

Northeastern Catholic District School Board

PANDEMIC PLAN

2009 - 2014

"The wise, however,
took oil in jars along with their lamps."

Matthew 25:1-13

Updated: November 2013

PLANNING FOR A PANDEMIC

The Northeastern Catholic District School Board recognizes the urgency to ensure that our students, staff, and school communities are well prepared to respond to an imminent pandemic. If a pandemic reaches our district school board, our communities will certainly face significant social and economic disruption, including a possible closure of our Catholic school system. With this reality in mind, our primary concern is to ensure that our plan acknowledges the various factors to ensure minimal disruption and continuity of teaching and learning across our vast region.

KEY MESSAGES

- ★ The Northeastern Catholic District School Board is prepared for a pandemic. Our plan is available to staff, parents, students, Catholic School Councils, and the community for information and input to ensure that our plan addresses every element of a pandemic outbreak.
- ★ During a declared pandemic, our school board 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 in a specific situation.
- ★ Our priority during a pandemic is the health and safety of students and staff. Our intent is to keep our schools open as long as it is safe to do so. In response to a pandemic, non-essential services may be altered or halted altogether to focus on providing the most necessary services to our community.
- ★ We remain committed to providing timely communication to all NCDSB schools to ensure that our students, staff, and school communities are kept well-informed of community situations that may adversely affect the health of our stakeholders and the daily operations of our Catholic schools.
- ★ Our efforts will be focused on the coordination of an expeditious and normal return to school functions if faced with an influenza pandemic outbreak.

Ontario's response to a pandemic will depend on the severity of the influenza pandemic. If the pandemic influenza strain is mild - that is, does not cause serious illness or more deaths than seasonal influenza - it may not be necessary to activate all aspects of the Ontario Health Plan for an Influenza Pandemic. (OHPIP, July 2009)

UNDERSTANDING AN INFLUENZA PANDEMIC

The following information has been adapted from the document entitled “The Ontario Health Plan for an Influenza Pandemic. A full viewing of this detailed resource can be located online at www.health.gov.on.ca/pandemic.

WHAT IS AN INFLUENZA PANDEMIC?

An influenza pandemic is a global outbreak caused by a new influenza virus that spreads easily from person to person, and causes serious illness because people have little immunity to the new virus.

WHAT IS INFLUENZA?

Sources: The Porcupine Health Unit Influenza Plan & The Toronto Pandemic Influenza Planning Guide

Influenza, commonly known as “the flu” is a contagious respiratory disease caused by a virus. An influenza is transmitted from person to person spread through sneezing, coughing, talking, or direct contact such as shaking hands or kissing. After the virus is spread from one person to another, it can infect the new person only if that person is susceptible or vulnerable to the virus. Influenza can cause mild to severe illness and usually starts suddenly. Common symptoms include:

- \$ Fever (usually high, lasting 3 - 4 days)
- \$ Cough
- \$ Headaches (often severe)
- \$ Aches and pains (often severe)
- \$ Fatigue and weakness (can last 3 - 4 days)
- \$ Extreme exhaustion (very common at start)
- \$ Stuffy nose, sneezing, sore throat, chest discomfort, nausea, vomiting and diarrhea.

The period of contagiousness is believed to be from 24 hours before and up to 3 to 5 days after symptoms develop. Children and some adults may be infectious for 7 or more days after the onset of symptoms. An influenza pandemic usually spreads in two or more waves - each lasting about eight weeks: either in the same year or in successive years.

Over the past century there have been severe influenza outbreaks, some very well known across the world. The Spanish Flu in (1918), the Asian Flu (1957), and the Hong Kong Flu (1968) each had devastating effects with elevated mortality rates. Although these historic pandemics claimed

the lives of many across the world, more recently communities around the globe continue to monitor the H5N1 strain, known also as the avian flu, and now are faced with the H1N1 virus, as referred to as swine flu. With these known viruses living among many communities worldwide, heightened awareness and preparedness sweep through health care, governmental and educational organizations in order to combat these deadly viruses and influenza strains.

PANDEMIC PHASES

The NCDSB Pandemic Plan is described in the same manner as local Health Unit plans and the World Health Organization (WHO) pandemic phases to ensure clarity in public communications. A series of 4 major phases describe a potential pandemic. The NCDSB staff is encouraged to familiarize themselves with the language of pandemic phases and be prepared to respond to individual phases.

INTERPANDEMIC PERIOD	
Phase 1	No new influenza subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low . *
Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
PANDEMIC ALERT PERIOD	
Phase 3**	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
PANDEMIC PERIOD	
Phase 6	Increased and sustained transmission in general population.
POSTPANDEMIC PERIOD	
<i>Return to Interpandemic period.</i>	

Source: World Health Organization, 2005.

- * The distinction between phase 1 and phase 2 is based on the risk of human infection or disease from circulating strains in animals.
- ** The distinction between phase 3, phase 4 and phase 5 is based on the risk of pandemic.

THE NCDSB RESPONSE ACTION TO THE PANDEMIC PHASES

(The following information is also available in chart format as Appendix B).

PHASE 1 - Preventative

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

- t Regular monitoring of the school communities and reporting of staff/student absenteeism over 10% of school population (presenting with influenza type symptoms)
- t Reinforcement, teaching, and practice of public health measures to mitigate the effects of any influenza spread (frequent and effective handwashing techniques, coughing and sneezing etiquette, encouraging participation in flu vaccination clinics, encouraging staff and students to stay home when they are sick)
- t Ensure that school specific emergency plans and procedures are current
- t Regular information and correspondence to parents/guardians reminding them of the public health measures and surveillance of influenza symptoms
- t Adhere to the guidelines established by the Ministry of Health & Long-Term Care

PHASE 2 - Control

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

- t Plant & Maintenance Department to revise and review cleaning practices in relation to viral containment, under the authority of Public Health Units.
- t All employees are reminded that common phones, photocopiers, door handles and the like can contain pathogens and are sources of both contamination and spread.
- t Distribution of information and education bulletins are circulated to staff to keep all stakeholders informed of current strategies.
- t Adhere to the guidelines established by the Ministry of Health & Long-Term Care

PHASE 3 - Reinforcement

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

- t Remind all school community members of the potential for outbreaks early in fall upon re-entry to school
- t Plant & Maintenance Department to ensure adequate storage of necessary supplies in preparation for a possible shortage
- t Reinforcement of good handwashing techniques and other relevant public health measures
- t All employees encouraged to show vigilance
- t Adhere to the guidelines established by the Ministry of Health & Long-Term Care

PHASE 4 - Action

Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the

virus is not well adapted to humans.

- 1 Small clusters in localized communities may occur. Encourage parents/guardians to find alternative day care options.
- 1 Possible school closures, under the authority and advisement of provincial or local Public Health Officials.
- 1 Plant & Maintenance monitor cleaning practices.
- 1 Human Resource Department monitors deployment of staff.
- 1 Communications department create necessary internal/local media releases.
- 1 Close communication with Health & Safety representatives
- 1 Supplies may be stockpiled
- 1 Workplace Influenza Notifications will be posted on the entrance doors of all NCDSB facilities, as per direction by local health officials

PHASE 5 - Action

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

The same actions as noted above in Phase 4 will continue with these additions:

- 1 Take direction from Public Health Officials
- 1 Communicate modifications to daily operations
- 1 Community use of schools may be restricted.
- 1 Relevant agencies will be informed (Employee Assistance Program)

PHASE 6 - Action

Increased and sustained transmission in general population.

The same actions as noted above will continue with these additions:

- 1 Schools may be closed, as per Public Health Officials.
- 1 Access to premises may be restricted.
- 1 Senior Administration team working in partnership with community agencies and health officials as per local pandemic plan emergency response strategies

POST PANDEMIC

Return to the Interpandemic Period.

- 1 Evaluate the NCDSB's response to the emergency situation
- 1 Respond according to policy guidelines and procedures *F-46 Response to Tragic Events*
- 1 Reassurance to all school communities
- 1 Ensure critical supplies are replenished to maintain essential services

PREVENTATIVE MEASURES

As part of the Pandemic Plan, the NCDSB realizes the importance of instituting preventative

measures to help reduce the severity of influenza-like symptoms during the regular influenza season and other times during the regular academic school year. The following preventative measures will be practiced across the district school board:

- installation of hand sanitizer in classrooms without immediate access to plumbing facilities and possible high traffic areas. All such devices are to be used under the supervision of a responsible adult.
- emphasis on the teaching and practice of sneezing/coughing etiquette
- emphasis of the teaching and practice of proper handwashing techniques
- mounting of appropriate signage and posters to support the above mentioned measures
- encourage all members of the district school board community to engage in regular immunization processes as advised by provincial health officials
- regular communication with parents/guardians, board employees and stakeholders as instructed by the local health officials
- modifications to daily cleaning procedures as necessary and as instructed by manager of plant via communication with local health units
- the institution of any other preventative measures as directed by the official health agencies and respective ministry directions.

NCDSB PANDEMIC RESPONSE TEAM

Under the leadership of the Director of Education, the Pandemic Response Team will be comprised of the Supervisory Officer(s), the Managers of Financial Services, Human Resources, Information Technology, Plant & Operations, and the Community Relations Officer. The Pandemic Response Team is responsible to:

- T make rapid responsive decisions based on information gathered and learned
- T develop and disperse necessary communiqués with school community personnel to ensure the sharing of current/ relevant information
- T delegate spokespersons as required
- T advise and make recommendations to the Board of Trustees
- T work in collaboration with the Joint Health & Safety Committee

Although the Pandemic Response Team is responsible to initiate and monitor an influenza outbreak, all members of the Northeastern Catholic District School Board have a vital role in the pandemic response plan. The control of influenza diseases is the responsibility of all employees of our district school board. Maintaining proper immunizations, applying hygiene principles when exposed to a virus, bacteria and body fluids requires knowledge, vigilance and personal

responsibility.

OPERATIONAL STRATEGIES

Once a pandemic is declared in the province of Ontario, the NCDSB will institute the following operational strategies to ensure a timely and responsible response to the pandemic:

- § School Principals shall advise a Supervisory Officer of absenteeism rates specific to influenza symptoms each day by 10:00 a.m. Trends will be documented by the principal and superintendent.
- § From 10:30 - 11:30 each day, the Pandemic Response Team will review the data and make necessary recommendations to the Director of Education. Required news releases and media communiques will be drafted as required by the Director of Education or his/her designate.
- § A Supervisory Officer or designate member of the Pandemic Response Team will be available at all times to respond to an emergency situation.
- § In the event of an emergency situation, the Pandemic Response Team will assess the situation, make decisions accordingly and prepare the necessary course of action to respond.
- § All media requests will be referred to and received by the Director of Education. Schools will be closed to all media.
- § All communication regarding the pandemic and the Board's response will be provided by the Director of Education.
- § The Director of Education will communicate all necessary matters with the president of OECTA and CUPE as necessary to ensure that accurate information is shared in a timely fashion.
- § The Executive Secretary to the Director of Education will be designated as the recording secretary and all decisions will be logged by this person.
- § No decisions shall be made without first consulting with the Pandemic Response Team. This will ensure appropriate consultation and issues will be handled in a consistent manner across the system.

OPERATIONAL GUIDELINES

The following guidelines deal with school operational issues and are the responsibility of the Pandemic Response Team, under the leadership of the Director of Education. It is the Board's intent to conduct affairs with existing policies and operating procedures, however once a pandemic is declared in Ontario an assessment of operational activities will occur by the

Pandemic Response Team. The assessment may result in the following, pending direction from the Board of Trustees and Health Officials.

Board Meetings	Held as required and may be conducted electronically
Community Use of Schools	Continue until risk factors are increased and recommendations given by health officials suggest limiting school use. A letter to be sent to permit holders indicating a pandemic may result in school closures.
Coop Placements	Monitored daily and actions will be contingent upon direction from the Ministry of Education, the Ministry of Health and Long Term Care, and Health Canada
Computer Support	Continue to operate as normal providing sufficient staff is available. Items relating to pandemic communication will be given the highest priority.
Custodial Services	Frequency of services may be altered due to staffing levels and to focus on infectious control
Extra Curricular Activities	May be postponed
Field Trip / Excursions	May be suspended/postponed
Food Programs	May continue pending the recommendations of the local Health Units, the Ministry of Education, the Ministry of Health and Long Term Care, and Health Canada.
Instruction, Evaluation, and Reporting	Where possible, the regular instructional program and those activities related to instruction, evaluation and reporting will continue
Maintenance	Normal procedures will continue with concentration on emergency calls
Meetings	Meetings taking administrators/teachers/staff out of school will be postponed or held by teleconference
Occasional Teachers	Normal procedures continue
Professional Learning Activities	Postponed
Catholic School Councils	Meetings postponed/Principals must have a current communication strategy in effect with the Chair of the council
Security of Facilities	Continue in accordance with current strategies

Student Transportation	Transportation privileges will continue as long as it is safe to do so. If schools are open, transportation will continue (providing service providers are available). If some schools are closed, students attending those schools will not be transported. If schools are closed, transportation will cease.
Volunteers	May continue or suspend as per the authorization of the Director of Education

It is also important to note that during a pandemic any guidance provided by health officials that conflicts with this information will supercede the NCDSB guidelines.

Furthermore, decisions will be made based on community conditions, and operational guidelines may be instituted at different times in different locations across the school board.

FURTHER CONSIDERATIONS

The NCDSB departmental managers and senior administration team continue to make the necessary revisions to department contingency plans. This information will be developed, reviewed, and implemented under the leadership of the Director of Education.

RESOURCES TO CONSIDER

Government of Canada

www.influenza.gc.ca

Preparing for the Flu - A Communication Toolkit for Schools (Grades K-12)

Center for Disease Control & Prevention

www.pandemicflu.gov/

The Ontario Health Plan for an Influenza Pandemic

www.health.gov.on.ca/pandemic

H1N1 Information

www.fightflu.ca

World Health Organization

www.who.int/en

Public Health Agency of Canada

www.publichealth.gc.ca

Porcupine Health Unit / Timiskaming Health Unit

www.porcupinehu.on.ca

www.timiskaminghu.com

Canadian Centre for Occupational Health and Safety

www.ccohs.ca

Did you know...

That washing your hands with soap and water for at least 20 seconds (the time it takes to sing your ABCs) is the best way to keep your hands from spreading the virus.

APPENDIX A

**HOW TO TELL THE DIFFERENCE BETWEEN
THE INFLUENZA & A COLD**
Health Facts

Symptom	Cold	Influenza
Fever	<ul style="list-style-type: none"> • Rare 	<ul style="list-style-type: none"> • Usual - high fever (102⁰F/39⁰C - 104⁰F/40⁰C) • Sudden onset - last 3-4 days <i>(The elderly and people who are immune compromised may not develop a fever.)</i>
Headache	<ul style="list-style-type: none"> • Rare 	<ul style="list-style-type: none"> • Usual • Can be sudden
Muscle aches and pains	<ul style="list-style-type: none"> • Sometimes, generally mild 	<ul style="list-style-type: none"> • Usual • Often severe
Tiredness and weakness	<ul style="list-style-type: none"> • Sometimes, generally mild 	<ul style="list-style-type: none"> • Usual, severe • May last up to 2-3 weeks
Extreme Fatigue	<ul style="list-style-type: none"> • Unusual 	<ul style="list-style-type: none"> • Usual • Early onset • Can be severe
Runny, stuffy nose	<ul style="list-style-type: none"> • Common 	<ul style="list-style-type: none"> • Common
Sneezing	<ul style="list-style-type: none"> • Common 	<ul style="list-style-type: none"> • Sometimes
Sore throat	<ul style="list-style-type: none"> • Common 	<ul style="list-style-type: none"> • Common
Chest discomfort, coughing	<ul style="list-style-type: none"> • Sometimes, mild to moderate 	<ul style="list-style-type: none"> • Common - can be moderate to severe • Cough may last for weeks.
Complications	<ul style="list-style-type: none"> • Can lead to sinus congestion or infections 	<ul style="list-style-type: none"> • Can lead to pneumonia and respiratory failure, and become life-threatening • Can worsen a chronic condition

PREVENTION	<ul style="list-style-type: none"> • Frequent hand washing • Cover your coughs and sneezes 	<ul style="list-style-type: none"> • Annual influenza vaccination • Pneumococcal vaccine for those at risk of complications • Frequent hand washing • Cover your coughs and sneezes.
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NOTE: Children may also experience the croup, ear infections, nausea, vomiting and diarrhea when they have the influenza-symptoms that are not common in adults.

APPENDIX B

NORTHEASTERN CATHOLIC DISTRICT SCHOOL BOARD: RESPONSE TO PANDEMIC

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