

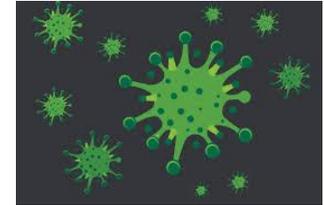


A Balanced Perspective on COVID-19 for School Leaders – PaJeS 14th May 2020

By Dr. Talia Ezra – GP Partner Stamford Hill

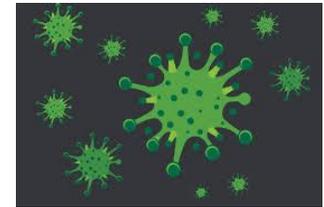
Aims:

- To present a balanced & healthy perspective on the Coronavirus pandemic
- Address some adult health vis à vis Coronavirus



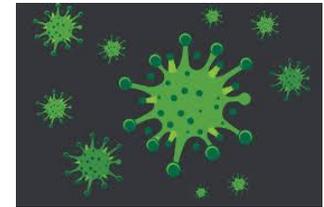
Take home message:

It's time to start **living safely with Coronavirus** as opposed to living in fear of the dangers of Coronavirus.



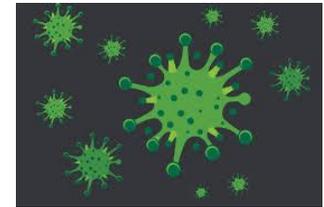
Remember:

- Coronavirus is here to stay for the foreseeable future - by following sensible guidelines the **vast majority of people will be absolutely fine**
- **Difficult to remember** when we are being bombarded with dramatic news stories, which **seen in isolation, give a skewed view** of the bigger picture
- **Take a step back** to gain a holistic view



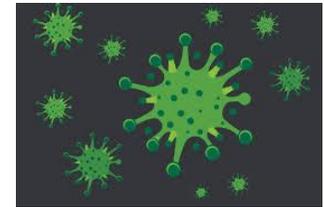
Severity stratification:

- 1 those who do not catch it
- 2 asymptomatic – unaware but can pass on to others
- 3 mild - no need to consult Dr
- 4 moderate - consult Dr but stay at home
- 5 severe - hospital with O2 and a drip
- 6 critical - requiring ITU - some will die - many of whom are frail and would have died of other health related issues in the not too distant future, even without Coronavirus



What to make of the numbers:

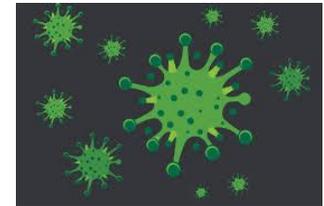
- Dying **with** CV vs. dying **of** CV
- Death rate is currently decreasing each day
- Unnatural to be told daily number of deaths
- UK death rate c. 600,000 p.a.
= 1644 deaths a day
- Average annual UK flu death figure ranges
8,000 - 17,000 (figures vary)



Messaging:



- Aim was to prevent ITU bed shortage
- Nightingale hospital
- Headline overload on our screens
- FEAR served its purpose & was effective
- Easier to communicate than moderate messages of common sense



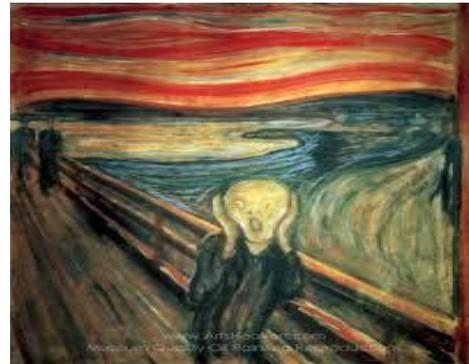
CV vs. LOCKDOWN:

CORONAVIRUS:

NEW

DAUNTING

DANGEROUS

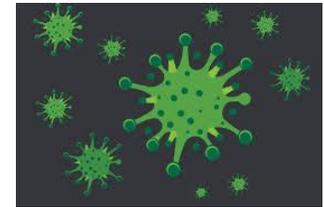


LOCKDOWN:

NEW

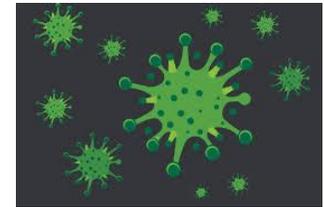
DAUNTING

DANGEROUS



Risks of lockdown:

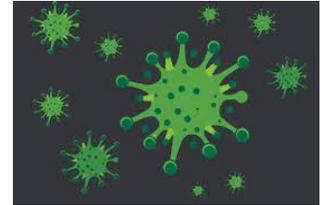
- Economic
- Health – physical / mental / isolation
- Social
 - DV
 - Child neglect & abuse
 - Online grooming
 - Educational deprivation
 - School meals
 - Immunisations



1st June school re-opening:

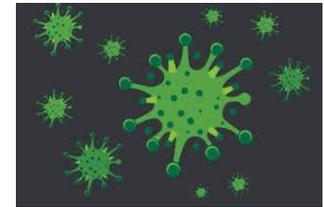
What is the aim?

- Academic
- Socio-economic
- Different for each child / family



ADULT HEALTH

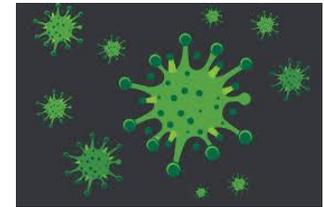
- Range of presentations & severity
- Improving ITU outcomes
- Don't neglect your health
- GPs ARE OPEN
- Social distancing & extra precautions
- Deaths increase drastically with age



3 UK health risk groups:

- Low risk
2/3 population
- Medium risk - 'clinically vulnerable'
nearly 1/3 UK population
- High risk - 'clinically extremely vulnerable'
c. 1.6 million
only these people are 'SHIELDED'
will have received letters (error margin)

<https://digital.nhs.uk/coronavirus/shielded-patient-list>

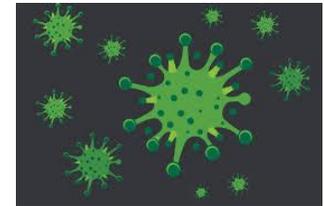


‘Clinically Extremely Vulnerable’:

- Organ transplants but not bone marrow
- Many cancers
- Severe respiratory conditions
 - cystic fibrosis, severe asthma or COPD
 - Asthma – 4 or more courses of oral steroids in the last yr
 - Respiratory consultants are saying the pts with asthma have actually fared much better than expected, perhaps inhaled steroid are a protective factor.
- Inborn errors of metabolism – rare genetic diseases
- Immunosuppressive therapies
- Pregnant women with significant heart problems

These are SHIELDED patients and should not go to work but can work from home.

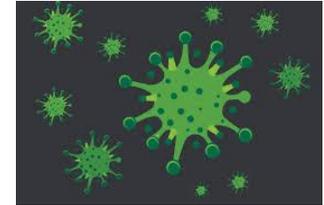
Those living with shielded patients are not prevented from going to work but cases should be assessed individually.



'Clinically Vulnerable':

- Nearly 1/3 UK population - wide range of conditions & severity
- All over 70 year olds
- Conditions of the:
 - lung, heart, kidney, liver, neurological system or diabetes or a weakened immune system
- BMI >40
- Pregnant without significant heart problems

These patients are not shielded and can go to work but need to be more vigilant. Working from home can be considered if necessary for the individual and where possible. It is not a reason to expect unreasonably restrictive measures to be applied in the work place.



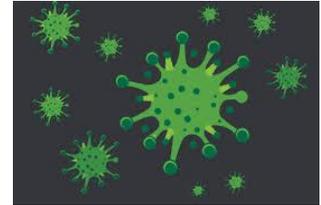
Testing:

Antigen test (nasal/throat swab – viral PCR detection)

- looks for current infection
- swabs need to be taken properly

Antibody test (finger prick/blood)

- looks for immunity due to past infection
- rapidly changing issue
- don't know if antibody guarantees immunity and if so for how long, especially if virus mutates



Conclusion for Heads preparing to open schools:

You are not alone – other heads, SLT, governors, PaJeS

Communicate clearly and confidently whilst listening to concerns of staff & parents

Assess each case individually

Aim for sustainable functionality

You can minimise risk, you can't eliminate it

Be realistic – safety is the priority but there are no unequivocal assurances

Be flexible as the situation is constantly changing

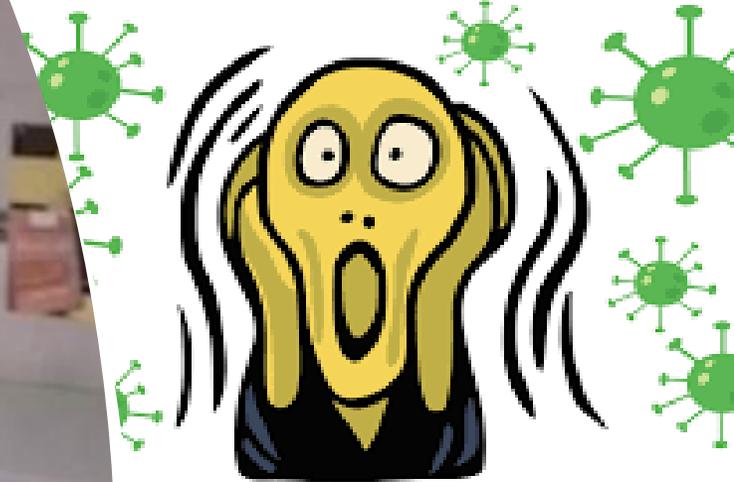
Focus on what you can control and be positive

**Stop living in fear of the dangers of Coronavirus,
START LIVING SAFELY WITH IT** – this too will pass!

COVIDIOT



CORONAPHOBIA



CORONACOASTER



THANK YOU FOR LISTENING

