



DISTRICT SCHOOL BOARD OF NIAGARA
Achieving Success Together

PANDEMIC PREPAREDNESS AND RESPONSE PLAN

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INTRODUCTION

This District School Board of Niagara (DSBN) Pandemic Preparedness and Response Plan (Plan) is designed to decrease exposure to flu and other illnesses through proactive measures and respond to contagious illnesses.

School(s) and/or worksite(s) can implement effective health practices and inform students, parents and others how to do so. Perhaps most importantly, school(s) and/or worksite(s) can lessen potential societal disruption by continuing their operations as normally as possible. If community members feel confident in sending their children to school, they will be able to carry on with their own work.

By implementing this Plan, the DSBN may, in fact, help protect students and staff from flu and other illnesses. Basic foundations of infection control in school settings will always be promoted and facilitated. The DSBN will balance the risks of illness among students and staff with the benefits of keeping students in school and staff at work.

GOALS

The DSBN has three main pandemic preparedness goals:

1. To minimize the impact of a pandemic on students and staff.
2. To maintain services to students and families as long as it is safe to do so, or until directed otherwise.
3. To be prepared to respond to directives issued by government authorities and to consider other community needs when safe and practical to do so.

DSBN Emergency Response Team

Director of Education - As the Senior Officer of the DSBN, the Director will chair the Emergency Response Team.

Area Superintendents of Schools - Responsible for the effective and efficient supervision and support of schools.

Superintendent of Business - Responsible for overseeing the continuity of those business services required at a minimal standard, i.e. Payroll and Facility Management.

Superintendent of Human Resources - Responsible for the adherence to collective agreements, regulatory requirements, and liaison between the DSBN and its Employee Groups.

Manager of Communications and Public Relations - Responsible for updating, coordinating, and authorizing any information releases in and outside the DSBN.

Manager Plant Operations and Plant Services Controller - Responsible for maintenance, repair of plant and cleaning and disinfection of all Board facilities.

Health & Safety Officer - Responsible for acting as a resource for health and safety related matters.

Secretary – Responsible for Emergency Response Team minutes.

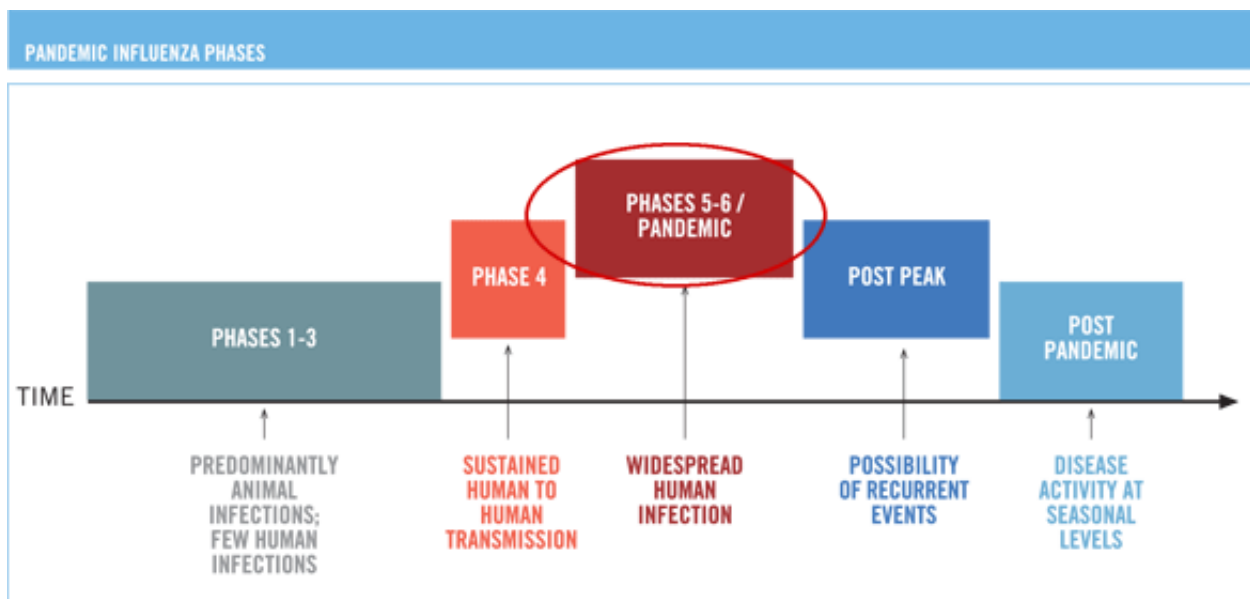
Other individuals may be required to participate as needed.

Emergency Response Team Mandate

The mandate of the Emergency Response Team is to endeavour to:

1. Maintain a safe environment for students and staff before, during and after a pandemic.
2. Keep the system operational to the greatest extent possible.
3. Communicate accurately and in a timely manner with staff, students and community members before, during and after a pandemic.
4. Monitor the DSBN pandemic response.
5. Review the DSBN pandemic response to determine the implications and make recommendations to facilitate recovery.

WORLD HEALTH ORGANIZATION PANDEMIC PERIODS AND PHASES



The DSBN recognizes that the World Health Organization (WHO) is the world authority on health matters. To help guide response planning for an influenza pandemic, the WHO has

identified the phases of a pandemic. Although a Phase specific approach is warranted during a pandemic, there are limitations to this approach.

The DSBN has taken a two-tiered approach to pandemic planning.

Tier One – Prevention of Occurrence

The DSBN will always be in a state of alertness to address infection control issues. The DSBN recognizes that a school(s) and/or worksite could be impacted by a pandemic flu, seasonal flu or a gastrointestinal flu. The prevention component of Tier One outlines the processes that are in place to prevent an outbreak in whatever form it may take.

Tier Two – Prevention of Spread

The DSBN will enact Tier Two when there are confirmed cases of illness within a school(s) and/or worksite within the DSBN. Although the processes may be reactive, there are components built into Tier One and Tier Two to prevent other staff and students from becoming ill and preventing the spread of the illness.

FACTS ABOUT INFLUENZA PANDEMIC

An influenza pandemic is a worldwide epidemic that spreads easily and rapidly through many countries and regions of the world and affects a large percentage of the population. Influenza A is the type of influenza virus involved in all known influenza pandemics. Influenza A viruses can undergo major changes or shifts in genetic makeup, producing a completely new strain for which most people have little or no specific immunity. As a result, large numbers of individuals become infected as it spreads causing widespread illness and sometimes death.

The pandemic influenza virus may cause more severe signs and symptoms of illness than experienced during seasonal influenza and can significantly affect most people, including healthy young adults.

Unlike many other viral respiratory infections (i.e. the common cold), the flu may cause severe illness and life-threatening complications.

Influenza pandemics occur when all four of the following are present:

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

Influenza-Like Illness 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 (100° F [37.8° C] or greater)
- Muscle pain and weakness
- Headache
- Tiredness
- Dry cough
- Sore throat
- Runny or stuff nose
- Diarrhea and vomiting (seen especially in children)

A pandemic flu can appear very similar to seasonal flu. The symptoms are the same; however, they can be much more severe with a pandemic influenza virus and affect people who do not normally suffer as much from seasonal flu such as young, healthy adults.

Both seasonal influenza and pandemic influenza are spread in a similar fashion. The flu virus is spread when someone with the flu coughs or sneezes, and droplets containing the virus come in contact with the mucous membranes of another person's nose, mouth or eyes (known as "droplet transmission"). It can also be spread when people with the flu cough or sneeze into their hands and contaminate things they touch, such as a door handle or telephone. Other people can become infected if they touch the same contaminated object and then touch the mucous membranes of their eyes, nose and mouth (contact transmission).

Influenza-like illness can be contagious for approximately 24 to 48 hours before any symptoms arise and for five days after the onset of symptoms. An infected person can spread the flu virus to others from one day before the onset of symptoms up to seven days afterwards. The average is 3-5 days in healthy adults and up to seven days in children. This time period may be longer for children and people with decreased immune system functioning

Generally, influenza (flu) symptoms can last four to seven days. A cough and general fatigue may persist for several weeks.

Not everyone who comes in contact with the influenza virus will become ill. However, they may still spread it to others.

Influenza infection in humans can vary in severity from mild to severe, with the most severe disease occurring mainly in known and emerging risk groups. The likelihood of contracting the influenza virus is no different from the general public; however it is possible that those who are immuno-compromised and pregnant women may suffer complications from the virus. They should seek guidance from their health care provider(s) as soon as possible. Children with underlying medical conditions may also be at greater risk of severe illness or complications. Most illness from the pandemic influenza virus (especially in children) has been relatively mild and self-limiting with most cases recovering quickly.

Most people recover from influenza without medical intervention. However, some people, particularly the very young, the very old, and those with compromised immune systems, can develop complications including bacterial infections such as pneumonia, which can result in prolonged illness or even death.

Testing

To confirm a case of the pandemic influenza, nasopharyngeal secretions will be taken by swabs of aspirates by sentinel physicians recruited by the College of Physicians of Ontario.

LEGISLATION

The lead Ministry for human health, disease and epidemics and health services during an emergency is the Ministry of Health and Long Term Care. They are governed by the Ministry of Health legislation and the *Emergency Management and Civil Protection Act*, which establishes a Commissioner of Emergency Management to support the lead Ministry. At the provincial and local levels there are the Chief Medical Officers of Health who have tremendous powers given to them during an emergency, like a pandemic, under the *Health Protection and Promotion Act*. In Appendix A, you will find the detailed Legal and Legislative framework that apply to Health emergencies such as the Influenza Pandemic.

A Medical Officer of Health {provincial or county} has the authority under section 22 of the Health Protection and Promotion Act, R.S.O. 1990 to issue an order to control communicable diseases if he/she is of the opinion, upon reasonable and probable grounds, that a communicable disease exists, may exist or that there is an immediate risk of an outbreak.

The Medical Officer of Health determines the actions needed to be taken to protect the population from a communicable disease. This could include an order requiring an individual to isolate or quarantine (see next heading) himself or herself, to place himself or herself under the care and treatment of a physician or to submit to an examination by a physician.

The Personal Health Information Protection Act, 2004 regulates the collection, use and disclosure of personal health information. The Act also specifies that during certain circumstances consent to collect this information is not required. During a pandemic the Niagara Region Public Health (NRPH) will be requesting information that will assist in determining the extent of the illness. This may include student/staff absence details and contact information to assist in investigations. The investigation will include illness details to monitor disease spread, evaluate prevention and disease measures, and determine further actions.

During a pandemic, the DSBN will follow the advice and guidance of provincial and local public health officials who have the expertise to assess the level of health risk posed by a specific situation.

Quarantine

Students and staff placed in quarantine by the Medical Officer of Health will remain absent from school or work until cleared by the Medical Officer of Health.

Guiding Principles

The following principles will guide decision-making about school(s) and/or worksite closures:

- Decisions about closing schools for health reasons will be made by Medical Officer(s) of Health as outlined in provincial legislation.
- Decisions about closing schools due to safety concerns (e.g. an inability to provide adequate supervision due to staff absence) will be made by the Director of Education in consultation with appropriate staff.
- Decisions will be based on available information and with the best interests of students and staff in mind. It is recognized that public opinion on any actions will vary; however, the primary communication goal is to ensure stakeholders are informed about the plan and contingency actions.

DISEASE MANAGEMENT

Antiviral Drugs

Antivirals are drugs used for the prevention and early treatment viral diseases including influenza. If taken shortly after getting sick (within 48 hours), they can reduce influenza symptoms, shorten the length of the illness and potentially reduce any serious complications. Antivirals work by reducing the ability of the virus to reproduce; however, they do not provide immunity from the virus. Planning for antiviral use during a pandemic is ongoing at the national level; however, it is most likely that antiviral drugs will be used at the beginning of a pandemic to treat people who become ill pending development of a vaccine.

Antibiotics

Influenza is caused by a virus, not bacteria, so antibiotics cannot be used to treat influenza specifically. However, antibiotics are very useful in treating bacterial complications of influenza such as pneumonia, which can result in prolonged illness or even death. The same will be true during a pandemic.

PREVENTION OF OCCURRENCE – TIER 1

Preventative Steps

People should take steps to prevent themselves from becoming infected and from spreading infection to others. These include:

- making efforts to improve your general health status through healthy living behaviours such as exercising, eating well, getting enough sleep and not smoking;
- washing your hands often and teaching others to do the same;
- keeping your hands away from your mouth, nose and eyes;
- not sharing eating utensils or drinks, or school supplies such as pencils or rulers, or musical instruments with mouthpieces;
- covering your cough;
- encouraging staff and students to attend flu vaccination clinics as part of their regular health routine is vital;
- getting a pandemic flu vaccine (when available); and
- staying home if you are ill.

These measures are recommended every year for annual influenza outbreaks to reduce the risk of getting or spreading influenza.

Reporting Student and Staff Absences to the NRPH

All DSBN schools, through the Principal, will submit a *School Absenteeism Report* (Appendix B) to the NRPH, with a copy to the Area Superintendent, when the influenza-like illness related absenteeism of students exceeds 10%. Principals may submit a report if there is a significant increase in absenteeism due to symptoms consistent with influenza. A Trillium SQL report is found on the Trillium web page. Under the school panel (elementary or secondary), the school report is named “School Daily Absences”. This has been developed to monitor daily student absences as a percentage of the student population. In the case of a pandemic, parents will be encouraged to report absences due to flu like symptoms

Note Symptoms most associated with influenza are: fever, cough, sore throat, muscular pain, malaise and/or fatigue.

The *School Absenteeism Report* must be submitted on line by sending an electronic report form by using the Niagara Region Public Health Website at:

http://www.niagararegion.ca/living/health_wellness/professionals/School-Absenteeism-Surveillance-Program.aspx.

There is a separate electronic submission form for elementary schools and one for secondary schools. Please see Appendix B.

A follow-up call to the NRPH is advisable. Phone: 905-688-8248 ext. 7330 (Toll-free: 1-888-505-6074 ext. 7330).

Staying Home When Ill

The DSBN will advise ill staff and students to stay home until the end of the exclusion period (described in the next paragraph), to the extent possible, except when necessary to seek required medical care. Sick individuals should avoid contact with others. Keeping people with a fever at home may reduce the number of people who get infected since elevated temperature is associated with increased shedding of influenza virus.

Most people with the pandemic flu have a fever that lasts 2 to 4 days which requires an exclusion period. When children and/or staff show influenza-like illness symptoms of fever and cough and one more of the following: sore throat, muscle aches, tiredness, headache, and possibly vomiting or diarrhea, they should be advised to stay home and not attend school or other events for at least 7 days even if symptoms resolve sooner. If the symptoms last more than 7 days, the student/staff member should continue to stay at home until at least 24 hours after the symptoms resolve, without the use of fever-reducing medications.

Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever. Therefore, when people who have had influenza-like illness return to school they should continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications.

The determination of readiness to return to school should be made when at least 24 hours have passed since the ill person's temperature first remained normal without the use of these medications.

In addition, any student with decreased immune system functioning related to chronic health conditions may be at higher risk of infection. The parents of such students may choose to keep them at home.

Staff

The use of sick leave is governed by Collective Agreements/Terms and Conditions of Employment. The DSBN may require employees to obtain a physician's note following a certain number of consecutive days of absence due to illness. DSBN reserves the right to decide when a physician's note is required prior to returning to work.

Students

The Education Act allows a Principal to exclude a student from attending school while ill. Subsection 265(1)(1) of the Education Act (Duties of Principal) says: it is the duty of a principal of a school to refuse admission to the school of any person who the principal believes is infected with or exposed to communicable diseases requiring an order under section 22 of the *Health*

Protection and Promotion Act until furnished with a certificate of a medical officer of health or of a legally qualified medical practitioner approved by the medical officer of health that all danger from exposure to contact with such person has passed.

Subsection 265(1)(k) says: it is the duty of a principal of a school to report promptly to the board and to the medical officer of health when the principal has reason to suspect the existence of any communicable disease in the school.

Students who live with people with influenza-like illness should remain home for 5 days from the day the first household member became ill. This is the time period they are most likely to become ill themselves. Keeping all children in the household at home during this time period may keep the flu virus from being spread to others outside the home.

WHEN ILLNESS OCCURS WHILE AT SCHOOL/WORKSITE

The DSBN recommends that students and staff who appear to have an influenza-like illness at arrival or become ill during the day:

- be promptly separated from healthy students and staff and monitored at all times
- ensure the parent (or other contact) is notified to arrange for pick up of the student or staff
- where practical, be placed in a separated area where at least 2 metres (6 feet) of distance can be maintained between the ill person and others. This should be done even if they are not displaying characteristic influenza symptoms. This serves to minimize the likelihood of transmission between those with influenza and those ill due to other causes.
- ensure the staff monitoring the ill student wears gloves and masks (if available) and exercise universal precautions. Ill students/staff may be offered or asked to wear masks as a precaution. (Parental permission to wear a mask will be obtained for students under the age of 12)
- should not travel on school buses.

*Note: The Niagara Student Transportation Services have arranged with our transportation providers for the regular environmental cleaning of transportation vehicles.

Students with Ill Household Members

Students who live with people with influenza-like illness should remain home for 5 days from the day the first household member became ill. This is the time period they are most likely to become ill themselves. Keeping all children in the household at home during this time period may keep the flu virus from being spread to others outside the home. If a household member develops an acute respiratory illness during this time, the recommendations for exclusion of persons with influenza-like illness may be implemented.

Planning for Students With Special Needs

Where students require additional supports to participate in a meaningful and safe way in the educational program, the services may be interrupted if key staff members are absent. Every effort should be made to meet with parents of students with special needs and to develop plans for the event of widespread school closures or staff shortages. Consideration should be made for the student's educational programming, the availability of alternate staff support and in some cases, transportation. Whenever possible, this planning should take place early, allowing parents to be involved and aware of potential issues that may interrupt their child's educational programming.

In a pandemic situation, any potential health risk to the student should also be discussed with the family in developing a plan. The student's school should identify a plan that will cause the least disruption to the student's programming while maintaining safety for all concerned.

Personal Protective Equipment

DSBN Staff will be trained in the proper personal protective equipment (PPE) procedures.

PPE may include:

- Disposable gloves
- N-95 masks
- Surgical masks
- Protective Eyewear

Training and Awareness

Training sessions will raise awareness of infection control, pandemic planning, and prepare staff, parents and students for their roles during a pandemic. These include:

- conducting mandatory employee training such as the DSBN Online Infection Control Measures Training Program; http://www.dsbn.edu.on.ca/plant/infectious_diseases/
- encouraging parents and students of the DSBN to freely view the DSBN Online Infection Control Measures Training Program; http://www.dsbn.edu.on.ca/plant/infectious_diseases/
- using communication tools such as the DSBN website, school website and school newsletters to post information about influenza-like-illness prevention strategies. (See Communication section), and
- providing necessary job training to staff members who are expected to serve as backups to other key personnel.

INFECTION PREVENTION AND CONTROL

Physical Layout/Supplies

The first and most effective line of defense for infection prevention and control is the placement of infection prevention and control products within a school and the physical environment of the school. This may require some minor alterations to the physical school environment, including having rooms re-designated. The following infection prevention and control measures should be in place:

- hand washing stations have running water and an adequate supply of soap and paper towels or hand dryers.
- alcohol-based hand rub is placed where hand washing facilities are not available.
- that a designated area exists where ill students may be isolated from other students.
- students are encouraged to bring their own supplies (tissue) to class; to reduce the need to share
- diligent waste handling procedures including proper placement of waste receptacles

Hand Hygiene and Cough and Sneeze Etiquette

Influenza viruses are thought to spread mainly from person to person in respiratory droplets of coughs and sneezes.

Hand Hygiene

Students and staff are encouraged to frequently wash their hands with soap and water. If soap and water are not available, alcohol-based hand sanitizers are also effective. You should wash your hands:

- when they are visibly dirty;
- before preparing and immediately after handling food;
- before eating food or feeding others;
- before breastfeeding;
- after using the toilet, changing/handling diapers, or helping someone use the toilet;
- after contact with contaminated surfaces (e.g., garbage bins, cleaning cloths);
- after handling pets and domestic animals;
- after wiping or blowing nose, handling soiled tissues, or sneezing into hands;
- after contact with blood or body fluids (e.g., vomit, saliva);
- before and after dressing wounds;
- before and after giving care or visiting someone who is ill, or someone who is less able to fight off infections (e.g. diabetic, cancer patient);
- before preparing and taking medication; and
- before inserting and removing contact lenses.

Soap, paper towels and sanitizers will be readily available in school(s)/worksite. The DSBN has placed alcohol based hand sanitizer dispensers throughout our schools, and a bottle of alcohol based hand sanitizer in every classroom.

Cough and Sneeze Etiquette

The DSBN recommends covering the nose and mouth with a tissue when coughing or sneezing and throwing the tissue in the trash after use and washing hands promptly after coughing or sneezing. If a tissue is not immediately available, coughing or sneezing into one's arm or sleeve (not into one's hand) is recommended.

To encourage cough and sneeze etiquette, students and staff should have access to tissues and must be educated about the importance of cough and sneeze etiquette, including keeping hands away from the face. Schools should encourage parents to send tissues with their child for their child's use at school.

Environmental Cleaning

Influenza viruses can survive on some surfaces for hours to days but are rapidly destroyed by cleaning. High touch surfaces in schools will be disinfected a minimum of once a day, e.g. student desks, doorknobs, handrails, faucet handles, computer keyboards, telephones. The DSBN uses a hospital grade quaternary ammonium compound disinfectant for disinfection of schools. An automatic dilution control system has been installed in all DSBN schools to ensure proper dilution control for disinfection purposes.

PREVENTION OF SPREAD – TIER 2

In Tier 2 all of the staff and student procedures as outlined in Tier 1 will continue to apply. Additional procedures in Tier 2 are set out below.

Early treatment for high-risk students and staff

High-risk students and staff who have had close contact with others who are sick with an influenza-like illness should contact their health care provider to discuss whether they may need to take influenza antiviral medications that require a prescription.

Staying Home When Ill

Individuals with influenza-like illness should remain at home for at least 5 calendar days, even if symptoms resolve sooner. Individuals who are still sick 5 calendar days after they become ill should continue to stay home until at least 24 hours after symptoms have resolved. This period may be longer for persons with influenza-like illness and among young children and people who are immune-compromised.

PASSIVE AND ACTIVE SCREENING FOR ILLNESS

The recommended measures have been divided into categories of passive and active screening.

Passive

Passive screening involves posting signage at a school/worksite outlining the symptoms of influenza-like illness. It also includes informing staff and students of influenza-like-illness symptoms so that they can monitor themselves and report their symptoms on a regular basis to the school/worksite.

Active

Active screening involves designated staff asking students and staff about symptoms such as fever, cough, sore throat and runny nose (not related to allergies). Staff and students should be separated from others and sent home if any two of the above symptoms are present. Throughout the day, staff should be vigilant in identifying students and other staff who appear ill. These students and staff may be further screened by the school nurse (if available). Staff monitoring the ill student should wear gloves and masks (if available) and exercise universal precautions. Ill students/staff may be offered or asked to wear masks as a precaution (parental permission to wear a mask will be obtained for students under the age of 12).

Environmental Cleaning

During confirmed cases of illness within a school(s) and/or worksite within the DSBN, the Caretaking staff will alter their environmental cleaning methods to ensure that the maximum amount of surfaces are disinfected on a daily basis. This may also require the changing of current disinfection products. New products and procedures may be introduced as needed.

Education

During periods of high absenteeism, schools are expected to continue to offer meaningful instruction. Compulsory curriculum should be taught to the extent possible, allowing students to progress academically.

Increasing Social Distances Within the School

Options to increase social distances between students or to keep consistent groups of students include:

- rotate teachers between classrooms while keeping the same group of students in one classroom;
- cancel classes that bring students together from multiple classrooms (in elementary school); postpone class trips that bring students together from multiple classrooms or schools in large, densely-packed groups;
- hold classes outdoors;

- divide classes into smaller groups;
- move desks farther apart; and
- move classes to larger spaces, when available, to allow more space between students.

School Closures

In cases where schools have a high rate of absenteeism, the decision to close schools will be made by public health authorities and/or by the Director of Education. In the event of a school closure, it is the responsibility of the parents to plan for child care.

COMMUNICATION PLAN FOR PANDEMIC PREPAREDNESS - TIER 1

The Communications Department will develop and implement communication materials and strategies to inform all DSBN stakeholders about the Pandemic Preparedness and Response Plan. These materials and strategies include:

- Posting the DSBN Pandemic Preparedness and Response Plan to the DSBN website
- Creating a template script, and PowerPoint package that school administrators and supervisors can use to communicate with their staff about the plan
- Sharing the DSBN Pandemic Preparedness and Response Plan with external stakeholders such as Niagara Region Public Health, Niagara Student Transportation Services and Child Care Providers who rent DSBN facilities

COMMUNICATION PLAN FOR PANDEMIC PREPAREDNESS - TIER 2

Upon the declaration of an influenza pandemic, the Manager of Communications, in consultation with the Director of Education and the Senior Supervisory Team will be responsible for developing and disseminating accurate, appropriate and timely information to staff, students, parents, media and community stakeholders. Communication will endeavor to de-escalate fear and panic by providing information about proactive measures in place at the DSBN.

The Manager of Communications and Public Relations will also be responsible for the targeted communication supports as outlined below:

Media Protocol

- Designate an appropriate media spokesperson
- Develop media releases, coordinate media conferences, and providing key messages to internal stakeholders when necessary

- Provide the Director of Education and the Senior Supervisory Team with regular briefings and information pertaining to media impact
- Prepare daily update for media and post on website.

Communicating With Staff

- Provide scripts and handouts for administrators and supervisors to use in conducting meetings with staff, to ensure consistent messages across the DSBN

Communication with Parents and the Public

- Creation of a pandemic website that will provide essential information including available services that will continue in schools and those that will be cancelled (such as transportation, breakfast programs, etc.).
- Creation of template letters for distribution to parents to explain how to get information pertaining to their child's school (website, school voice mail, radio)
- Provide schools with standard signage - "School is open" or "School is closed" to be posted on the school exterior each day to help communicate with parents.
- Provide schools with voice mail scripts to use on their school answering machine to provide parents and staff with the information about the status of their school.
- Provide schools with scripts for schools on a daily basis, or as necessary, to answer parent questions.

Communication with Community Organizations

- Send template information to stakeholders for dissemination to Community users.
- Post information on website about cancellations.
- Contact all child/daycare providers leasing School Board facilities and provide them with information as required.

ROLES AND RESPONSIBILITIES

Board

- Establish an Emergency Response Team.
- Ensure the Board's Pandemic Preparedness and Response Plan is current and available electronically.
- Plan for business continuity.

Emergency Response Team

- Review the Pandemic Preparedness and Response Plan with senior administration and all administrators/managers.
- Maintain close liaison with Niagara Region Public Health.
- Support schools in implementing Public Health Measures.
- Evaluate the viability of after-hours school permits, community school activities, night school and summer school, extracurricular activities, field trips, school food programs, home instruction, administrator/staff meetings, professional development activities, school council meetings and volunteer programs in schools.
- Evaluate participation in co-op programs and announce cancellation of co-op placements if deemed necessary.
- Communicate timely information to staff from the Niagara Region Public Health.
- Inform all staff, students and parents of possible school closure.
- Consider restricting visitor and volunteer access to schools/worksites.
- Implement enhanced infection control methods.

Principals, Managers and Supervisors

- Ensure there is a continuity plan in place to facilitate the ongoing school/worksite operations in the case of absence of key personnel;
- Inform students, staff and parents about the symptoms and measures to be taken to reduce exposure;
- Request that symptoms be reported to the principal, manager or supervisor;

- Principals are to contact Niagara Region Public Health and their Area Superintendent to report influenza-like illness outbreaks in the school;
- Managers and Supervisors are to contact their Superintendent to report influenza-like illness outbreaks at their worksite.
- Follow all communication directives including directing any media inquiries to the Communications Department;
- Maintain contact with Superintendents;
- Refer issues and concerns to the DSBN Emergency Response Team;
- Implement school closure procedures as directed;
- Facilitate and co-operate with community agencies in school utilization issues.

Health and Safety Officer

- Provide consultative advice to the DSBN Emergency Response Team;
- Act as a resource to Principals, Managers and Supervisors as required;
- Maintain contact with Plant Operations to ensure infectious control measures are effectively implemented;
- Maintain links with other school boards for enhanced problem solving;

Manager of Plant Operations

- Facilitate the training of identified personnel on enhanced infection control procedures;
- Implement and monitor the infection control program;
- Implement all post-closure and re-opening procedures;
- Respond to community agencies' requests as necessary.

Employees

- Cooperate with their Principal, Manager or Supervisor on system and site based measures to prevent and control the spread of influenza;

BUSINESS CONTINUITY

Unless otherwise directed, the DSBN will attempt to continue to operate in a normal day to day manner. In the event of a pandemic outbreak, the DSBN may scale back operations. Staff may be diverted from their regular position to another area to continue business and educational operations.

Each department has a business continuity plan. The purpose of these plans is to identify the essential services or functions performed collectively by the department, and also by specific individuals, and to arrange a contingency plan for the delivery of those essential services.

Each department has reviewed staff roles, collected personal contact information (phone/cell/pager and computer passwords), implemented job cross-training, established communication plans and set priorities to prepare for the continuation of essential business and operational services. The plans will be kept up to date.

PLAN REVIEW

The DSBN will update the pandemic preparedness and response plan periodically to account for new information or practices related to influenza, to reflect the changes in the School Board and its operations, and to keep information current.

APPENDIX A

2.4 LEGAL/LEGISLATIVE FRAMEWORK

Actions taken during an emergency response must be guided by the legal/legislative framework. If interventions such as quarantine or isolation are used during a pandemic emergency, they can pose an unusual burden on members of society and social distancing for disease containment such as school closures or limiting of large public gatherings.

Consideration must also be given to how best to address individuals unwilling or unable to be effectively quarantined or isolated. This would include those in homeless shelters, rooming houses, school residences, and correctional facilities. Legal authority must be considered in every component of pandemic planning. It is anticipated that the following statutes will play a role and provide legal authority to respond to influenza pandemic at the local level:

- Health Promotion and Protection Act R.S.O. 1990 c. H. 7 (HPPA).
- Emergency Management and Civil Protection Act R.S. O. 1990, c. E. 9.
- Personal Health Information Protection Act, 2004 S.O. 2004, c. 3 Sched. A (PHIPA).
- Quarantine Act R.S.C. 1985, c. Q-1.
- Coroners Act R.S.O. 1990 c. C.37.
- Occupational Health and Safety Act R.S.O. 1990 c.O.1.
- Niagara Region Emergency Management Plan 2006 Schedule A to By-Law 33-2004.
- The Ambulance Act.

2.4.1 HEALTH PROMOTION AND PROTECTION ACT

In Ontario, the Health Protection and Promotion Act requires Boards of Health to provide or ensure provision of a minimum level of public health programs and services in specified areas such as the control of infectious and reportable diseases, health promotion, health protection, and disease prevention. Mandatory Health Programs and Services Guidelines published by the Ministry of Health and Long-Term Care, set out minimum standards that must be met by Boards of Health delivering these public health programs and services. Regulations published under the authority to the HPPA assist to control the spread of communicable and reportable diseases. Regulation 569, Reports, establishes the parameters within which those who are required to report communicable and reportable diseases to the Medical Officer of Health must operate. The Report regulation specifies the information that must be reported for diseases listed in the regulation, and under certain conditions, such additional information that the Medical Officer of Health may require. A Medical Officer of Health is authorized under section 22 of the HPPA to issue an order under prescribed conditions to control communicable diseases. The content of these orders could include an order requiring an individual or identified group to isolate himself/herself or themselves, to place himself/herself or themselves under the care and treatment of a physician (if the disease is a virulent disease, as defined in the HPPA), or to submit to an examination by a physician. A Medical Officer of Health may also, under certain conditions, seek a court order under section 35 of the HPPA to isolate an individual in a hospital or other facility for a period of up to four months.

http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900569_e.htm

2.4.2 EMERGENCY MANAGEMENT AND CIVIL PROTECTION ACT

On June 20, 2006, Bill 56 received Royal Assent, becoming the new **Emergency Management and Civil Protection Act**. The Act amends the definition of emergency to include danger caused by disease or health risk.

The new definition of “emergency” means a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property, and that is caused by the forces of nature, a disease or other health risk, an accident or an act, whether intentional or otherwise. The Emergency Management Act establishes the requirements for emergency management programs and emergency plans in the Province of Ontario. The Act specifies what must be included in emergency management programs and emergency plans. The emergency plan is the legal authority as empowered by Niagara Regional By-law 33-2004.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90e09_e.htm

2.4.3 PERSONAL HEALTH INFORMATION PROTECTION ACT, 2004 (PHIPA)

PHIPA regulates the collection, use, and disclosure of personal health information by health information custodians (a defined term in the Act) and includes physicians, hospitals, long-term care facilities, Medical Officers of Health, and the Ministry of Health and Long-Term Care. The Act also establishes rules for individuals and organizations receiving personal information from health information custodians. Consent is generally required to collect, use, and disclose personal health information; however, the Act specifies certain circumstances when it is not required. For example, the Act permits disclosure of personal health information to the Chief Medical Officer of Health or the Medical Officer of Health without the consent of the individual to whom the information relates where the disclosure is for a purpose of the Health Protection and Promotion Act. Disclosure of personal health information without consent is also permitted for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03_e.htm

2.4.4 QUARANTINE ACT

The purpose of the federal Quarantine Act is to prevent the introduction and spread of communicable diseases in Canada. It is applicable to persons and conveyances arriving in, or in the process of departing from, Canada. It includes a number of measures to prevent the spread of dangerous, infectious and contagious diseases including the authority to screen, examine, and detain arriving and departing individuals, conveyances, and their goods and cargo, which may be a public health risk to Canadians and those beyond Canadian borders.

Bill C-12, the new Quarantine Act, received Royal Assent on May 12, 2005. The new Act came into force December 2006. The new legislation updates and expands the existing legislation to include contemporary public health measures including referral to public health authorities, detention, treatment, and disinfection. It also includes measures for collecting and disclosing personal information if it is necessary to prevent the spread of a communicable disease.

<http://laws.justice.gc.ca/en/Q-1/index.html>

2.4.5 CORONERS ACT

When a person dies while a resident in specified facilities, including a resident in a home for the aged or a nursing home, a psychiatric facility, or an institution under the Mental Hospitals Act, the Coroners Act requires the person in charge of the hospital, facility, or institution to immediately give notice of the death to the Coroner. Further, if any person believes that a person has died under circumstances that may require investigation, that person must immediately notify a coroner or police officer of the facts and circumstances relating to the death. The Coroner must investigate the circumstances of the death and determine whether to hold an inquest.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c37_e.htm

2.4.6 OCCUPATIONAL HEALTH AND SAFETY ACT

The Occupational Health and Safety Act is enforced by the Ministry of Labour. The Act imposes a general duty on employers to take all reasonable precautions to protect the health and safety of workers. The duties of workers are, generally, to work safely in accordance with the Act and regulations.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01_e.htm

2.4.7 OTHER LEGISLATIVE REFERENCES

Ambulance Act, 1990.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90a19_e.htm

Public Hospitals Act, 1990.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90p40_e.htm

Private Hospitals Act, 1990.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90p24_e.htm

Nursing Homes Act, 1990.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90n07_e.htm

Charitable Institutions Act, 1990.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c09_e.htm

Homes for the Aged and Rest Homes Act, 1990.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h13_e.htm

Health Facilities Special Orders Act, 1990.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h05_e.htm

Long-Term Care Act, 1994.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/94l26_e.htm

Community Care Access Corporations Act, 2001.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/01c33_e.htm

Regulated Health Professions Act, 1991 (RHPA).

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r18_e.htm

Medicine Act, 1991.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91m30_e.htm

Nursing Act, 1991.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91n32_e.htm

Medical Laboratory Technology Act, 1991.

http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91m28_e.htm

Health Care and Residential Facilities Regulation

http://www.e-laws.gov.on.ca/DBLaws/Regs/English/930067_e.htm

APPENDIX B

School Absenteeism Surveillance Program

New: Submit a Daily Absentee Report

Each school is asked to [submit a daily report](#) of the number of students who are absent (including those both with influenza symptoms and those without).

Your reports will better prepare us for our upcoming flu season - which will be a different flu season from previous years.

Submit Reports before Noon

Schools are encouraged to submit an online report **daily before noon**. You can no longer report by fax or telephone.

For high schools, report the number of students absent based on first period numbers.

Elementary School Reporting

Daily absentee reporting must be done on-line at:

<http://survey.yourniagara.ca/TakeSurvey.aspx?PageNumber=1&SurveyID=84K2362>

Sample of on-line report below:

The screenshot shows a web form titled "School Absenteeism Report (DSBN-Ele)" from the District School Board of Niagara. The form includes a header with the Niagara Region logo and navigation links (Home, A-Z Topics, Careers, Contact Us). The main content area contains the following fields and instructions:

- District School Board of Niagara :: Elementary**
Enter the number of students absent from your school.
- [Bookmark this page](#) for future use.
- 1. School* (Dropdown menu with "--Please Select--")
- 2. Your Name* (Text input field)
- 3. # of Students Absent* (Text input field)
- 4. Date* (Text input field with "mm/dd/yyyy" format)

At the bottom of the form, there is a "Thank you for your ongoing support in keeping Niagara healthy." message and two buttons: "Submit" (with a green checkmark icon) and "Cancel" (with a red X icon).

Secondary School Reporting

Daily absentee reporting must be done on-line at:

<http://survey.yourniagara.ca/TakeSurvey.aspx?PageNumber=1&SurveyID=84K2962>

Sample of on-line report below:

The screenshot shows a web form titled "School Absenteeism Report (DSBN-Sec)" from the District School Board of Niagara. The form is for secondary schools and asks for the number of students absent. It includes a dropdown menu for school selection, text boxes for name, number of students absent, and date. The date field has a placeholder "mm/dd/yyyy". At the bottom, there are "Submit" and "Cancel" buttons.

Home | A-Z Topics | Careers | Contact Us

Niagara Region
Building Community. Building Lives.

School Absenteeism Report (DSBN-Sec)

Page 1 of 1

District School Board of Niagara :: Secondary
Enter the number of students absent from your school.
[Bookmark this page](#) for future use.

1. School*
--Please Select--
2. Your Name*
3. # of Students Absent*
4. Date*
 mm/dd/yyyy

Thank you for your ongoing support in keeping Niagara healthy.

Submit **Cancel**