

**PETERBOROUGH VICTORIA NORTHUMBERLAND CLARINGTON CATHOLIC DISTRICT  
SCHOOL BOARD**

**PANDEMIC RESPONSE PLAN**

**APRIL 2009**

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## **INTRODUCTION:**

Influenza pandemic is essentially an outbreak occurring over a large geographical area, often worldwide, affecting an exceptionally large proportion of the population with elevated mortality rates. Experts are certain that future pandemics will occur; although, the timing and pattern are unpredictable. Therefore, contingency planning is essential for an effective response.

A pandemic is any infectious disease that spreads quickly. A likely form of pandemic might be influenza—pandemic flu is a new highly infectious viral respiratory illness that occurs when a new strain of the flu virus appears and spreads quickly. Humans will have little or no immunity to this new virus.

Experts can't predict when the next pandemic might occur, but historically they happen three to four times every 100 years. The World Health Organization (WHO) and federal, provincial and local health authorities have begun pandemic preparedness planning.

Experts say that it's possible that 40 to 60 per cent of staff will be absent from work at some point during the pandemic. Significant absenteeism may contribute to the cancellation of services provided by the PVNCCDSB.

The Peterborough Victoria Northumberland and Clarington Catholic District School Board is committed to responding to the occurrence of pandemics in an appropriate and prepared manner. Annual influenza epidemics occur because the influenza virus is able to change enough to cause infections within the general populations despite varying levels of immunity from previous infections.

The Board is well prepared for a pandemic. During the 2008-09 school year the Board developed a pandemic preparedness plan for its schools and worksites. A 'companion' pandemic response communication plan was also prepared. In developing the plans, the Board worked closely with District Health Units and the ministries of education and health, as well as its own staff federations and unions.

The goal of this Pandemic Response Plan is to ensure clear communication, effective problem solving working with both the community and the Region Health Units in a coordinated response to issues as they arise.

The plan is the Board's response to a potential Pandemic Influenza outbreak and outlines measures for Prevention, Communication and Business Continuity in the event of a Flu Pandemic.

This Plan will be continually updated to ensure its alignment with Regional, Provincial and Federal Response Models. The Response Plan will be shared with stakeholders including the Board of Trustees, Senior Administrative staff, Principals, Vice-Principals, school teaching and support staff as well as with Catholic School Councils.

The Board will continue to work with all of our Emergency Response Partners to mitigate the impacts on the school system in the event of a pandemic influenza outbreak. The Board recognizes that it will need to take further direction from the Regional Medical Officers of Health in the event of such an outbreak. The Board's priority, as always, is the spiritual and physical health and safety of all students and staff.

This plan will be reviewed annually by the Board's Health & Safety Officer in consultation with the Superintendent responsible for Emergency Preparedness, as well as the Regional Health Units and appropriate PVNC District School Board representatives.

Nancy Sharpe  
Manager of Communications and  
Freedom of Information/Protection of Privacy

## SECTION 1 – BACKGROUND

### FACTS ABOUT AN INFLUENZA PANDEMIC (JUNE 2005)

THIS FACT SHEET PROVIDES BASIC INFORMATION FOR HEALTH CARE PROVIDERS.

Influenza pandemics occur when all four of the following occur:

1. A new influenza A virus is detected.
2. Human-to-human transmission happens easily.
3. The new virus causes serious clinical illness and death.
4. The population has little or no immunity to the virus.

#### Influenza Pandemic

- \* An influenza pandemic occurs when a new influenza virus appears against which the human population has little or no immunity, resulting in several, simultaneous epidemics worldwide with enormous numbers of deaths and illnesses.
- \* Unlike many other viral respiratory infections (i.e. the common cold) the flu causes severe illness and life-threatening complications in many people.
- \* The influenza virus is divided into three groups: A, B & C. Type C rarely causes human illness. Only influenza A is associated with pandemics.
- \* With the increase in global transportation and communications, as well as urbanization and overcrowded conditions, epidemics of a new influenza virus are likely to spread quickly around the world.
- \* Outbreaks of influenza in animals, especially when happening simultaneously with outbreaks in humans, increase the chances of a pandemic, through the merging of animal and human influenza viruses to create a new virus, which affects humans.

#### Influenza Symptoms

Influenza is caused by a flu virus which infects the respiratory tract (nose, throat, lungs). It usually starts suddenly and may include these symptoms:

- \* Fever
- \* Muscle pain and weakness
- \* Headache
- \* Tiredness
- \* Dry cough

- \* Sore throat
- \* Runny or stuffy nose
- \* Diarrhea and vomiting (seen especially in children)

For more information

[www.health.gov.on.ca/english/providers/program/emu/emu\\_mn.html](http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html)

Or call toll free:

Health Care Provider's Hotline 1-866-212-2272

## FACTS ABOUT INFLUENZA PANDEMIC VACCINE AND ANTIVIRAL DRUGS (JUNE 2005)

THIS FACT SHEET PROVIDES BASIC INFORMATION FOR HEALTH CARE WORKERS.

If an influenza pandemic occurs in Ontario, a vaccine will not be available at the start of pandemic, as the virus will be new. It can take four to five months for a vaccine to be developed against a new flu virus.

Antiviral drugs may be used to help lessen the impact of the pandemic and may be effective in very early treatment.

What's the difference between vaccines and antivirals?

- Vaccines are the primary means to prevent illness and death from regular seasonal influenza. They cause the production of antibodies against the flu virus included in the vaccine, providing immunity against the virus.
- Antivirals are drugs used for the prevention and early treatment of influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of illness and reduce the serious complications of influenza.
- Antivirals will likely be the only medical intervention during the initial pandemic response.
- Antivirals work by reducing the ability of the virus to reproduce but do not provide immunity against the virus.
- Antiviral protection is virtually immediate when taken for prevention and lasts as long as the medication is taken.
- An actual vaccine against a pandemic cannot be manufactured until the virus has emerged.

Vaccine preparation

- ID Biomedical, the domestic supplier of vaccine, will manufacture vaccine that is specific to the pandemic strain.
- The vaccine will be distributed equitably throughout Canada, based on ID Biomedical capacity to produce the vaccine.

Availability and use of a vaccine

- Individuals may need up to two doses of the pandemic vaccine approximately one month apart, as most people will have no prior exposure to the pandemic strain.
- Ontario's plan is to obtain enough vaccine for the entire population but, during the early stages of a pandemic, vaccine will be in short supply.
- In this situation, the vaccine will be provided through special clinics to those at risk of influenza complications and those most likely to transmit influenza to high risk groups.

#### Availability and use of antivirals

- The federal government contributed \$24 million towards the creation of a national antiviral stockpile.
- The national antiviral stockpile will be used to treat and protect identified priority groups agreed upon by a national expert advisory committee on influenza pandemic.
- The federal government is responsible for approving and licensing antivirals.
- In preparation for a pandemic when availability of antivirals is limited, both the federal and the Ontario governments have begun to create an antiviral stockpile.
- Antivirals will be directed at treating those at high risk of complications or death due to influenza who present with influenza-like illness within 48 hours of onset of symptoms.
- Ontario will be adopting priority groups set nationally. These priority groups may change based on: age and risk groups most affected by the pandemic; its severity; and other factors.

For more information

[www.health.gov.on.ca/english/providers/program/emu/emu\\_mn.html](http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html)

Or call toll free:

Health Care Provider's Hotline 1-866-212-2272

## SECTION 2 - LEGISLATION

### OCCUPATIONAL HEALTH AND SAFETY ACT

#### Duties of Employers

Section 25 (2) without limiting the strict duty imposed by subsection (1), an employer shall, (h) take every precaution reasonable in the circumstances for the protection of a worker;

#### Refusal to work

Under the Occupational Health and Safety Act (OHSA), employees can refuse to work if they believe that a condition of the workplace “is likely to endanger” their health or safety”.

Employers faced with an infectious disease related work refusal must comply with the OHSA work refusal procedures (OHSA SECTION 43)

Note: Teachers have a limited right to refuse unsafe work.

### WORKPLACE SAFETY AND INSURANCE ACT (WSIA - ONTARIO)

The Act provides compensation for “personal injury or illness arising out of and in the course of employment” and provides compensation where “a worker suffers from and is impaired by an occupational disease that occurs due to the nature of one or more employments in which the worker was engaged”. With respect to an infectious disease in the workplace, entitlement would likely be decided on a case by case basis.

### HUMAN RIGHTS LEGISLATION

Under both federal and provincial human rights legislation, employers have a duty to accommodate employees with infectious diseases or those who have been exposed to same. The level of accommodation will depend on the circumstances.

### QUARANTINE (ISOLATION TO PREVENT THE SPREAD OF INFECTIOUS DISEASE)

Under provincial legislation, Medical Officers of Health have the authority to quarantine staff. If local Medical Officers of health orders a quarantine for a staff member, the Board will co-operate as directed. Employees placed in quarantine by the Medical Officer of Health will remain absent from work until cleared by the Medical Officer of Health

## SCHOOL CLOSURES

The decision to close schools will be made by public health authorities in consultation with the Director of Education or designate. In cases where schools lack critical mass of people (students and staff) necessary to sustain day-to day-operations, the Director of Education in conjunction with the Emergency Preparedness Committee may decide to close schools.

At time of writing, the scientific evidence for school closures is limited. There is an assumption that children have an increased number of contacts, and school closures would decrease transmission of a novel virus. There must be consideration of the social and economic disruptions caused by school closures. (See Appendices 4 & 5 - Ministry of Health and Long-Term Care Guidelines)

## SECTION 3 – PANDEMIC PHASES AND ACTIONS

### INTER-PANDEMIC PERIOD (PHASES 1 & 2)

#### Surveillance

- Regular monitoring of the PVNC Catholic District School Board's communities assists the public health and may mitigate the effects of any influenza spread.

#### Education

- Teaching students and staff on the importance of frequent and effective hand washing is vital to control of all infectious diseases.
- Encouraging staff and students to attend flu vaccination clinics as part of their regular health routine is vital.
- Plant department revise and review their cleaning practices in relation to viral containment. The custodial staff will receive enhanced infection control procedures for implementation.
- All employees advised to recognize that common phones, photocopy machines, toys, door handles etc. can contain pathogens and are sources of both contamination and spread. Wiping with alcohol swabs will assist us with controls.

#### Communications

- Sample letters have been prepared for staff and students should an outbreak occur. Education sheets for circulation to staff and students have been prepared.
- It is important to note that consistent messaging is vital to the containment of rumours and misinformation.

### PHASE 1 / ACTION - PREVENTATIVE

No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection is present in animals

- Educate Board's community on the importance on influenza and virus surveillance.
- Educate Board's community on preventative measures to be taken, specifically cover coughs and sneezes, hand washing, and staying home if sick.
- Promote annual flu immunization and other preventative health measures - see Communication Plan Phases (1, 2)

### PHASE 2 / ACTION - PREVENTATIVE

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

- Review all infection control procedures; educate all staff on increased vigilance.
- Train custodial staff on enhanced infection control
- Stock sufficient quantities of disinfectant for schools and Board sites
- Institute communication strategies to students and parents in the community.
- Continue with activities of previous phases.

## PANDEMIC ALERT PERIOD (PHASES 3, 4 & 5)

- Since flu outbreaks tend to be cyclical with gaps between events, it is useful to remind all our communities of the potential for outbreaks early in the fall.
- All elementary schools should contact the local health unit with updates on absenteeism over 10%. (Central Maplewood reporting will be initiated asap)
- Reinforcement of good hand washing techniques is vital to containment.
- Viruses can live (untreated) on surfaces for 48-72 hours. Therefore, even with enhanced cleaning employees must be encouraged to show vigilance.
- Small clusters in localized communities may be obvious. Parents are encouraged to find alternative day care options.
- Plant will be monitoring cleaning practices as some sites.
- Needed supplies will be confirmed with suppliers as the possibility of shortages may occur.
- Human Resources staff will be monitoring the availability deployment of staff.
- Emergency Preparedness Committee will be convened similar to job action to monitor, provide direction and guidance.
- Supplies may be stockpiled.
- Community use of schools will be restricted
- Access to premises will be restricted.
- Relevant agencies will be informed e.g. E.A.P.

### PHASE 3 / ACTION - REINFORCEMENT

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

- Educate and reinforce reporting requirements by principals to Health Units (10% of staff or students-see sample).
- Encourage vigilance in infection control and specifically hand washing techniques.
- Encourage use of all preventative programs
- Individual plans to support safety of individual special education needs students to be developed and communicated in advance of possible pandemic
- Review/re-enforce how essential services will be performed
- Reinforce cross training of jobs to ensure essential services, specifically where they are only done by one person.
- Enhanced training of management and staff
- Continue implementation of Communication Plan

### PHASE 4 / ACTION - ALERT

Small cluster(s) with limited human-to-human transmission

- Board updated at regular Meeting when Pandemic is imminent
- Review / update Pandemic Response Roles

<p>but spread is highly localized, suggesting the virus is not well adjusted to human hosts.</p>	<ul style="list-style-type: none"> <li>• Updated Pandemic Response Plan distributed</li> <li>• The status of student teachers and tutors in the classroom are reviewed and assignments modified as necessary on a case by case basis</li> <li>• Co-op work placements reviewed and altered as necessary on a case by case basis</li> <li>• Contact with union regarding pay and benefit plans of absent staff. Issues of temporary placement and re-assignments discussed with union</li> <li>• Encourage parents to find alternate child care for children too ill to attend school and a back-up plan for students too ill to stay at school.</li> <li>• Obey all Ministry of Health orders, including school closure procedures.</li> <li>• Audit infection control practices/ controls at all sites, schools.</li> <li>• Prioritization on infection control by custodial staff</li> <li>• Check with suppliers about costs and storage required, including expiry dates (e.g.: food supplies, consumables, etc.)</li> <li>• Cross training with health units</li> <li>• Reinforce health education programs.</li> <li>• EAP – remind staff of the availability of EAP services if needed.</li> <li>• Staff absenteeism may cause cancellations of staff in-services and/or staff recall to schools due to lack of occasional teachers.</li> </ul>
<p><b>PHASE 5 / ACTION - ALERT</b></p>	
<p>Larger cluster(s) but human-to-human spread still localized, suggesting the virus is adapting to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> <li>• Convene PVNC Catholic District School Board Emergency Preparedness Committee</li> <li>• Initiate Schools Preparation procedures</li> <li>• Initiate Essential Services Plan</li> <li>• Restrict community, volunteers, and visitors' access to sites</li> <li>• Continue implementation of Communication Plan (Phases 4,5)</li> <li>• Continue with activities of previous phases</li> <li>• Notify community of possible closures (Communication Plan)</li> <li>• Order supplies as required</li> </ul>

## PANDEMIC PERIOD (PHASE 6)

- All schools must be closed as required.
- Close monitoring of staff and students
- Rigorous Infection Control
- Site access limited to Essential Services

### PHASE 6 / ACTION - RESPONSE

Pandemic phase: increased and sustained transmission to the general public.

- Implement Pandemic Response Roles for all parties
- Ongoing Communication Plan (Phase 6)
- Close monitoring of staff and student absenteeism on a daily basis
- Transportation is reviewed
- Schools may be closed. Schools also may be commandeered to provide functions under the Ministry of Health/Municipalities such as clinics, information dissemination points, Daycare Centres.
- Rigorous infection control procedures
- Staff access limited to essential services only.
- Designated crews to handle infection control post closure procedures, in the event of school/site closures as per direction of the Medical Officer of Health.

## POST-PANDEMIC PERIOD (PHASE 7)

- The importance of reviewing procedures and responses can not be over emphasized.
- Surveys of the Board's response in an emergency can be vital in ensuring future responses (see Post Pandemic questions).
- Reassurance that the Board's school communities will be vital to a post pandemic phase.
- Recognition that students and staff may be grieving and need of support during this phase

### PHASE 7 / ACTION - RECOVERY /EVALUATION

Return to Inter-Pandemic Period.

- All schools may be sanitized and disinfected prior to re-opening of school if required by the Medical Officer of Health.
- Transportation - The Board contacts the Consortium who contacts the bus companies. All buses must be cleaned and disinfected prior to providing transportation
- Inventory resources, restock.
- Provide support to staff (critical incident debriefing), etc . if necessary.
- Implement formal Plan Evaluation
- Educate Board's community on the importance of influenza and virus surveillance.
- Educate Board's community on preventative measures to be taken.

## SECTION 4 - PANDEMIC ALERT - PREPAREDNESS STAGE (PHASES 3,4,5)

### ESSENTIAL SERVICES - BOARD LEVEL

The Emergency Preparedness Committee will meet to co-ordinate the corporate and academic functions of the Board. Members of this committee include:

- Superintendent of Education
- Manager of Communications
- Manager of Information Technology
- Manager of Planning, Purchasing and Facilities
- Supervisor of Maintenance/Health and Safety
- CAO Student Transportation Services of Central Ontario
- Other staff as directed by Director of Education

The PVNC Catholic District School Board has identified the following departments as providing essential services within the Board: Director's Office; Communications Services; Human Resources Services; Business Services (Payroll, Accounting, etc); Facility Management Services; IT Services

Each of the identified Essential Services will establish a business continuity plan specific to the essential services within their department. These plans will be kept with each department head and communicated by the Supervisory Officer with appropriate staff within the department.

Principals, managers, supervisors, vice-principals are expected to report to work. Where their safety may be in jeopardy, the Emergency Preparedness Committee will advise. Some sites may be appropriated by community agencies i.e. triage centres, information depots, crucial supply lines; therefore, adequate staffing must be maintained.

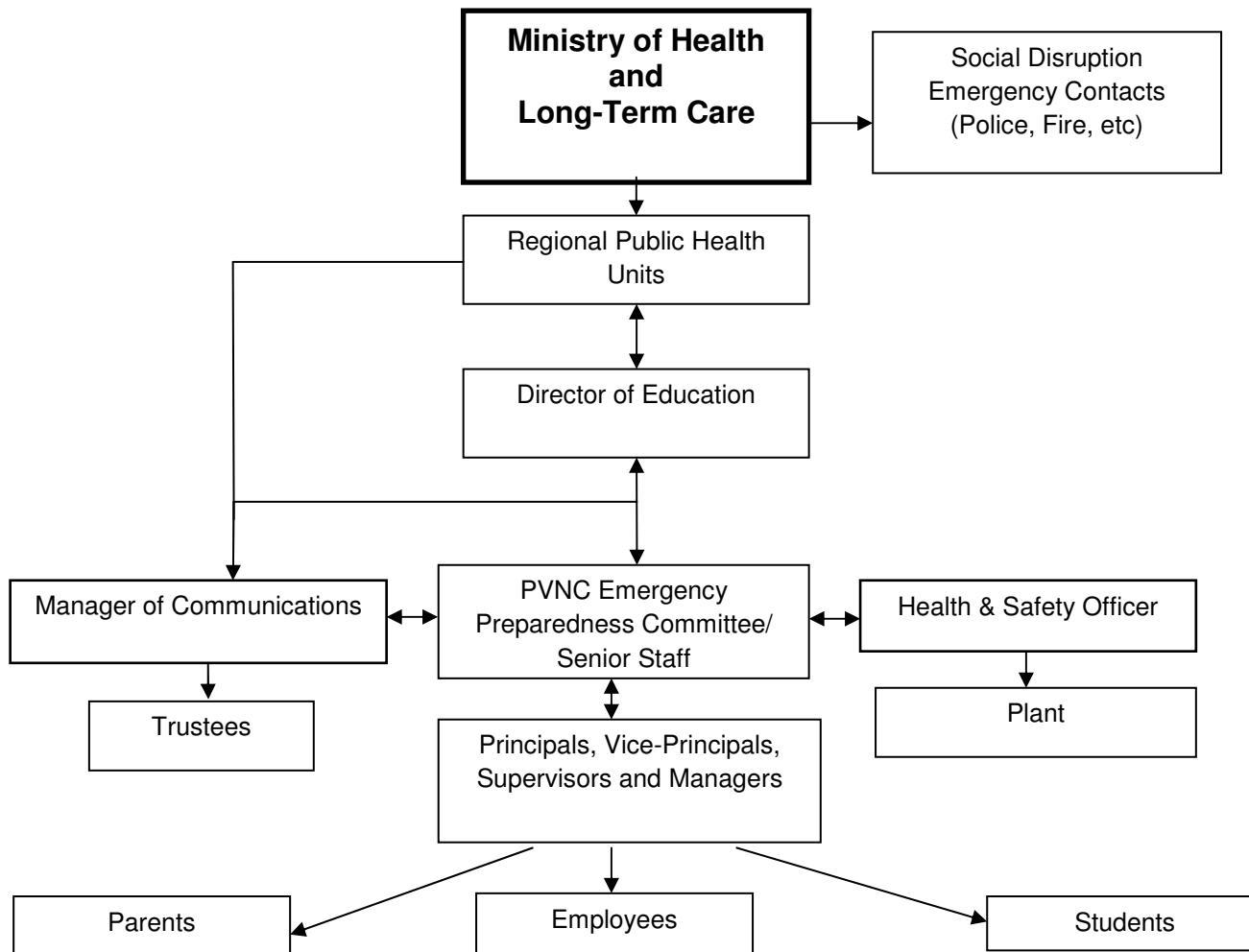
Consider staff reallocation during periods of absenteeism

## INDIVIDUAL SCHOOL PREPARATION CHECKLIST

<b>IMMEDIATE</b>			
Principals are to ensure the following information is available in each school and communicated with appropriate staff.			
<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>ASSIGNED STAFF</b>	<b>DONE (✓)</b>
Ensure that Emergency Closure Procedures are in place	Principal		
Ensure that staff home telephone contact numbers are provided to respective school superintendent	Principal		
Establish telephone phone tree of staff home telephone contact numbers	Principal		
Communicate aspects of the Board/School Plan to: a) Staff b) Parent community c) Catholic School Council Members	Principal		
Ensure that respective school superintendent has correct fax number(s).	Principal		
Ensure hand washing and other proactive measures are communicated to: a) Staff; b) Students; c) Parents; d) School Council Members	Principal		
Identify where calls from parents regarding Pre-Pandemic Stage Activities should be directed	Principal		
Ensure staff are aware of identified Essential Services at the Board level	Principal		
Safe Arrival Program - establish plan to deal with the surge increase in reported absences	Principal		
Completion of report cards – plan in place in the event of teacher absence when reports are due	Principal		
School finances and banking – plan in place in the event that the two individuals authorized to sign school cheques are absent	Principal		
Develop school protocol for releasing students during the school day.	Principal		
Create and maintain Emergency Day Plans/Activities at grade-appropriate levels.	Principal		

## SECTION 5 – PANDEMIC RESPONSE STAGE (PHASE 6)

### COMMUNICATION FLOW CHART



## KEY ROLES & RESPONSIBILITIES (PHASE 6)

ROLE	CONTACT PERSON	RESPONSIBILITIES
<b>Pandemic Spokesperson; Board Liaison with Regional Public Health Units during Pandemic Response</b>	Director of Education (or senior staff designate);  Manager of Communications	<ul style="list-style-type: none"> <li>• Communication with the Ministry of Education, the Ministry of Labour, and other Boards</li> <li>• Convene the Emergency Preparedness Committee as defined in this plan and on an 'as needed' basis.</li> <li>• Establish dedicated link on Board/school websites to Health Units homepage</li> <li>• Direct schools upon queries, as appropriate, in consultation with Health Units</li> <li>• Respond to misinformation</li> <li>• Liaise with Essential Services Coordinator, others</li> <li>• Update senior staff as appropriate</li> <li>• In collaboration with Emergency Preparedness Committee provide direction to Board community on appropriate and safe response in a pandemic emergency</li> <li>• Develop or delegate strategies including media releases; letters to parents, ratepayers, students; Catholic School Councils, and other communications strategies as necessary, in collaboration with the Manager of Communications.</li> </ul>
<b>Internal/External Communication and Media Relations during Pandemic Response</b>  (via internet, Board's website, email, phone where appropriate)	Communications Services -  Manager of Communications (or designate)	<ul style="list-style-type: none"> <li>• Work with the Emergency Preparedness Committee during the period of a pandemic</li> <li>• Website updates as required (Content = Manager of Communications; Technical = IT Services)</li> <li>• Any electronic communications related to the pandemic (e.g. web pages/websites) approved in advance by the Manager of Communications.</li> <li>• Automated greetings to be established</li> <li>• School closure information to all stakeholders</li> <li>• Liaise with Board's regional Health Units/ Communications Specialists as appropriate</li> <li>• Media Relations – including coordination of interview, preparation and distribution of news releases, and providing counsel to key spokesperson(s) in collaboration with regional Health Units</li> <li>• Communicate essential information as required</li> <li>• Ongoing liaison with Essential Services Coordinator/Superintendent of HR</li> <li>• Develop, implement and monitor Pandemic Response Communication Plan</li> <li>• Update internal and external stakeholders in recovery stage</li> </ul>
<b>Communications Liaison during Pandemic Response</b>	Superintendents	<ul style="list-style-type: none"> <li>• Communication and decision-making responsibilities for direct reports, schools, departments, community stakeholders</li> <li>• Superintendents will monitor the pandemic emergency situation on a daily basis and provide daily reports to the Emergency Preparedness Committee and make recommendations as required.</li> </ul>
<b>Communications Liaison during Pandemic Response</b>	Principals, Vice-Principals, Supervisors, Managers	<ul style="list-style-type: none"> <li>• Inform students, staff and parents about the symptoms and measures to be taken to reduce exposure;</li> <li>• Contact public health unit, Superintendent of Education, Communications Services, to report outbreaks in the schools; Ensure any symptoms are reported to them</li> <li>• When a pandemic emergency occurs principals will hold an information meeting on day following for employees who are at work prior to the admission of students</li> </ul>

ROLE	CONTACT PERSON	RESPONSIBILITIES
		<ul style="list-style-type: none"> <li>• Follow all communication and Emergency Closure/Evacuation procedures</li> <li>• Maintain regular contact with Superintendents; Communications Services department</li> <li>• Identify issues for PVNC Emergency Preparedness Committee problem-solving; including unexpected circumstances for which action is difficult to determine</li> <li>• Facilitate and co-operate with community agencies in school utilization issues.</li> <li>• Refuse any person who the principal/manager/supervisor believes is infected with or exposed to communicable diseases requiring an order under section 22 of the <i>health protection and promotion act</i>. Admission to the school. Refusal will remain in effect until furnished with an appropriate medical certificate noting all danger from exposure to contact with such person has passed</li> <li>• Implement Pandemic Response Plan</li> <li>• Refer to and receive all directions and communications from the Director of Education, superintendents, or the Manager of Communications.</li> <li>• Will be expected to monitor voice mail and e-mail regularly throughout the school day.</li> <li>• Ensure employee absenteeism is reported daily in accordance with attendance procedures in this plan</li> <li>• Adhere to the fact that any electronic communications related to the pandemic will be approved in advance by the Manager of Communications.</li> <li>• In the event of a pandemic principals /managers, supervisors may assign custodians to monitor doors to ensure that unauthorized people are not in the building. This plan is to be developed in advance, for rapid implementation only on the direction and order of the Emergency Preparedness Committee.</li> <li>• Prepare daily student and employee attendance reports</li> <li>• Employ Critical Incident Response as appropriate</li> <li>• Principals are responsible for security of their school building</li> <li>• Principals are responsible for ensuring special education needs support plans for special education students, as appropriate – see Appendix 2</li> </ul>
<b>Pandemic Response</b>	Manager of Plant	<ul style="list-style-type: none"> <li>• Train appropriate custodial staff on enhanced infection control procedures;</li> <li>• Implement rigorous infection control procedures - see Appendix 3</li> <li>• Audit infection control program;</li> <li>• Institute a post-closure and pre-opening procedure for all facilities, with inspection;</li> <li>• Ongoing.... develop, in consultation with the local Health Unit, enhanced procedures and training that will be instituted when the situation warrants – see Appendix 3</li> <li>• Communicate any plant emergencies, involving equipment or the building that would necessitate the cessation of programs or the closure of a school, to the Emergency Preparedness Committee</li> </ul>
<b>Pandemic Response</b>	Health & Safety Officer	<ul style="list-style-type: none"> <li>• Provide consultative advice to the Emergency Preparedness Committee</li> <li>• Maintain contact with the plant to monitor infection control, ensure overall safety, and infectious control audits are complete</li> <li>• Maintain links with other School Boards for enhanced problem solving purposes</li> </ul>

ROLE	CONTACT PERSON	RESPONSIBILITIES
		<ul style="list-style-type: none"> <li>• Work with Health &amp; Safety Committee</li> <li>• Maintain open/spontaneous lines of communication with Communications Services as required</li> </ul>
<b>Essential Services Coordinator Pandemic Response</b>	Superintendent of HR (or designate)	<ul style="list-style-type: none"> <li>• Assess daily status of Essential Services, including available personnel</li> <li>• Redeploy internal staff as required</li> <li>• Liaise with Director of Education, Communications Services</li> <li>• Update senior staff as appropriate</li> </ul>
<b>Facilities Coordinator Pandemic Response</b>	Superintendent of Business (or designate)	<ul style="list-style-type: none"> <li>• Liaise with Director of Education, Communications Services regarding potential reassignment of school use</li> <li>• Develop a contingency staffing &amp; operational plan to be made available to Emergency Preparedness Committee to cover the Board buildings during a pandemic</li> </ul>
<b>Curriculum Recovery Coordinator during Pandemic Response</b>	Superintendent of Learning Support Services (or designate)	<ul style="list-style-type: none"> <li>• Principal will plan strategies for prioritizing and implementing curriculum at schools</li> <li>• Post Ministry of Education on-line curriculum resources on website for healthy students at home</li> </ul>
<b>Pandemic Response</b>	IT Department	<ul style="list-style-type: none"> <li>• Provide technical support to the web site.</li> <li>• Facilitate the delivery of e-communications in collaboration with Communications Services</li> </ul>
<b>Pandemic Response</b>	Employees (Teachers, Support Staff, etc)	<ul style="list-style-type: none"> <li>• The control of influenza diseases is the responsibility of all employees of the School Board. Overall maintaining proper immunizations, applying hygiene principles when exposed to viruses, bacteria, and body fluids requires employees to ensure adequate information, vigilance, and personal responsibility.</li> <li>• Principals/Mangers/Supervisors have enhanced responsibilities (Education Act, Occupational Health &amp; Safety).</li> <li>• When an outbreak occurs, communication is essential. Employees play a vital role in educating and disseminating accurate information - all enquires should be directed promptly to the employee's principal, supervisor or manager.</li> <li>• Employees are obligated to report for work and to perform their regular duties or duties assigned due to the situation</li> </ul>
<b>Pandemic Response</b>	Manager of Purchasing, Planning and Administration	<ul style="list-style-type: none"> <li>• Establish a daily contact process with contractors ( cafeteria, courier, etc)</li> <li>• Establish/maintain contact with Community Use of Schools permit holders</li> <li>• Keep Child Care Operations informed of operational status</li> <li>• Update and inform the Emergency Preparedness Committee on the status of contracts and any changes to contract operations</li> </ul>

## EMERGENCY PREPAREDNESS COMMITTEE

The Emergency Preparedness Committee will expand to the Emergency Response Committee in crisis situations.

### **Director of Education**

The Director will convene the PVNC Catholic District School Board Emergency Preparedness Committee as defined in this plan and on an 'as needed' basis.

### **PVNC Catholic District School Board Emergency Preparedness Committee**

**Purpose:** In the event of a pandemic emergency the purpose of the Emergency Preparedness Committee is to provide direction and guidance to the Board, staff, and school communities during the pandemic period phases.

#### **Membership**

- Director of Education
- Superintendents of Education
- Superintendent of Business
- Manager of Communications
- Manager of Information Technology
- Manager of Planning, Purchasing and Facilities
- Manager of Plant
- Manager of human Resources
- Supervisor of Maintenance/Health and Safety
- CAO Student Transportation Services of Central Ontario
- Other staff as directed by Director of Education

#### **Role of the Emergency Response Committee in a Pandemic**

- To monitor, provide direction and/or make recommendations on the overall operation of the system on a daily basis
- To make clear and complete assessment of situations that may arise
- To make decisions on courses of action to be taken
- To ensure clarity in all communications;
- To provide a forum for effective problem solving;
- To encourage an expeditious and normal return to school functions;

- To foster and to maintain positive community relationships.
- To participate in debriefing sessions as needed
- To act as an emergency resource for Superintendents of Education, Principals, Managers and other Board personnel

### **Specific Duties and Responsibilities**

Below is a broad overview of the needs and responsibilities to be delegated by the Director or the Emergency Preparedness Committee in the event of a pandemic. The Manager of Communications has specific communication responsibilities and is a member of the Emergency Preparedness Committee. Each of the following areas will be delegated as specific responsibilities to one or more of the employee groups listed here.

#### **Public Relations of Board Operations**

- When a pandemic occurs, the key spokesperson to the media is the Medical Officer of Health or a designated member of the Health Unit, not the Board. The communication with media by the School Board would address school or board-specific concerns only.
- Communication regarding school-related pandemic issues lie with the Manager of Communications, who will work with the Emergency Preparedness Committee only during the period of a pandemic. It will not deal with any other matters related to Board operations.
- A critical area for the Board is that of public information related to school functions. The Director of Education or the Manager of Communications will develop or delegate strategies including media releases; letters to parents, ratepayers, students; meetings School Councils, and other communications strategies as necessary.

#### **Media Access to School Property**

- During a pandemic emergency media visits to schools or Board property must be approved by the Manager of Communications.

#### **Visitors to Schools**

- In the event of a pandemic, principals/managers/supervisors may assign custodians to monitor doors to ensure that unauthorized people are not in the building. This plan is to be developed in advance, for rapid implementation only on the direction and order of the Emergency Preparedness Committee.

### Community Use of Schools

- Community use of schools, specifically after normal school hours, would continue to be available to the community unless directed otherwise. Due diligence will be exercised to protect the health and safety of employees and members of the public using the facilities. A letter may be sent, on the direction of the Emergency Preparedness Committee, to all community school users and permit holders, to indicate that the pandemic may result in school closures. Where it is necessary to close a building to the public, every effort must be made to inform permit holders as early as possible.

### Daily Reports

- Superintendents of Education will monitor the situation on a daily basis and provide daily reports to the Emergency Preparedness Committee and make recommendations as required.

### Cancelling of Classes

- A decision to cancel classes will be made by the Emergency Preparedness Committee in consultation with the Health Unit(s) or may be directed by the Health Unit(s).

### Pandemic Preparedness Education Programming (see Appendix 3)

- In consultation with Public Health, an education program will be designed to:
  - Augment prevention initiatives (hygiene program).
  - Ensure a consistent, sustained approach.
  - Ensure wide circulation of preventative materials.

### Special Education Needs Students

- The Emergency Preparedness Committee will monitor program support plans (see Appendix 2) for special education students to ensure their safety

### Plant Emergencies

- During a pandemic emergency, communication regarding plant emergencies, involving equipment or the building that would necessitate the cessation of programs or the closure of a school, should be directed to the Emergency Preparedness Committee

## OTHER CONSIDERATIONS:

### OPERATIONS AT EDUCATION CENTRE

- During a pandemic the Education Centre (and those schools remaining open) will be in operation during normal business hours
- Some committee meeting rooms will be available for usual purposes

### STAFF DEVELOPMENT ACTIVITIES

- Staff development activities may be postponed or cancelled during a pandemic.

### STAFF REASSIGNMENT

- Administrators/Non-Union
  - At the discretion of the Emergency Preparedness Committee, some non-union employees may be deployed to assist in schools or other departments – Administrators and non-union staff may be temporarily reassigned based on system need to assist in schools or other departments
- Teaching Staff
  - Redeployment of teaching staff will only be considered in emergency situations and as a last resort. The Board recognizes that staff have the right to refuse redeployment under the Occupational Health and Safety Act.
- Support Staff
  - Redeployment of support staff will only be considered in emergency situations and as a last resort. The Board recognizes that staff have the right to refuse redeployment under the Occupational Health and Safety Act.

### REFUSAL TO WORK, QUARANTINE, STAFF ABSENTEEISM

- Please refer to collective agreements and/or Occupational Health and Safety Act. Consult Human Resources Services as appropriate.
- All staff will report their absences through SFE (Smart Find Express)

## PROTOCOL ISSUE

- During the Pandemic Response Stage, the Board will receive procedures for reporting student and staff absences from the Regional Health Units. As well, the Medical Officers of Health in consultation with the Director of Education, where possible, will provide recommendations and direction related to school based activities (e.g. criteria for school closures, field trips, school volunteers, visitors, etc.).

## SUPERVISION OF STUDENTS

- Principals must ensure that adequate staff is maintained for student supervision at all levels (JK-12). An inability to meet this ratio must be reported immediately to the appropriate school superintendent.

## SCHOOL OPERATIONS

- If the Director of Education, in collaboration with the Emergency Response Committee in consultation with the Medical Officer of Health, has reason to believe that keeping a school open might endanger students, employee or public, then that school may be closed.
- If the Director of Education, in collaboration with the Emergency Response Committee and in consultation with the Medical Officer of Health, decides to close a school or workplace, the students involved will not be permitted to enter. The principal and all employees may be reassigned
- Unless the school is closed by the Director/Emergency Preparedness Committee, the decision whether or not students will attend school during a pandemic emergency is left to students and their parents
- Depending on the number of employees available, school programs will be offered in as normal a manner as possible. This will vary from school to school and will be subject to daily review by the principal and superintendent
- Study areas, library resource areas and other adequately supervised areas will be open to students who are attending school

## SCHOOL CAFETERIAS

Where food services are provided on contract, the company providing the contract is expected to continue doing so during a pandemic. Due to employee absenteeism, the cafeteria operation may be limited in its ability to operate and be required to close. The Manager of Purchasing, Planning and Administration will establish a daily contact process with the cafeteria operator and inform the Emergency Preparedness Committee on the status of cafeteria operations

#### SUPPLY/DELIVERY OF PURCHASES

- Subject to the approval of the principal, schools will continue to accept deliveries in the normal manner
- If it is not possible for shipments to be accepted at a school, the principal will advise the Purchasing Department who will attempt to redirect such shipments to other locations

#### PERISHABLE GOODS AND PETS

- Employees will be instructed on the day of an announcement of a pandemic emergency, to appropriately store or dispose of perishable goods and to remove, or have students remove, all pets (animals, fish, etc) from the school for the duration of a pandemic emergency unless other arrangements can be made for their care

#### Occasional/Supply Teachers

- The Smart Find Express system (SFE) will operate during a pandemic emergency for all staff including occasional teachers. All staff will report their absences through SFE

#### BUS TRANSPORTATION FOR STUDENTS

- Normal morning and afternoon bus schedules for transporting students from their homes to school and return will be maintained unless otherwise directed by the Superintendent of Business. Transportation will be monitored on a daily basis and some routes may be postponed, rescheduled or consolidated. Bus operators will be required to report employee absenteeism rates to STSCO who will report the results daily to the Emergency Preparedness Committee

#### COURIER SERVICE TO SCHOOLS

- The regular Board mail courier will be continued. Due to employee absenteeism, the courier operation may be limited in its ability to operate and may be required to cease operation. The Manager of Purchasing, Planning and Administration will establish a daily contact process with the courier and inform the Emergency Preparedness Committee of the status of operation

## PROGRAM

### Crisis Responses during a Pandemic

- In the event of a pandemic it is critical that proactive and supportive arrangements have been established for timely implementation as required.
- For the purposes of planning an appropriate response to a serious tragic event affecting members of a PVNV Catholic District School Board school community, the definition of a crisis will be restricted to “the death of a student or staff member”. Other distressing or stressful situations will not fall within this mandate.
- Immediately upon learning of a crisis the principal of the school in question will contact his/her supervisory officer or designate for consultation, collaboration and facilitation of the Crisis Response.

### Special Education Needs Students (see Appendix 2)

- For certain students, with physical, medical or behavioural needs, a plan to support the student’s safe attendance will be required. There will also be a number of special education needs students with significant physical, medical or behavioural needs where programs may not be able to be maintained. The decision that the student will not be able to attend during a pandemic emergency will be based on individual student needs and in consultation with their parents/guardians

### Learning Resource Centre

- During a pandemic emergency, resources such as audio-visual tapes, films, materials, and equipment may not be available from the Learning Resource Centre
- The Learning Resource Centre will be open to teachers and supervisory employees during regular working hours. There may be limitations on the booking of resources dependent on available employees

### Co-Operative Education

- Students on co-operative placements will continue. However, where the placement of a student is with an employee on sick leave, an alternative placement or in-school component should be arranged by the Co-op Teacher.

### Out-of-Classroom Activities

- Any activities which take students and teachers from regular classroom instruction may continue if the required supervision is available. The principal will decide if an out-of-classroom activity should be cancelled due to general employee and student absentee rates, lack of supervision or safety concerns.

### Professional Development

- Professional Development for employees may be suspended.

### Student Assignments and Homework

- Every effort will be made to provide additional assignments and homework to students whose parents voluntarily withdraw their child from school during a pandemic. These assignments will be included as part of program assessment and evaluation.

### Child Care Centres, Full Day or Before

- Child care programs may continue. The Board's ability to provide custodial services may be impacted during a pandemic. The Manager of Purchasing Planning and Administration will keep Child Care Operations informed.

### Safe Arrival Program

- Safe arrival programs may be modified. Communication with parents may focus on having parents notify the school in the event that their child will be late or absent. Due to staff shortages automated systems may be used.

## EXTERNAL COMMUNICATION

The Communications Services Department has developed a Pandemic Communications Plan that will guide Board Communications during all phases of a pandemic. Below are some key responsibilities during the Pandemic Response Phase 6.

<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>ASSIGNED STAFF</b>
Appoint Pandemic Spokesperson and back-up	Director of Education	Director of Education, Superintendent of Education, School Services (back-up)
Appoint Pandemic Board Liaison Contact with Regional Health Units, Medical Officer of Health, other school Boards	Director of Education	Director of Education Manager of Communications
Inform Senior Admin, Catholic School Council Chairpersons, Trustees and Federations of the planning process	Director of Education	Director of Education Manager of Communications
Communicate/In-service all staff regarding proactive measures and contingency plans	Director of Education Manager of Communications	Health & Safety Officer; Plant Department, Superintendents, Supervisors, Principals, Vice-Principals, Managers,
Communicate to parents regarding proactive measures and contingency plans	Communications Services	Superintendents, Principals, Vice-Principals, Teachers, Support Staff
Communicate to media regarding proactive measures and contingency plans	Communications Services	Manager of Communications
Establish web messages and communication tools as required for internal and external stakeholders (community organizations, media)	Communications Services	Manager of Communications
Establish and update automated greetings for Reception desk usage	Communications Services	Manager of Communications
Appoint webmaster and web content contact persons	Computer Services Communications Services	IT Manager (technical) Manager of Communications (content)
Communicate School Closure Protocol to stakeholders	Communications Services	School Superintendents to Principals
Communicate/Review Emergency Closure, Evacuation Procedures	Superintendents	Principals
Ensure business, residence, cell #'s in place for: a. Director b. Senior Staff c. Other members on Emergency Preparedness List	Manager of Communications	Communications Secretary/Graphic Designer
Solicit qualified staff for other departments' Essential Services	Superintendent of Human Resources	Superintendent of Human Resources
Establish updated phone tree link from Early Learning Centre sites to respective departments	Superintendent of Business	Superintendents of Schools, Manager of Purchasing, Planning and Administration
Communicate status of above sites to Childcare, Best Start, Custodial Permits, and Before & After School Programs	Superintendent of Business	Superintendents of Schools, Manager of Purchasing, Planning and Administration
Designate staff for ongoing communication with:	Superintendent of Business	Superintendents of Schools, Manager of

## EXTERNAL COMMUNICATION

The Communications Services Department has developed a Pandemic Communications Plan that will guide Board Communications during all phases of a pandemic. Below are some key responsibilities during the Pandemic Response Phase 6.

<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>ASSIGNED STAFF</b>
i) Custodial supply companies		Purchasing, Planning and Administration
ii) Transportation services	Superintendent of Business	CAO, STSCO
iii) Post Office, Couriers	Superintendent of Business	Manager of Purchasing, Planning and Administration
iv) Daycare facilities	Superintendent of Business	Manager of Purchasing, Planning and Administration Principals
v) Secondary school food services	Superintendent of Business	Manager of Purchasing, Planning and Administration Principals
vi) Furniture/equipment deliveries	Superintendent of Business	Manager of Purchasing, Planning and Administration
vii) Contracted facility services (e.g. snow plough)	Superintendent of Business	Manager of Purchasing, Planning and Administration

## INTERNAL COMMUNICATION

The Communications Services Department has developed a Pandemic Communications Plan that will guide Board Communications during all phases of a pandemic. Below are some key responsibilities during the Pandemic Response Phase 6.

<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>ASSIGNED STAFF</b>
Establish updated phone tree for individual departments	Superintendents	Superintendents
Establish updated phone tree for all Board Office Staff	Superintendents, by department	By department
Establish updated phone tree for individual schools	Principals	Principals
Ensure all internal staff are aware of communication	Director of Education Manager of Communications	Principals, Vice-Principals, Managers, Supervisors
Redeployment of School Administrative Staff	Superintendent of Human Resources	Superintendent of Human Resources

## SECTION 6 - POST PANDEMIC/ RECOVERY STAGE

### EVALUATION CONSIDERATIONS:

#### Surveillance

- Surveillance is the systematic process of collecting, analyzing, interpreting and disseminating descriptive information to public health to assist with assessing disease trends and determining impact. Was our emergency plan adequate?
- Did we minimize the risk of infection by using proper control measures?
  - Hand washing
  - Daily disinfecting (schools, buses, day cares/community center)
  - Monitoring attendance (sick children/staff to stay home)
  - Isolating sick children/staff when symptoms show up at school
- Did we train/educate staff, children, parents to identify and recognize the symptoms and how to react to the virus and protect themselves as well as others with whom they come in contact?
- Did we have enough supplies at every location (ex: latex gloves)?
- Did we monitor all absences on a daily basis during the pandemic? This is a crucial piece if we want to stay on top of things and address issues as they arise.

#### Operations

- Supervision of students, staff, contract workers (bus drivers) - Was there adequate supervision in each location and for each target group (students, staff, contract workers, visitors)?

#### Back to Business - Return to Work Plan following a Pandemic

- After a pandemic wave is over, it can be expected that many people will be affected in one way or another; many persons may have lost co-workers, friends or relatives, will suffer from fatigue or may have financial losses due to interruption of business. What is the recovery plan?
  - Define services for social, psychological and practical support for affected employees. If needed, organizing training and education for personnel involved.
  - Identify contact persons for existing community groups such as religious, church, sports groups etc...
  - Additional Support: In the event of fatalities, what support measures are in place to provide counseling if needed to personnel and/or students? Was it provided?

## Contact Lists

When word is received that the pandemic/outbreak is over by the Health Unit, the School Board puts out a public service announcement.

- Was a message posted on the website in coordination with the other school Boards?
- The School Board contacts all school principals. School principals are to contact all their teachers on their current and up-to-date contact list.
- School Board contacts the Consortium who contacts the bus companies. All buses must be cleaned and disinfected prior to providing transportation. Who contacts all community centers in schools?
- All spaces and equipment must be cleaned and sanitized prior to re-opening. Were the contact lists updated and available during the pandemic influenza?

## Education/Training

- Was enough training and education provided (students/parents, school personnel, other workers in schools)?
- Was it provided to all the right people?

## Target Groups

- Were sufficient control measures put in place?
- Perhaps community center workers could be invited to training sessions so that all parties receive the same information. Did we properly estimate the impact of the pandemic-virus?
- Were we able to identify the proper target groups/schools by having adequate, factual and timely information (absences and info on pandemic-virus)?
- Did we respond quickly enough and adequately enough considering all aspects of the situation? If not, what were the inhibitors?

## Emergency Measures

- i. Custodial Practices
  - Was the frequency of cleaning and disinfecting appropriate?
  - Were custodians and bus drivers well trained and using the proper techniques?
  - Were they using the proper products and with the proper concentration of dilution?
- ii. High Risk Population Groups
  - What special considerations must we implement for families who cannot access a clinic/hospital/doctor? What about rural areas where communication and services are limited?

- Were the students in a high risk population identified and did they receive adequate protection against the spread of the pandemic-virus?
- Did the key personnel in these groups know who to contact in the event that symptoms were displayed?
- iii. Transportation
  - Were the bus drivers adequately trained for evacuations?
  - Did they respond appropriately and in a timely fashion in the case of an evacuation?
  - Did the Consortium have a sufficient number of drivers and buses?
  - Did the bus drivers know how to protect themselves against the spread of the pandemic-virus?
- iv. Vaccine Management
  - What were some of the successes and challenges identified by the Emergency Preparedness Committee?
  - How accessible were our facilities in assisting the Health Unit with the vaccination program?
- v. External Demands on our Resources
  - Evaluate the mishaps that the Grieving Team (?) encountered.
  - When outside groups used our facilities, were the entrance, door handles and area cleaned and disinfected after each use?
  - How prepared and accessible were our facilities in assisting the Health Unit?

Other considerations:

- Was all sensory equipment removed or its use reduced during the outbreak?
- Re-introduction of sensory equipment/materials, field trips, etc.
- Did everyone wear personal protective equipment when they had to?
- Have we thought of sanitizing station for hand washing in every entrance of schools to prevent the spread of germs?

## **DEFINITIONS**

### **Legal Basis**

The Medical Officer of Health determines the actions needed to be taken to protect the population from a communicable disease (Health Protection and Promotion Act 1990).

The Medical Officer of Health has the authority to issue an order if she/he is of the opinion upon reasonable and probable grounds that a communicable disease exists or may exist or that there is an immediate risk of an outbreak.

### **Definition of Illness and Reporting Requirements**

A reportable influenza case is defined by the presence of the following:

- fever > 38c
- acute onset cough or sore throat, and
- malaise, myalgia (muscle discomfort) and/or fatigue

### **Testing**

Nasopharyngeal secretions will be taken by swabs of aspirates by sentinel physicians recruited by the College of Physicians of Ontario. Under the direction of the Medical Officer of Health public health staff may require access to schools for this purpose.

# **APPENDIX 1 - COMMUNICATION WITH PARENTS AND OTHERS**

FOR SCHOOL PRINCIPALS ONLY

## **SCHOOL**

### **1. Will schools be open during the pandemic?**

Yes, unless otherwise directed. It will be the Board's intention to keep schools open during a pandemic. This decision will be reviewed daily by the Emergency Preparedness Committee and, if the Director of Education has reason to believe that keeping any school open might endanger students, employees, or the public, a school may be closed.

### **2. What happens if the schools are closed?**

If a school is closed students will not be permitted to enter the closed school. The Board's urges parents to monitor local media for announcements from the Board regarding the status of schools.

### **3. Are playgrounds and playing fields available to students during the school day?**

Yes, subject to the normal safety and supervision protocols

### **4. Will school sports continue?**

Only if the principal considers that local circumstances permit activities which have been previously scheduled

### **5. Is the gymnasium open to students during the day?**

Yes, subject to the normal safety and supervision protocols.

**6. Is it possible to obtain a permit to use parts of the school during the pandemic? Will the gym be available?**

If community use of schools is cancelled, it will be a system-wide decision communicated to user groups and the community. Any exceptions require approval of the Emergency Preparedness Committee

**7. Is Board transportation still available for those students who need it?**

Yes, unless circumstances indicate the need for a change, in which case the parents will be notified. Late busing may be cancelled.

**SCHOOL EMPLOYEES**

**8. Are principals and vice-principals on duty at the school?**

Yes.

**9. Are the services of psychological services employees, social workers, and behavioural counselors available to students?**

On a limited basis only. Employees in these positions will be reassigned to assist with special needs as Education Assistants absenteeism increase. Anyone needing help during a pandemic emergency should contact the supervising Psychologist

**10. Will employees who report for work be required to perform extra duties?**

Those employees who are on duty at the school are expected to fulfill the assignments established by the principal within the scope of their duties. These will be governed by and are subject to the Board's police screening requirement

**11. Does the school want volunteers?**

The Board has not advertised for additional volunteers at this time. Regular volunteers and parents who wish to volunteer should contact the principal. All potential volunteers are subject to the Board's police screening requirement

**12. Do students have to attend school during a pandemic emergency when schools are open?**

This is a decision for students and their parents to make

**13. How will we know when the pandemic emergency is over?**

Announcements will be made through the media.

## **APPENDIX 2 - PROGRAM SUPPORT FOR SPECIAL EDUCATION NEEDS STUDENTS**

### GUIDELINES FOR PRINCIPALS

There are those Special Education Students in some schools who receive additional support from designated staff.

Many of the students may require special consideration to enable the student to attend during a pandemic emergency.

#### **Guidelines to Support Attendance**

1. Safety is paramount
2. Some programming, such as speech therapy, may not continue , that is if not deemed essential to maintaining the student's safety
3. The decision to support attendance will be based on individual student needs
4. Communication will be with the individual parent(s)/guardian(s) and not by general notice or instructions to a group of parents
5. Alternative supports may be available from one or more of the following sources:
  - a. Parents (especially for feeding and toileting)
  - b. Other responsible family members
  - c. Volunteers already in place
  - d. Staff who have provided the support from time to time as part of their regular duties
  - e. Staff volunteers
  - f. Re-grouping students and
  - g. Re-organizing classrooms, programs, and/or teaching assignments

#### **Guidelines to Support Students who are not able to Attend**

1. Safety is paramount
2. The safety of small number of special education needs students, with significant physical, medical or other safety needs, may not be able to be maintained

3. The decision that the student will not be able to attend during a pandemic emergency will be based on individual student needs. Should the principal be faced with this decision, the principal will notify their Superintendent of Education
4. Communication will be with the individual parents(s)/guardian(s) and not by general notice or instructions to a group of parents(s)/guardian(s)
5. Teaching staff will provide, in consultation with the parents(s)/guardian(s), a list of appropriate learning activities that the student may complete at home. The following are examples of some appropriate activities:
  - a. Reading to or with the child
  - b. Writing phone messages, post cards, or shopping lists together
  - c. Viewing educational television programs or videos
  - d. Completing drawings or other artwork
  - e. Maintaining a routine at home and creating a special place to complete homework
  - f. Using “hands-on” materials to count and solve problems
  - g. Playing games together that support the child’s learning
  - h. Incorporating praise and encouragement
  - i. Visiting public facilities such as community pool or public library

## **APPENDIX 3 - INFECTION CONTROL PROCEDURES**

The Manager of Plant will develop, in consultation with the local Health Unit, enhanced procedures and training that will be instituted when the situation warrants.

### **Phase 1**

- Educate caretakers (posters on hand washing);
- Emphasize the importance of proper cleaning techniques, and proper washroom sanitation through demonstrations, memos, etc;
- Stress the importance of regular disinfection of contact surfaces such as door hardware and light switches;
- Continued use of a disinfectant cleaner.

### **Phase 2**

- Train custodial staff on a more elaborate approach to washroom sanitation with emphasis on chemical contact time and workflow procedures;
- Order and stock sufficient quantities of disinfectant for each school and work site, in readiness;
- Supplies will also be stocked above normal usage.

### **Phase 3**

- Choose a custodian to act as “Infection Control Person” in each special education school to perform the regular sanitation and disinfection of contact surfaces. This will place emphasis on the importance of this duty and ensure proper techniques are followed. This practice will also prevent cross contamination since the same equipment can be used strictly for sanitation.

### **Phase 4**

- Assign a concentrated effort by custodial staff to prioritize the disinfection of contact surfaces while letting some other duties lag;

### **Phases 5, 6, 7**

- Assuming a school closes, a designated crew will report to the closed school to wash and disinfect all contact surfaces to prepare the school for re-opening;
- If areas of the school are used as treatment centres, volunteers may be sought to clean and disinfect these areas. The Health Unit(s) will provide appropriate direction to volunteers.

## **APPENDIX 4 - MINISTRY OF HEALTH AND LONG-TERM CARE INTERIM GUIDELINES ON CLOSURE OF K-12 SCHOOLS/CHILDCARE FACILITIES**

*These interim guidelines on the closure of K-12 schools/childcare facilities have been developed based on the best evidence available. Currently, there is limited information on the transmissibility of H1N1 virus. As more information becomes available, these guidelines will be updated.*

### **Interim Guidelines for Prevention of Human Influenza H1N1 in Schools/Childcare Facilities May 5, 2009**

#### **Background**

The overall aim of our response to the H1N1 flu virus is to reduce the severity of illness, morbidity and human-to-human transmission. It is essential, as part of the development of a comprehensive, scaled and integrated series of public health measures, to have strategies in place to delay the spread of disease in the school-based setting. Schools and education staff play an important role in protecting the health of students, staff and local community members, through their educational role, their own modeled health behaviours and their sound decision-making. School administrators need information to be able to make informed decisions about student health, health protection/infection prevention and control measures and school/facility closure.

These school/childcare facility plans and actions need to be seen in the context of the broader public health measures contained within the Ontario Health Plan for an Influenza Pandemic (OHPIP). At the time of the release of this document, the World Health Organization has declared a pandemic alert level of Phase 5 and has not escalated to Phase 6, which would indicate the advent of a global pandemic. However, the evidence from modeling and observational research from past pandemics indicate that this planning can play an important role in our response to H1N1 as a potential pandemic virus at this stage as well as during a full-blown pandemic. This planning must be considered if a Phase 6 declaration continues to be a possibility.

This evidence demonstrates the value of these measures in reducing rates of transmission, the absolute numbers of cases in the community and the overall morbidity and mortality rates from pandemic influenza. The value of these measures is not limited to preventing cases within the settings within which the restrictions take place (e.g. in the case of closures of schools); rather as these venues act as a conduit for contagion, the measures employed reduce disease transmission in the broader community. Thus, when the issue of school closures is being considered, it should be done mindful of the objective of mitigating the impact of the pandemic on the entire population. The criteria for school closures should be based on:

- The true potential for a global pandemic: the degree of certainty that the epidemiology of the circulating strain of influenza in question meets established criteria for designation as a new pandemic strain;
- The severity or virulence of the pandemic, as defined in the OHPIP;
- The timing and extent of recommendations for school closures, based on the above two criteria.

The goals of single versus widespread school/daycare closures are different:

#### Single School Closure

A single school closure is intended to contain a localized outbreak.

#### Widespread School Closures

Are intended to reduce morbidity and mortality during a pandemic, reduce the duration of a pandemic and “flatten” the epidemic curve. Because widespread school closures would have significant social, economic and health impacts, the decision should be based on a risk benefit analysis and an accepted strategy and criteria for re-opening closed facilities.

### **Recommendations**

Children are highly susceptible to acquiring and transmitting respiratory pathogens and, depending on their age, may not be able to adhere to hygiene practices. The school setting may facilitate the spread of disease due to the large number of children in close proximity. Given the current science on H1N1, the Ministry of Health and Long-Term Care recommends the following strategies to reduce risk of transmission in school and child care settings:

- 1) Maintain routine, best practices in infection prevention and control, including:
  - reinforcement of regular hand hygiene and respiratory etiquette practices (strongly recommended)
  - awareness of signs and symptoms of ILI
  - placement of alcohol-based hand rub in classrooms without sinks
  - isolation and sending home of students with symptoms of ILI, and reporting to local public health authorities with follow-up
  - reinforcement of existing “stay at home while ill” policies directed at parents with children in childcare &/or school setting.
- 2) There is NO role at present for the quarantine of asymptomatic (healthy) students or staff who have returned from trips to Mexico or who have been in recent contact with people who have travelled to Mexico, or who have been in contact with confirmed or suspect H1N1 cases.

3) Monitor school absenteeism and report to public health authorities when absenteeism rates exceed 10% (especially if absenteeism appears to be related to ILI), which should then be investigated by public health, as per normal surveillance practices.

4) If clusters of ILI are identified through surveillance (e.g., ILI in a child care facility, or a classroom), then public health authorities should be contacted to investigate.

## **Decision Rules (Triggers) for Consideration of School/Childcare Closures**

### System-Wide Closures

It is, at present, **NOT** recommended that, based on the current epidemiology of human influenza H1N1 in Ontario and consistent with OHPIP justifications for the implementation of broad-based public health measures, that system-wide school/childcare facility closures be undertaken. Current evidence that the H1N1 influenza virus may be a moderate to severe pandemic virus (e.g. novel strain, highly transmissible and virulent), is limited, especially given that data to date indicate that the virus has similar morbidity and mortality to regular seasonal influenza.

### Individual School Closures

Given the present understanding of the epidemiology of human influenza H1N1, and the fact that schools are not routinely closed as a public health measure in the face of seasonal influenza, it is not recommended that individual schools be closed if a suspect or confirmed case is documented in students or staff.

It is recommended that information be sent to parents of children within the affected class, noting the potential exposure and advising them of symptoms to be watchful for. This is particularly important for classrooms with younger children, e.g. JK/SK-Grade 3, where existing evidence suggests that transmission and rates of infection may be greater. It is not recommended that all school families outside of the affected classroom be informed, unless the size of the school and degree of contact/admixing amongst students is greater than normal.

The initial existence of a cluster of cases may require school-wide information to families. Active surveillance for the affected classroom or school should be carried out, with decision about school closure based on the frequency and severity of further confirmed/suspected cases, unique characteristics of the student population, e.g. high prevalence of special needs children, at-risk children (e.g. chronic health conditions), etc. It is expected that this will not be a frequent occurrence, and needs to be undertaken in close consultation with the local public health agency. The decision to recommend/carry out school closures needs to be cognizant of uncertainties as to how long a given school should be closed. They will need decision rules for re-opening that may be difficult to develop and implement, especially if community circulation of the H1N1 virus is occurring.

### Individual Childcare Facility Closures

Although evidence indicates that children in childcare facilities may, due to age/stage factors, be more prone to acquiring and transmitting influenza, it is recommended that the actions noted above with respect to school closures be followed in child care facilities. However, given the greater risks of amongst these children and staff, public health should pay particular attention to illness/cluster activity in these settings. As well, public health should ensure that active surveillance and prevention/control measures are fully deployed in these settings if one or more cases occur.

It is strongly recommended that boards of education, schools and child care facilities develop strategies to communicate to all families the possibility of future school and/or child care facility closure due to H1N1 activity, including the need to plan for alternate child care arrangements in the event of school/child care closure. Any decision to close/re-open a school/childcare facility must be made through consultation among the boards of education, school principals, childcare operators and local public health officials. Consultation with the MOHLTC may at times be important.

Local public health agencies should develop strategies based on existing networks and mechanisms to engage local boards of education and childcare operators around the above approaches. If and as these guidelines change this will be an important mechanism for sound shared decision-making.

## **APPENDIX 5 - MINISTRY OF HEALTH AND LONG-TERM CARE SUMMARY OF INTERIM GUIDELINES ON CLOSURE OF K-12 SCHOOLS/CHILDCARE FACILITIES**

*This is a Summary of the interim guidelines on the closure of K-12 schools/childcare facilities and should be reviewed in conjunction with the full text version. This, in addition to the Full Text interim guidelines, has been developed based on the best evidence available. Currently, there is limited information on the transmissibility of H1N1 virus. As more information becomes available, these guidelines will be updated.*

### **Interim Guidelines for Prevention of Human Influenza H1N1 in Schools/Childcare Facilities – Summary May 5, 2009**

#### Infection Control, Monitoring and Reporting:

- It **IS** recommended that routine best practices in school and child care settings be maintained, including isolating students with symptoms of Influenza-Like Illness, sending them home, reinforcing “stay at home while ill” policies, and reporting to local public health authorities.
- It **IS** recommended that school absenteeism be monitored, and reported to public health when absenteeism rates exceed 10%.
- It **IS** recommended that public health authorities should be contacted to investigate if clusters are identified in childcare facilities or classrooms.
- It is **NOT** recommended at the present time to begin self-isolation of students who have no symptoms, but do have a travel history or close contact with confirmed or suspect cases.

#### System-Wide Closures:

- It is **NOT** currently recommended that system-wide school/childcare facility closures be imposed.

#### Individual School Closures

- If a suspect or confirmed case is documented in students or staff:
  - It **IS** recommended that information be sent to parents of children in the affected class, telling them about the potential exposure and explaining the symptoms to watch for, especially for younger children.
  - It is **NOT** recommended that individual schools be closed if a suspect or confirmed case is documented in students or staff.

- If a cluster of cases is documented in students or staff:
  - It **IS** recommended that active surveillance for the affected classroom or school be carried out.
  - It **MAY** require school-wide information to families.
  - It **IS** recommended that any decision about school closure take into account a number of factors, including the frequency and severity of additional confirmed or suspected cases and unique characteristics of the student population.
  - It **IS** recommended that any decision about school closures be undertaken in close consultation with the local public health unit.
  - It **IS** recommended that decision rules for re-opening the school be considered, though it is recognized that these that may be difficult to develop and implement, especially if the H1N1 virus is circulating in the community.

#### Individual Childcare Facility Closures

- It **IS** recommended that the same actions be taken in childcare facilities as in school settings.
- It **IS** recommended in addition that public health pay particular attention to illnesses and clusters in these settings.
- It **IS** recommended that public health ensure active surveillance and prevention/control measures are fully deployed in these settings if one or more cases occur.

#### Communication:

- It **IS STRONGLY RECOMMENDED** that boards of education, schools and child care facilities develop strategies to communicate with all families regarding the possibility of future school or child care facility closures due to H1N1 activity, including identifying the need for families to make alternate child care plans in the event of school/child care closure.

## APPENDIX 6 - SWINE FLU INFORMATION #1 - Q&A FOR SCHOOL ADMINISTRATORS (MAY 1, 2009)

### How is the Board responding to the potential of a Swine Flu outbreak?

The Board is working in close cooperation with three health units in our catchment area. Board staff is in daily communication with health authorities in the region. We have been assured that they are very sensitive to our concerns regarding the operation of schools.

The Board is ready and able to take whatever advice or action regional health authorities recommend to reduce the risk to our school communities.

Status quo applies.

The Ontario Medical Officer of Health has stated that this is a low risk situation at this time. We have four confirmed cases of the disease in a neighbouring region, but these cases are in young adults, not school children. Follow regular measures to reduce the risk of infection:

- Wash hands well and often with soap and warm water.
- Cover your mouth and nose when you sneeze or cough.
- Cough and sneeze into your sleeve or arm.
- Contact your family doctor and stay at home if you are ill.
- Keep doing what you normally do, but stay home if sick.
- Recent travellers to areas affected by swine flu **and have symptoms of influenza** should contact their family doctor and tell their doctor of their recent travel.

### What specific plans are in place in the schools?

Administrators are monitoring the general health condition of students. **As per standard practice**, if students exhibit symptoms of illness, parents are called and advised to have students stay home until they are well. If illness becomes more severe students and families are to be advised to contact their family doctor. Students who are ill should remain at home until they are feeling better.

Teachers and administrators are reminding students, daily, of the importance of regular, thorough hand washing and good personal hygiene. Students should avoid sharing of food, beverages and other personal items.

Principals should ensure that the hand washing reminders are displayed prominently in the washroom and that students and staff are reminded through daily announcements to wash their hands frequently.

**Should children returning from travel to Mexico (or other areas affected by Swine Flu) be asked to remain at home?**

If students are well, then the status quo applies and they should not be excluded. As per standard procedure, if students exhibit symptoms of illness, parents are called and advised to have students stay home until they are well and are to be advised to contact their family doctor for instructions. *Recent travellers to areas affected by Swine Flu and have symptoms should contact their family doctor and tell their doctor of their recent travel.*

**What if parents simply choose to have children stay home?**

*Children who are healthy are expected to come to school.* We would advise parents not to withdraw their children as a precaution without the specific direction from their local health unit. Parents must understand that it is expected that their child attend school on all days identified in the school year calendar and if their child is absent that they must ensure the continuity of learning for their child.

**Can students wear masks at school?**

The wearing of masks at school is not permitted. We are concerned about the fear and panic that may result from the wearing of masks, especially among young children. Parents who feel strongly about wanting their children to wear masks will be asked to keep their children home.

**Are drinking fountains being turned off?**

NO. Regular practices and precautions should be followed (i.e. students are being reminded to avoid touching the spout of drinking fountains. As per standard practice, students should avoid sharing of food, beverages and other personal items.

**Are breakfast programs, hot lunch programs and other activities involving food being cancelled?**

As per standard practice, elementary breakfast programs and hot lunch programs should continue under normal, diligent adult supervision.

**Will clubs and co-curricular activities be cancelled?**

Co-curricular activities will continue.

**What measures are caretakers taking to disinfect schools?**

As per standard practice, caretakers provide very thorough and effective cleaning and disinfecting of schools as part of their routine duties.

## **Where can I obtain more information about Swine Flu?**

### **Haliburton, Kawartha, Pine Ridge District Health Unit**

200 Rose Glen Road  
Port Hope, ON L1A 3V6  
Tel.: (905) 885-9100  
Toll Free: 1-866-888-4577  
Fax: (905) 885-9551  
Web: [www.hkpr.on.ca/](http://www.hkpr.on.ca/)

### **Durham Region Health Unit**

605 Rossland Road East  
P.O. Box 730  
Whitby, ON L1N 0B2  
Tel.: (905) 668-7711  
Fax: (905) 666-6214  
Toll Free: 1-800-841-2729  
Web: [www.region.durham.on.ca/](http://www.region.durham.on.ca/)

### **Peterborough County-City Health Unit**

10 Hospital Drive  
Peterborough, ON K9J 8M1  
Tel.: (705) 743-1000  
TTY: (705) 743-4700  
Fax: (705) 743-2897  
Web: [www.pcchu.peterborough.on.ca](http://www.pcchu.peterborough.on.ca)