



# Planning for a human influenza pandemic

## Infection Control – how to reduce the spread of pandemic flu

Guidance for further education colleges and higher education institutions

June 2007

# 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 here 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 DfES, and available at: <http://www.teachernet.gov.uk/humanflupandemic>

## 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?

5. Influenza (flu), also known as seasonal influenza, is a familiar infection in the UK, especially during the winter months. The illness, caused by an influenza virus, can be mild or severe and can at times lead to death.

6. 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.

7. 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.

8. 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 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.

9. The circumstances exist now for a new influenza virus to emerge and spread worldwide. This could arise from an avian flu ('bird flu') virus mixing with an ordinary human flu virus and becoming able to infect people. 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?

10. 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>

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

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

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

## How is Pandemic Flu caught and spread to others?

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

- The virus can be passed on by direct contact with an infected person, for example, kissing, or 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 for around 24 hours and from soft furnishings (clothes, curtains, seat cushions etc.) for about 15 minutes. On this basis it may be possible to catch the virus by touching objects (eg door handles, light switches) that have previously been touched by an infected person, then touching your own mouth, eyes or nose without first washing your hands.

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

15. 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 National Influenza Pandemic Committee will decide which groups should be considered a priority, based on expert advice.

16. The UK has established a stockpile of antiviral medication sufficient to allow for the treatment of all symptomatic patients up to a clinical attack rate of 25%. 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 Primary Care Trusts (in England). Should a high attack rate lead to pressures on supplies, the UK National Influenza Pandemic Committee 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.

17. Most adults in the UK, including lecturers, staff and students, are unlikely to be in a priority group for vaccines or antivirals, 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?**

18. This guidance is given on the basis that institutions, along with the rest of UK industry, will try to continue to operate as near to normal as possible.

19. Institutions should ensure that staff and students have access to general guidance to protect themselves and others.

20. Guidance is available on the [Health Protection Agency](http://www.hpa.org.uk/)<sup>1</sup> and [Department of Health](http://www.dh.gov.uk)<sup>2</sup> websites but institutions might want to consider reminding staff and students of some of the basic principles of preventing infection through posters<sup>3</sup> in communal areas, eg toilets, libraries, canteens etc. advising them:

- To go home or back to their student accommodation and stay there if they develop influenza-like symptoms. Do not attend classes and stay away from others until their symptoms have fully resolved. Tell a friend or 'buddy' 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 in nearest waste receptacle.
- That washing their hands (with 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>4</sup> are a good alternative if soap and water handwashing facilities are unavailable; these can be located in rooms without nearby access to soap and water handwashing facilities.
- 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***

21. For example, institutions should:

- a. 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.
- b. ensure good stocks of paper towels, soaps, cleaning materials etc are available.
- c. consider providing hand cleansers, possibly at entrances to rooms, sites etc which don't have adequate hand washing facilities.

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<sup>1</sup> <http://www.hpa.org.uk/>

<sup>2</sup> <http://www.dh.gov.uk>

<sup>3</sup> NHS posters on hand-washing and on 'coughs and sneezes' can be obtained from [dh@prolog.uk.com](mailto:dh@prolog.uk.com), quoting ref 278819 for the hand-washing poster, or ref 279933 for the 'coughs and sneezes' poster.

<sup>4</sup> The term 'hand cleansers' is used in this guidance for a range of cleansers and sanitisers available as gels, handrubs, wipes and sprays. You should follow the manufacturers' guidance on the use of such materials.

- d. ensure that the regular cleaning of hard surfaces, particularly door handles, takes 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 with secretions.

### Personal Protective Equipment (PPE)

22. 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.***

23. Institutions should ensure that:

- a. Students and staff are aware of the symptoms and advise colleagues to go home immediately if they are displaying the symptoms. 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.**
- b. Adequate advice and guidance notices are displayed in key areas such as refectories, libraries and foyers.
- c. 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.  
NB - Influenza is not a notifiable disease. However in the event of a pandemic, DfES 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.
- d. All students are registered with a local GP or Medical Centre so that they have ease of access to local arrangements for treatment.

- e. 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 Department of Health to all UK residents about what to do if they become ill. The medical services are likely to be stretched caring for those with severe disease.
- f. 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 don't 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.

24. In a pandemic it is likely that some parents will collect their children and take them home. However, colleges and HEIs 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. Home 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. For home students, institutions will need to balance the need to avoid unnecessary travel with the difficulties faced by being unwell in a term-time residence.

25. Institutions should therefore consider having:

- a. A register of high risk students e.g. those with asthma and other chronic respiratory diseases, diabetes etc.
- b. Details about where students reside and contact points
- c. 'Buddy' schemes, particularly for those students living on their own off campus, to ensure that somebody is around to buy food, drinks, over-the-counter medicines and to collect antiviral drugs if they become ill.

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

26. There is published evidence that suggests that trying to prevent the flu from entering 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 the UK in case they are infected but don't yet have any symptoms.

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

27. Currently available evidence suggests that the cancellation of mass gatherings is unlikely to be effective in curtailing or delaying a pandemic in the UK. Any decision on restricting communal gatherings should be taken based upon advice from the UK National Influenza Pandemic Committee which will be monitoring the situation and reviewing the results of modelling work. 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.**

28. 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:

- a. How essential is this particular aspect of close working?
- b. Can the style of delivery be changed?
- c. Would there be any health and safety implications of the tutor not being so close, for example putting the student at risk?
- d. Would a change of practice have any insurance implications?
- e. 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?
- f. 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?