the development of the pandemic can be obtained. Institutions would be informed how data was to be collected;
- Students have advice on how to treat their symptoms and when to seek help. Students should also follow the advice issued at the time by the Scottish Government to all residents of Scotland about what to do if they become ill. The

medical services are likely to be stretched caring for those with severe symptoms;

- Arrangements, involving student unions and student support services, are in place to ensure that students are looked after;
- NB - Although Further Education Colleges and Higher Education Institutions do not have a duty of care for students, they will want to ensure that arrangements are in place for sick students to be looked after – particularly those who are isolated or vulnerable. Students who have been ill with pandemic flu and have recovered would be a good group to be selected for this task as they will be immune to further pandemic influenza.

22. In a pandemic it is likely that some students will decide to return to or stay at home. However, Further Education Colleges and Higher Education Institutions will have to care for some students in halls of residences or other accommodation; for example it is possible that international students will not be able to return home if travel is disrupted or movement restricted. Students with a long way to travel home, or coming from homes where there are vulnerable children or adults may have to stay in their term-time residences. There will be a need to balance the importance of avoiding unnecessary travel with the difficulties faced by being unwell in a term-time residence.

23. Institutions should therefore consider having in place:

- a register of high risk students e.g. those with asthma and other chronic respiratory diseases, diabetes etc;
- details about where students reside and contact telephone numbers and e-mail addresses etc;
- A 'Buddy' scheme, particularly for students living on their own off campus, to ensure that somebody is around to buy food, drinks, over-the-counter medicines and collect prescribed medication on behalf of their 'buddy' etc if they become ill.

***Procedures for students and staff coming from, visiting or working in countries where there are flu outbreaks.***

24. There is published evidence that suggests that trying to prevent the flu from entering Scotland or the rest of the UK by restricting movement of people is likely to be ineffective. However, in the **early** stages of a pandemic you may wish to consider requesting staff or students arriving from overseas to avoid coming into the college or university for **48 hours** after their arrival in case they are infected but don't yet have any symptoms.

***Consider whether they should restrict access to lecture theatres, classrooms or communal areas in the institutions such as canteens, bars, theatres, cinemas etc.***

25. Currently available evidence suggests that the cancellation of mass gatherings is unlikely to be effective in curtailing or delaying a pandemic. Any decision on

restricting lectures or classes or other communal gatherings should be taken based upon advice from the Scottish Government which will be monitoring the situation. Much will depend on the individual circumstances of an institution and infection rates.

***Consider what advice could be given to staff who might need to work in very close proximity with students (i.e. within 1 metre), for example when demonstrating practical skills.***

26. Any staff or students showing any signs of being unwell should be sent home. This is the best way to reduce the risk of infection. Staff could then consider:

- How essential is this particular aspect of close working?
- Can the style of delivery be changed?
- Would there be any health and safety implications of the tutor not being so close, for example putting the student at risk?
- Would a change of practice have any insurance implications?
- Could the order in which different parts of the course are delivered be reorganised to delay the close contact part, or be done sooner to get it out of the way in anticipation of an outbreak?
- If the close contact cannot be avoided, and this would lead to increased risks or less effective delivery then might it be necessary to suspend the course, or that particular aspect?