



ST. ANDREW'S  
COLLEGE  
Cambridge

**COLLEGE POLICY DOCUMENT**

**Guideline for Pandemics**

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This document is drawn up with reference to the guidelines provided by the UK Government on pandemic flu. The guide is available on the following URL and should be read in conjunction with these recommendations.

<https://www.gov.uk/pandemic-flu>

This document considers actions to take for **prevention, management and recovery** from the Swine Flu pandemic virus and other similar viruses, should it enter our student/staff body.

PREVENTION

Our situation:

1. The majority of our students come from overseas, and their accommodation varies (host families, halls of residence, some private room/apartment rental). A small handful of local students travel in to college from their family homes.
2. Risk of spread among students and staff outside the college premises varies with levels of exposure:
  - (a) Students living at home are at no greater or lower risk of spreading a virus to other students or catching it from another student than other children in this country.
  - (b) Students living with host families have the same level of risk as home-dwelling children, unless they share the accommodation with other students who may be exposed in their turn.
  - (c) Students living in private rented accommodation are at slightly greater risk than those in (a) and (b) as they are most likely to be sharing accommodation with other students, and there is also the risk of lower standards of hygiene.

(d) Students living in Halls of Residence, and their supervisors, are at the highest risk of both contracting and spreading a flu virus as they are in frequent contact with many other students.

### 3. Risk of spread in college:

Young people are the most efficient spreaders of virus infections, both because they congregate in schools, colleges, etc., and because they are not as fastidious about personal hygiene as older people. The highest likelihood of disease spread is in classrooms, studies or any other confined space where students congregate and where viral transmission through aerosols or skin contact is most probable.

#### Preventive measures:

The risk can be lowered by introducing a standardised and rigorously maintained regime:

(a) **Student Training:** Call a student meeting, train all students in the basics of personal hygiene: \* sneezing and blowing noses into tissues rather than handkerchiefs, and discarding the soiled tissues in appropriate receptacles; \* washing hands thoroughly and frequently (viruses survive for up to 3 hours on human skin, and are transmitted through touch as well as being airborne); \* using portable disinfectant hand-creams; \* Fastidious toilet practice (washing hands, not leaving toilets un-flushed, etc.).

(b) **Adult training:** host families, parents and house managers to be alert for signs of feverishness /flu in their charges. If such symptoms arise, they should \* keep the child home, \* call the college to advise, \* telephone *but not visit* their local health practice and describe their symptoms. Doctors are instructed to take the necessary steps, including assessment of whether to prescribe antiviral drugs (it is possible that a student may not be suffering from pandemic flu)

(c) **Classroom practice:** Wherever possible, teachers and tutors should keep rooms in which they work well ventilated (open windows and doors, ensure a good through-draught of air. **NB: Running fans in closed, airless rooms is counterproductive as this only helps to speed the spread of airborne viruses).**

Teachers should also try to ensure that students are seated as far apart as space allows. They should be alert for students not following personal hygiene standards or showing signs of illness, in which case the student should be sent or taken home, and the college advised. Actions as outlined in (b) should then be followed.

#### Mitigation in the event of the virus entering our community:

At a certain point it may become clear that our community has become infected. The decision to move to **mitigation** as opposed to **prevention** may be made by :

- The Principal, as a result of a threshold percentage of students and staff being absent due to illness, such that effective school activities are no longer deemed possible;
- A general instruction from local authorities calling for institutions to move to mitigation management activities;

- Instructions by governmental medical instruments to move to mitigation.

**Review: July 2015, July 2016**

**Next review: August 2017**