

Renfrew County District School Board

Pandemic and Epidemic Preparedness and Response Plan

Revised March 2020

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Introduction

The World Health Organization (WHO) declares a pandemic when a new disease for which people do not have immunity spreads around the world beyond expectations. The WHO clarifies that an epidemic refers to an infectious disease outbreak located within a geographic region.

Whether it is the spread of the COVID-19 virus across the globe, the avian (bird flu) influenza, or the H1N1 (swine flu) virus, the resulting impact on the health and safety of students, staff and school communities is a real concern. As such, public health officials encourage organizations in the public sector to develop a contingency plan for these types of eventualities. The following document is intended to address key aspects of a pandemic and epidemic preparedness and response as a system.

The Renfrew County & District Health Unit (RCDHU) has developed a comprehensive pandemic response plan, [Renfrew County & District Pandemic Influenza Plan](#) that provides an integrated response framework for health and emergency services in Renfrew County.

Given the potential for pandemic occurrence and the impact it could have, it is important for every organization to prepare a response plan. The Renfrew County District School Board recognized the need and has created an Infectious Disease Pandemic Plan.

Key Messages

1. The Renfrew County District School Board is prepared for a pandemic or epidemic. Our plan is open to students, staff, parents/guardians and the community for their information and feedback.
2. During a pandemic or epidemic, the Renfrew County District 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 by a specific situation.
3. Our priority during a pandemic or epidemic is the health and safety of students and staff and our intent is to keep schools open as long as it is safe to do so. Non-essential services will be halted to focus on providing the most necessary services to our community.

Background

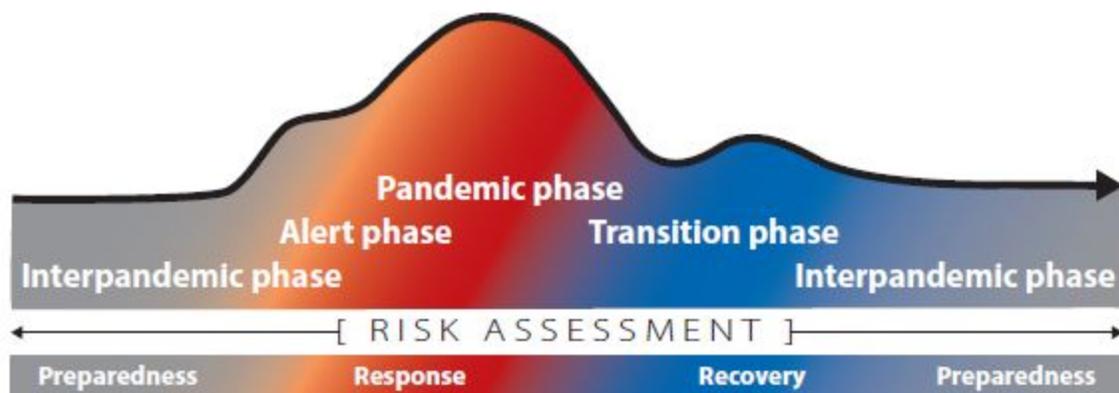
Pandemics and epidemics can be caused by a number of bacterial and viral sources. Multidrug Resistant Tuberculosis, Ebola and other Viral Hemorrhagic Fevers have the potential to become a pandemic or epidemic. Corona Viruses such as SARS (Sudden Acute Respiratory Syndrome and MERS (Middle Eastern Respiratory Syndrome) could result in a future pandemic. Coronavirus Disease (COVID-19) was declared a

pandemic in March, 2020 following its rapid spread around the world. Influenza is a common virus that is present in our community primarily on a seasonal basis. A pandemic is a worldwide epidemic, which constitutes a global health emergency. Influenza pandemics have the capacity to cause serious mortality and morbidity as the population has little or no immunity to the circulating strains of influenza.

Pandemic influenza is different from other outbreaks we have faced because the characteristics of influenza viruses – their propensity to change, the ability to spread easily among people, and the routes of transmission – make the disease challenging to contain. Throughout history, influenza pandemics have led to widespread illness and death.

World Health Organization Pandemic Phases

Figure 1. The continuum of pandemic phases^a



^a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Current WHO Pandemic Phase Descriptions and Main Actions by Phase

WHO PANDEMIC PHASE DESCRIPTIONS AND MAIN ACTIONS BY PHASE

PHASE	DESCRIPTION	MAIN ACTIONS				
		PLANNING AND COORDINATION	SITUATION MONITORING AND ASSESSMENT	COMMUNICATIONS	REDUCING THE SPREAD OF DISEASE	CONTINUITY OF HEALTH CARE PROVISION
PHASE 1	No animal influenza virus circulating among animals have been reported to cause infection in humans.	Develop, exercise, and periodically revise national influenza pandemic preparedness and response plans.	Develop robust national surveillance systems in collaboration with national animal health authorities, and other relevant sectors.	Complete communications planning and initiate communications activities to communicate real and potential risks.	Promote beneficial behaviours in individuals for self protection. Plan for use of pharmaceuticals and vaccines.	Prepare the health system to scale up.
PHASE 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.					
PHASE 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.					
PHASE 4	Human to human transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.	Direct and coordinate rapid pandemic containment activities in collaboration with WHO to (limit or delay the spread of infection.	Increase surveillance. Monitor containment operations. Share findings with WHO and the international community.	Promote and communicate recommended interventions to prevent and reduce population and individual risk.	Implement rapid pandemic containment operations and other activities; collaborate with WHO and the international community as necessary.	Activate contingency plans.
PHASE 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.	Provide leadership and coordination to multisectoral resources to mitigate the societal and economic impacts.	Actively monitor and assess the evolving pandemic and its impacts and mitigation measures.	Continue providing updates to general public and all stakeholders on the state of pandemic and measures to mitigate risk.	Implement individual, social, and pharmaceutical measures.	Implement contingency plans for health systems at all levels.
PHASE 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.					
POST PEAK PERIOD	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.	Plan and coordinate for additional resources and capacities during possible future waves.	Continue surveillance to detect subsequent waves.	Regularly update the public and other stakeholders on any changes to the status of the pandemic.	Evaluate the effectiveness of the measures used to update guidelines, protocols, and algorithms.	Rest, restock resources, revise plans, and rebuild essential services.
POST PANDEMIC PERIOD	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.	Review lessons learned and share experiences with the international community. Replenish resources.	Evaluate the pandemic characteristics and situation monitoring and assessment tools for the next pandemic and other public health emergencies.	Publicly acknowledge contributions of all communities and sectors and communicate the lessons learned; incorporate lessons learned into communications activities and planning for the next major public health crisis.	Conduct a thorough evaluation of all interventions implemented.	Evaluate the response of the health system to the pandemic and share the lessons learned.



RCDSB Pandemic Phase Actions

Phase	Description	Characteristic	WHO Planning & Coordination	RCDSB Planning and Coordination
Phase 1	No animal influenza virus circulating among animals have been reported to cause infection in humans	No influenza subtypes detected in humans	Develop, exercise, and periodically revise national influenza pandemic preparedness and response plans	Prevention <ul style="list-style-type: none"> Regular monitoring of schools communities and reports of staff/student absenteeism over 10% of the school population (presented with influenza type symptoms). Reinforcement, teaching , and practice of public health measures to mitigate the effects of any influenza spread (frequent and effective hand washing techniques, coughing and sneezing etiquette, encouraging participation in

				<p>flu vaccination clinics, encouraging staff and students to stay home when they are sick).</p> <ul style="list-style-type: none"> • Ensure that school specific emergency plans and procedures are current. • Regular information and correspondence to parents/guardians reminding them of public health measures and surveillance of influenza symptoms. • Adhere to the guidelines established by the Ministry of health and RCDHU.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.	Sustained human-to-human transmission outside Canada	Continue to develop, exercise, and periodically revise national influenza pandemic preparedness and response plans	<p>Control</p> <ul style="list-style-type: none"> • Plant and Maintenance Departments to revise and review cleaning practices in relation to viral containment. • All employees are reminded that common phones, photocopiers, door handles can contain pathogens and are sources of both contamination and spread. • Distribution of information and education bulletins are circulated to staff to keep all informed current strategies. • Adhere to the guidelines established by the Ministry of Health and RCDHU.
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Pandemic Declared in Canada	Sustained human-to-human transmission in Canada	Continue to develop, exercise, and periodically revise national influenza pandemic preparedness and response plans	<p>Reinforcement</p> <ul style="list-style-type: none"> • Health & Safety and Facilities Departments to ensure adequate storage of necessary supplies in preparation for possible shortages. • Reinforcement of good handwashing techniques and other relevant public health measures. • All employees are encouraged to show vigilance. • Adhere to the guidelines established by the Ministry of Health and RCDHU.
Phase 4	Human to human	Sustained	Direct and	Action

	transmission of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified. Pandemic Declared in Ontario	human-to-human transmission in Ontario	coordinate rapid pandemic containment activities in collaboration with WHO to limit or delay the spread of infection.	<ul style="list-style-type: none"> • Possible school closures, under the authority and advisement of provincial or local Public Health Units. • Community use of schools may be restricted. • Plant and Maintenance monitor cleaning practices. • The Human Resources Department monitors deployment of staff and necessary internal information or concerns about the influenza outbreak. • Communications Department to share and distribute internal and external memoranda, infographics, and statements on all platforms and channels. • Supplies may be stockpiled. • Workplace influenza Notification will be posted on the entrance doors of all RCDSB facilities, as per the direction by local health officials.
Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region. Pandemic Declared in Renfrew County	Sustained human-to-human transmission in Renfrew County	Provide leadership and coordination to multisectoral resources to mitigate the societal and economic impacts.	Action The same actions as noted above in Phase 4 will continue with these additions: <ul style="list-style-type: none"> • Schools may be closed, as per Public Health Officials. • Review process for school closures. • Access to premises may be restricted and health self assessments will be required prior to admittance for anyone entering buildings • Communicate modifications to daily operations.
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.	Sustained human-to-human transmission in Renfrew County	Actively monitor and access the evolving pandemic and its impacts and mitigation measures	Action The same actions as noted above will continue with these additions: <ul style="list-style-type: none"> • Pandemic Committee working in partnership with community agencies and health officials as per local pandemic plan emergency response strategies.

Post Peak Period	Levels of influenza in most countries with adequate surveillance have dropped below peak levels.	Decreased human-to-human transmission in Renfrew County	Plan and coordinate for additional resources and capacities during possible future waves.	<ul style="list-style-type: none"> • Prepare for schools to reopen • Communicate with Union groups on steps made to ensure sure schools are safe and ready to reopen • Communicate reopening plan with community • Begin reopening RCDSB buildings.
Post Pandemic Period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.	Return to Inter-Pandemic Phase	Review lessons learned and share experiences with the international community. Replenish resources. Evaluate the pandemic characteristics and situation monitoring and assessment tools for the next pandemic and other public health emergencies.	Return to the interpandemic period. <ul style="list-style-type: none"> • Review procedure and policies. • Replenish resources • Evaluate RCDSB's response to the emergency situation. • Survey on emergency protocols. • Monitor school and staff absences in relation to illness symptoms related to pandemic

Legislation

Health Protection and Promotion Act, 1990

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 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 Renfrew County District Health Unit 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.

Order to provide information

(1) Subject to subsections (2) and (3), if the Chief Medical Officer of Health is of the opinion, based on reasonable and probable grounds, that there exists an immediate and serious risk to the health of persons anywhere in Ontario, he or she may issue an order directing any health information custodian indicated in the order to supply the Chief Medical Officer of Health or his or her delegate with any information provided for in the order, including personal health information. 2009, c.33, Sched.18, s.12 (6).

Restriction

(2) The Chief Medical Officer of Health may only make an order under subsection (1) if he or she is of the opinion, based on reasonable and probable grounds, that the information is necessary to investigate, eliminate or reduce the immediate and serious risk to the health of any persons, and the information supplied must be no more than is reasonably necessary to prevent, eliminate or reduce the risk to the health of persons anywhere in Ontario. 2009, c.33, Sched.18, s.12 (6).

Further restriction

(3) The Chief Medical Officer of Health may use or disclose the information provided to him or her under subsection (1) only for the purpose of investigating, eliminating or reducing the risk to the health of persons anywhere in Ontario and for no other purpose. 2009, c.33, Sched.18, s.12 (6).

Restriction on recipient

(4) Any person to whom the Chief Medical Officer of Health discloses the information pursuant to subsection (3) may use or disclose that information only for the purpose of investigating, eliminating or reducing the risk to the health of persons anywhere in Ontario and for no other purpose. 2009, c.33, Sched. 18, s.12 (6).

Prevail over other provisions

(5) Subsections (3) and (4) prevail despite anything in,

(a) the Freedom of Information and Protection of Privacy Act;

(b) the Municipal Freedom of Information and Protection of Privacy Act; and

(c) the Personal Health Information Protection Act, 2004. 2009, c.33, Sched.18, s.12 (6).

Comply with order

(6) A health information custodian that is served with an order under subsection (1) shall comply with the order within the time and in the manner provided for in the order. 2009, c.33, Sched.18, s.12(6).

Personal Health Information Protection Act, 2004

Use and disclosure of personal health information

31 (1) A health information custodian that collects personal health information in contravention of this Act shall not use it or disclose it unless required by law to do so. 2004, c.3, Sched. A, s.31(1).

Occupational Health and Safety Act

Duties of Employers

Section 25 (2) without limiting the strict duty imposed by subsection (1), an employer shall,

- (h) take every precaution reasonable in the circumstances for the protection of a worker;

Refusal to work

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

Employers faced with an infectious disease related work refusal must comply with the OHSA work refusal procedures (OHSA Section 43) (RCDSB Administrative Procedure 495 – Refusing Unsafe Work)

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

In the event of a work refusal, an employer has an obligation to place the refusing employee in an area where he or she is safe, and perform an investigation into the reason for the work refusal. This investigation must include the worker rep of the Joint Health and Safety committee JHSC. If it is determined that no objective risk exists but the refusing employee maintains his or her refusal, the Ministry of Labour would be contacted to investigate.

Workplace Safety and Insurance Act

The Act provides compensation for “personal injury or illness arising out of and in the course of employment” and provides compensation where “a worker suffers from and is impaired by an occupational disease that occurs due to the nature of one or more employment in which the worker was engaged.”

With respect to an infectious disease in the workplace, entitlement would likely be decided on a case by case basis.

The Employment Standards Act, 2000

Leave of Absence Without Pay

(1.1) An employee is entitled to a leave of absence without pay if the employee will not be performing duties of his or her position because of an emergency declared under section 7.0.1 of the *Emergency Management and Civil Protection Act* and,

- (i) because of an order that applies to him or her made under section 7.0.2 of the *Emergency Management and Civil Protection Act*,
- (ii) because of an order that applies to him or her made under the *Health Protection and Promotion Act*,
- (iii) because he or she is needed to provide care to an individual referred to in subsection (8), or
- (iv) because of such other reasons as may be prescribed. 2006, c. 13, s. 3 (3).

Subsection (8) (1.1) (a) (iii) and (1.1) (b) (v) apply with respect to the following individuals:

1. The employee's spouse.
2. A parent, step-parent or foster parent of the employee or the employee's spouse.
3. A child, step-child or foster child of the employee or the employee's spouse.
4. A child who is under legal guardianship of the employee or the employee's spouse.
5. A brother, step-brother, sister or step-sister of the employee.
6. A grandparent, step-grandparent, grandchild or step-grandchild of the employee or the employee's spouse.
7. A brother-in-law, step-brother-in-law, sister-in-law or step-sister-in-law of the employee.
8. A son-in-law or daughter-in-law of the employee or the employee's spouse.
9. An uncle or aunt of the employee or the employee's spouse.
10. A nephew or niece of the employee or the employee's spouse.
11. The spouse of the employee's grandchild, uncle, aunt, nephew or niece.
12. A person who considers the employee to be like a family member, provided the prescribed conditions, if any, are met.
13. Any individual prescribed as a family member for the purposes of this section. 2020, c. 3, s. 4 (3).

(9) Repealed: 2020, c. 3, s. 4 (4).

Operations

General Information

The health and safety of students and staff is of primary importance and will be closely monitored. If health or safety becomes a concern, the District's senior staff committee will consider recommending the closure of specific sites. Special arrangements may be necessary for medically-at-risk students and staff as soon as a pandemic or epidemic is declared in Ontario. It is also possible that the local Medical Officer of Health may make recommendations regarding the closure of individual schools or all schools. In terms of preparing for the impact of the pandemic, it has been projected that up to 40 – 60% of the workforce may be absent due to the effects of the virus on individuals and families; **it should be noted that if schools are open during a declared pandemic, normal program expectations and service levels may not be met.**

Organizational Structure

When a pandemic or epidemic is declared in Ontario or the region, the following organizational structure will be implemented.

1. The Board's Executive Council will be responsible for directing the system on a day-to-day basis.
 - a. Role of the Executive Council
 1. To direct the overall operation of the system
 2. To receive updates and reports from the Pandemic Management Committee
 3. To make decisions regarding the District/Regional operation of the Board
 4. To review information items and news releases prepared by the Pandemic Management Committee and to authorize the sending of media releases
 5. To report to the District on the operation of the system
 6. To determine the closing of any school(s) due to excessive absenteeism
2. A special committee called the Pandemic Management Committee will be created by the Director of Education. The purpose of the Pandemic Management Committee is to act as a resource and make recommendations to the Board's senior staff.
 - a. The Pandemic Management Committee shall consist of the following personnel:
 1. Director of Education
 2. Assistant to Director of Education
 3. Executive Council (all Superintendents)
 4. Senior Managers
 5. Communication Manager and Coordinator
 6. Assistant Manager, Health and Safety
 7. Health & Safety WSIB Supervisor
 8. Elementary Principal Representative

9. Secondary Principal Representative
 10. Mental Health Leader
 11. Administrative Assistants to Superintendent
- b. Role of the Pandemic Management Committee
1. To monitor and make recommendations on the overall operation of the system on a daily basis
 2. To make clear and complete assessment of situations that may arise
 3. To act as a resource to the District's senior staff committee
 4. To recommend courses of action to the District's senior staff committee
 5. To develop the substance of all news releases
 6. To act as an emergency resource for Superintendents of Education, Principals and other District personnel
 7. To coordinate and communicate with community partners

District Operational Strategies

When a pandemic or epidemic is declared in Ontario or the region, the following operational strategies will be implemented.

1. The Director's Office shall receive update reports about all schools and departments.
2. The Pandemic Management Committee will review the data that has been received. and will draft any required news releases. Some members of the Committee should be available at all times to respond to an emergency situation.
3. In the event of an emergency situation arising, the Pandemic Management Committee will assess the situation, make decisions regarding requests for assistance.
4. A Superintendent of Education, or designate, must always be available to respond to an emergency situation.
5. All requests by the media will be referred to and received by the Director of Education. Schools will be closed to all media.
6. All communication regarding the pandemic and the District's response will be provided by the Director of Education.
7. A secretary/scribe should be designated for the Pandemic Management Committee and all decisions should be logged.
8. All Superintendents of Education and Managers or their designate must consult with the lead contact for the Pandemic Management committee before making any decisions or taking any significant action. This will ensure appropriate consultation and issues will be handled in a consistent manner in the system.

Pandemic Declared Operational Modifications - *Schools Remain Open*

It is the Board's intent to conduct affairs in accordance with existing policies, operating procedures and through the guidance of local public health officials. Once a pandemic is declared and the schools remain open, there will be some operational modifications which may include:

1. Board Meetings – Board meetings will be held as required and may be held virtually as required.
2. Community Use of Schools– existing/new permits for school facility use will be suspended
3. Computer Support – computer support will continue to operate provided sufficient staff is available. Items related to pandemic communications will be given the highest priority
4. Continuing Education – night school and summer school programs will be postponed based on direction by the Ministry of Education
5. Courier – will attempt to operate as usual
6. Custodial Services – frequency of services may be altered due to staffing levels and to focus on infection control
7. Extracurricular Activities – extracurricular activities will be postponed
8. Field Trips/Excursions – there will be a moratorium on field trips/excursions
9. Food Programs – pizza days, milk programs and other school based food programs will be postponed
10. Garbage Collection – the normal process of garbage collection will be maintained
11. Maintenance – the normal procedure will continue with concentration on emergency calls
12. Meetings – meetings that take administrators or staff out of school will either be postponed or held by teleconference
13. Occasional Teachers – the normal procedure will continue
14. Professional Development Activities – all professional development and attendance at conferences will be postponed
15. School Councils – School Council meetings at the school or county/district level will be postponed. Principals will have a plan for on-going communication with the Chair of the School Council
16. Security of Facilities – while schools are open, security will continue in accordance with current procedures

17. Student Transportation – subject to daily review, buses will maintain regular schedules while schools are open. Absenteeism of bus drivers may jeopardize the operators ability to provide adequate level of service
18. Supply Orders – the normal process for ordering supplies will be maintained
19. Volunteers – the practice of having volunteers in schools will be suspended.

Pandemic Declared Operational Modifications - *School Closures*

It is the Board’s intent to conduct affairs in accordance with existing policies, operating procedures and through the guidance of local public health officials. Once a pandemic is declared and school closures are necessary, further operational modifications will be required which may include:

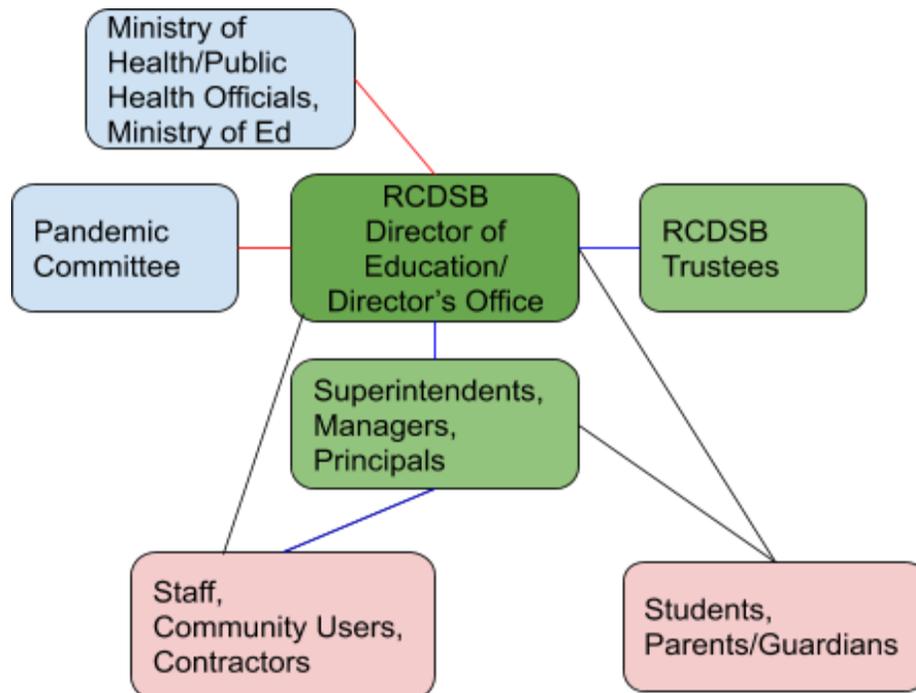
1. School closures, including continuing education, may affect some or all schools.
2. Co-op Placements – suspended
3. Community Use of Schools– suspended
4. Board Meetings – Board meetings will be held as required and may be held virtually as required.
5. Home Instruction – suspended
6. Computer Support – computer support will continue to operate provided sufficient staff is available. Items related to pandemic communications will be given the highest priority
7. Courier – suspended
8. Custodial Services – regular checks of buildings to ensure security and potential defects
9. Security of Facilities – security will continue in accordance with current procedures. Access to sites may be restricted to key personnel.
10. Extracurricular Activities – suspended
11. Field Trips/Excursions – cancelled
12. Instruction/Evaluation/Reporting – where possible, the regular instructional program and those activities related to instruction, evaluation and reporting will continue through online learning
13. Maintenance – the normal procedure will continue with concentration on

emergency calls. Maintenance practices will reflect direction from the Province regarding essential work

14. Meetings – all meetings will either be postponed or held by teleconference
15. Mental Health - School Support Counsellors and Social Workers will continue to provide support to students and families through remote means and make referrals to community agencies as needed, with the guidance of the Mental Health Leader, provincial coach and School Mental Health Ontario.
16. Professional Development Activities – all professional development and attendance at conferences will be postponed
17. School Councils – School Council meetings at the school or county/district level will be postponed. Principals will have a plan for on-going communication with the Chair of the School Council
18. Student Transportation – suspended
19. Supply Orders – emergency procedures to be followed for ordering supplies

Pandemic Response Flow Chart: Communication Protocol

All external communications are issued by the Renfrew County Medical Officer of Health. All internal communications and directives will be through the Director’s Office and the Superintendent of Employee Services.



Communication Protocol

Planning for timely, proactive and sufficient communication with staff, students, parents, trustees and administrators is a vital component of our pandemic planning initiative. The Renfrew County District School Board (RCDSB) recognizes that *nothing is more important to parents/guardians than the wellbeing of their children*. Our goal is to serve Renfrew County families to the best of our ability, in environments that are supportive of their health and wellbeing.

Guiding Principles

The following principles will guide our decision-making:

- Decisions about closing schools for health reasons will be made by Medical Officers 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 the public health unit and the school principal.
- We make all our decisions based on available information and with the best interests of students in mind. We recognize that public opinion on our actions will vary; however, our primary communication goal is to ensure our stakeholders are informed about our plan and contingency actions.

Key Messages

1. The Renfrew County District School Board is prepared for a pandemic or epidemic. Our plan is open to students, staff, parents/guardians and the community for their information and feedback.
2. During a pandemic or epidemic, the Renfrew County District 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 by a specific situation.
3. Our priority during a pandemic or epidemic, is the health and safety of students and staff and our intent is to keep schools open as long as it is safe to do so. Non-essential services will be halted to focus on providing the most necessary services to our community.

Pandemic Resources

Government of Canada

<https://www.canada.ca/en/public-health/services/diseases.html>

Ontario Ministry of Health and Long Term Planning

http://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/default.aspx

Renfrew County and District Health Unit <https://www.rcdhu.com/>

Renfrew County and District Health Unit – Pandemic Influenza Planning

<https://www.rcdhu.com/for-professionals/health-care/pandemic-influenza-plan/>

Renfrew County and District Health Unit - Outbreak Management Guide

https://www.rcdhu.com/wp-content/uploads/2018/08/2018_Outbreak-Management-Guide_REV.-AUG_28_FINAL.pdf

World Health Organization (WHO) <https://www.who.int/influenza/preparedness/en/>

WHO Pandemic Phases:

https://www.who.int/influenza/resources/documents/pandemic_phase_descriptions_and_actions.pdf

US Department of Health & Human Services

<https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>

Centers for Disease Control and Prevention <https://www.cdc.gov/>