A. BACKGROUND

A pandemic occurs across the globe approximately three times every century, or every 10-50 years. A pandemic occurs when a new strain of influenza virus that strikes humans, spreads quickly across the globe causing serious illness and a high death rate.

After almost 40 years, a particularly aggressive strain of influenza was detected in birds in 1997 and again in 2004, raising alarm amongst world health authorities. Historically the Bird Flu virus has spread from bird to bird, and it appears it will require considerable mutation to become widely transferable between humans.

It is estimated that across NSW in 1918-1919 the Spanish Flu infected 37% of the population with a 1.3% fatality rate; in 1957-1958 the Asian Flu infected between 20-70% and in 1968 the Hong Kong Flu infected between 25-30% of the population and killed between 0.01-0.05% of those infected. Projections estimate that between 20-30% of the NSW population will display symptoms of the H5N1 influenza (Avian Flu) over a six to eight week period, and the death rate from a pandemic could be anywhere from 4,200-20,800 people (NSW Health Interim Influenza Pandemic Action Plan, 2005). According to the Pandemic flu website from 2003 to June 2006 there have been 130 deaths recorded worldwide from Avian Flu.

The Australia Government Australian Management Plan for Pandemic Influenza uses the World Health Organisation (WHO) classifications of the ‘Pandemic Alert Period’ (where there is bird/bird or limited bird/human transmission) and the ‘Pandemic Period’ (where there is human/human transmission) to develop Overseas and Australian phases of pandemic planning. While the pandemic remains overseas, and Australia remains within the ‘Pandemic Alert Period’, the planning and implementation for the nation will be lead by the Australian Government, Department of Primary Industries. However when Australia moves into the
‘Pandemic Period’ the planning and management will be devolved to each jurisdiction and the NSW Department of Health will become the lead agency in NSW.

The CEC has been advised by Marsh Pty Ltd (insurance broker) in the paper, *Avian Flu: Preparing for a Pandemic* of the potential implications of a pandemic on business. An outbreak of Bird Flu in Australia cannot be dismissed and the Marsh paper advises that planning strategically for such an event, whether it is ultimately Bird Flu or Bioterrorism is paramount.

**B. IMPLICATIONS FOR SCHOOLS**

The implications for schools of a Bird Flu pandemic is dependant upon the rate of transference and therefore the duration of the pandemic phase, the death rate and the success of preventive strategies. In the event of a pandemic, the ability of a school to be prepared, to identify problems and respond quickly and effectively will make a significant difference to the successful management within the school community.

(i) Role of government Agencies

The *NSW Health Interim Influenza Pandemic Action Plan* outlines that Area Health Services in conjunction with the Department of Community Services (DoCS), the local community and relevant agencies are responsible for the development of a local Pandemic Plan under the NSW Health Framework, stating that the ‘Area Health Services bear the responsibility for prevention, preparedness, response and recovery at the local level’ (p 11). It is proposed however as a statewide strategy that Fever Clinics for the assessment and triaging of individuals, Staging Facilities for the care of individuals unable to be cared for at home but not requiring hospitalisation, and community vaccination centres will be established. The location of these facilities has not yet been identified however the Action Plan does indicate that the preferred location for fever clinics and the staging facilities is within hospital grounds.

The Department of Health and Ageing *Pandemic Influenza Communication Strategy* outlines that information regarding pandemic prevention strategies, spread of the pandemic, other information relevant to the public, and clinical information and resources for primary health care workers will be available via:

- Media (print and electronic)
- Call centres
Websites

Direct information campaigns

This Strategy will be co-ordinated through the Department of Foreign Affairs and Trade (DFAT), Department of Industry Tourism and Resources (DITR), Department of Agriculture, Fisheries and Forestry (DAFF) and Department of Families and Community Services, Indigenous Affairs (FACSIA).

Locally where schools are identified as being contaminated and are subsequently closed, planning for and the community notification of the evacuation and/or transference of students, the decontamination process and the re-opening of the facility will be essential.

(ii) School Impacts

The potential for staff absenteeism and the declining mental health of both staff and students created by illness, care responsibilities, and/or loss and grief require consideration at the school level. It is estimated that absenteeism may peak at approximately 30% of the workforce. The closure of schools and child care centres will not be considered lightly by the NSW government however where this is deemed necessary the use of alternative methods of ‘continuing business’ such as the use of information technology will require consideration.

Whilst students may be prevented from physically attending school, the school may become the hub for e-learning through the use of the internet and/or the school intranet. This may include students and/or teachers while they remain at home, or where they are able to attend community facilities with electronic access in their local area. These learning hubs would include but not be limited to virtual classrooms, bulletin boards, internet chat-rooms, interactive DVDs and the use of online resources.

In the event of a pandemic it is inevitable that schools and education organisations will suffer a loss in students and staff, and their families will look to the institution for some compensation. While a commercial general liability policy provides coverage against a broad range of liabilities, predominantly related to injury, sickness or death, the insurers may scrutinise closely any claims for ‘exposure’ as most policies currently contain a broadly worded ‘pollution’ exclusion. Similarly coverage of the school’s policy regarding workers compensation requires consideration as issues such as status of employment, coverage of medical costs and compensation for disability will be affected.
(iii) **Overseas Travel/Students**

The Australian Government may implement restrictions on global travel and impose tight quarantine restrictions which have the potential to reduce the enrolment/movement of overseas students. The Department of Foreign Affairs and Trade (DFAT) advises that in the event of a pandemic permission to travel will become extremely limited. Depending on the time of the pandemic in the school calendar this may significantly impede overseas students’ holiday movements and therefore place responsibility on the school for their care.

The importing of goods may also be limited where there is a pandemic in the exporting country, therefore limiting the availability of resources. Alternate sources and assessment of need of everyday resources and provisions to reduce contamination requires attention.

(iv) **Duty of Care**

The debate regarding duty of care, the provision of education and the health and welfare of the school community needs to be addressed. In general the duty of care as it applies in NSW arises when:

- The risk was foreseeable (that is, it is risk of which the person knew or ought to have known); and
- The risk was not insignificant; and
- In the circumstances, a reasonable person in the same position would have taken those precautions

It is reasonable to require the school to take precautions taking into account:

- The probability that the harm would occur;
- The burden of taking the precautions;
- The seriousness of the harm; and the burden of taking precautions to prevent other, similar, harm.

Prevention planning for a pandemic should include endorsement of behaviour which will reduce infection rates such as an increased effort across the school in maintaining normal hygiene behaviours including hand and cough hygiene; the identification of activities where social distance can be increased; and acceptance that students and staff are not required to attend school when they are sick.
C. DEVELOPING A PLAN FOR SCHOOLS

In developing a Pandemic Plan schools need to give consideration to the following:

(i) Information and Communication
   o Has a communication plan been developed for the whole-school community?
   o What if the current communication strategies fail?
   o How will communication occur with students/employees if they are not at school/work?
   o How will communication occur across the Diocese/catholic school system?
   o Have press releases been prepared?
   o Do employees know what to do and whom to contact if they suspect infection or exposure of a student or themselves?

(ii) Human resource management
   o What happens if infected students/staff come to school/work?
   o Are staff able to work from home?
   o What are the leave options and employment requirements in the event of the school being closed?
   o Has there been adequate education and training with staff to ensure appropriate responses eg. elimination of myths, knowledge of plan and emergency procedures, first aid?
   o What infrastructure support will be available to staff on leave?
   o How will the needs of overseas students be addressed, including passport support?

(iii) Operational
   o At what point, and on what criteria would a school be closed?
   o At what level of absenteeism can the school operate and for how long?
   o At what stage will the school apply for closure?
   o How will the school ensure students and staff are safe at school?
   o What travel arrangements will be put in place for ill students/staff?
   o Is there a Management Plan for the school’s operation without the Executive?
   o Is there a trained crisis management team?
   o Is there a plan for the care of overseas students when their travel is curtailed?
   o Has the potential for e-learning been addressed?
• Has an e-learning plan been developed?
• Have the relevant networks and resources been established?
  o What community/health support will the school offer? At what stage will this support be offered?
  o Has the school contacted the Area Health Service regarding local planning, emergency care and support.

(iv) Resumption of Business – following the pandemic
  o Is there a recovery plan?
  o At what stage will school operations recommence?
  o Has the necessary decontamination been performed?
  o Have essential resources for operation been identified?
  o Are adequate resources available/obtainable? Are there alternative suppliers?
  o Are there alternative facilities available to enable operation which may not be infected?

D. DEVELOPING SCHOOL-BASED ACTION PLANS

Schools are encouraged to develop School-Based Action Plans; a sample Action Plan and Planning Guidelines can be obtained from the New Zealand Ministry for Education website http://www.minedu.govt.nz/index.cfm?layout=document&documentid=11373&indexid=10898&indexparentid=6088