



Pandemic Preparedness Plan

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 co-ordinated participation and co-operation of governments, businesses, educational organizations and citizens.

Greater Saskatoon Catholic Schools is one of several public organizations that has prepared to respond for the arrival of the pandemic.

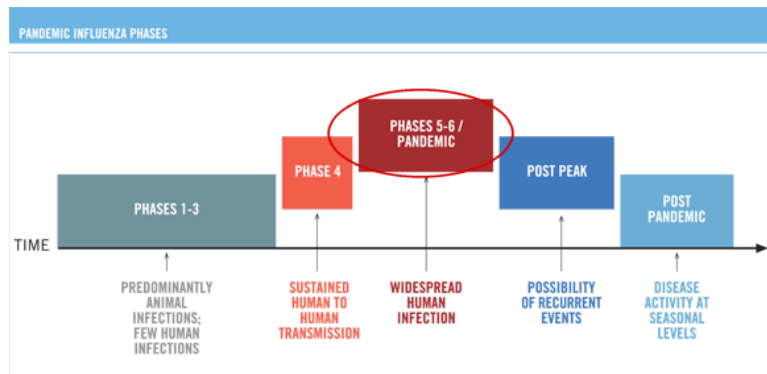
Health officials anticipate having up to three months' warning from the time a pandemic is declared by the World Health Organization to the time the virus arrives in Canada. This is based on the assumption that a pandemic will start elsewhere in the world and then spread to North America.

The World Health Organization identifies the following pandemic cycle. (See table on following page.) The current WHO phase of pandemic alert is 6.

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

^aThe 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.

^bThe 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 through the population.

Experts assume that during an influenza pandemic up to 35 per cent of people will become ill enough to miss work. Of those who become ill, more than one per cent could die.

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 20 to 40 year olds, as was the case during the 1918-1919 pandemic.

The World Health Organization has noted the following about the current pandemic:

- Most people recover from infection without the need for hospitalization or medical care.
- Overall, national levels of severe illness from influenza A(H1N1) appear similar to levels seen during local seasonal influenza periods, although high levels of disease have occurred in some local areas and institutions.
- Overall, hospitals and health care systems in most countries have been able to cope with the numbers of people seeking care, although some facilities and systems have been stressed in some localities.
- WHO is concerned about current patterns of serious cases and deaths that are occurring primarily among young persons, including the previously healthy and those with pre-existing medical conditions or pregnancy.

Vaccination is the most effective way to protect the public from pandemic influenza.

Public health measures, including proper personal hygiene such as frequent hand washing, will help reduce the spread of the virus.

(With information from Saskatoon Health Region, Saskatchewan Health
Manitoba Health)

Goals of this plan

The pandemic plan for Greater Saskatoon Catholic Schools 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 school division may close specific sites. It is also possible that the Deputy Medical Health Officer with the Saskatoon Health Region may make recommendations regarding the closure of individual schools, or all schools.

Greater Saskatoon Catholic Schools is committed to working closely with community partners, especially the Saskatoon 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.

II. OPERATIONS DURING A PANDEMIC

Organizational Structure

Formation of Operations Committee

In the event that the severity of the current pandemic increases, an Operations Committee will be formed. This committee will consist of the members of Executive Council:

- Director of Education
- Superintendents of Education – Learning Services
- Superintendent – Administrative Services
- Superintendent – Human Resource Services.

The Principal on Assignment and the Communications Consultant will participate on the committee as resources to Executive Council.

The formation of the committee will ensure a highly structured and directed mode of operation within Greater Saskatoon Catholic Schools.

Role of the Operations Committee

1. To make decisions and direct the overall operation of the division.

2. To make a clear and complete assessment of situations that may arise within the division and recommend courses of action, considering guidance from the health region.
3. To liaise and co-operate with other organizations in response to the pandemic.
4. To determine the closure of any school(s) and/or changes in school operations.
5. To report to the Board of Education

Operational Mode

1. By 9:30 a.m. in-school administration will send updated reports, including staff and student absences, to their unit superintendents.
2. At or before 10:00 a.m. the Operations Committee will meet to review information and determine necessary courses of action.
3. At or before 11:30 a.m. the Operations Committee will have determined necessary courses of action and reported to school-based administrators. Actions may include, but are not limited to, school closure and/or cancellation of extracurricular activity or other events or services. Other potential courses of action will be listed under Information Items.
4. At or before 2 p.m. the Greater Saskatoon Catholic Schools division 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 Communications Consultant. The Operations Committee shall decide how to handle specific media requests brought by the Communications Consultant. Requests by the media for school access will be dealt with on a case-by-case basis.
6. In the event of an emergency situation requiring an immediate response, a member of Executive Council, in consultation with the Director of Education, shall make the necessary decision.

The Operations Committee will designate a secretary to record committee decisions.

Potential Impact on School Division Operations:

It is our intention to conduct the affairs of Greater Saskatoon Catholic Schools 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 in consultation with authorities from the Saskatoon Health Region, the intention is that:

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**.
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. **Hot lunch days** – hot lunch days and other special lunch programs will be cancelled.
9. **Instruction/Evaluation/Reporting** – where possible, the regular in-school instructional program and those activities related to instruction, evaluation and reporting will continue.
10. **Maintenance** – where possible, the normal procedures shall continue.
11. **Meetings** – meetings that take administrators or staff out of school will be either cancelled or held by teleconference.
12. **Parent-teacher interviews/Three-way conferences** – parent-teacher interviews will be cancelled.
13. **Professional development activities** – all professional development activities and attendance at conferences will be cancelled.
14. **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.
15. **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 Saskatoon Health Region regarding issues that arise with placement of staff.

16. **Student transportation** – where possible and subject to daily review, student buses will maintain regular schedules while schools remain open.
17. **Substitute teachers, casual service and support staff** – where possible, normal procedures will continue.
18. **Summer school** – summer school programs will be cancelled.
19. **Tragic events response teams** – tragic events support will be provided.
20. **Volunteers** – continued use of volunteers will be considered on a case-by-case basis.

Pandemic Influenza Operations – Organizational Structure

