



Kenora Catholic District School Board

PANDEMIC PLAN

We are a Roman Catholic School System dedicated to excellence in education, the Christian formation of youth and strong partnerships with parents and the Church.

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Introduction

A serious concern has arisen that over the next 12 to 24 months Canadians could suffer a flu pandemic that could cause significant social and economic disruption, including possible closure of our school system.

The World Health Organization (WHO) reports that health experts have been monitoring a new and extremely severe influenza virus – the H5N1 strain – for almost eight years. The H5N1 strain first infected humans in Hong Kong in 1997, causing 18 cases, including six deaths. Since mid-2003, this virus has caused the largest and most severe outbreaks in poultry on record. In December 2003, infections in people exposed to sick birds were identified.

Since then, over 100 human cases have been confirmed in four Asian countries (Cambodia, Indonesia, Thailand and Vietnam). Over 60 people have died of this virus. Direct contact with infected poultry, or surfaces or objects contaminated by their faeces is considered the main route of human infection. The virus appears to be on the verge of a key mutation that allows it to be transmitted between humans. Should the H5N1 strain evolve to a form as contagious as normal influenza, a pandemic could begin.

WHO states that once a fully contagious virus emerges, its global spread is inevitable. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus; however, they cannot stop it. WHO reports that given the speed and volume of international air travel today, the virus could reach all continents in less than three months.

Because most people will have no immunity to the pandemic virus, infection and illness rates are expected to be higher than during seasonal epidemics of normal influenza. High rates of illness and worker absenteeism are expected and these will contribute to social and economic disruption.

The Ontario Government has developed an Ontario Health Pandemic Influenza Plan in response to a possible health emergency. Its goal is to minimize serious illness and overall deaths through appropriate management of Ontario health care system. As part of its Plan, the Ontario Government is considering closing all educational institutions and sporting events and limiting mass transit. The pandemic influenza has the potential to infect up to 50% of the population and many people would be unable to work.

School boards in Ontario would be severely disrupted. Community-based measures to increase social distancing to contain the virus will likely result in school closures. Either schools will be closed by public health authorities or at some point in the epidemic, they will lack the critical mass of people (students, teachers and staff) needed to sustain day-to-day operations.

Epidemics and Influenza Pandemics

The most common way for flu to be transmitted is by breathing air contaminated with virus. Coughing is how the virus gets into the air in the first place. Flu can also be transmitted by direct contact with someone ill with the disease. This includes shaking their hand or even touching something that the sick person previously touched. Under the right conditions, flu can remain infectious for days outside of the human body, living on surfaces like counter tops or doorknobs. Transfer of the virus can occur when a susceptible person touches a contaminated surface.

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 it. With respect to influenza, virtually 100% of the human population is susceptible to a new strain. However, fully half the susceptible patients who contract the flu have no or few symptoms.

A feature of influenza pandemics not well appreciated generally is that they occur in waves. The 1918 Spanish flu (H1N1) was associated with three waves, while the 1957 Asian flu (H2N2) and 1968 Hong Kong flu (H3N2) pandemics had two distinct waves each. The reason for this wave behavior is not known, but some have speculated that it is due to a change in the season of the year. The timing of a wave may also be related to a genetic change or mutation in the new strain of influenza virus. In past pandemics, the time between two waves was 3 to 9 months. A point to keep in mind about pandemic waves is that the second wave can be much more severe than the first or third wave of the series. During the 1918 pandemic, the deadly second wave was responsible for over 90% of the deaths for the entire pandemic.

On average there are two minor pandemics for every one major pandemic. The minor pandemics are associated with lower clinical attack and case fatality rates than in major pandemics. For instance, the 1957 pandemic was associated with three times as many deaths than seen for seasonal flu but during the 1968 flu pandemic, there were only a few more deaths than would be expected. It has now been 38 years since the last flu pandemic, which suggests we may be due for another one soon. Therefore, contingency planning is essential for an effective response.

Methods

A Task Force was convened and a review of our emergency procedures, and infectious controls was completed. The Task Force included representatives from Labour, IT, Purchasing, Plant & Maintenance, Principals, Human Resources, and our Emergency Preparedness Coordinator.

Plan Overview

The 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 communication.

World Health Organization Pandemic Phases

Inter Pandemic Period

<i>PHASE 1:</i>	<ul style="list-style-type: none"> • No new influenza virus subtypes have been detected in humans. • An influenza virus subtype that has caused human infection is present in animals.
<i>PHASE 2:</i>	<ul style="list-style-type: none"> • 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

<i>PHASE 3:</i>	• Human infection(s) with a new subtype, but no human to human spread or at most, rare instances in close contact only.
<i>PHASE 4:</i>	• Small cluster(s) with limited human to human transmission but spread is highly localized, suggesting the virus is not well adjusted to human hosts.
<i>PHASE 5:</i>	• 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).

Pandemic Period

<i>PHASE 6</i>	• Pandemic Phase: increased and sustained transmission to the general public.
<i>PHASE 7</i>	• Return to Inter-Pandemic Period

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 > 38°C
- 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.

KENORA CATHOLIC DISTRICT SCHOOLS PANDEMIC PLAN

Inter Pandemic Period

<i>PHASE 1:</i>	<ul style="list-style-type: none"> • Educate Board’s community on the importance of influenza and novel virus surveillance. • Educate Board’s community on preventative measures to be taken.
<i>PHASE 2:</i>	<ul style="list-style-type: none"> • Review all infection control procedures, educate all Plant & Maintenance staff on increased vigilance.* • Institute communication strategies to students and parents in the community.

* Infection control includes practices and procedures used to prevent disease transmission, and includes the knowledge and skills required to choose and maintain appropriate precautions.

Pandemic Alert Period

<i>PHASE 3:</i>	<ul style="list-style-type: none"> • Educate and reinforce reporting requirements by Principals to Health Units (10% of staff or students). • Encourage vigilance in handwashing techniques. • Encourage use of all preventative programs. • Reinforce cross training of jobs to ensure essential services. • Reinforce education programs. • Check with suppliers. • Enhanced training of Plant & Maintenance staff.
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The goal of enhanced control practices are to:

- ensure a consistent, high standard infection control in all settings
- ensure there are appropriate procedures in place to respond to an outbreak

<i>PHASE 4:</i>	<ul style="list-style-type: none"> • Encourage parents to find alternate childcare options. • Obey all Medical Officers orders, including school closure procedures. • Audit infection control practices. (Plant & Maintenance) • Institute infection control after closure procedures. • Audit controls at other sites. • Cross training with Health Units. • Order supplies. • Ensure staff availability. • Transportation to notify bus contractors.
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<i>PHASE 5:</i>	<ul style="list-style-type: none"> • Continue all procedures in PHASE 4. • Notify community use of school users of possibility of impending school closure. • Convene Task Force. • Restrict and/or cancel community, volunteers, visitor access. • Institute IT support at homes for essential services. • EAP, confirm additional hours.
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Pandemic Period

PHASE 6	<ul style="list-style-type: none">• All schools will, in all likelihood, be closed; however, the school may well be commandeered to provide functions under the Medical Officer of Health such as clinics information, dissemination points, daycare centers.• Rigorous infection control procedures will be in place and staff access limited to essential services only.
PHASE 7	<ul style="list-style-type: none">• Educate Board's community on the importance of influenza and novel virus surveillance.• Educate Board's community on preventative measures to be taken.

NOTE: It is important to note that a pandemic typically occurs in waves, with weeks/months in between each wave. A subsequent wave is usually more severe than the previous one.

PHASE 1 - PREVENTATIVE

Surveillance

- Regular monitoring of the school communities assists the public health and may mitigate the effects of any influenza spread.
- All schools should contact the local health unit with updates on absenteeism over 10%.

Education

- Teaching students and staff on the importance of frequent and effective handwashing 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.

PHASE 2 - CONTROL

- The Plant & Maintenance Department has revised and reviewed their cleaning practices in relation to viral containment. The custodians have received enhanced infection control procedures.
- All employees have been advised to recognize that common phones, photocopiers, door handles, etc. can contain pathogens and are sources of both contamination and spread.
- Wiping with alcohol swabs will assist us with controls.

Communications

- 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 3 - REINFORCEMENT

- 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.
- Needed supplies will be confirmed with suppliers as the possibility of shortages may occur.
- Reinforcement of good handwashing 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.

PHASE 4 - ACTION

- Small clusters in localized communities may occur. Parents are encouraged to find alternative day care options.
- Some schools may be closed to community use.
- Plant & Maintenance department will be monitoring cleaning practices at some sites.
- Human Resources staff will be monitoring the deployment of staff.
- Supplies may be stockpiled.

PHASE 5 - ACTION

- A task force will be convened similar to monitor, provide direction and guidance.
- Community use of schools will be restricted.
- Relevant agencies will be informed (e.g. E.A.P.)

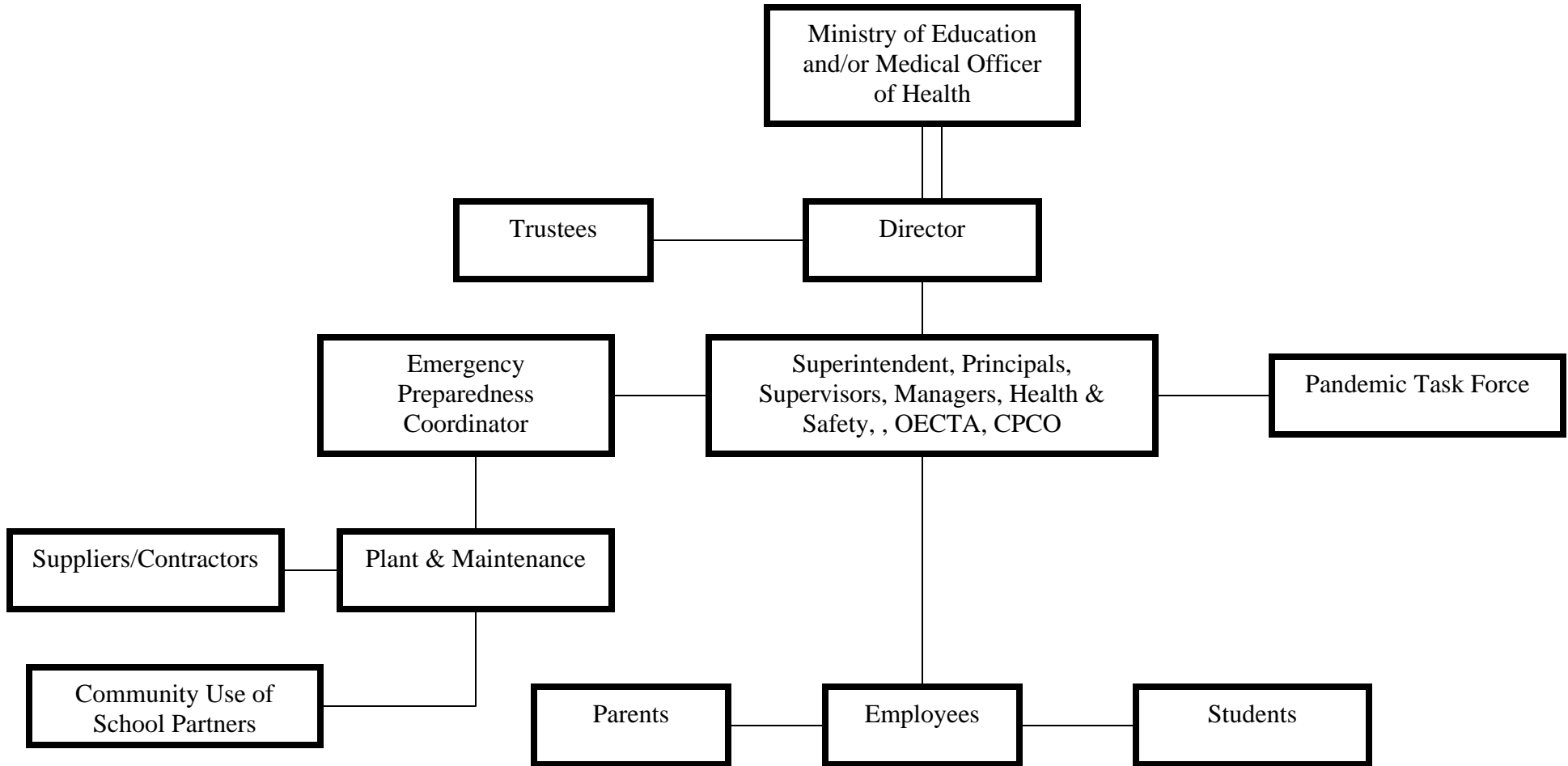
PHASE 6 - ACTION

- All schools must be closed.
- Access to premises will be restricted.

PHASE 7 - EVALUATION

- Survey of the Board's response in an emergency can be vital in ensuring future responses.
- Reassurance 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.

PANDEMIC RESPONSE FLOW CHART



All external communications are issued by the Medical Officer of Health. All internal communications and directives will be through the Director's office

ROLES AND RESPONSIBILITIES

Director

- all communication from the Medical Officer of Health will be transmitted to the Director/Designate; the Ministry of Health will handle all media requests for information
- ensure all communication directives are promptly communicated to all staff and the community
- monitor the status of the school communities
- convene Executive Council, as needed

Communication and Public Relations

Below is an overview of the needs and responsibilities to be delegated and assumed in the event of a pandemic.

Public Relations

When a pandemic occurs, the key spokesperson to the media is the Regional Medical Officer of Health, not the Board. In conjunction and co-operation with the Health Units the communication with media by the school board would address school or board specific concerns as outlined below.

Medical Officer of Health

A critical area for the Board is related to the operation of schools and Board functions. All press releases, press conferences, newspaper, radio, and television advertisements, will be initiated and provided by the Board.

Director of Education /
Assistant to the Director &
Communications Officer

Communications

The Pandemic Task Force will govern public relations and internal communication with respect to schools only during the period of a pandemic. It will not, other than for public relations purposes, deal with any matters related to Board operations.

Pandemic Task Force

Communications liaison between Pandemic Task Force and Principals/Vice-Principals

Principals and Vice-Principals shall refer to and shall receive from their Superintendents all directions and communications from the Pandemic Task Force except to the extent the Pandemic Task Force may choose to make direct communication by voice mail or E-mail.

Superintendents

Principals and Vice-Principals will be expected to monitor voice-mail and E-mail regularly throughout the school day.

Principals & Vice-Principals

Communications/Electronic

Any electronic communications related to the pandemic will be approved in advance by the Pandemic Task Force.

Pandemic Task Force

Maintenance of Electronic Communications

Specific IT personnel may be required to maintain E-mail and the Board's public website to maintain ongoing communication and to ensure updates are communicated in a timely manner to schools, other staff and to the media and public.

Pandemic Task Force
Manager of IT

Visitors to Schools

In the event of a pandemic, staff may be authorized to monitor doors that may be open during school hours to ensure that unauthorized people are not present in the building. This plan is to be developed in advance, for rapid implementation only on the direction and order of the Director or designate.

Developed by School
Principal

Liaison Responsibilities

Communications with the Ministry of Education, the Ministry of Labour, and other boards, would be conducted only through the Director of Education.

Director of Education /
Designate

Community Use of Schools

Community/school activities shall continue until the Pandemic Task Force determines that such activities may pose a risk.

Pandemic Task Force

A letter needs to be sent to all community school users and permit holders, to indicate that the pandemic may result in school closures.

Director of Education /
Designate
Pandemic Task Force

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

Superintendent will monitor the situation on a daily basis and provide daily reports to the Pandemic Task Force and make recommendations as required.

Superintendent

Impact on Learning Environment

A directive may be provided with respect to the cancellation of classes. The HR department would provide direction and guidance to affected staff.

Director of Education /
Designate
Pandemic Task Force
HR Department

Pandemic Task Force

1. Purpose

The purpose of the Pandemic Task Force is to provide direction and guidance to the Board and staff in the event of a community pandemic.

2. Basic Goals

The goals of the Kenora Catholic District School Board during a pandemic are:

- a) to ensure systematic coordinated response that ensures the safety of students, staff, and school properties
- b) to ensure clarity in all communications
- c) to provide a forum for effective problem solving
- d) to minimize any detrimental effect to the system
- e) to collaborate with community agencies as necessary
- f) to co-ordinate an expeditious and normal return to school functions
- g) to foster and maintain positive community relationships
- h) to participate in any/all debriefing processes

3. Basic Organization Objectives

The organization's objectives are to ensure the Board is responsive rather than reactive. The Task Force will plan orderly closures, audit infection control, monitor communications, respond to requests for services by community agencies, and ensure all processes are followed prior to facilities re-opening.

Pandemic Task Force Membership

Director of Education & Executive Council

Services:

Emergency Preparedness Coordinator
Coordinator of Employee Services
CPCO President
Manager of Plant & Maintenance
Manager of Transportation

Manager of IT
Manager of Finance

Resource Staff:

Chair of the Board
Vice-Chair of the Board
President of OECTA
EAP provider
Board Psychologist(s)

Role of Task Force

1. to make rapid responsive decisions;
2. to assume responsibilities for and assist communications and information dissemination,
3. to delegate spokespersons as required;
4. to advise and make recommendations to the Board;
5. to make decisions and give clear directions to meet all contingencies; and
6. to conduct debriefing process(es).

Principals, Supervisors, Managers

- 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
- contact the local Health Units to report outbreaks in the school
- contact the Emergency Preparedness Coordinator to report an outbreak of fever, acute onset of cough, and/or sore throat, malaise, and myalgia (muscle discomfort) and/or fatigue
- follow all safe schools and school closure procedures
- follow all communication directives
- maintain contact with superintendents
- identify issues for Task Force problem solving
- facilitate and co-operate with community agencies in school utilization issues

Emergency Preparedness Coordinator

- provide advice to the Task Force
- maintain contact with Plant & Maintenance and ensure infectious control audits are complete
- maintain links with other school boards for enhanced problem solving
- maintain contact with the Joint Health and Safety Committee

Plant & Maintenance Department

- develop, implement, and evaluate infection control program
- train identified personnel with enhanced infection control procedures
- audit infection control program
- institute and inspect all post-closure and pre-opening procedures
- assist community agencies as necessary
- provide enhanced security as warranted

Employees:

The control of influenza diseases is the responsibility of all employees of the Kenora Catholic District School Board . Maintaining proper immunizations, applying hygiene principles when exposed to viruses, bacteria and body fluids requires knowledge, vigilance and personal responsibility.

Principals/Managers/Supervisors have enhanced responsibilities (Education Act, Occupational Health & Safety).

When an outbreak occurs, communication is essential. Employees play a vital role in educating and disseminating accurate information. All enquiries should be directed promptly to your direct principal/manager/supervisor.

Designated Services

The Board will take direction from the Ministry of Health and/or the Ministry of Labour with regard to the designation of essential services.

Designated employees are expected to report to work. Where their safety may be in jeopardy, the Task Force will advise on needs. Some sites may be appropriated by community agencies (i.e. triage centers, information depots, crucial supply lines); therefore, adequate staffing must be maintained.

Processing of regular employees salary will be maintained at the Board office or by a remote site by the Supervisor of Payroll Services.

Designated employees in the Information Technology department may be needed to maintain the Board's website and to assist Health Units in the event of illness of their employees.

Education Programming

In consultation with the local Health Units, an education program has been designed to:

1. Augment prevention initiatives
2. Ensure a consistent, sustained approach
3. Ensure wide circulation of preventative materials

Brochures, sample letters to parents and posters have been designed to appeal to wide ranges of audiences (samples attached).

Infection Control Procedures

The Plant & Maintenance Department has developed enhanced procedures that will be instituted when the situation warrants. These procedures have been developed in consultation with a Certified Infection Control Consultant. Equally important is that additional training has been developed to ensure understanding and compliance with all procedures.

Phase 1

- Educate custodians (posters on hand washing)
- Emphasize the importance of proper cleaning techniques, and proper washroom sanitation through Supervisors, E-mails, etc...
- Stress the importance of regular disinfections of contact surfaces such as door hardware and light switches
- Continued use of the disinfectant cleaner, PerDiem or its equivalent

Phase 2

- Train custodians on an enhanced approach to washroom sanitation with emphasis on chemical contact time and workflow procedures
- Order and stock one gallon of concentrated PerCept per school in readiness
- Supplier will also stock quantities above normal usage

Phase 3

- Custodians to receive continued training on the new procedures for disinfecting contact surfaces
- Each school will designate an **“Infection Control Person”** to perform the regular sanitation and disinfections of contact surfaces (in schools where there is only one custodian, he/she will be the “Infection Control Person;” in high schools, the Custodian in Charge (CIC) will be designated the “Infection Control Person”). 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.
- Implement the enhanced practices with continued use of PerDiem.

Phase 4

- Promote a concentrated effort by all staff to prioritize the disinfections of contact surfaces while letting some other duties lag
- Introduce the new disinfectant PerCept into the system as a second wave of attack against a more resistant virus
- Order and supply all washrooms with paper towels

Phase 5

- Assuming the school closes, the plant crew will report to an assigned worksite and wash all contact surfaces to prepare the school for re-opening

INFLUENZA AND THE FLU VACCINE

WHAT IS INFLUENZA?

Influenza (the flu) is a serious illness. It is caused by influenza A and B viruses and occurs in Canada every year. Influenza causes fever, cough, headache, muscle soreness, sore throat and stuffy nose. Influenza can lead to pneumonia. It can also make other illnesses worse, especially chronic illness that affect the lungs and heart.

Influenza spreads very easily from infected persons to others through coughing and sneezing. It is also spread by direct contact with contaminated surfaces or objects like unwashed hands, clothes, toys, eating utensils, etc. after they have been contaminated by the flu virus.

WHAT IS FLU VACCINE?

Influenza vaccine provides adults and children with active immunity against the influenza virus. It is not produced from human blood or blood products. The vaccine cannot give you the flu because it does not contain live virus.

HOW WELL DOES INFLUENZA VACCINE PROTECT AGAINST THE FLU?

- It protects about 70 percent of people who get a flu shot. You can still get the flu, but you will be less sick than if you were not vaccinated. In elderly people, this vaccine can prevent pneumonia in about 6 out of 10 people and can prevent death in more than 8 out of 10 people.
- Less than 1 out of 3 people have some pain at the spot where the needle is given. This lasts up to 2 days. Some people get muscle aches and fever and feel tired for a day or two after the needle.

DO NOT GET THE FLU VACCINE IF YOU HAVE ANY OF THE FOLLOWING:

- Severe allergy to eggs.
- Allergy to thimerosal (a preservative added to the influenza vaccine (0.01%) to keep the vaccine from spoiling).
- An active neurological disorder or a past history of Guillan-Barre Syndrome.

NOTE: Pregnancy and breast-feeding is not considered a contraindication to vaccination.

Call your doctor if any of these symptoms happen within three days after the needle:

- hives
- swelling of the mouth or throat
- trouble breathing, hoarseness or wheezing
- paleness, weakness, a fast heart beat or dizziness
- red eyes, respiratory symptoms (ORS), facial swelling or a combination of these within 24 hours of receiving the vaccine and lasting 48 hours
- any other unusual condition or serious reaction to the vaccine

WHAT CAUSES INFLUENZA?

- Influenza (the flu) is caused by a virus.

WHO IS AT RISK OF GETTING INFLUENZA?

- Anyone can get influenza.

WHAT ARE THE SYMPTOMS?

Influenza usually causes at least 2-3 of the following:

- fever
- aches and pains
- fatigue
- headache
- cough
- sore throat
- stuffy or runny nose

HOW IS IT SPREAD?

Influenza is spread in the following ways:

- through the air by coughing and sneezing
- on hands, cups, cutlery, tissues or other objects that have been in contact with the mouth or nose

HOW CAN I AVOID CATCHING INFLUENZA?

- try and avoid contact with infected family and friends
- do not share eating or drinking utensils
- practice basic personal hygiene such as regular hand washing

NOTE:

- adults are infectious (can spread influenza) for 5 days after symptoms appear. Children are infectious up to 7 days
- influenza virus can live on surfaces 24-72 hours

DO ANTIBIOTICS HELP?

- Antibiotics do not work against viruses, so they do not work against influenza
- Some people with influenza may need antibiotics for secondary infections caused by bacteria

RELENAZ ® AND TAMIFLU (protection against influenza)

WHAT ARE ZANAMIVIR AND OSELTAMIVIR?

Zanamivir (Relenza®) and oseltamivir (Tamiflu®) are two new anti-viral drugs that are effective against both influenza A and B. Zanamivir is available as a powder that is inhaled. This may be difficult for older people. Oseltamivir is a pill. Both antiviral agents inhibit a necessary viral enzyme, which is required by the influenza virus to multiply, spread from cell to cell and eventually to other people. Both drugs may be used to:

- prevent influenza (prophylaxis) 70%-80% effective
- treat influenza to decrease the severity of symptoms

Zanamivir and oseltamivir should be given within 36-48 hours of onset of illness.

SIDE EFFECTS

Zanamivir:

People with asthma or chronic obstructive lung disease may experience irritation of the breathing passages and are not generally prescribed this medication.

Oseltamivir

- mild gastrointestinal symptoms
- take with food
- 1-3% of nursing home residents report headaches
- people who have difficulty swallowing, mix with 10cc of warm water

PRECAUTIONS:

If pregnant or breast-feeding discuss with your physician.

Motherrisk #1-800-267-1373

Tamiflu is **not** indicated for either treatment or prophylaxis of influenza in children under one year of age.