

## **PANDEMIC PREPAREDNESS PLAN**

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### **I. INTRODUCTION**

Over the past several years, we have become more aware of the eventuality of a pandemic and its impact on public health.

A pandemic means an epidemic of any disease over a wide geographic area affecting a large proportion of the population. It is a serious public health concern; an influenza pandemic could cause a great deal of illness and death.

A pandemic would affect much more than just the health-care system. It is a crisis that will affect all aspects of society. It must be managed by the coordinated participation and co-operation of governments, businesses, educational organizations and citizens.

The Division is one of several public organizations preparing to respond when the next pandemic arrives.

Health officials assumed that there would be up to three months warning from the time a pandemic is declared by the World Health Organization to the time the virus arrives in Canada. This is based on the assumption that a pandemic will start elsewhere in the world and then spread to North America. This assumption was not borne out with the H1N1 pandemic in 2009.

The World Health Organization identifies the following pandemic phases. (See table on following page). It considers the world currently to be in Phase 6.

Period	Phase	Characteristics/(Response)
Interpandemic	Phase 1	<ul style="list-style-type: none"> <li>No new influenza virus subtypes have been detected <i>in humans</i>.</li> <li>An influenza virus subtype that has caused human infection may be present in animals.</li> <li>If present in animals risk<sup>a</sup> of human infection or disease is considered to be low.</li> <li>Strengthening influenza pandemic preparedness at the global, national, provincial and regional levels.</li> </ul>
	Phase 2	<ul style="list-style-type: none"> <li>No new influenza virus subtypes have been detected in humans.</li> <li>However, a circulating animal influenza virus subtype poses a substantial risk<sup>a</sup> of human disease.</li> <li>Minimize the risk of transmission to humans, and report such transmissions rapidly if it occurs.</li> </ul>
Pandemic Alert Period	Phase 3	<ul style="list-style-type: none"> <li>Human infection(s) with a new subtype, but no human-to-human spread, or at most, rare instances of spread to a close contact.<sup>b</sup></li> <li>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</li> </ul>
	Phase 4	<ul style="list-style-type: none"> <li>Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting the virus is not well adapted to humans<sup>b</sup>.</li> <li>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</li> </ul>
	Phase 5	<ul style="list-style-type: none"> <li>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)</li> <li>Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.</li> </ul>
Pandemic	Phase 6	<ul style="list-style-type: none"> <li>Increased and sustained transmission in general population<sup>b</sup>.</li> </ul>
Post-Pandemic Period	Phase 7	<ul style="list-style-type: none"> <li>Return to interpandemic period</li> </ul>

<sup>a</sup> The distinction between **phase 1** and **phase 2** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge.

<sup>b</sup> The distinction between **phase 3**, **phase 4** and **phase 5** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.

Influenza is highly contagious, enters the body through the nose or the throat and can spread very quickly from person to person through the population.

Experts assume that during an influenza pandemic from 15 to 35% of people will become ill enough to miss work and half of these people will seek medical care. It is expected that the overall death rate will be less than 1 percent.

Influenza typically has the greatest impact — complications or death — on the very young, the very old and those with suppressed immunity. However, pandemic influenza has affected different age groups in the past, including younger people, as was the case during the 1918-1919 pandemic.

Vaccination is the most effective way to protect the public from pandemic influenza. However, vaccines **will not** be available in the early months of a pandemic.

Public health measures, including proper personal hygiene such as frequent hand washing and cough etiquette, will help reduce the spread of a pandemic influenza virus.

(With information from Saskatchewan Health Authority, World Health Organization)

Additional Information is available at the websites listed in Appendix B.

### **Goals of this plan**

The pandemic plan for the Division provides a mechanism to guide appropriate decision-making and action.

The health and safety of staff and students will be closely monitored. If health and safety becomes a concern, our Division may close specific sites. School closures are not generally recommended for the control of influenza but it is possible that the Medical Health Officers within the Health Regions may make recommendations regarding the closure of individual schools in consultation with the Division.

The Division is committed to working closely with community partners, especially the Health Region during a pandemic and will rely on their expertise.

It should be noted that while the schools are open during a declared pandemic, normal program expectations and service levels may not always be met

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## **II. OPERATIONS DURING A PANDEMIC**

### **Organizational Structure**

#### **Operations Committee**

In the event of a pandemic being declared, an Operations Committee will be formed. This committee will consist of the members:

- ◆ Director
- ◆ Deputy Director
- ◆ Superintendent of Education and Learning Supports
- ◆ Superintendents of Schools
- ◆ Superintendent of Finance and Administration
- ◆ Ad Hoc representative from Saskatchewan Health Authority

The formation of the committee will ensure a highly structured and directed mode of operation within the Division.

#### **Role of the Operations Committee**

1. To make decisions and direct the overall operation of the Division.
2. To liaise and co-operate with other organizations in response to the pandemic.
3. To determine the closure of any school(s) and/or changes in school operations.
4. To report to the Board.

#### **Education Continuity Committee**

An Education Continuity Committee has been formed. This committee is comprised of:

- ◆ Deputy Director
- ◆ Superintendent of Education and Learning Supports
- ◆ Superintendents of Schools
- ◆ Manager of HR
- ◆ Manager of Facilities and Transportation
- ◆ Manager of IS

## **Role of the Education Continuity Committee**

1. To make a clear and complete assessment of situations that may arise within the division and make recommendations to the Operations committee, taking into consideration information provided by the Saskatchewan Health Authority.
2. To align the Pandemic Preparedness Plan with the education continuity process.

## **Operational Mode**

1. By 9:30 a.m. in-school administration will ensure that attendance has been entered on SIRS.
2. The Division Office will forward to the Saskatchewan Health Authority, once weekly, beginning September 9 and through to the end of April, electronic attendance reports.

## **10% or Greater Absenteeism**

1. On any day where a school is experiencing a 10% or greater absenteeism rate, the Saskatchewan Health Authority will be notified by SECPSD.
2. At or before 10:00 a.m. the **Superintendents of Schools** will review the information and determine necessary courses of action.
3. At or before 11:30 a.m. the **Superintendents of Schools** will report to school-based administrators, providing directives regarding appropriate courses of action.
  - a. Actions may include, but are not limited to, school closure and/or cancellation of extracurricular activity or other events or services. The key decision factor will be the determination of having sufficient staff to provide a safe environment.
4. At or before 2 p.m. the Superintendents of Schools in conjunction with the **Superintendent of Education and Learning Supports** and the **Director** will contact the appropriate Health Region for support and direction and will send out an information update to school sites and the media.
5. Requests by the media will be referred to and received by the **Superintendent of Education and Learning Supports** and the **Director**.
6. In the event of an emergency situation requiring an immediate response, a member of the **Operations Committee**, in consultation with the Director, shall make the necessary decision.

\*The Operations Committee will keep a record of all committee decisions.

## Potential Impact on School Division Operations

It is our intention to conduct the affairs of the Division in accord with existing board policies and operating procedures. Our primary concern is the health and safety of our staff and students.

Once a pandemic is declared (Phase 6, World Health Organization pandemic cycle) and on a school by school basis, in consultation with authorities from the Health Regions, the following procedures **may** be implemented:

1. **After-hours activities/Access to schools** — after-hours access to schools will be cancelled.
2. **Board meetings** — Board meetings will be held as scheduled and more frequently if necessary. They may be held **via conference call/Poly Com**.
3. **Extracurricular activities** — extracurricular activities will be cancelled.
4. **Facility rentals** — existing/new permits for school facility use will be cancelled/not issued.
5. **Field trips/excursions** — there will be a moratorium on field trips/excursions.
6. **High school cafeterias/ food services** — may continue.
7. **Home visits** — all home instruction and/or home visits typically provided by school division staff will be cancelled.
8. **Instruction/Evaluation/Reporting** — where possible, the regular in-school instructional program and those activities related to instruction, evaluation and reporting will continue.
9. **Maintenance** — where possible, the normal procedures shall continue. Enhanced cleaning of frequently touched surfaces will be implemented – Kindergarten, Phys. Ed./play equipment.
10. **Meetings** — meetings that take administrators or staff out of school will be either cancelled or held by teleconference/Poly Com.
11. **Student Led Conferences** — student led conferences will be cancelled.
12. **Professional development activities** — all professional development activities and attendance at conferences will be cancelled.
13. **School Community Councils** — principals will have a plan for ongoing communication with the Chair of their School Community Council. School Community Council meetings will be cancelled.
14. **Staff placement and reassignment** — Staff may be reassigned to alternate locations to perform alternate duties in order to meet system needs. We commit to communicating with Health Regions regarding issues that arise with placement of staff.
15. **Student transportation** — where possible and subject to daily review, student buses will

maintain regular schedules while schools remain open.

Enhanced cleaning of the buses will be undertaken. Continuity of the bus fleet is our goal, pending availability of qualified drivers.

16. **Substitute teachers, casual service and support staff** — where possible, normal procedures will continue.
17. **Summer school** — summer school programs will be cancelled.
18. **Tragic events response teams** — tragic events support will be provided.
19. **Volunteers** — continued use of volunteers will be considered on a case-by case basis.

Acknowledgment:

This Pandemic Preparedness Plan was developed from and used with permission from the Greater Saskatoon Catholic School Division.

# Pandemic Influenza

## Background Information

The Saskatchewan Ministry of Health's Public Pandemic Influenza Plan states that "It is not possible to predict when the next influenza pandemic will occur or how serious its impact will be. However, since there may be little warning, the federal government, Saskatchewan Health, the Regional Health Authorities, and municipal governments along with other governments and agencies around the world are preparing to respond when the next pandemic arrives".

### **1. What is the difference between seasonal influenza and pandemic influenza?**

There are three types of influenza viruses, but only Type A and Type B cause significant disease in humans. Both Type A and Type B influenza viruses can cause seasonal influenza (usually in the fall). Type A influenza viruses change frequently and cause local outbreaks and regional epidemics during influenza season each year. A person may be exposed to these viruses many times throughout their life and, thus develop some form of immunity against the seasonal viruses. A seasonal influenza vaccine is produced each fall and is usually made available to the public in October.

A pandemic means a global epidemic of any disease. Pandemic influenza occurs when a new influenza A virus appears for which the human population has little or no immunity. It spreads easily from person to person and may cause more severe disease and more deaths than seasonal influenza. Pandemic influenza has occurred on average about once every 30 – 40 years since 16th century, with the last pandemic hitting almost 40 years ago. A pandemic influenza vaccine will become available many months after the first wave of pandemic influenza.

### **2. What is the potential impact of pandemic influenza in Saskatchewan?**

- A pandemic will usually have more than one wave and each wave may last from six to twelve weeks
- Between 15-30% of the population will become ill. The Saskatchewan Ministry of Health's estimates are:
  - 150,000 – 350,000 people could become clinically ill;
  - 60,000 – 160,000 people could require outpatient care;
  - 1,000 – 2,800 people could require hospitalization;
  - 300 – 1,000 people could die from influenza or complications of pandemic influenza.
- Absenteeism will be a result of both employee illness and family care needs and absenteeism during the pandemic wave is estimated to range from 10-15% to a high of 30%. The higher levels of absenteeism will likely last a short period of time (2-3 weeks).

### 3. What is the anticipated impact on Education Continuity?

The best case scenario will be minimal interruptions that last for short periods of time in different sites over a twelve week period. If temporary staff shortages compromise the health and safety of students it is possible that short-term changes in business will occur (e.g. class amalgamation, cancellation of extracurricular activity or other events or services) and these will not be expected to occur across the entire Division at the same time.

Worst case impacts could include:

- Reduced employee pool, including our regular employees or availability of temporary employees or subcontractors;
- Cancelled client service requests;
- Interruptions in delivery of supplies or materials (especially goods that go through international borders and customs);
- Changes in technology use, for example increased internet and telephone use;
- Reduction or restrictions on public meetings or gatherings;
- Restrictions on travel (regional, national or international);
- Reduced availability of health care or home care services; and
- Disruptions in other essential services such as telecommunications, financial/banking services, water, power (hydro), gasoline/fuels, medicine, or the food supply.

### 4. Are school closures recommended?

**Widespread school closures are not recommended.** Although some of the highest rates of disease are in children and children frequently spread influenza, school closures will have limited impact on the spread of pandemic influenza once a pandemic virus is circulating the community.

- Decisions about school closures will be assessed by the South East Cornerstone School Division and the Saskatchewan Health Authority Officers.

The working expectation is that schools will continue to operate and provide an environment that is as safe as possible during a pandemic. The Saskatchewan Health Authority, the Emergency Measures Organization, and the Ministry of Education in Saskatchewan have the authority to close schools for health emergency response or educational reasons respectively. The working expectation is that decisions about school closure will remain a local responsibility as much as possible. The possibility of school closure is a key reason for engaging in business and educational continuity planning.

Schools and child care program environments are locations where communication and age appropriate education for parents/guardians, students, children and staff can play a major role in controlling the spread of influenza.

# **School Level Preparedness**

## **General Preparedness:**

- Students and staff are to be taught and encouraged to:
  - Practice proper cough and sneezing etiquette (into the bend of your elbow);
  - Wash your hands often with soap and water for at least 20 seconds; if soap and water are not available, use an alcohol-based hand sanitizer;
  - Avoid touching your eyes, nose and mouth with unwashed hands;
  - Maintain safe food practices; and
  - Avoid close contact with people who are sick.
  
- Staff will be provided basic information on how to recognize symptoms of Influenza (COVID-19, H5N1 etcetera)

## **Management of Ill Students:**

- Schools are to be prepared to promptly isolate students who become ill while at school. To the extent possible, it is recommended that the ill child stay two metres away from others in a non-traffic area.
- Students who become ill while at school are to be sent home with their parent/guardian and not travel on school buses.
- Students and staff who become ill are to stay at home until they are symptom free and feeling well and able to fully participate in all normal day to day school activities (e.g. intra/extramural activities and school trips)
- Given the potential for more severe illness or complications from influenza infection, school are to inform parents/guardians about the need for rapid medical assessment of high risk children.

Recommend that teachers plan for a possible two week absence with regard to lesson planning and vital information for substitute teachers.

## **Environmental Cleaning:**

- Influenza viruses can survive on some surfaces for several hours to days but are rapidly destroyed by cleaning. Cleaning of objects and surfaces that are frequently touched by multiple students or staff, high touch surfaces such as doorknobs, faucet handles, toys, computer keyboards, telephones, school bus hand rails, etc will help prevent the transmission of the influenza virus.

- It is recommended that high touch surfaces in schools be cleaned twice daily. No special disinfectants or waste handling practices are required; regular household or commercially available cleaning products are sufficient, and waste handling would be according to usual standards.
- Schools are advised to increase the frequency of cleaning during school hours as well as monitoring hand cleaning supplies. All sinks in washrooms, kitchens, and classrooms are to be well stocked with hand washing supplies at all times.

### **Pandemic Information Resources:**

Government of Saskatchewan

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus>  
<https://www.saskatchewan.ca/government/news-and-media/2009/september/16/saskatchewan-releases-updated-pandemic-plan>

<https://www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/influenza-reports>

Government of Canada

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/know-facts-about-coronavirus-disease-covid-19.html>  
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>  
<https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance.html>

World Health Organization (WHO)

[www.who.int/csr/disease/avian\\_influenza/en](http://www.who.int/csr/disease/avian_influenza/en)  
<https://www.who.int/health-topics/coronavirus>

Public Health Agency of Canada

<http://www.phac-aspc.gc.ca/index-eng.php>

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This Appendix was developed from and used with permission from the Saskatoon Public School Division