

# Control Sheet

Document Title: BESA Pandemic Influenza Response Plan  
 Circulation: General

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Revision 1	D Akyurek/D Suphi /J Ramirez		Signature  Date: May 2009
Revision 2	D Suphi	BESA Board	Signature  Date: October 2009
Revision 3	D Suphi Dawn Akyurek Karen Antoine		October 2009  Signature  Date:





# British Embassy School Ankara

## PANDEMIC INFLUENZA RESPONSE PLAN

### **1. Background**

With the increased globalisation of national economies and of travel, the ability for a disease to spread from having a localised impact to an epidemic and ultimately to a pandemic is very high. This is particularly relevant to the BESA given the internationally mobile profile of the BESA population. It is very important, therefore, that the school has a clear response plan to potential pandemic situations. The plan and the response to a potential pandemic should be coordinated closely with the British Embassy.

### **2. WHO Pandemic phases (Issued by WHO April 2005)**

These are global triggers alerting the international community to take specific action. BESA will seek and use the WHO as the recognized international source for public health information and advice upon which to base action decisions

#### ***Group 1: Intermediate Phase***

PHASE 1: No new influenza subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals the risk of human infection or disease is considered to be low.

PHASE 2: No new influenza virus subtypes have been detected in humans. However a circulating animal influenza virus subtype poses a substantial risk of human disease.

#### ***Group 2: Pandemic Alert Period***

PHASE 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most, rare instances of spread to a close contact.

PHASE 4: Small cluster(s) with limited human-to-human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans.

PHASE 5: Larger cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

#### ***Group 3: Pandemic period***

PHASE 6: Pandemic increased and sustained transmission in general population.

### **3. Responsible Persons**

In deciding on possible action it may be assumed that the whole Governing Board will be able to meet and make corporate decisions. However, the situation may itself prohibit this and a smaller group may need to take action very quickly. In this case a smaller action group will be called.

#### **a) GIVEN TIME TO ORGANISE A GROUP**

Whole Governing Board meet to discuss current situation, changes in the nature of the problem and action to take, both short-term and longer-term. The Board could also co-opt the school nurse and some parents they felt would help to give a wider picture of planned responses, especially at Phase 4.

#### **b) ACTION NEEDS TO TAKEN WITHOUT TIME TO ASSEMBLE BOARD MEETING**

The following should meet and confer with others (e.g. parent reps.) if possible:

	<b>Person attending</b>	<b>Substitute( s)</b>
Board Chair	Phillip Hunnisett (acting)	Djan Suphi, Willem van Rossem
Head	Dawn Akyurek	Katie Vincent
Parent Governor	Djan Suphi or Willem van Rossem	Djan Suphi or Willem van Rossem
Treasurer	tba	Sema Talay
Staff Governor	Stuart Downing	Suzan Ozmen -
School Nurse	Karen Antoine	Juan Ramirez -

The five Board members and school nurse will have authority to act very quickly if required. Some actions will require staff consultation, and this should be done with at least three members of the above group to answer questions.

#### **c) ACTION NEEDS TO TAKEN AT VERY SHORT NOTICE**

In the case where it is impossible to draw together a group, the Chair will consult with the Head and make decisions. If possible other members of the Board will be consulted.

### **4. Planned response**

The BESA will follow a four level response strategy in the event of a pandemic.

- Response Level 1 – Business as usual: preparedness
- Response Level 2 – Contained Exposure
- Response Level 3 – Managed external interaction
- Response Level 4 – Safe suspension

#### **Response Level 1 – Business as usual: preparedness**

The purpose of this level of response is to ensure that the BESA is fully prepared for an escalation of the pandemic to WHO Pandemic Phase 5 and above.

Triggers : WHO Pandemic Phase 4

Action

<b>ACTION</b>	<b>PERSON(S)</b>
<b>School Operation</b>	
Keep the school operating as normal, whilst informing parents	Head, Nurse
Buses operate as normal	Bus. Manager
Normal visitor arrangements continue	Head, Secretaries
Class assemblies and other concerts continue	Head
Clubs, school and private, continue	Head
Trips can go ahead but only to locations without reported incidents of infection	Head
<b>Medical and Hygiene</b>	
Staff and pupils to be briefed regularly on hygiene	Nurse
Supplies of anti-viral for staff obtained	Administration, School Nurse
If available administer specific flu vaccine as per staff preference	Administration
<b>Risk Management</b>	
Develop Communications Plan	SMT
Develop procedure for visitors to school	SMT
Develop PoB list and travel monitoring procedure	School Nurse

Response level 2 – Contained Exposure

The purpose of this level of response is to reduce the risk of infection of staff or students from **isolated incidence** of infection in the school.

Triggers: WHO Pandemic Phase 5 or 6  
 PLUS  
 Infection entered school through staff, students, or immediate family of either group

Action

<b>ACTION</b>	<b>PERSON(S)</b>
<b>School Operation</b>	
Keep the school operating as normal, whilst informing parents	Head, Nurse
Buses operate as normal	Head, Bus. Manager
Clubs, school and private, continue	Head
Trips can go ahead but only to locations without reported incidents of infection	Head

<b>Medical and Hygiene</b>	
Screening of all staff and students showing symptoms or having travelled in the last two weeks If at school, isolated promptly in a room separate from other students pending return home.	Nurse, or school staff
Students or staff with influenza-like symptoms to stay home for a minimum of 7 days (even if symptoms resolve sooner) and seek medical care.	Head T, Nurse
Students and staff who are still sick 7 days after they become ill should continue to stay home from school and wait at least 24 hours after symptoms have resolved.	Head T, Nurse
Students and staff should strictly follow sanitary measures to reduce the spread of influenza.	Nurse, school staff
Cleaning of rails, door knobs and frequent contacted surfaces through the school, should be done three times during the day; after arrival, at lunchtime and after departure of the students and staff.	School staff
Dispense antiviral from school's stock to infected staff only under Doctor's prescription and supervision	School Nurse
<b>Risk Management</b>	
Implement PoB and Travel monitoring procedure.	School staff
Limit visitors to essential only, Conduct new pupil interviews in line with pre-determined procedure.	Head, Secretaries
Discussion with UK-based staff about offer of repatriation, following consultation on financial and other contractual issues	Chair, Head, Teacher Governor
Preparation for Response Level 3	SMT

### Response level 3 – Managed external interaction

The purpose of this level of response is to reduce the risk of infection of staff or students through managed reduction of interaction with the external environment.

Triggers: WHO Pandemic Phase 5 or 6  
PLUS either of both of  
Travel restriction advised \*  
Infection determined to be widespread in Turkey \*

(\* based on WHO data, consultation with UK and US Embassies, and consultation with EC rep)

Action

<b>ACTION</b>	<b>PERSON(S)</b>
<b>School Operation</b>	
Keep the school operating as normal, whilst informing parents	Head, Nurse
Buses operate as normal	Head, Bus. Manager
Class & Whole school assemblies cancelled, Swimming and concerts cancelled	Head
All private clubs cancelled	Melek Burton
All trips, day and residential, cancelled	Head, Bus. Manager
<b>Medical and Hygiene</b>	
Screening of all staff and students showing symptoms or having travelled on going basis. If at school, isolated promptly in a room separate from other students pending return home.	Nurse, or school staff
Students or staff with influenza-like symptoms to stay home for a minimum of 7 days (even if symptoms resolve sooner) and seek medical care.	Head T, Nurse
Students and staff who are still sick 7 days after they become ill should continue to stay home from school and wait at least 24 hours after symptoms have resolved.	Head T, Nurse
Students and staff should strictly follow sanitary measures to reduce the spread of influenza.	Nurse, school staff
Cleaning of rails, door knobs and frequent contacted surfaces through the school, should be done twice a day; after arrival and after departure of the students and staff.	School staff
Dispense antiviral from school's stock to infected staff only under Doctor's prescription and supervision	School Nurse
<b>Risk Management</b>	
All staff trips on school business locally or abroad cancelled	Administration
Implement PoB and Travel monitoring procedure.	School staff
Limit visitors to essential only, Conduct new pupil interviews in line with pre-determined procedure.	Head, Secretaries
Staff should not use public transport and bus collection initiated	Head, Bursar
Discussion with UK-based staff about offer of repatriation, following consultation on financial and other contractual issues	Chair, Head, Teacher Governor
Preparation for Response Level 3	SMT

Response Level 4 – Safe Suspension

The purpose of this level of response is to suspend the academic activities of the school whilst, to the extent possible working remotely to maintain the administrative functions of the school.

Triggers: Infection geographically localised  
 AND  
 Infection entered school through staff, students, or immediate family of either group

Action

<b>ACTION 3</b>	<b>PERSON(S)</b>
<b>School Operation</b>	
School will be closed temporarily to both pupils and all staff.	Board/ Action Group
Administrative functions of the school (contracts, payments, etc) to be handled remotely to the extent possible	Bursar, Head SMT
School staff asked to help voluntarily with remote telephone support.	
<b>Medical and Hygiene</b>	
Database of sick staff and pupils maintained, with ongoing health information and support given remotely.	School Nurse, or member of staff
Dispense antiviral from school's stock to infected staff only under Doctor's prescription and supervision	School Nurse
<b>Risk Management</b>	
Evaluate and if appropriate action repatriation of non-essential staff. Trigger will be British Embassy lead.	Chair, Head, Teacher Governor
Board / Action group meet to discuss feasibility of re-opening	Board/ Action Group