

## Ethical Resolution Process Summary: School Outbreak Scenario

Ethical Dilemma	
State the <b>ethical dilemma</b> as a question.	How should public health professionals and school officials respond to the outbreak in order to limit transmission, protect children at higher risks from complications of infection due to disability, minimize disruptions to education, and promote equity and trust among families?
Identify relevant <b>values and principles</b>	<p>The principle of effectiveness may conflict with the harm principle, least restrictive means, proportionality, and utilitarianism.</p> <p>Justice, trust, and respect for children who do not have documentation of vaccination may be in tension with upholding these same values for children who are vaccinated and for those with disabilities who are at higher risk for severe illness.</p> <p>Transparency may be in tension with value of respect (e.g., for privacy).</p>
Interested Parties	
Who are the <b>interested parties</b> ? Which parties were engaged. Which were not engaged?	Interested parties include the medical health officer (MHO), public health professionals, school officials, community leaders (e.g., faith leaders, Elders), children, and parents.
Information	
What <b>information</b> is central to the analysis?	<p>The incubation period (the time between infection to the first appearance of symptoms) is 2-4 days. The disease is highly contagious and can result in severe complications in some children. It causes a distinctive, painful rash on the backs of the hands and feet. Symptomatic individuals are infectious for a 7-day period, during the time the rash is present.</p> <p>Parents of children with disabilities who are at higher risk of complications are concerned about severe outcomes associated with this disease without vaccination, repeat infections are possible.</p>

## Information

What **information** is central to the analysis?

Parents who have not provided vaccine records give several reasons, including: barriers to health services, distrust in health systems, cultural or religious beliefs, and privacy concerns. Racialized, newcomer and low-income families are disproportionately affected.

Safety for children, access to education, and trust-building are priorities among the interested parties.

Biases and assumptions about vaccine access and vaccination choices should be examined.

The decision to issue a public health order to prevent children without documentation of vaccination to attend school during an outbreak must be balanced with rights, such as the right to privacy and right to education.

## Options

Which **options** were considered?

**Option A:** Require proof of vaccination status for children to attend school for the duration of the outbreak. Provide remote learning materials to all children unable to attend school.

**Option B:** Require proof of vaccination to attend school for the duration of the outbreak. Provide financial assistance for parents of children with complex medical needs and those without proof of vaccination on file to take time off from work or pay for adult supervision for the duration of the outbreak. Provide remote learning materials to all children unable to attend school.

**Option C:** Allow children with and without proof of vaccination on file to attend school. Require children without proof of vaccination on file to undergo daily health checks from a public health nurse upon school entry. Any children with symptoms must not come to school for 7 days. Children without proof of vaccination on file who are exposed to a symptomatic person may return to school if asymptomatic after 4 days. Provide remote learning materials to all children unable to attend school.

## Options

Summarize the **ethical analysis** of the options considered.

### Principles-based Ethical Analysis

Principles and values important to the interested parties include: effectiveness, the harm principle, least restrictive means, proportionality, utilitarianism, justice, trust, respect, and transparency. Those most essential to uphold are effectiveness, respect, and trust.

- All options are deemed to be sufficiently effective in mitigating the spread of the virus and also upholding the harm principle, utilitarianism, and transparency.
- Option A, as well as Option B, may negatively affect trust and respect among families whose children are excluded from school.
- Option C best upholds trust and respect, through respecting diverse needs of children and parents. It also upholds least restrictive means and is the most proportional and just response.

### Relational Ethics Analysis

- Option A is unlikely to build relationships with parents not providing proof of vaccination. It does not promote solidarity or take into account the values, beliefs and choices of these parents. It may contribute to improved health in terms of bringing an end to the outbreak, but does not address collective wellbeing or structural barriers in terms of access to health care, safe supervision, education, and social interaction.
- Option B has the potential to build relationships, trust, and solidarity through accountability to all interested parties. It helps to minimize power differentials and recognizes the choices of parents who have not provided proof of vaccination and parents of children with disabilities. Option B limits the risk of disease transmission and promotes wellbeing through safe supervision of children and home learning, but does not address access to school resources and social interaction.

## Options

Summarize the **ethical analysis** of the options considered.

### Relational Ethics Analysis

- Option C best supports relationships, trust, and solidarity, by addressing the needs of all interested parties, incorporating funding accountability, and minimizing power differentials. Collective wellbeing and health equity for all children is supported through mitigating transmission of the virus and addressing structural barriers through public health screening and access to safe supervision, education, and social interaction.

Describe the **feasibility** of the options considered.

Options A and C can be realistically and safely be implemented based on available school, community, and public health resources. The financial and human resources necessary to implement Option B are not available within the community.

## Resolution

Describe the **resolution**.

Option C: Allow all children to attend school. Require those without proof of vaccination to undergo daily health checks. Any children with symptoms must not come to school for 7 days. Children without proof of vaccination who are exposed to a symptomatic person may return to school if asymptomatic after 4 days. Provide remote learning materials to all children unable to attend school.

Describe the **ethical justification** for the resolution.

Option C provides the best balance of principles and values in resolving this ethical dilemma, upholding effectiveness, least restrictive means, proportionality, utilitarianism, justice, trust, respect, and transparency. Option C builds and promotes relationships, trust, accountability, and solidarity. It also promotes collective wellbeing and supportive environments by ensuring all children have access to safe supervision, education, and social interaction, while mitigating transmission of the virus.

Was there **consensus** about the resolution?

All parties reached a consensus and agreed to proceed with Option C (public health screening).

Resolution	
How was the resolution <b>implemented?</b>	<p>Parents kept children exposed to the disease at home during the incubation period. Children who developed symptoms stayed at home until symptoms resolved (approximately 7 days).</p> <p>School officials ensured all children who were not able to attend school received remote learning materials.</p> <p>Regular updates and transparency about the process, state of outbreak, and preventative measures helped promote trust in public health.</p>
What are the key considerations for <b>communication?</b>	<p>School officials already had relationships with families. Public health professionals held expertise about the disease outbreak. Therefore, all communications to parents were sent jointly by school officials and public health professionals.</p> <p>Emails to parents were written in accessible language, translated as appropriate. Communication was timely (e.g., daily email updates throughout the outbreak) and transparent (e.g., information readily available on public health website dashboard).</p>
What were the key findings from the <b>evaluation?</b>	<p>Within this community, opportunities should be sought to proactively develop positive relationships between public health and community members to support responses to public health crises.</p> <p>Contingency plans could be beneficial for future outbreaks to ensure all children have access to safe supervision.</p> <p>Proactive relationship-building between public health and community members is recommended to promote trust and support collaborative responses to future public health crises.</p>