Decision and Communication Guidelines about British Columbia Schools and Daycares Closures in Response to a Novel Influenza A

August 21, 2009

BRITISH COLUMBIA

Office of the
Provincial Health Officer

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CONTEXT

These guidelines support public health based decision making and communication about schools and day cares closures in response to pandemic influenza concerns. Implementation must be tailored to the latest information about a pandemic as it evolves. For specific situations and/or administrative reasons other protocols, policies, or directives from other authorities may supersede these guidelines.

With respect to the current novel H1N1 situation (nH1N1) the Public Health Agency of Canada in collaboration with provinces and territories stated on August 19 2009:

"Although Illness among school-aged children and transmission within schools has occurred in various provinces and territories in Canada, in light of the current situation of community spread of this illness, **widespread school closures are not recommended at this time**. Decisions about individual school closures lie at the discretion of appropriate local authorities and would typically be based on considerations such as local public health concerns, school community or local community concerns, the impact of school absenteeism and/or staffing shortages on school operations and potential negative consequences resulting from the school closure." (From - Hhttp://www.phac-aspc.gc.ca/alert-alerte/h1n1/interim-provisoires0819-eng.phpH, downloaded August 19, 2009)

On August 7 2009 the US Centres for Disease Control stated "Based on the experience and knowledge gained in jurisdictions that had large outbreaks in spring 2009, the potential benefits of preemptively dismissing students from school are often outweighed by negative consequences, including students being left home alone, health workers missing shifts when they must stay home with their children, students missing meals, and interruption of students' education. Still, although the situation in fall 2009 is unpredictable, more communities may be affected, reflecting wider transmission. The overall impact of 2009 H1N1 should be greater than in the spring, and school dismissals may be warranted, depending on the disease burden and other conditions." (From Hhttp://www.cdc.gov/h1n1flu/schools/schoolguidance.htmH, downloaded August 11, 2009)

Based on this guidance and the information we have about the current nH1N1 public health officials in BC do not anticipate that closures of individual schools, community wide closures, or province wide closures will be useful for controlling the transmission and impact of nH1N1. Local exceptions to this may arise which could result in closures on a case by case basis. The nH1N1 situation is evolving and this advice could change based on change in the severity of disease and other factors.

Executive Summary

These generic guidelines for public health officials are to assist in making decisions about why and how schools and large daycares would be closed as part of a pandemic influenza response. The actual response will be tailored to the circumstances at the time. Described are legal authorities, approaches to scenarios that medical health officers (MHOs) should consider, considerations that would go into deciding to close schools on a limited or wider scale, decision processes to be followed, and communications issues.

The proposed process presents a tiered response and includes advice to the MHO and Provincial Health Officer (PHO) by a multisectoral School Closure Working Group.

Scenarios include:

- the new occurrence of novel influenza A in a student or staff (MHO decision for closure made in consultation with PHO)
- elevated absenteeism in a school (MHO decision for closure made in consultation with PHO)
- multiple schools in a community affected (if closures may be warranted MHO and PHO discuss with School Closure Recommendation Working Group) and
- multiple communities affected with increasing disease severity (if widespread closures considered MHO and PHO discuss with School Closure Recommendation Working Group and Deputy Ministers of Healthy Living and Sport, Education, Children and Family Development)

Considerations regarding re-opening closed schools are outlined.

The importance of local to provincial and cross sectoral (public health/education/child and family development) communications are emphasized and a communication protocol outlined. MHOs or the PHO will be the media contact for health issues, and school superintendents will handle media issues from the school district perspective.

1. Background:

Schools and large daycares* can act as amplification points of seasonal influenza, and children are thought to play a significant role in introducing and transmitting influenza virus within their households. However, school closures are not employed as influenza control strategies during seasonal influenza epidemics because the morbidity among school age children is not considered to be significant enough to warrant school closures in comparison to the social disruption of such measures. Nevertheless, during a severe influenza pandemic school and large daycare closures will be considered in combination with other measures to reduce the impact of novel influenza virus infections.

While it is thought that school closures may disrupt influenza transmission within school age groups, and perhaps in the broader community, there is limited and conflicting evidence about the effectiveness of school closures. Also, closing schools in isolation of other public health measures such as people staying home when ill, staggered work hours, allowing work from home, closing theatres and churches, discouraging mass gatherings, etc may not have the desired effect in preventing community transmission.

Studies that have shown a reduction in influenza incidence include an observational study during a brief closure for a strike [(1)] and a modeling study which assumed that all schools would be closed for prolonged periods, during which time the adult population would behave as they do during planned holidays. [(2)] These are both strong assumptions that are unlikely to occur in an actual outbreak of a novel influenza virus.

A historical review of city-wide school closures in combination with other social distancing measures such as the cancellation of large public gatherings in the 1918-1919 pandemic indicates that early, widespread and sustained social distancing measures which include school closures are likely to reduce the impact of severe influenza. [(3)]

However, there is no evidence for effectiveness of single school closures for the mitigation of community influenza outbreaks, and closing schools has multiple negative consequences, as described below.

The WHO in 2006 noted that “data on the effectiveness of school closures are limited. Apparently no data or analyses exist for recommending illness thresholds or rates of change that should lead to considering closing or reopening schools.”

* For the purposes of this guideline “large daycares” are those that operate outside of family home type of settings. In BC this would be those which care for more than 8 children, because under the *Community Care and Assisted Living Act*, Child Care Regulation household types of settings are limited to 7 children for family child care and 8 children for multi-age childcare. In this document “schools” also includes daycares with more than 8 children, many being operated in school settings.

[4], and there are no controlled studies evaluating the effectiveness of closing schools to control epidemics or pandemics of influenza.

The Public Health Agency of Canada has provided an interim recommendation about school closures and guidance for schools and daycares regarding influenza prevention, monitoring and management.[5]

2. Purpose

The purpose of this document is to assist public health officials in BC to make decisions and communicate about:

- closing an individual school during concern about a developing pandemic based on reports of influenza-like illness in that school
- closing multiple schools in a community to prevent community spread of a potential pandemic influenza
- widespread school closures to mitigate the impact of a pandemic on a broader scale
- re-opening schools

3. Objectives

The public health objective of school closures (in combination with other public gathering measures) is to slow the spread of a novel and severe influenza. The anticipated outcomes of school closures would be to:

- delay the peak of disease incidence in order to allow more time for the production and distribution of a vaccine
- reduce the demand for health services
- reduce the total number of people who get sick or die.

4. Legal Authorities

See Appendix 1 for full wording of these requirements.

With regards to schools:

- The *School Act* requires health authorities to designate a school medical officer for each school district in order to liaise between the health authority and the school district.
- Decisions to close individual schools can be made on the advice of the medical health officers (equivalent to the school medical officer)

- A Board of Education has the authority to close a school on a required day of instruction if it believes the health or safety of students is endangered.
- The school medical officer can require a Board of Education to close a school if there is a health risk to students.
- A superintendent, teacher or principal may suspend an employee or student from a school subject to review by a school medical officer when the superintendent believes the presence of the employee or student poses a danger or risk.
- The Minister of Education may direct a board to close a school through an administrative directive.
- The *Public Health Act* requires that prior to making an advisory report public the medical health officer has to consult the Board of Education and the Provincial Health Officer.

With regards to day cares:

- The *Community Care and Assisted Living Act* (CCALA) and the Child Care Licensing Regulation (CCLR) contain legal provisions that require licensees to operate a community care facility in a manner that promotes the health and safety of all persons in care.
- The CCLR requires licensees to
  - Teach children about health and hygiene, and to practice the rules of health and hygiene.
  - Immediately notify a parent or an emergency contact if a child becomes ill or injured, or has been involved in a reportable incident such as a disease outbreak or an unexpected illness.
  - Ensure that a child who becomes ill or injured is cared for in a quiet and clean resting area, and is under the close supervision of a responsible adult.

5. Process

The following is based on scenarios likely to be encountered in the evolution of an epidemic of a novel influenza A virus and may need to be modified as new information becomes available.

The proposed process presents a tiered response and includes advice to the medical health officer (MHO) and Provincial Health Officer (PHO) by a School Closure Working Group (SCRWG - see Appendix 2)

Scenarios

The following are a range of scenarios that a medical health officer and the PHO may face, but may not cover all possible scenarios.

A. Laboratory confirmed case of novel influenza A in a school student or staff

- MHO determines whether case follow up is appropriate.

- Medical health officer (MHO) evaluates risks to school community based on history of symptoms, time between test taken and results reported, age and family situation, history of exposure of other children to the case, and risks to broader community based on public health considerations outlined in section 8.

- Potential actions will depend on the epidemiology and clinical features of the epidemic and may include the following:

    - In the event of a highly pathogenic virus with a known predilection for children, school closure might be an option. Alternatively, high-risk children if known could be excluded from school.

    - For initial cases early in an outbreak of a novel but more typical influenza illness, informing parents of the situation through a letter provided by the MHO for the principal to be sent to parents about the exposure and precautions would suffice.

    - Once many cases are being identified and/or community spread of influenza is established then letters to all school communities reinforcing general influenza prevention precautions would be more appropriate.

- If the MHO considers recommending school closure the MHO contacts Provincial Health Officer (PHO) and discusses proposed actions.

- If decision is closure, implementation is either voluntarily by school district or by MHO order under *School Act* and *Public Health Act.*

B. Elevated Absenteeism - Absentee rate in students 10% or more in addition to baseline or staff absenteeism sufficient to compromise functioning of the school (see absenteeism assessment tool in Appendix 4)

- Medical health officer investigates. If influenza-like-illness (ILI) is identified and there is little or no documentation of novel influenza A in community, then tests are taken for diagnostic and surveillance purposes. Once the virus is known to be wide-spread in the community, testing may not be necessary.

- Depending on size of cluster, timing, severity of illness (if known), MHO considers whether individual school closure is advisable.

- If MHO considers closure advisable, MHO contacts PHO and discusses proposed actions.

- MHO and PHO decide closure indicated, other measures needed, and criteria for re-opening.

- If decision is closure, implementation is either voluntarily by school district or by MHO order under *School Act* and *Public Health Act.*

C. Multiple schools affected close in time in a community.

- Depending on size of clusters, timing, severity of illness (if known) community-wide school closures and other social distancing measures may be considered.

- If MHO considers that multiple school closures may be warranted the MHO contacts PHO who determines whether to convene School Closure Recommendation Work Group (SCRWG) to provide recommendation.

- SCRWG reviews situation with MHO and PHO, determines whether to recommend multiple school closures based on public health considerations (see section 8 below), and develops recommendation for re-opening.

- If decision is closure, implementation is either voluntarily by school district or by MHO order under *School Act* and *Public Health Act.*

D. Multiple communities with novel influenza transmission documented and increasing evidence of disease severity

- MHO or PHO considers whether regional or province wide school closures are advisable.

- PHO convenes meeting of the School Closure Recommendation Work Group (SCRWG), and invites the Deputy Minister of Healthy Living and Sport, Deputy Minister of Education, and Deputy Minister of Children and Families to develop a recommendation for the ministers, and if decision is closure, an implementation plan.

- As decisions of this magnitude have national implications further consultation would include the Chief Public Health Officer of Canada or delegate.

- Closures implemented by PHO order.

6. Re-opening Schools

As part of the closure decision making process, those involved in the decision will also need to provide guidance on when the school should reopen, and other measures that should be in place upon reopening such as additional education about influenza and enhanced surveillance for additional disease.

Prior determination of low thresholds of illness in the community to allow for re-opening, coupled with preparedness to reinstitute closures at increased levels of illness may be one approach to be considered.

For an individual school closure at a minimum the school would be closed for the duration of one incubation period, with clear instructions that upon opening any ill children should not return to school. Other factors such as severity may suggest that the school should be closed for one incubation period plus the maximum period of infectiousness to ensure that upon re-opening children who are infectious but mildly ill do not return to school. Such an approach would not preclude reintroduction of the virus into the school community, potentially leading to re-closure of the school. In other circumstances in which multiple social distance measures are being introduced even longer school closures may be warranted to interrupt community spread.

For re-opening multiple schools in a community or lifting region wide school closures, considerations will need to be made of the risk that re-opening will pose to amplifying the outbreak and increasing risk of serious outcomes, the timing of the school year with respect to vacations, the tolerance of the community for adhering to prolonged closures, and the non-health impacts of the closures on the communities.

7. Public Health Considerations

Note: Application of these considerations is illustrated in the decision matrix in Appendix 5, adopted from the Vancouver Coastal Health Pandemic Influenza Plan.

School closures have significant family, social and economic impact. Decisions should be based, as much as possible on a risk benefit analysis despite the likely absence of complete information.

Matching the intensity of the intervention to the clinical severity and extent of the epidemic is important. Deployment of an early, targeted, and layered strategy should help reduce unintended negative consequences.

Decisions should take in to account the following considerations. [6]

Virus:

- Potential or known severity (particularly, age specific morbidity and mortality)
- Increased morbidity (i.e. hospital admission and ventilator requirements) and/or mortality in school age children
- Increased mortality and/or morbidity in adults who may be school staff (may be a workplace safety issue if children are more highly infectious but have low morbidity while teachers and other staff are at risk of severe illness and death)

Host:

- Ability of younger children to control their secretions and adhere to other measures such as distancing and hand hygiene – there may be reasons to consider closing elementary schools while leaving secondary schools open
- Age-specific attack rate of both the students and staff at the school
- Age-specific severity (considering both the students and staff rates)

Transmission

- Efficiency of transmission
- Incubation period
- Infectious period
- Clinical signs and symptoms that distinguish novel influenza virus from seasonal influenza
- The speed at which the epidemic is progressing
- Seasonal effects

Timing

- Measures instituted earlier in a pandemic would be expected to be more effective than the same measures instituted after a pandemic is well established.
- Early, targeted closure of all schools in defined communities where some schools are affected and other are not, and when a novel strain is not as yet established in the community are likely on theoretical and modelling grounds to be most effective strategy
- Implementing prior to a pandemic may result in economic and social hardship without public health benefit and may result in compliance fatigue.
- Conversely, implementing interventions after extensive spread of a pandemic influenza strain may limit the public health benefits of an early, targeted, and layered mitigation strategy.
- Public perception and acceptability may also play a role in school closures. Clearly even rare instances of illness or death in children caused by a novel virus will heighten concerns. Every year in Canada

between 1 and 4 children die from influenza and its complications and in BC in an average influenza season we expect to see around 30 paediatric hospitalizations for influenza and its complications.
- Timing in relation to development of a vaccine
- Availability and effectiveness of antiviral medications

Negative consequences

- Disruption of school curricula, exams, extra-curricular activities
- Disproportionate effect on poor and other vulnerable populations/ neighbourhoods
- Workplace absenteeism
    - ♦ for child minding
    - ♦ loss of household income
    - ♦ disruption of the delivery of essential goods and services
    - ♦ potentially disproportionate impact on low income workers
- Disruption to employers, including businesses, health and social service agencies and all levels of government services
- Disruption of school-related services (e.g. school meal programs, after-school care)
- Strict confinement of children will cause psychosocial stress to children
- Stigmatization of students and their families.
- Students not being in a place where antivirals or vaccine can be provided efficiently

Effectiveness:

- Re-congregation and social mixing of children at alternate settings could offset gains associated with disruption of their social networks in schools. Smaller groups in outdoor settings are not likely to have the same transmission concerns.
- Gatherings children into groups comparable to family-size units may be acceptable and may promote social interaction, play, and emotional and psychosocial stability.
- Parental ability to keeping children from congregating out of school (particularly for older children)
- Consistent implementation among all schools in a region being affected by an outbreak
- Implementing several social distancing measures at the same time may be significantly more effective than isolated interventions, because removing one source of transmission may make other sources relatively more important.

Other considerations

- Alternative options for the education and social interaction of the children
- Support for parents and adolescents who need to stay home from work
- Athletic and other school related gatherings should also be curtailed for the duration of the closure. Athletic and other teams/clubs from the school under such a closure order would not participate in any leagues, competitions or academic gatherings until the school is re-opened. As well, field trips for groups of students would similarly be postponed.
- Appropriate social distancing of students and staff in the community such as ill persons staying home from work and school/daycare when symptomatic, would be encouraged.
- In schools that are relatively closed settings and against a back drop of relatively severe disease or particularly vulnerable children wider scale use of antiviral medications may be indicated as is done with long term care and other facility outbreaks.
- School hygiene measures may need to be reviewed to ensure that appropriate cleaning, sanitation, and personal hygiene practices are taking place.

Evaluation

- As evidence of effectiveness and unintended consequences is limited, if schools/daycares are closed, evaluating the impact of the closure should be included and published in order to contribute to the evidence base of this significant intervention.

8. Communications

General considerations

One of the most critical elements in any decision to close a school is how to communicate that decision, and to whom.

Regular, frequent communication needs to occur between health and education officials and those responsible for daycares if such facilities will be impacted. This is particularly critical at the local level, between school district superintendents, medical health officers, and as needed, Ministry of Children and Family Development Regional Executive Directors.

There are critical communication linkages to be considered at every level:

- provincially, between the Ministry of Education, Ministry of Children and Family Development, the Provincial Health Officer, and the Ministry Healthy Living and Sport

- regionally, between the medical health officer, the school district superintendent, the independent school authority, school authorities who operate First Nations schools,† and regional executive directors, Ministry of Children and Family Development

- between the provincial and regional levels – between the Provincial Health Officer and the regional medical health officers, and between the school district and the Ministry of Education, and between the regional and provincial offices of the Ministry of Children and Family Development

Protocol

Upon considering that closure may be advisable, the MHO will contact the superintendent to inform that the MHO will be consulting with the PHO.

Upon a decision being made that school closure is advisable, the MHO will inform the superintendent to discuss implementation, and in addition to usual internal contacts the PHO will inform the Deputy Minister of Education and other medical health officers.

Once a decision is made to close a school, the superintendent (or equivalent person in the independent system) must ensure the decision is communicated immediately to:
- the principal of the school affected
- the Ministry of Education
- other interested parties, such as labour unions and First Nations communities

Principals, in turn, must immediately convey the decision to:
- parents
- students
- community groups that make use of the school's facilities
- teachers and other school staff
- the school's Parent Advisory Council
- the School Planning Council

Media communications on the health implications will be handled by the medical health officer and PHO and on school implications by the superintendent.

† In the case of Band Schools administered by First Nations, the federal government – First Nations and Inuit Health Branch also has responsibility for liaising with the Provincial Health Officer, medical health officers, and for communicating with Bands regarding public health matters.

Appendix 1

LEGISLATION

SCHOOL ACT – How medical health officers are linked to the schools

Division 3 — Health and Other Support Services

Definitions for this Division

87.1 In this Division:
"minister of health" means the minister responsible for the administration of the *Public Health Act*;
"school medical officer" means a medical health officer under the *Public Health Act* who is designated as a school medical officer under section 89 (1) of this Act.

Support services for schools

88 (1) A board must provide health services, social services and other support services for schools in accordance with any orders made by the minister.

(2) [Repealed 2008-28-156.]
School medical officer

89 (1) Each regional health board under the *Health Authorities Act* must designate a school medical officer for each school district.

(2) The minister of health may appoint persons other than school medical officers to perform any duties that he or she considers advisable in respect of the health inspection of schools, francophone schools and the students and francophone students of those schools.

(3) A school medical officer designated under subsection (1) has the same rights, powers and duties in respect of francophone schools located in the school district as that medical officer has for other schools in that district.

Inspection and closure of school

90 (1) A school medical officer must, as required by the minister of health, cause an inspection to be made of school buildings and school surroundings and must report to the board and the minister of health fully and in detail the result of all examinations and set out any recommendations in the report.

(2) A school medical officer may require a board to close a school when the school medical officer considers that the health or safety of students is at risk.

Examinations and reports by school medical officer

91 (1) A school medical officer may and when required by the minister of health must examine or cause examinations to be made as to the general health of students of the schools in the school district.

(2) If the school medical officer considers that the health condition of any student is such as to endanger the health or welfare of the students of a school or the employees of the board, the school medical officer must so report to the board, giving the name of the student concerned.

(3) The board must promptly act on a report under subsection (2) and must remove from a school a student whose health condition is reported by the school medical officer as being dangerous.

(4) A student who is removed from a school under subsection (3) must not be permitted to return to the school until he or she delivers to the board a certificate signed by the school medical officer permitting the student to return to the school.

(5) If a teacher, principal, vice principal or director of instruction suspects a student is suffering from a communicable disease or other physical, mental or emotional condition that would endanger the health or welfare of the other students, the teacher, the principal, the vice principal or the director of instruction

> (a) must report the matter to the school medical officer, to the school principal and to the superintendent of schools for the district, and
>
> (b) may exclude the student from school until a certificate is obtained for the student from the school medical officer or a private medical practitioner permitting the student to return to the school.

(6) If a student is removed or excluded from school under subsection (3) or (5), the board must continue to make available to the student

> (a) if the student is enrolled in more than one educational program, the educational program for which the board is responsible, or
>
> (b) in any other case, an educational program.

PUBLIC HEALTH ACT

Division 3 — Orders Respecting Infectious Agents and Hazardous Agents

When orders respecting infectious agents and hazardous agents may be made

27 (1) A medical health officer may issue an order under this Division only if the medical health officer reasonably believes that

(a) a person

(i) is an infected person, or

(ii) has custody or control of an infected person or an infected thing, and

(b) the order is necessary to protect public health.

(2) An order may be issued based on clinical findings or a person's or thing's circumstances or medical history, even if the person or thing has been examined and the examination did not reveal the presence of an infectious agent or a hazardous agent.

(3) For greater certainty, this section applies even if the person subject to the order is complying with all terms and conditions of a licence, a permit, an approval or another authorization issued under this or any other enactment.

General powers respecting infectious agents and hazardous agents

28 (1) If the circumstances described in section 27 [when orders respecting infectious agents and hazardous agents may be made] apply, a medical health officer may order a person to do anything that the medical health officer reasonably believes is necessary for either or both of the following purposes:

(a) to determine whether an infectious agent or a hazardous agent exists, or likely exists;

(b) to prevent the transmission of an infectious agent or a hazardous agent.

(2) A medical health officer may, in respect of an infected thing,

(a) make any order, with any necessary modifications, that can be made under this Division as if the infected thing were an infected person, and

(b) direct the order to any person having custody or control of the infected thing.

Specific powers respecting infectious agents and hazardous agents

29 (1) An order may be made under this section only

(a) if the circumstances described in section 27 [when orders respecting infectious agents and hazardous agents may be made] apply, and

(b) for the purposes set out in section 28 (1) [general powers respecting infectious agents and hazardous agents].

(2) Without limiting section 28, a medical health officer may order a person to do one or more of the following:

(a) remain in a specified place, or not enter a place;

Contents of orders

39 (1) A health officer must make an order in writing, and must describe all of the following in the order:

(a) subject to subsection (5), who must comply with the order;

(b) what must be done or not done, and any conditions, including if applicable the date by which something must be done;

(c) the date on which, or the circumstances under which, the order is to expire, if the date or circumstances are known;

(d) subject to the regulations, information sufficient to enable a person to contact the health officer;

(e) how a person affected by the order may have the order reconsidered;

(f) any prescribed matter.

(2) A health officer may combine 2 or more orders in a single written notice.

(3) An order may be made in respect of a class of persons.

Provincial health officer may act as health officer

67 (1) The provincial health officer may exercise a power or perform a duty of a medical health officer under this or any other enactment, if the provincial health officer

(a) reasonably believes that it is in the public interest to do so because

(i) the matter extends beyond the authority of one or more medical health officers and coordinated action is needed, or

(ii) the actions of a medical health officer have not been adequate or appropriate in the circumstances, and

(b) provides notice to each medical health officer who would otherwise have authority to act.

(2) During an emergency under Part 5 [Emergency Powers], the provincial health officer may exercise a power or perform a duty of a health officer under this or any other enactment, and, for this purpose, subsection (1) does not apply.

(3) If the provincial health officer acts under subsection (1), the provincial health officer may order a health authority to assist the provincial health officer, and the health authority must ensure that its employees and appointees comply with the order.

(4) For the purposes of exercising a power or performing a duty under this or any other enactment, the provincial health officer may exercise a power of inspection that a health officer may exercise under this Act, and, for this purpose, Division 1 [Inspections] of Part 4 applies.

Advising and reporting on local public health issues

73 (1) In this section:

"authority" means a health authority, or a school board or francophone school board under the *School Act*, that has full or partial jurisdiction over a designated area;

"designated area" means the geographic area for which a medical health officer has been designated;

"local government" means a local government that has full or partial jurisdiction over a designated area.

(2) A medical health officer must monitor the health of the population in the designated area and, for this purpose, may conduct an inspection under Division 1 *[Inspections]* of Part 4.

(3) A medical health officer must advise, in an independent manner, authorities and local governments within the designated area

(a) on public health issues, including health promotion and health protection,

(b) on bylaws, policies and practices respecting those issues, and

(c) on any matter arising from the exercise of the medical health officer's powers or performance of his or her duties under this or any other enactment.

(4) If a medical health officer believes it would be in the public interest to make a report to the public on a matter described in subsection (2) or (3), the medical health officer must

(a) consult with the provincial health officer and each authority and local government who may reasonably be affected by the intended report, and

(b) after consultation under paragraph (a), make the report to the extent and in the manner that the medical health officer believes will best serve the public interest.

(5) If requested by the provincial health officer, a medical health officer must make a report to the provincial health officer of advice provided under subsection (3).

Schedule H – Child Care Licensing Regulation

Reportable Incidents Applicable for Children who are Ill

For the purpose of this regulation, any of the following is a reportable incident:

"disease outbreak or occurrence", which means an outbreak or the occurrence of a disease above the incident level that is normally expected;

"unexpected illness", which means any unexpected illness of such seriousness that it requires a child to receive emergency care by a medical practitioner or transfer to a hospital.

Requirements of the CCALA and the CCLR

Community Care and Assisted Living Act

Standards to be Maintained

S. 7(1) A licensee must…..

(b) operate the community care facility in a manner that will promote the health, safety and dignity of persons in care;

Child Care Licensing Regulation

Health and hygiene

S. 46 (1) A licensee must establish a program to instruct children in, and to practise the rules of, health and hygiene.

Child who becomes ill

S. 54 If a child becomes ill while under the care of the licensee, a licensee must

(a) provide in the community care facility a quiet and clean resting area for the child, and

(b) ensure that the child is under the close supervision of a responsible adult.

Notification of illness or injury

S. 55 (1) A licensee must immediately notify a parent or emergency contact if, while under the care or supervision of the licensee, the child

(a) becomes ill or is injured, or

(b) is involved in, or may have been involved in, a reportable incident described in Schedule H

2) A licensee must notify the medical health officer within 24 hours after

(a) a child is involved in, or may have been involved in, a reportable incident described in Schedule H while under the care or supervision of the licensee, or

(b) it comes to the attention of the licensee that a child enrolled in the community care facility has a reportable communicable disease as listed in Schedule A or B of the Health Act Communicable Disease Regulation, B.C. Reg. 4/83.

Appendix 2

School Closure Recommendation Working Group (SCRWG)

Membership

Chair – Provincial Health Officer

Chief Medical Health Officers (or delegates)
- Vancouver Island Health
- Vancouver Coastal Health
- Fraser Health
- Interior Health
- Northern Health

BC Centre for Disease Control Experts
- As appointed by Executive Medical Director

First Nations and Inuit Health, Health Canada representative

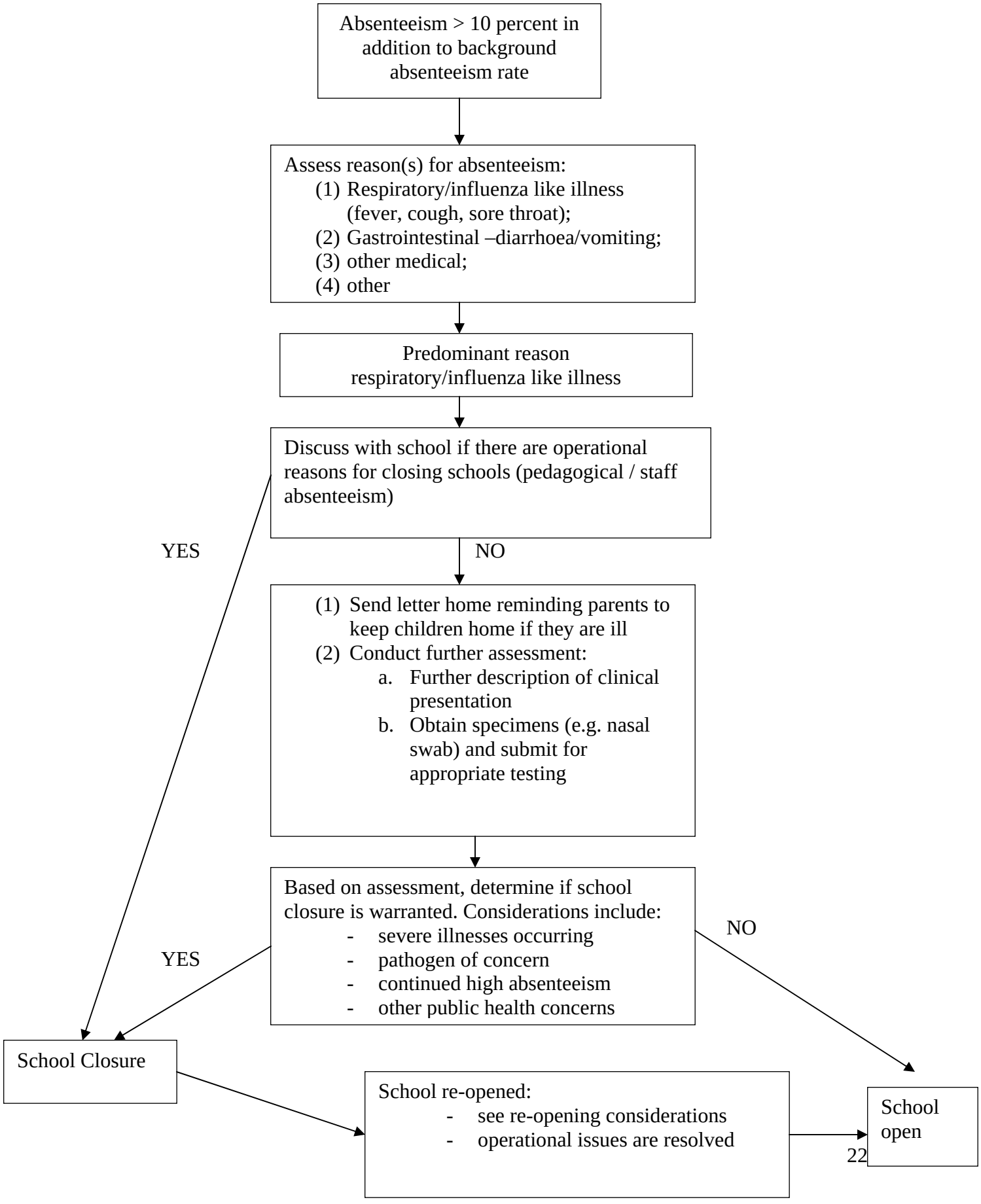
First Nations Health Society representative

Ministry of Education representative

Ministry of Children and Family Development representative

Others at the discretion of the Provincial Health Officer

Appendix 4


Absenteeism > 10 percent in addition to background absenteeism rate
Assess reason(s) for absenteeism:
(1) Respiratory/influenza like illness (fever, cough, sore throat);
(2) Gastrointestinal –diarrhoea/vomiting;
(3) other medical;
(4) other
Predominant reason respiratory/influenza like illness
Discuss with school if there are operational reasons for closing schools (pedagogical / staff absenteeism)
YES
NO
(1) Send letter home reminding parents to keep children home if they are ill
(2) Conduct further assessment:
a. Further description of clinical presentation
b. Obtain specimens (e.g. nasal swab) and submit for appropriate testing
Based on assessment, determine if school closure is warranted. Considerations include:
- severe illnesses occurring
- pathogen of concern
- continued high absenteeism
- other public health concerns
YES
NO
School Closure
School re-opened:
- see re-opening considerations
- operational issues are resolved
School open

Appendix 5: Decision Matrix for Public Health Measures (adopted from the Vancouver Coastal Health Pandemic Influenza Plan)

		EXPOSURE INTENSITY		
		High **Very crowded; Impossible to manage**	**Intermediate**	**Low**
EXPOSURE DURATION	**Prolonged Duration > 4 hrs**	▪ Child day care ▪ Elementary & high schools ▪ Post-secondary Institution (including dormitories)	▪ Closed workplaces	
	Intermediate Duration > 1 hr	▪ Entertainment venues ▪ Sporting venues (participants and spectators) ▪ Special events (e.g. Olympics 2010)	▪ Day tours via buses, boats ▪ Weddings, funerals ▪ Business conventions, trade shows	▪ Restaurants ▪ Shopping malls
	Short Duration < 1 hr	▪ Public transit during rush hour ▪ Retail stores during major sale events	▪ Public waiting areas and lines (e.g. banks, store check out lines)	

PRIORITY FOR CANCELLATION / RESTICTION CONSIDERATION AT FIRST CONFIRMATION OF LOCAL CASES

CANCELLATION / MODIFICATION OF EVENT / ACTIVITY SHOULD BE CONSIDERED AS LOCAL CIRCUMSTANCES EVOLVE

BAN/CANCELLATION UNLIKELY TO BE OF VALUE – PUBLIC ADVISED MEANS OF PERSONAL PROTECTION

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