Emergency Preparedness and Response Plan

Contents

Introduction

The goal of this plan is to ensure clear communication and effective problem solving working with the Halton Region Public Health and Halton District School Board (HDSB) stakeholders in a coordinated response to issues as they arise, while keeping the dignity of the human being at the centre of our actions and support. This response plan would address a pandemic or other infectious disease event, and would be activated in collaboration and consultation with Public Health.

The Halton Region Public Health will employ the following key public education activities prior to and during an infectious disease event:
- Advise the Board of potential health risks in the community and level of activation (i.e., enhanced monitoring level) as per Halton Region Emergency Program Plan https://www.halton.ca/Repository/By-law-No-39-18-Halton-Region-Emergency-Program (p. 21)
- Develop and communicate key messages;
- Develop and distribute educational materials (e.g., fact sheets, pamphlets),
- Promote Infection Prevention and Control (IPAC) practices (website, signs, media announcements);
- Implement Halton Region Public Health containment strategies (websites, signs, media announcements) such as isolation protocols, restriction/cancellation of social gatherings and community events, closure of public facilities and other places of assembly, closure of schools and child care facilities;
- Discuss facility and resource needs and partnerships with the Board; and
- Organize mass immunization clinics and alternate assessment/treatment centers as needed.

This plan is designed to decrease exposure to illnesses through proactive measures and lays out a recommended response to most emergencies with the common goals of the:

- protection of students and staff;
- coordination of essential school business operations based on risk management principles;
- preparation for the closure of school operations (in the event this is required) and eventual school re-opening; and
- potential use of school facilities by community partners.

This plan will be updated and/or revised on an annual basis or as new information becomes available and planning evolves to address the unique needs that may arise (Appendix C).

Basic foundations of infection control in school settings should always be approached in an equitable and compassionate way which promotes the safety and well-being of all.

Definitions:

Pandemic - The World Health Organization (WHO) defines a pandemic as "the worldwide spread of a new disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity. Viruses that have caused past pandemics typically originated from animal influenza viruses." (www.who.int February 24, 2010)

For more information see
https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/

The World Health Organization Phases of Pandemic Alert have been included in Appendix A for your reference.

Infectious disease event - An increased risk of communicable disease spread involving the need for specialized mitigation, planning, and response interventions to prevent and control the spread of disease.

Section I ~ Key Learnings

This report was developed in Spring 2021 approximately 16 months into the COVID-19 pandemic. As the Halton Region looks forward to entering the recovery phase from this world pandemic, reflections on what was learned and considerations for what might be done differently are important to capture so as to inform future emergency situations. This document is intended as a review of HDSB's emergency response to the pandemic, considering what went well and challenges that were encountered. Recommendations for an improved response in a future infectious disease emergency are included in Sections 3 to 6 of this report.

Representation from all areas of board operations, schools and trustees were involved in the review process. As groups met and provided their insights and feedback, the pandemic response review plan evolved to an emergency preparedness and response plan that will serve to guide actions in preparation for and when a future emergency situation arises.

Key themes that emerged during the departmental, school and trustee group meetings that were held during this review include: health and safety, technology, communication, equity, student learning, mental health and well-being, and community partnerships.

Additionally, the HDSB collected feedback from students and parents/guardians through the Have Your Say Survey and themes have been incorporated into this section of key learnings.

Health and Safety
The physical health and safety of staff and students was clearly the highest priority for the Board and was noted by groups as being evident in well-defined Infection Prevention and Control (IPAC) measures such as cleaning protocols, personal protective equipment (PPE) requirements and flexible learning/working from home.

The majority of parents/guardians reported favourably about the Health and Safety protocols put in place for in-person learners. Student feedback from Have Your Say indicated they felt safe with the rules/protocols put in place to support healthy in person learning environments.

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Safety protocols and PPE, while keeping staff and students safe, impacted the learning environment, reducing social interactions and learning groupings, and limiting the ability to read facial expressions. Some groups indicated that the central management, ordering and distribution of PPE and critical supplies went well and happened on a timely basis while other groups noted that there were issues with PPE, particularly in terms of choice in the variety of PPE.

Technology
The availability of technology (i.e., hardware, software, remote connectivity, secure access) for students and staff was vital for continuity of learning, service and business, along with the knowledge of how to use it effectively. Positive feedback indicated that any students in need were supported with technological devices and/or remote connectivity. Secure remote access (e.g., VPN) for applications that required being on the Board domain was provided for key staff (e.g., Senior Secretaries, Business Managers, some corporate staff, etc.). Student and staff knowledge and experience with the required technology (e.g., hardware and software) varied greatly and required differentiated support and training.

From spring 2020 to the 2020-2021 school year, parents/guardians reported favourably to improved access to technology/connectivity to support remote learning. Many students (mostly elementary) commented on the issues they had with virtual learning (e.g., volume, slow connection, glitches, etc.) via the Have Your Say Survey.

Communication
The importance of communication that is clear and timely was mentioned by every department during this review. Use of SchoolMessenger and social media to communicate with families was indicated as being effective.

Parent/guardian feedback was positive with respect to connections with their child(ren)'s teacher(s) (e.g., virtual meetings, emails). Additionally, they felt strongly that communication from the school or the Board kept them up to date during the crisis.

Frequently Asked Questions (FAQs) posted on the Board website for families and internal website for staff were less effective. The fluidity of the pandemic situation meant frequent changes to the information provided in the FAQs. It also brought

new challenges, often with short timeframes provided in the Ministry of Education directives. Having the necessary/required pieces in place and communicating it to impacted stakeholders were ongoing challenges, including translating documents into multiple languages in a timely manner.

Equity

This pandemic highlighted the need for a focus on equity. An example of how HDSB addressed inequities during this emergency was their provision of remote access for students who live in areas of the Board that are underserved by internet connectivity. Recognizing that many families were struggling financially, schools requesting funds from families (e.g., purchasing spirit wear, fundraising) were put on hold. Board personnel partnered with community agencies to adjust processes and enable the continuation of providing access to food and essential items for families in need.

With respect to equity of access to resources to support the well-being of students, the majority parent/guardian Have Your Say responses indicated that this was a strength in Board and school operations.

Awareness of the disproportionate impact on certain communities and the resulting impact on their mental health and well-being arose. Responding to emerging areas of inequity resulting from this pandemic will be an on-going focus and area of need.

Student Learning

Throughout this pandemic, students continued to learn through in-person and remote learning models. The Ministry of Education and our Board sought feedback from students, families and staff in June/July 2020, and responded with changes to the delivery of education throughout the 2020/2021 school year. Lessons were learned from the distance learning model in Spring 2020 and remote learning in January 2021 and Spring 2021 contributed to improvement in areas such as the time required to pivot into changing learning models was reduced; staff and student use of technology such as Google Classroom (elementary), BrightSpace (secondary), and Google Meets (both panels). The use of online platforms/learning management systems became more proficient in support of virtual learning and distribution of required resources to students was smoother and faster.

Learning continuity was impacted by cohorting restrictions, wearing face masks that hid facial expressions, and teachers wearing face shields which made students' voices hard to hear. Additional challenges to learning continuity during COVID-19 were student absenteeism and sufficient/timely replacements for staff absences. The feedback acknowledges that gaps in learning due to the pandemic with its sudden changes in learning models (e.g., remote and in-person), and the impacts on families (e.g., physical, emotional, financial, etc.) need to be included in preparedness planning in order to support our students in moving forward in their learning.

Key themes that emerged regarding learning from the student Have Your Say Survey included appreciation of leniency with deadlines and many indicated remote learning was more difficult and less enjoyable than in-person learning. In a full virtual learning model many students commented on the difficulty in maintaining focus, staying motivated and engaged.

In the secondary student feedback on the quadmester learning model directed by the conditions of the pandemic, students felt their learning was rushed, subjects were taught too quickly, the amount of work assigned was a lot to handle for some and many students felt the 2 and 3 hour classes were too long.

In comparison to spring 2020, parents/guardians reported improvement when switching from in-person to remote/virtual learning during a class or school closure. Many also indicated that "how their child(ren)'s learning needs were met whether learning in-person, remote/virtual", was improved during this time.

Mental Health and Well-being
An important recurring theme with each group was the mental health and well-being of students, families and staff in every role (classroom and non-classroom) during and likely after the pandemic. Resources were provided to support students, families and staff, including additional mental health workers in schools and over the summer.

Across both panels, students reported teachers promoted positivity and checked in on students' well-being. Students appreciated having body breaks, breaks during calls, mask breaks etc.

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Though some elementary students indicated they were saddened by the lack of connection they had with their classmates and/or friends, others shared that their friends helped their well-being throughout the school year. Many also commented on the benefits of participating in breakout rooms with peers in the virtual learning environment. Elementary students felt their family supported them with school work and their well-being.

Students reported that their mental health was negatively impacted by a variety of factors. As HDSB addresses learning recovery in literacy and numeracy, an emphasis on well-being is critical. Supporting people's individual pathway to improved mental health and well-being is a major area of need for the recovery phase.

Community Partnerships
Community partnerships with organizations such as Halton Region Public Health, our coterminous board, and third party providers were important throughout HDSB's response to this emergency situation. Working together to keep students and staff safe as well as to determine where supports could be maintained and what adjustments were required, assisted in meeting the needs of students and their families.

A collaborative approach in communication of information and support to schools and families was facilitated through liaising with key partners (e.g., Public Health and Board meetings, school IPAC visits). Sustaining, building and maintaining relationships is an important proactive measure that can be found in this plan's recommendations.

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Section II ~ Legislation

Local public health authorities are responsible for coordinating the emergency response for infectious diseases including influenza pandemic planning for the health sector in their jurisdictions, with direction from the provincial and federal governments.

A Medical Officer of Health (provincial or country) has the authority under Section 22 of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H7 to issue an order to control communicable diseases if they are 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. These could include an order requiring an individual to isolate themself , to place themselves under the care and treatment of a physician, or to submit to an examination by a physician.
The *Personal Health Information Protection Act*, S.O.2004, (PHIPA) 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, HDSB may request information that will assist health experts in determining the extent of the illness. This may include student/staff absence details and contact information to assist in investigations. The investigation may include illness details to monitor disease spread, evaluate prevention and disease measures, and determine further actions.

Health Protection and Promotion Act, 1990

Order to provide information

77.6 (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)

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 they are 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. If it is determined that no objective risk exists but the refusing employee maintains their refusal, the Ministry of Labour would be contacted to investigate.

Workplace Safety and Insurance Act (WSIA - Ontario)

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 employments 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.

Leave Entitlements

In the event an employee or family member is ill the employee is encouraged to consult with Human Resources Services with regards to the leave entitlements under the collective agreement and/or *Employment Standards Act*: this will be dealt with on a case by case basis.

All employee absences must be reported unless schools are declared closed.

Human Rights Legislation

Under provincial human rights legislation (Ontario *Human Rights Code*), employers have a duty to accommodate employees with infectious diseases or those who have been exposed to the same. The level of accommodation will depend on the circumstances.

In accordance with HDSB's Equity and Inclusive Education Policy and the Ontario Human Rights Code, the board recognizes that any form of social or cultural discrimination is incompatible with board principles. The board is committed to providing pandemic planning with an inclusion lens that respects the dignity of every human being.

Quarantine

The Halton District School Board (HDSB) can request that employees voluntarily quarantine themselves if the employee falls under the Ministry of Health and Long-Term Care directives as to who should be quarantined. If the employee refuses or returns to the workplace when they should be in quarantine, the employer must tell the employee to leave the workplace immediately. The Board will then contact the local Medical Officer of Health to report. Under Section 22 of the Ontario *Health Promotion and Protection Act*, when risk to the community is deemed to be greater than an individual's rights, the Medical Officer of Health may, by written order, require a person to conduct themselves in a manner as not to expose another person to infection. This could include an order for quarantine.

If an employee of the Board is quarantined, the Board will confirm the quarantine with the local Medical Officer of Health and determine if there is any risk to other employees, students or community members. At that point the Board will decide on the necessary communication it will provide. Any decision to communicate this information will take into consideration the quarantined employee's right to privacy, where possible.

Can an employee impose self-quarantine?

If the Ministry of Health has issued directives for self-quarantine around a particular infectious disease and an employee reasonably believes they meet those directives, they can legitimately quarantine themselves. The Board has the right to ask the employee for written documentation from a physician or Halton Region Public Health official confirming their quarantine. This decision will be made on a case by case basis, in writing under the direction of Human Resource Services.

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When an employee of the Board is quarantined but not afflicted with a communicable disease and is prevented from attending to duties, the employee shall not be subject to salary or sick leave deductions (see collective agreement).

The HDSB requires that its employees record and report their absences in accordance with Board policy and their respective collective agreement.

School Closures

The decision to close schools will be made by the Director of Education, or designate, in consultation with Halton Region Public Health authorities. The decision will be made based on the best available evidence to the extent possible. The decision to reopen schools will be made in consultation with Public Health.

Duty of School Principal to report disease

28 The Principal of a school who is of the opinion that a pupil in the school has or may have a communicable disease shall, as soon as possible after forming the opinion, report thereon to the medical officer of health of the health unit in which the school is located. [*Health Protection Promotion Act,* R.S.O. 1990, c. H.7, s. 28.]

For more information and a list of reportable diseases see https://www.halton.ca/For-Residents/Immunizations-Preventable-Disease/Diseases-Infections/Reportable-Diseases

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Section III ~ HDSB Three Stage Approach

HDSB has taken a 'Three Stage' approach on the Emergency Preparedness and Response Plan for measures that are proactive, responsive and recovery. This plan is a 'fluid' document and will be reviewed/updated annually or as a situation develops and new information becomes available.

HDSB is committed to being alert and prepared to address infection control issues. Representation from each HDSB department and the Board of Trustees reviewed our Board's response to the COVID-19 pandemic in three continuity focus areas:

Learning Continuity	● School Programs Department ● Special Education Services ● Elementary and Secondary Schools
Service Continuity	● Equity and Inclusive Education Department ● Student Well-being Department ● Communications Department ● Student Health
Business Continuity	● Business Services ● Facility Services ● Human Resources Department ● Board of Trustees ● Information Services

These departments/groups contributed to the recommendations in the following sections for proactive, responsive and recovery measures in the event of a future emergency.

- ○ Recommendations for **Proactive Measures** in the event of a future emergency
  (What do we need to implement now in order to be well-prepared for the next emergency?)
- ○ Recommendations for **Responsive Measures** in a future emergency
  (What generalized measures need to be considered during a future emergency?)
- ○ Recommendations for **Recovery Measures** to transition to normal operations
  (What generalized measures need to be considered during the recovery phase post-emergency?)

Section IV ~ Proactive Measures

The following Proactive Measures are identified priorities by each department/ group to be actioned now in order to be prepared for a future emergency. These Proactive Measures will be reviewed and updated annually to ensure system preparedness remains current (Appendix C).

PROACTIVE MEASURES - LEARNING CONTINUITY	
School Programs	❏ Support staff and student use of Learning Management System or Virtual Learning Platform (e.g., Brightspace, Google Classroom); consider onboarding/training, PPM 164, etc. ❏ Maintain core documentation and curate resources/guidelines ❏ Consider implementation of parent/guardian access to Learning Management Systems (similar to Google Guardian), as well as resources to support the use of those systems ❏ Budget and support training with specialized software and home project learning kits for specific subjects (e.g., French, experiential learning, etc.) ❏ Identify/support virtual and in-person assessment practices/ resources to ensure continuity in addressing learning needs
Special Education Services	❏ Establish and maintain process for virtual meetings (e.g., IPRC, SRT, professional development and networking) ❏ Establish and maintain a process for electronic signatures, confidential file sharing and electronic documentation system ❏ Develop a protocol for remote assessments for specific learning profiles and expand the use of electronic platforms for paperless assessments ❏ On-going training for special education staff on use of technology / applications ❏ Maintain relationships with community agencies that support students with special education needs (e.g., School Based Rehabilitation Services) ❏ Platform for remote assessment
Schools:	❏ Each class/course will maintain Learning Management System or Virtual Learning Platform (e.g., Brightspace, Google

Elementary and Secondary	Classroom) and share teacher access with administrators ❏ Establish processes for monitoring student learning, engagement, well-being ❏ Maintain a collection of devices and a system to allow for distribution/tracking of school-based technology for individual student situations or school closure ❏ Maintain classroom readiness with only board/school purchased furnishings ❏ Ensure that service-side operations are accessible remotely (e.g., phone messages, secure access to Board applications) ❏ Continue with virtual and/or in-person options (e.g., School Council, interviews, school events, HEPA/HSPA meetings, etc.) ❏ Create/enhance outdoor learning environments (including in areas that are not formal outdoor classrooms) and promote the use of them
PROACTIVE MEASURES - SERVICE CONTINUITY	
Equity and Inclusive Education	❏ Address human rights broadly (e.g., discrimination) to build cultural competence ❏ Center the 6 areas of inclusive design in virtual and in-person settings
Student Well-Being	❏ Plan for service delivery model (Board services and community agencies) that operates in in-person and virtual environments ❏ Implement and maintain an electronic documentation system that meets PHIPA standards ❏ Maintain curated bank of resources for supporting well-being of students and families
Communications	❏ Develop and provide communication system training for a variety of platforms (e.g., SchoolMessenger, social media, school website) for administrators, office staff, School Operations Executive Assistants ❏ Consolidate weekly system communication from Senior Team via Associate Director ❏ Implement a system for improved compliance (e.g., read

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	❏ receipts for important emails) ❏ Optimize communication capabilities/technology (e.g., Board website, social media management tools, etc.) ❏ Develop and provide departmental training for crisis communications ❏ Establish crisis messaging protocols and access (e.g., Update staff Google groups, Staff Alerts) ❏ Investigate options for responding to questions raised through central inquiries (e.g., 'Contact Us', 'Staff COVID Inquires', auto-reply for timely response) ❏ Establish process for accessible messaging (e.g., translations, sign language, AODA formats, etc.)
Student Health	❏ Build curriculum connections and communication to schools/families re: respiratory and hand hygiene, good public health practices practices including staying home when ill ❏ Maintain a strong partnership with Public Health, other community agencies and co-terminus board through regular meetings ❏ Coordinate with Business Services and Human Resources to ensure sourced suppliers on Vendor of Record for menu of PPE ❏ Develop and maintain an Emergency Preparedness and Response Plan; review and update annually with a interdepartmental team and conduct tabletop exercises (see Appendix C) ❏ Explore communication and reporting mechanisms that align with Public Health's systems
PROACTIVE MEASURES - BUSINESS CONTINUITY	
Business Services	❏ Develop online capabilities and training to maintain paperless operations (e.g., software, G-Suite, approval processes, service) ❏ Ensure availability and access to key documents (e.g., digitization) ❏ Direct lines of communication (e.g., Director's Office to schools, schools to Superintendents, Superintendents to

	departments) ❏ Collaborate with Student Health and Human Resources to standardize IPAC products (e.g., PPE, hand sanitizer, cleaning supplies, etc.), include on the HDSB vendor of record and determine processes for inventory and warehousing ❏ Establish vendor/contractor priority payment list as per contract details ❏ Maintain a general financial reserve of 1% of provincial allocation ❏ Train Business Services staff to redeploy in another role, in supporting continuity of priority functions (e.g., documentation of processes) ❏ Review contracts and services (e.g., excursions, cafeteria, transportation) for crisis implications (e.g., additional cost, cancellation) ❏ Incorporate tracking/verification and communication of ridership on school purpose vehicles (opt out form, seating plans, school involvement)
Facility Services	❏ Implement periodic tabletop exercises (see Appendix C) ❏ Continue to develop relationships with our partners ❏ Designated alternate meeting rooms/locations/areas ❏ Maintain best practices in facility maintenance and cleanliness (e.g., ventilation, IPAC measures, classroom furniture) ❏ Consider IPAC measures in building design (e.g., new builds, renovations, outdoor spaces)
Human Resources	❏ Develop a process to gather timely information regarding staff needs for accommodations ❏ Establish electronic employee file system ❏ Create remote work models and expectations for each employee group ❏ Ensure employee information is up-to-date (e.g., annual confirmation) and contact information is secure and accessible ❏ Develop a sustainable staff wellness strategy ❏ Implement virtual onboarding process for new employees ❏ Review HR processes and policies with consideration of how

	they would work in an emergency situation ❏ Establish staff crisis response team and processes for accessing support
Board of Trustees	❏ Develop a broad Trustee communication platform (e.g., social media) to promote system messaging to families and the community in multiple modes/languages ❏ Build solid reporting structure that includes trustee input and responsibilities outlined to support processes ❏ Develop an Emergency Preparedness and Response plan, to be reviewed and updated annually: by department/unit/team with roles and responsibilities and alternate functions identified. This plan should be based on HDSB practices and response to the COVID-19 pandemic (as the starting point) and all the lessons learned, processes and systems put into place. Reflect on HDSB's response and lessons learned to incorporate these lessons learned into the plan. ❏ Represent Board interests at the federal, provincial, and municipal levels of government where applicable ❏ Ensure technological competence for Board continuity (e.g., G-Suite, Google Meet training, etc.) ❏ Advocate for Public Health use of absenteeism data to identify trends in a school, neighbourhood, municipality ❏ Advocate for increased funding from the Ministry around responsive and recovery measures ❏ Develop/promote engagement opportunities for staff/students/parents through Trustee committees, activities and Student Senate ❏ Advocate for school board representatives to be included in relevant Ministry decision-making tables
Information Services	❏ Identify and provide HDSB staff with portable technology and secure access (e.g., VPN) to applications ❏ Continue to move forward with software that is less workstation dependent (e.g., iSYS) and more Cloud based (e.g., SparkRock) ❏ Provide training on security awareness and privacy issues

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	associated with working remotely (e.g., Ransomware, phishing) ❏ Provide ongoing technical/security training for teaching staff (e.g., Brightspace, Google Workspace) ❏ Maintain a level of inventory of supported student devices

Section V ~ Responsive Measures

The following Responsive Measures have been identified by each department/ group as priorities to action during an emergency. These generalized measures are intended to guide the planned response of the department/group; a detailed planned response would be developed and implemented in relation to the specific emergency.

RESPONSIVE MEASURES - LEARNING CONTINUITY	
School Programs	❏ Provide first day startup learning activities/supports for educator use (e.g., community building, norms, code of conduct) ❏ Communicate resources and supports available ❏ Identify specialist training needs for students (e.g., those specific to particular programs such as Specialist High Skills Majors, Ontario Youth Apprenticeship, Dual Credits, Cooperative Education, etc.) and provisions for completion ❏ Support educators with ongoing student assessment, intervention, and reporting ❏ Support school-based planning (e.g., guidelines) for student transitions and/or re-engagement
Special Education Services	❏ Develop and implement a plan for delivery of materials to/from students, including specialized equipment ❏ Reallocate staff based on the requirements of the situation (learning model) ❏ Communicate and collaborate with third party providers ❏ Define clear criteria for students who need to learn in-person - considering specialized groups (e.g., BLV, KELLP, ELPHA)
Schools Elementary and Secondary	❏ Implement IPAC measures as identified by Public Health and Student Health ❏ Align school-based decisions and communication with Board provided guidance and protocols, including what/how to communicate with students and families ❏ Work with on site community partners to review procedures

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	and align where possible ❏ Monitor student learning, engagement, well-being, attendance; align school resources (human, materials) to support identified and emerging needs (e.g., trauma informed practices) ❏ Provide technology and learning materials for students and staff, as well as professional learning for staff as needed ❏ Monitor and support staff/self wellness
RESPONSIVE MEASURES - SERVICE CONTINUITY	
Equity and Inclusive Education	❏ Center equity within all areas (e.g., access to technology, connectivity, access to socio-economic supports - food security, communication to families, etc.) ❏ Ensure individual appointed to access community partners and third-party providers to support families (e.g., Halton Learning Foundation, Halton Food For Thought) ❏ Respond to emerging issues related to equity and human rights resulting from the crisis (e.g., develop understanding of impacts of racism)
Student Well-Being	❏ Targeted resources (human, electronic) to support mental health and well-being of students and for families to use to support their child(ren) ❏ Expedite support for a tiered intervention for students ❏ Re-engagement processes for students who are not engaged during crisis
Communications	❏ Streamline messaging throughout the crisis to stakeholders through regular senior team meetings (e.g., staff messaging, messaging for families, town halls, etc.) ❏ Maintain an HDSB presence in response to crisis (e.g., Board website, social media, etc.) in alignment with internal messaging (myHDSB), where applicable ❏ Respond to media inquiries ❏ Monitor workflow to determine additional human resource needs in providing crisis communication ❏ Prepare messaging and scripts to supplement and support school-based communication (e.g., school website, school

	social media platforms, signage, etc.)
Student Health	❏ Collaborate with Public Health on the activation of the Emergency Preparedness and Response Plan, as a result of a public health emergency ❏ Coordinate the inter-departmental team to strategize and maintain Business, Learning and Service Continuity through regular meetings, plans and resources ❏ Facilitate a process for identification of departmental critical and surge functions ❏ Coordinate dissemination of information in an explicit communication strategy ❏ Develop and implement Infection Prevention and Control (IPAC) measures, in consultation with Public Health ❏ Provide updates to the Board of Trustees and schools regularly and as required ❏ Liaise with the Ministry of Education, Ministry of Health and Public Health on the coordination of proactive and reactive responses to the emergency (e.g., service sites, emergency clinics)
RESPONSIVE MEASURES - BUSINESS CONTINUITY	
Business Services	❏ Verify VPN access requirements do not impair the ability to perform essential duties when working remotely ❏ Refine processes to access supplies (e.g., PPE order form) depending on supply chain, available products and employee needs ❏ Redirect deliveries (e.g., supplies, mail, etc.) and develop an alternate process for receipt (e.g., alternate pick-up location or hold) ❏ Communicate with third party providers (e.g., taxi) ❏ Allocate additional crisis funding as per Ministry/Federal parameters
Facility Services	❏ Implement IPAC measures as identified by Public Health and Student Health ❏ Identify Subject Matter Expert (SME) key personnel for crisis response planning and implementation

	❏ Triage priorities ❏ Communicate with third party providers regarding operational programs that may continue or must be halted/modified during crisis (e.g., cafeteria services, rentals) ❏ Monitor risk and implementing measures to support staff (e.g., debrief, wellness check) who are responding to the crisis ❏ Monitor construction projects and communicate to Trustees/Senior Team for potential contingency planning
Human Resources	❏ Coordinate Health and Wellness and Staffing processes (e.g., accommodations, leaves of absence, use of absence codes, work refusals, etc.) ❏ Liaise with union/employee groups ❏ Provide guidance pertinent to the emergency situation (e.g., type of PPE required and instructions) for health and safety of staff ❏ Deploy staff to meet the unique needs of the emergency situation (e.g., classroom and non classroom staff, central staff, etc.) and the accommodation needs of staff ❏ Tailor wellness strategies to respond to the particular crisis
Board of Trustees	❏ Promote community supports for families (e.g., food insecurity, mental health, social services, etc.) ❏ Engage Student Senate in creating content (e.g., social media, written, video) to support IPAC measures and key Public Health messages for peer to peer awareness ❏ Advocate for evidence based Ministry policy around learning during the crisis as well as time sensitive messages in support of equitable large scale implementation (e.g., distribution of technology, communication, etc.) ❏ Use the Trustee platform to promote system messaging to families and the community ❏ Establish regular updates on the agenda for Board of Trustees; include Trustee Reps on Board committees
Information Services	❏ Ensure schools have the required resources to support students learning virtually (e.g., devices, connectivity) ❏ Procure devices to support school needs

	❏ Monitor HDSB network

Responsibilities are further delineated in System Shared Roles and Communication Responsibilities (Appendix B).

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Section VI ~ Recovery Measures

The following Responsive Measures are to be considered by each department/group as the organization transitions into the recovery phase post-emergency.

RECOVERY MEASURES - LEARNING CONTINUITY	
School Programs	❏ Collect central program resources (e.g., reusable home project learning kits) ❏ Continue to implement practices/resources to identify and address learning needs ❏ Develop opportunities for remediation/reach ahead (e.g., summer learning, etc.) ❏ Support educators in reintegration plans for student learning, student well-being, co-curricular and extracurricular opportunities, safety protocols, and student engagement
Special Education Services	❏ Identify and remediate learning needs with targeted interventions ❏ Develop staff professional learning that is aligned to support students' learning needs ❏ Review assessment waitlists and implement a plan to catch up delayed assessments
Schools Elementary and Secondary	❏ Establish learning renewal and recovery to support student learning, engagement, well-being, and attendance ❏ Make learning resources and tech training guides available for families to support their students ❏ Build confidence with the school community through accountable measures based on the return-to-school guidelines ❏ Consider how to build relationships and community among students, staff, and families
RECOVERY MEASURES - SERVICE CONTINUITY	
Equity and Inclusive	❏ Support service connections beyond the crisis (e.g., mental health, economic instability) to support students including

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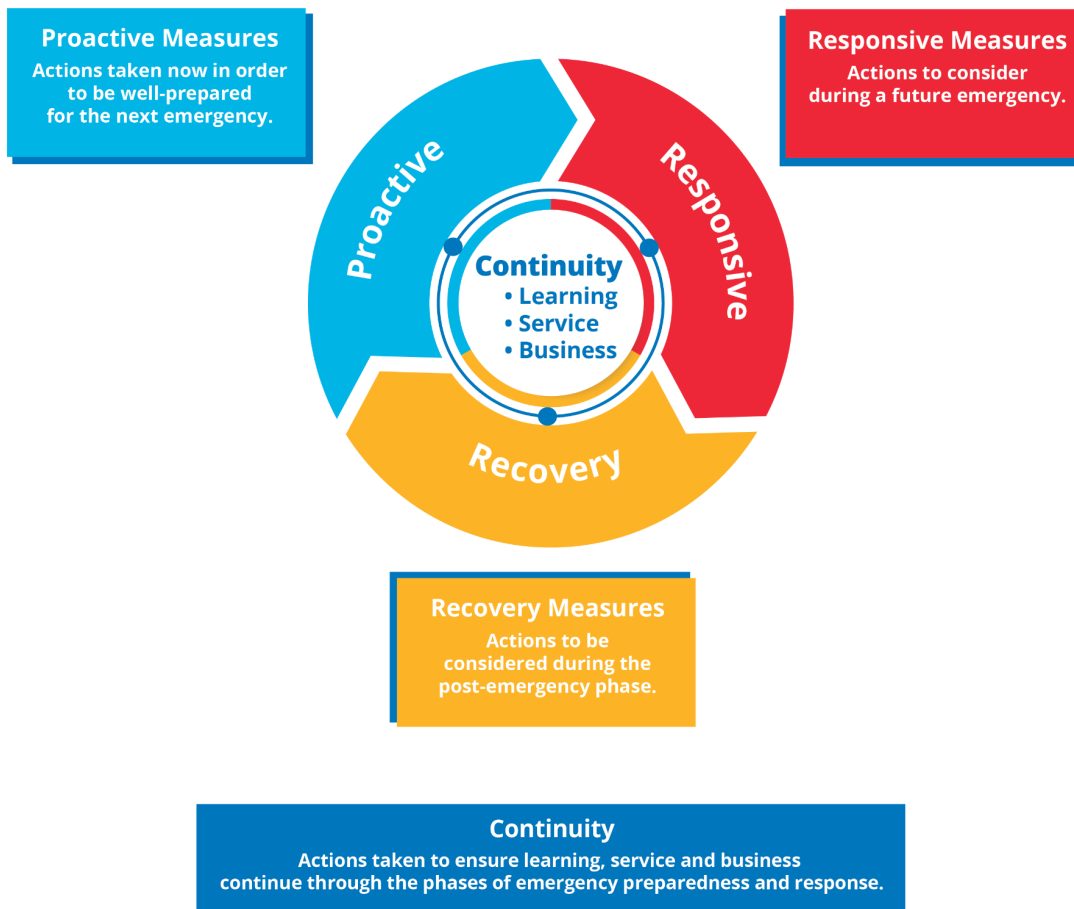
Education	liaising with Equity & Inclusive Education Steering Advisory Committee to better understand impact and supports required ❏ Use data to identify areas of need and determine how to best support students, staff and families ❏ Review of the Human Rights Accountability and Action Plan to align strategies, actions and resources in addressing emerging disproportionate inequities
Student Well-Being	❏ Re-engagement strategy for students who have left school or disengaged from learning ❏ Continued tiered intervention for known and emerging needs - Implement trauma-informed practices ❏ Renewed emphasis on embedding well-being practices in the classroom across the curriculum
Communications	❏ Communications that re-establish confidence in public education system ❏ Analyse communication strategy (system analytics) and system survey data to improve stakeholder awareness and effectiveness
Student Health	❏ Facilitate a review of the emergency response with the inter-departmental team and other stakeholders (e.g., Public Health); update the Emergency Preparedness Response Plan accordingly (see Appendix C)
RECOVERY MEASURES - BUSINESS CONTINUITY	
Business Services	❏ Review software and technology supports available to meet requirements for paperless/remote environment ❏ Review need to continue/adjust services/contracts/processes (e.g., shredding contract, cleaning/scheduled maintenance on closed buildings) and consider associated costs ❏ Facilitate budget discussions around recovery measures (e.g., learning, staffing, technology, facilities, etc.)
Facility	❏ Evaluate operational programs altered by crisis (e.g., waste diversion, rentals, cafeteria services) - restart, modify or

Services	incorporate changes ❏ Evaluate facility systems (e.g., ventilation, maintenance) to maintain/retain/change
Human Resources	❏ Develop return to work plan (e.g., staged, partial, full) ❏ Support system needs with return to work (e.g., reintegrate teams, reestablish community and support collegial relationships) ❏ Communicate about supports for staff available through Employee Assistance Program and Wellness programs
Board of Trustees	❏ Review findings of Board collected data and share with relevant stakeholders (e.g., Student Senate, OBSPA, Ministry of Education) to support recovery and proactive measures. ❏ Review crisis related expenditures, budget impacts and budget forecasts for recovery. Communicate this information during an annual report. ❏ Seek stakeholder input and approve a budget that responds to the impact of the crisis on learning and well-being.
Information Services	❏ Coordinate recovery of assets ❏ Staged return to work - stepped, partial, full - consider how to support ❏ Review processes/protocols that have been implemented (e.g., retainment, service enhancement)

Section VII ~ Conclusion

As each department/group operationalizes the recommendations in this plan and moves forward in its measures to recover from COVID-19, HDSB will be well-prepared to respond to future emergencies.

Emergency Preparedness and Response Plan

Proactive Measures
Actions taken now in order to be well-prepared for the next emergency.

Responsive Measures
Actions to consider during a future emergency.

Proactive

Responsive

Continuity
• Learning
• Service
• Business

Recovery

Recovery Measures
Actions to be considered during the post-emergency phase.

Continuity
Actions taken to ensure learning, service and business continue through the phases of emergency preparedness and response.
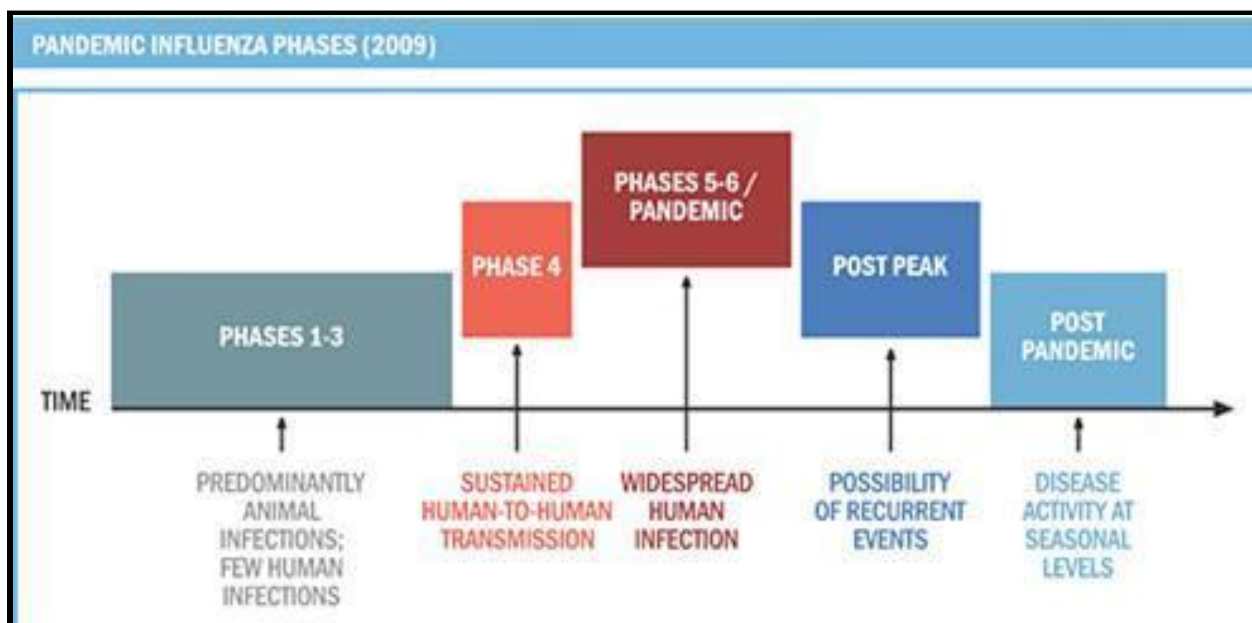
Clarifying the processes and responsibilities of those involved in learning continuity, business continuity and service continuity will further our preparedness to partner and respond.

World Health Organization (WHO) Phases of Pandemic Alert

The Halton District School Board recognizes that the World Health Organization (WHO) phases of pandemic are a high level overview of the global situation and global risk, and this does not represent the situation in each country. We have included the following information on the WHO Phases of Pandemic Alert for information:

"The World Health Organization (WHO) is a global organization that supports the health of all people "regardless of race, religion, political belief, economic or social condition." They are instrumental in guiding local responses and planning for an influenza pandemic. The WHO has identified the phases of a pandemic. Canada and Ontario have developed their planning around the WHO Phases to guide contingency planning and to define the roles and responsibilities of the various levels of government. Although a 'phase specific approach' is warranted during a pandemic, there are limitations to this approach based on the severity of illness.

Phase 1

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in

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Phase 1, no viruses circulating among animals have been reported to cause infections in humans.

Phase 2

In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans and is therefore considered a potential pandemic threat.

Phase 3

In 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. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined

in Phase 5. Designation of this phase will indicate that a global pandemic is underway.

During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate "at-ease" signal may be premature.

In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required."

[*Resource: https://www.who.int*]

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WHO PANDEMIC PHASE DESCRIPTIONS AND MAIN ACTIONS BY PHASE

PHASE	DESCRIPTION	MAIN ACTIONS				
		PLANNING AND COORDINATION	SITUATION MONITORING AND ASSESMENT	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.					
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.	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 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, societal, 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.

World Health Organization

System Shared Roles and Communication Responsibilities

CONTACT PERSON (or designate)	RESPONSIBILITIES
Director of Education	• Establish dedicated link on Board/school websites to Halton Region's website • Direct schools upon queries, as appropriate, in consultation with Halton Region Public Health • Liaise with and update Senior Staff • Liaise with Manager, Communications • Respond to misinformation
Director of Education	• Inform Trustees
Director of Education	• Ensure emergency contact list in place - Director's Office, Senior Staff, Trustees, Other
Superintendent (Communications)	• Maintain internal and external stakeholder websites • Communicate essential information (translated) • Communicate school closure information • Establish automated greeting for reception desk usage • Liaise with Halton Region Public Health Communications Specialist, as required • Maintain Media Relations (requests and promotion) • Liaise with Director of Education • Update internal/external stakeholders in recovery stage
Superintendent (Human Resources)	• Communicate with Unions/Employee Group Presidents
Superintendent (Human Resources)	• Assess daily status of Essential Services, including available personnel • Redeploy internal staff as required • Update Senior Staff as appropriate
Superintendent (Human Resources)	• Solicit qualified staff for other Departments' Essential Services as required
Superintendents	• Establish updated emergency contact list for satellite sites to respective departments
Superintendents Principals/Managers	• Communicate/In-service all staff regarding proactive measures
Superintendents (Family of Schools)	• Communicate/Review Emergency Closure, Evacuation Procedures with School Principals

Principal	● Communicate with School Council Chairperson(s)
Superintendents (Family of Schools) Administrators School Based Staff	● Communicate to families regarding Proactive, Responsive and/or Recovery Measures
Superintendents (Facility Services, Student Health)	● Liaise with Director of Education, Communications and Halton Region Public Health regarding potential reassignment of school use
Superintendents (Facility Services, Early Years)	● Communicate status of sites ○ Childcare, Before & After School Programs ○ Custodial Permits
Superintendents (Facility Services, Early Years)	● Communicate access and align protocols with Daycare Facilities
Superintendent (Facility Services)	● Designate staff for ongoing communication with Custodial Supply companies
Superintendent (Facility Services)	● Designate staff for ongoing communication with Contracted Facility Services (e.g. Snow Plough)
Superintendent (Business Services)	● Designate staff for ongoing communication with Transportation services
Superintendent (Business Services)	● Designate staff for ongoing communication with Secondary School Food Services Vendor(s)
Superintendent (Business Services)	● Designate staff for ongoing communication with furniture/equipment deliveries
Superintendent (Business Services)	● Designate staff for ongoing communication with Post office, couriers
Site Based Joint Health and Safety Committee Representatives	● Keep informed ● Participate as necessary (i.e., work refusals)
Employees	● Follow board guidance/information and comply with responsive measures (e.g., absence reporting, health and safety protocols) ● Reporting health and safety concerns to their supervisor
Parents/Guardians Students	● Follow board guidance/information and comply with responsive measures (e.g., absence reporting, health and safety protocols)

	● Reporting health and safety concerns to their supervisor
Senior Team and Trustee Rep	● Engage in post recovery debrief ● Communicate to Board

Annual Review Process

The Emergency Preparedness and Response Plan requires an annual review to ensure accuracy of measures and readiness to implement in the event of an emergency.

The Superintendent with responsibilities for Student Health will lead the annual review of the Plan through a coordinated interdisciplinary team to review Service, Business and Learning Continuity. The team will be composed of representatives from each department in the board, administrators from elementary and secondary schools, and trustees. This review process will be conducted prior to October 30 of the current school year with the document revision date reflective of the date of review.

In this process the Proactive Measures will be reviewed and updated to ensure ongoing preparedness. Tabletop exercises will be performed to ensure a clear understanding of the Responsive and Recovery Measures. Tabletop exercises are opportunities where core team members discuss their roles and responses to a variety of emergency scenarios. If any issues are identified with the plan during any real or mock responses, the Superintendent with responsibilities for Student Health is responsible to ensure that revisions are made and approved.

The Superintendent with responsibilities for Student Health will also collaborate annually with Public Health to ensure the plans for emergency preparedness align and a coordinated response to an emergency will occur.

Resources

Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health
Sector -
https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pand
emic-influenza-preparedness-planning-guidance-health-sector.html

Centers for Disease Control and Prevention (CDC) - Information for Schools and
Childcare Providers - https://www.cdc.gov/flu/school/index.htm

Halton Region Public Health – https://www.halton.ca/For-Residents/Public-Health

Health Canada - https://www.canada.ca/en/health-canada.html

Ontario Student Trustees Association: Learning and Living During a Pandemic -
https://osta-aeco.org/our-work/the-volume-of-our-voices/volume-one/

Public Health Agency of Canada -https://www.canada.ca/en/public-health.html

Regional Municipality of Halton - Halton Region Emergency Program and Plan
https://www.halton.ca/Repository/By-law-No-39-18-Halton-Region-Emergency-
Program

Regional Municipality of Halton - Infectious Disease Emergency Response Plan
(IDEAP)
https://www.halton.ca/getmedia/2c90a9ce-e446-4c92-8329-2499311c4379/HE-
IDERP-no-contact-information.aspx

World Health Organization - https://www.who.int/