

## Merry, Kathleen EDUC:EX

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**From:** Beddall, Scott EDUC:EX  
**Sent:** September 1, 2020 11:52 AM  
**To:** MacDonald, Scott D EDUC:EX; Bawa, Reg R EDUC:EX  
**Cc:** Beddouche, Linda EDUC:EX; Blair, Tammy EDUC:EX  
**Subject:** Updated PHO Guidance for K-12 Schools  
**Attachments:** COVID-19 Public Health Guidance K-12 Schools - Aug 31.docx  
  
**Importance:** High

Hi Scott and Reg,

FYI, PHO/BCCDC are updating the public health guidance for K-12 schools with planned release for tomorrow. They have shared the attached draft (changes highlighted in yellow) and asked us to provide any feedback by this afternoon – I am carving out some time to do that, but if you do review today and have anything you want me to pass along please let me know.

### Summary of key changes:

- Additional information in Intro re impact of school closures (including link to evidence review) and importance of in-class instruction
- More information and links re immune compromised adults
- More details on case finding, contact tracing, cluster/outbreak management in schools and updated list of symptoms. Includes new appendix of public health actions when there is a confirmed case in a school.
- Evidence re ventilation and air exchange
- Clarification that non-medical masks should not be used in place of physical distancing for in-class learning involving students from multiple learning groups
- Additional guidance re food services
- Clarification regarding when students/staff who are ill can return to school, and scenarios where asymptomatic individual can attend school when family members are ill (has been a hot topic)
- Guidance regarding water stations and fountains
- Updated guidance regarding staff working with students with disabilities and diverse abilities
- Updated guidance regarding when PPE is required (more in alignment with our current direction)

Worth noting that HLTH is a regular member of our H&S working group, and that some of the updates made to the public health guidance doc have been made in response to discussions at that table (and updates that have already been made to the provincial K-12 health and safety guidelines). Nevertheless, we will likely need to make some minor additional updates to the provincial H&S guidelines in order to mirror some of the language and content updates in the public health guidance.

Hope this helps, and let me know if you have any questions.

Cheers,

Scott

**Scott Beddall | Director, Wellness and Safety**

*he/him/his*

Learning Division | Ministry of Education  
620 Superior St | Victoria BC | V8V 1V2  
250-514-4961

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Withheld pursuant to/removed as

s.13

## Merry, Kathleen EDUC:EX

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**From:** MacDonald, Scott D EDUC:EX  
**Sent:** September 1, 2020 4:48 PM  
**To:** Beddall, Scott EDUC:EX; Bawa, Reg R EDUC:EX  
**Cc:** Beddouche, Linda EDUC:EX; Blair, Tammy EDUC:EX  
**Subject:** RE: Updated PHO Guidance for K-12 Schools

Yes  
High level info is okay

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**From:** Beddall, Scott EDUC:EX  
**Sent:** September 1, 2020 4:10 PM  
**To:** MacDonald, Scott D EDUC:EX ; Bawa, Reg R EDUC:EX  
**Cc:** Beddouche, Linda EDUC:EX ; Blair, Tammy EDUC:EX  
**Subject:** RE: Updated PHO Guidance for K-12 Schools

Thanks Scott. PHO team has confirmed that they will remove the link/reference to the evidence review for now. Some of the new high-level content in their intro section is drawn from that review – assuming it's okay for them to keep that high-level content in there provided that there is no reference/link to the full evidence review, but let me know if you feel otherwise.

Cheers,

Scott

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**From:** MacDonald, Scott D EDUC:EX <[D.Scott.MacDonald@gov.bc.ca](mailto:D.Scott.MacDonald@gov.bc.ca)>  
**Sent:** September 1, 2020 2:45 PM  
**To:** Beddall, Scott EDUC:EX <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)>; Bawa, Reg R EDUC:EX <[Reg.Bawa@gov.bc.ca](mailto:Reg.Bawa@gov.bc.ca)>  
**Cc:** Beddouche, Linda EDUC:EX <[Linda.Beddouche@gov.bc.ca](mailto:Linda.Beddouche@gov.bc.ca)>; Blair, Tammy EDUC:EX <[Tammy.Blair@gov.bc.ca](mailto:Tammy.Blair@gov.bc.ca)>  
**Subject:** RE: Updated PHO Guidance for K-12 Schools

Thanks...I will highlight with the Sups

Plus make sure they do NOT release a link to the evidence review. We want to manage the release of this document.

\*\*\*\*\*

D. Scott MacDonald  
s.17

----- Original message -----

**From:** "Beddall, Scott EDUC:EX" <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)>  
**Date:** 2020-09-01 11:52 a.m. (GMT-08:00)  
**To:** "MacDonald, Scott D EDUC:EX" <[D.Scott.MacDonald@gov.bc.ca](mailto:D.Scott.MacDonald@gov.bc.ca)>, "Bawa, Reg R EDUC:EX" <[Reg.Bawa@gov.bc.ca](mailto:Reg.Bawa@gov.bc.ca)>  
**Cc:** "Beddouche, Linda EDUC:EX" <[Linda.Beddouche@gov.bc.ca](mailto:Linda.Beddouche@gov.bc.ca)>, "Blair, Tammy EDUC:EX" <[Tammy.Blair@gov.bc.ca](mailto:Tammy.Blair@gov.bc.ca)>  
**Subject:** Updated PHO Guidance for K-12 Schools

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Hope this helps, and let me know if you have any questions.

Cheers,

Scott

**Scott Beddall | Director, Wellness and Safety**

*he/him/his*

Learning Division | Ministry of Education

620 Superior St | Victoria BC | V8V 1V2

250-514-4961



**Merry, Kathleen EDUC:EX**

---

**From:** Beddall, Scott EDUC:EX  
**Sent:** September 1, 2020 2:22 PM  
**To:** Docking, Christie M HLTH:EX  
**Cc:** Bawa, Reg R EDUC:EX; Beddouche, Linda EDUC:EX  
**Subject:** RE: For Review: Revised Public Health Guidance for K-12  
**Attachments:** COVID-19 Public Health Guidance K-12 Schools - Aug 31 -SB comments.docx

Hi Christie,

Thanks for your email and for the opportunity to review. Much appreciated. I have gone through the document and inserted a few comments and tracked changes for consideration – relatively minor. Let me know if you have any questions or would like to discuss.

I have also shared with Reg and our DM, and will pass along any additional feedback if it comes my way.

Would it be okay to walk through an overview of the updates at the H&S WG meeting tomorrow? If the document has not been posted by that point, perhaps we could just do a verbal?

Cheers,

Scott

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**From:** Docking, Christie M HLTH:EX  
**Sent:** September 1, 2020 8:13 AM  
**To:** Beddall, Scott EDUC:EX  
**Subject:** For Review: Revised Public Health Guidance for K-12

Hi Scott,

Please see attached the revised version of the public health guidance that is out for review with the MHO's currently. Changes are highlighted in yellow. Significant things include:

- Additional detail re: case management, with related appendix
- Updated cluster and outbreak definition
- Change in guidance that once COVID-19 has been excluded, remaining symptoms need to "improve" instead of resolve, given that some symptoms may take a number of days to fully resolve

I'm still working on the section re: food services.

I know this is a tight turnaround, but if I could have your thoughts/comments by EOD today (even late PM), that would be great!

Please let me know if you'd like to chat through.

Christie

Christie Docking  
A/Director, Special Projects  
Public Health, Prevention and Planning | BC Ministry of Health

Telephone: 250-952-1956

Email: [christie.docking@gov.bc.ca](mailto:christie.docking@gov.bc.ca)

Mailing Address: 1515 Blanshard St, 4-2 | PO Box 9646 Stn Prov Govn't | Victoria BC | V8W 9P1

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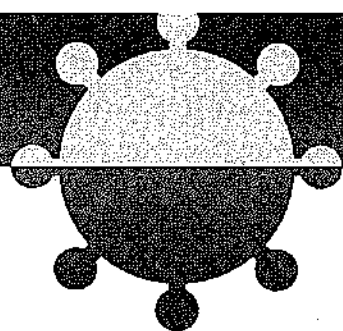
s.13

**Merry, Kathleen EDUC:EX**

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**From:** Beddall, Scott EDUC:EX  
**Sent:** September 4, 2020 11:22 AM  
**To:** MacDonald, Scott D EDUC:EX; Fillion, Corinna GCPE:EX; Bawa, Reg R EDUC:EX  
**Subject:** FW: FINAL DRAFT - Public Health Guidance for K-12  
**Attachments:** COVID-19 Public Health Guidance K-12 Schools - Sep 4 - FINAL DRAFT.docx

Here is the latest draft of the BCCDC guidance - s.13  
s.13



## COVID-19 Public Health Guidance for K-12 School Settings

UPDATED: September 4, 2020

This guidance document is informed by [BC's Restart Plan: Next Steps to Move BC Through the Pandemic](#) and the [BC COVID-19 Go-Forward Management Strategy](#), and is aligned with BC's [COVID-19 Go-Forward Management Checklist](#), [WorkSafe BC's COVID-19 Information and Resources](#) as well as [COVID-19 Frequently Asked Questions](#). It is also informed by lessons learned when partial in-class instruction resumed in June 2020. This document provides guidance for educators, administrators and support staff (hereafter referred to as staff) at public, independent and First Nations Kindergarten to Grade 12 (K-12) schools to minimize the transmission of COVID-19 and maintain a safe and healthy school environment for students, families and staff. This document identifies key infection prevention and control practices to implement, as well as actions to take if a student or staff member develops [symptoms](#) of COVID-19.

School supports children in developing their potential and acquiring the knowledge, skills and abilities they need for lifelong success. In-person learning, as a part of a child's education, provides the opportunity for peer engagement, which supports social and emotional development as well as overall wellness. It also provides many children access to programs and services that are integral to their overall health and well-being.

Closing schools or significantly reducing in-person learning opportunities are significant public health interventions implemented to delay the spread of infectious disease. When in-person learning was suspended for most students in spring 2020, it aligned with broad provincial measures taken in an effort to reduce community transmission of COVID-19. While this likely had some impact on reducing the spread of COVID-19, it resulted in significant hardship for many, with B.C. families reporting impaired learning, increased child stress, and decreased connection. With the loss of supportive routines and structures, healthy behaviours have declined dramatically. Provincial child protection reports also declined significantly despite evidence suggesting an increase in domestic and gender-based violence.

Supporting students to receive full-time, in-person learning offers societal and individual benefits, particularly for those that already experience social and educational disparities. These are balanced against the potential risk of COVID-19 spread.

As community prevalence in B.C. continues to be low, the risk within schools is also considered to be low. However, while COVID-19 is present in our communities, it may be present in some schools. B.C. is likely to experience changes in prevalence throughout the school year, where the risk of cases or clusters may be higher or lower than it is currently. Public health will consistently monitor cases of COVID-19 that impact schools and will support school communities to manage cases if and when they occur. If necessary, changes to this guidance will be made to ensure the health and safety of students and staff continues to be supported.



Full-time, in-person instruction in schools can be accomplished while supporting the health and safety of children and staff. Based on the current epidemiology of COVID-19 in B.C., and the fact that children are at a lower risk of having and transmitting COVID-19, K-12 schools in B.C. can have all elementary and middle school students return to full-time, in-person instruction. Secondary students can also receive in-person instruction, but this may be balanced with alternative learning modalities to ensure the measures detailed in this document can be implemented. Schools should implement as many public health and infection prevention and exposure control measures as possible as described in this document.

Lowering the number of in-person, close interactions continues to be a key component of B.C.'s strategy to prevent the spread of COVID-19. A cohort is a group of students and staff who remain together throughout a school term. The use of cohorts in schools allows for a significant reduction in the number of individual interactions, while allowing most students to receive in-person learning in a close-to-normal school environment. Interactions within the cohort will vary, with classes continuing as the primary form of grouping where students will spend the majority of their time.

This document uses the terms elementary, middle and secondary to identify different expectations (where relevant) for schools based on the age range of students within them and the way learning is typically structured. The underlying intention is that the measures listed in the document are implemented throughout the school. If a school is unsure of which guidance to follow or these distinctions aren't suitable to their school community, they can connect with their school medical health officer to determine what approaches are most suitable.

Medical health officers are physicians who work within health authorities and have authority and responsibilities outlined in the Public Health Act. These include directing the public health response to local public health threats, like COVID-19. School medical health officers are medical health officers who have additional authority and responsibilities outlined in the School Act. They are responsible for directing the local public health response to any public health threat that impacts schools, like COVID-19. Every school has a school medical health officer. If there is a case, cluster or outbreak of COVID-19 in a school, the school medical health officer will lead the response. Contact information for medical health officers is available on local regional health authority websites.

#### COVID-19 in B.C.

- B.C. currently has low community prevalence and low community transmission of COVID-19.
  - B.C. is currently testing anyone with cold, influenza or COVID-19 like symptoms, even mild ones.
  - B.C.'s overall test positivity is less than 5%. This means of people with symptoms, very few have COVID-19.
  - Of those who are positive, 80% of transmission comes from a known, confirmed COVID-19 case (i.e. is not community transmission).
- Additional BC COVID-19 data is available [here](#).

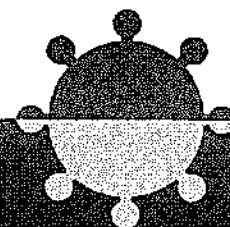


## COVID-19 and Children

- Most children are not at high risk for COVID-19 infection.
- COVID-19 virus has a very low infection rate in children (ages 0 to 19).
  - In B.C., less than 1% of children tested have been COVID-19 positive, and even fewer are suspected to have been infected based on serological testing.
  - In B.C., approximately 5% of all confirmed cases of COVID-19 cases are among children and youth 0-19 years old, despite making up approximately 20% of the general population.
  - Children under 10 comprise a smaller proportion of the total confirmed child cases compared to children between the ages of 10 and 19.
- Based on published literature to date, the majority of cases in children are the result of household transmission by droplet spread from a symptomatic adult family member with COVID-19. Within households and family groupings, adults, pubescent and post-pubescent children appear to be the primary drivers of transmission.
- Children under one year of age, and those who are immunocompromised or have pre-existing pulmonary conditions are at a higher risk of more severe illness from COVID-19 (visit the [BCCDC Children with Immune Suppression](#) page for further details).
  - Children who are at higher risk of severe illness from COVID-19 can still receive in-person instruction. Parents and caregivers are encouraged to consult with their health-care provider to determine their child's level of risk. Additional information is available [here](#).
  - Staff and students requiring accommodation due to health-related risks should connect with their local district for more information on requirements. This is likely to include a medical accommodation form completed by a physician.
- Children typically have much milder symptoms of COVID-19, if any. They often present with low-grade fever and a dry cough. Gastrointestinal symptoms are more common than in adults over the course of disease, while skin changes and lesions are less common.

## COVID-19 and Adults

- While COVID-19 impacts adults more than children, some adults with specific health conditions are at an increased risk for more severe outcomes, including individuals:
  - Aged 65 and over;
  - With significantly compromised immune systems; or,
  - With poorly controlled underlying medical conditions.
  - Those at greatest risk are those aged 65 and over with a compromised immune system or underlying medical conditions.
- More information about adults living with health conditions that may place them at an increased risk for developing severe illness is available from [BCCDC](#).
- Most adults infected with COVID-19 will have mild symptoms that do not require care outside of the home.
- Adults working within schools who have health conditions that may place them at increased risk for more severe outcomes should speak with their health care provider to determine their individual level of risk, and if this may require workplace accommodation.



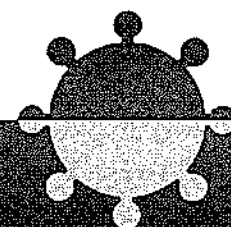
## COVID-19 and Schools

- There is limited evidence of confirmed transmission within school settings. This is partially due to wide-spread school closures worldwide at the onset of the pandemic to help prevent the spread of COVID-19.
  - In documented cases, there was typically minimal spread beyond the index case though isolated outbreaks have been reported.
- Children do not appear to be the primary drivers of COVID-19 transmission in schools or in community settings.
- Schools and childcare facility closures have significant negative mental health and socioeconomic impacts on children, including increased stress, and decreased educational outcomes, connectedness with peers and the broader community, and health behaviours. These outcomes disproportionately impact children with vulnerabilities.
- Prevention measures and mitigation strategies involving children must be commensurate with risk.

This information is based on the best evidence currently available. It will be updated as new information becomes available.

For up-to-date information on COVID-19, visit the [BC Centre for Disease Control \(BCCDC\) website](https://www.bccdc.ca).

DRAFT





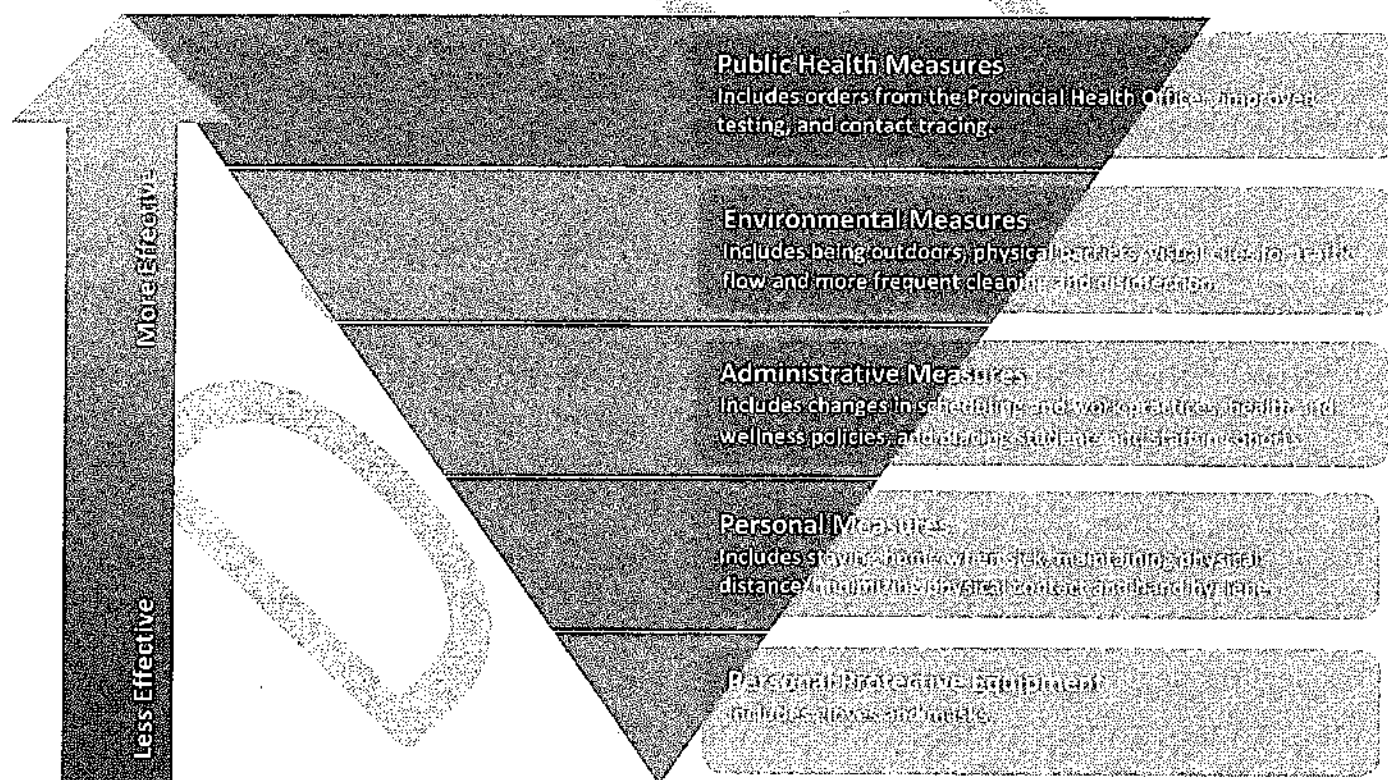
## Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures help create safe environments by reducing the spread of communicable diseases like COVID-19. These are more effective in controlled environments where multiple measures of various effectiveness can be routinely and consistently implemented.

Schools are considered a controlled environment by public health. This is because schools include a consistent grouping of people, there are robust illness policies for students and staff and there is an ability to implement effective personal practices that are followed by most people in the setting (e.g. diligent hand hygiene, respiratory etiquette, etc.).

*The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease* describes measures that should be taken to reduce the transmission of COVID-19 in schools. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

### The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



**Public Health Measures** are actions taken across society at the population level to limit the spread of the COVID-19 and reduce the impact of COVID-19. The Provincial Health Officer has implemented public health measures, including: prohibiting mass gatherings, requiring travellers to self-isolate or quarantine upon arrival in B.C., effective case finding and contact tracing, and emphasizing the need for people to stay home when they are sick.



**Environmental Measures** are changes to the physical environment that reduce the risk of exposure. Examples include being in outdoor spaces, ensuring good ventilation and air exchange, using visual cues for maintaining physical distance or directing traffic flow in hallways, erecting physical barriers where appropriate and frequent cleaning and disinfection.

**Administrative Measures** are measures enabled through the implementation of policies, procedures, training and education that reduce the risk of exposure. Examples of these include health and wellness policies, cohorts, modified schedules and supporting the ability of individuals to maintain physical distance.

**Personal Measures** are actions individuals can take to protect themselves and others. Examples include maintaining physical distance/minimizing physical contact, washing your hands frequently, coughing into your elbow and staying home if you are sick.

**Personal Protective Equipment (PPE)** is not effective as a stand-alone preventive measure. It should be suited to the task, and must be worn and disposed of properly. Outside of health-care settings, the effectiveness of PPE is generally limited to providing minimal protection to others should you be infected.

*Schools can implement a combination of measures at different levels, as described in this document. This document includes Environmental, Administrative, Personal Measures and the use of PPE. A summary of the recommended school measures is included as Appendix A.*

## Public Health Measures

### Mass Gatherings

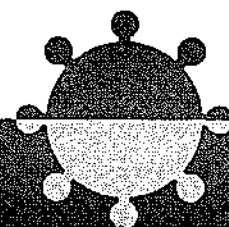
The Provincial Health Officer's Order for Mass Gatherings and Events prohibits the gathering of more than 50 people for the purpose of an event. This order does not apply to students, teachers or instructors at school when they are engaged in educational activities but would apply to community events held at schools. It is focused on one-time or recurrent events where people gather and where control measures may be hard to implement.

### Case Finding and Contact Tracing

Active testing of anyone with cold, influenza or COVID-19-like symptoms, even mild ones, helps identify cases early in the course of their disease. When a person is confirmed as a case of COVID-19, significant efforts are undertaken to determine if they are part of a cluster of cases or part of a local outbreak, and whether others in close contact with them are at risk for infection. Not everyone who has been in contact with a confirmed COVID-19 case is determined to be a close contact. Public health determines who is considered a close contact.

Schools and school districts should notify their school medical health officer if staff and/or student absenteeism exceeds 10 percent of regular attendance. This reporting is helpful in early identification of clusters and outbreaks.

If a staff or student is a confirmed case of COVID-19 through testing or investigation (i.e. case finding), public health will identify who that person has been in close contact with recently (i.e. contact tracing) to determine who else may have been exposed to the virus.



If there was a potential exposure at a school (i.e. a student or staff who has a confirmed case of COVID-19 AND attended school when they may have been potentially infectious, which is up to 48 hours before symptoms began), public health will work with the school to understand who may have been in close contact, and to determine what actions should be taken, including identifying if other students or staff should monitor for symptoms or self-isolate. A process map for how contact tracing would occur is included as Appendix B.

Personal privacy rights will be maintained. Public health will not disclose if a student or staff member is a confirmed case of COVID-19 unless there is reason to believe they may have been infectious when they attended school. In this case, public health will provide the information required to support effective contact tracing and only to the school administrator or delegate.

Public health will notify everyone who they determine may have been exposed through contact tracing, including if any follow-up actions are recommended (e.g. self-isolate, monitor for symptoms, etc.). They will work with the school administrator to determine if additional notifications are warranted (e.g. notification to the broader school community).

To ensure personal privacy rights are maintained, no notifications should be provided to staff or students' families about potential or confirmed COVID-19 cases unless the school administrator is directed to do so by public health.

#### Cluster and Outbreak Management

A school cluster is considered as two or more confirmed cases within a 14-day period, with evidence of transmission occurring within the school. Clusters do not require additional measures to be implemented to prevent further transmission of COVID-19.

A school outbreak is considered as multiple confirmed cases within a 14-day period, with evidence of ongoing transmission occurring within the school and the school medical health officer has determined additional measures may be required to prevent further transmission of COVID-19.

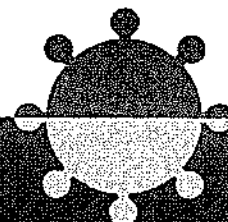
Additional measures required to prevent further transmission in the event of an outbreak will be determined by the local school medical health officer and consider the unique circumstances of the school and the outbreak.

#### Self-isolation and Quarantine

Students and staff with cold, influenza, or COVID-19 like symptoms should stay home, self-isolate, and be assessed by a health-care provider. Testing is recommended for anyone with these symptoms, even mild ones. Appendix C includes a current list of symptoms. They are also available from [BCCDC](#).

Self-isolation is also advised for those who are considered a close contact of a confirmed case. Public health staff identify and notify close contacts of a confirmed case. Public health also ensures those required to self-isolate have access to health-care providers and that other appropriate supports are in place.

Quarantine is a term typically reserved for people who return from travel outside the country, who are at risk of developing COVID-19.



Self-Isolation for International Travellers Returning to B.C.

**All students and staff who have travelled outside of Canada are required to self-isolate for 14 days under both provincial and federal orders.** This includes students who are attending school from abroad. Students from outside of Canada should plan to arrive in Canada at least two weeks before school begins to adhere to the self-isolation orders. Additional information is available [here](#).

## Environmental Measures

### Ventilation and Air Exchange

At this time, there is no evidence that a building's ventilation system, in good operating condition, would contribute to the spread of COVID-19.

For activities that take place indoors, application of the basic principles of good indoor air quality should continue, including supplying outdoor air to replenish indoor air by removing and diluting contaminants that naturally occur in indoor settings. All mechanical heating, ventilation and air conditioning (HVAC) systems should be checked to ensure they are working properly. Where possible, schools can open windows if weather permits.

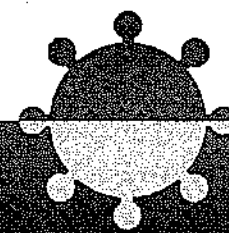
For more information, see WorkSafe BC guidance on [general ventilation and air circulation](#).

### Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. Schools should be cleaned and disinfected in accordance with the BCCDC's [Cleaning and Disinfectants for Public Settings](#) document.

This includes:

- General cleaning and disinfecting of the premises at least **once every 24 hours**.
  - This includes items that only a single student uses, like an individual desk or locker.
- Cleaning and disinfecting of frequently-touched surfaces at least **twice every 24 hours**.
  - These include door knobs, light switches, water fountains, toilet handles, tables, desks and chairs used by multiple students, keyboards and toys.
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and disinfectant products and closely follow the instructions on the label.
  - See Health Canada's list of [hard-surface disinfectants for use against coronavirus \(COVID-19\)](#) for specific brands and disinfectant products.
- Limit frequently-touched items that are not easily cleaned.
- Empty garbage containers daily.
- Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine). Wash hands before wearing and after removing gloves.



There are no additional cleaning and disinfecting procedures beyond those that are normally implemented and those noted in this document required. This includes when different cohorts use the same space (e.g. a classroom, gym, arts room, home economics or science lab, etc.).

There is no evidence that the COVID-19 virus is transmitted via textbooks, paper or other paper-based products. As such, there is no need to limit the distribution or sharing of books or paper based educational resources to students. Laminated paper-based products should be cleaned and disinfected daily if they are touched by multiple people.

#### Traffic Flow

Use floor markings and posters to address traffic flow throughout the school. This may include one-way hallways and designated entrance and exit doors. It is important not to reduce the number of exits and ensure the fire code is adhered to.

#### Physical Barriers

Barriers can be installed in places where physical distance cannot regularly be maintained and a person is interacting with numerous individuals outside of a cohort. This may include the front reception desk where visitors check in or in the cafeteria where food is distributed.

### Administrative Measures

Reducing the number of in-person, close interactions an individual has in a day with different people helps to prevent the spread of COVID-19. This can be accomplished in K-12 school settings through two different but complementary approaches: cohorts and physical distancing.

- A cohort is a group of students and staff who remain together throughout a school term.
- Physical distancing is maintaining a distance of two metres between two or more people.

#### Cohorts

Cohorts reduce the number of in-person, close interactions a person has in school without requiring physical distancing to consistently be practiced.

- In elementary and middle schools, a cohort can be composed of up to 60 people.
- In secondary schools, a cohort can be composed of up to 120 people.
- Cohorts can be composed of students and staff.

Cohorts are smaller in elementary and middle schools due to the recognition that younger children are less able to consistently implement personal measures such as hand hygiene, reducing physical contact and recognizing and articulating symptoms of illness.

Cohorts are larger in secondary schools due to the increased ability of children in that setting to be able to consistently minimize physical contact, practice hand hygiene, ensure physical distance where necessary and recognize and articulate symptoms of illness. Due to the typical format of instruction of multiple teachers working with different groupings of



students across a larger number of curricular areas, cohorts are also larger in secondary schools to enable flexibility in meeting students' learning needs.

School administrators should determine the composition of the cohorts. The composition of the cohort should remain consistent for all activities that occur in schools, including but not limited to learning and breaks (lunch, recess, classroom changes, etc).

Students with disabilities and diverse abilities may require unique considerations to ensure their inclusion in a cohort. Schools can adapt the guidance in this document as necessary to ensure the inclusion of these students while ensuring the intent is maintained.

Within the cohort, minimized physical contact should be encouraged but a two-metre physical distance does not need to be maintained.

Cohort composition can be changed at the start of a new quarter, semester or term in the school year. Outside of these, composition should be changed as minimally as possible, except where required to support optimal school functioning. This may include learning, operational or student health and safety considerations.

Consistent seating arrangements are encouraged within cohorts where practical. This can assist public health should contact tracing need to occur.

School administrators should keep up-to-date lists of all members of a cohort to share with public health should contact tracing need to occur.

#### Interacting with Cohorts

Schools should minimize the number of adults (staff and others) who interact with cohorts they are not a part of as much as is practical to do so while supporting learning and a positive, healthy and safe environment.

Those outside of a cohort must practice physical distance when interacting with the cohort. For example, a secondary school teacher can teach multiple cohorts but should maintain physical distance from students and other staff as much as possible. In an elementary or secondary school, two classes from different cohorts can be in the same learning space at the same time if a two-metre distance is able to be maintained between people from different cohorts.

If a staff member works with more than one cohort and is unable to consistently maintain physical distance when performing their role, consider if the service can be provided remotely/virtually, or if a transparent barrier can be in place. If none of those can be implemented, a non-medical mask should be worn and as much space taken as is available. This includes itinerant staff who work in multiple schools.

During break times (e.g. recess, lunch), students may want to socialize with peers in different cohorts.

- In **elementary schools**, students can socialize with peers in different cohorts if they are outdoors and can minimize physical contact or if they are indoors and can maintain physical distance.
  - Elementary-aged students are less able to consistently maintain physical distance. Outdoors is a lower-risk environment than indoors.



- In **middle and secondary schools**, students can socialize with peers in different cohorts if they can maintain physical distance. Students must maintain physical distance when socializing with peers in different cohorts.
  - Middle- and secondary-school students are expected to be capable of consistently maintaining physical distance when it is required. If a student is unable to physically distance, the student should socialize within their cohort or where they can be supported to physically distance.

Unless they are part of the same cohort, staff and other adults should maintain physical distance from each other at all times. This includes during break times and in meetings.

Students from different cohorts may be required to be together to receive beneficial social supports, programs or services (e.g. meal programs, after school clubs, etc.). Within these supports or services, it is expected that cohorts and physical distance are maintained as much as is practical to do so while still ensuring the support, program or service continues. This does not apply to extracurricular activities where physical distance between cohorts must be maintained.

Elementary and middle schools are likely able to implement cohorts without reducing the number of individuals typically within the school. Secondary schools may use both approaches: implement cohorts and reduce the number of individuals typically within the school to enable physical distance for out-of-cohort interactions. This may be necessary due to the larger number of people and the increased frequency of classroom exchanges that typically occur within secondary schools.

#### School Gatherings

School gatherings should occur within the cohort.

- Gatherings should not exceed the maximum cohort size in the setting, plus the minimum number of additional people required (e.g. school staff, visitors, etc.) to meet the gathering's purpose and intended outcome.
  - Additional people should be minimized as much as is practical to do so.
- These gatherings should happen minimally.
- Schools should seek virtual alternatives for larger gatherings and assemblies.

#### Physical Distancing

Due to physical space limitations it may be necessary to reduce the number of individuals within secondary schools at any given time to ensure that physical distance can be maintained when required. Secondary schools should continue to prioritize the attendance of students who most benefit from in-person support and learners with diverse needs, as well as consider alternative learning modalities and off-campus learning.

Students should not wear non-medical masks in place of physical distancing for in-class instruction delivered to more than one cohort.





## Other Strategies

The following strategies should be implemented wherever possible in the K-12 school setting:

- Avoid close greetings (e.g., hugs, handshakes).
- Encourage students and staff to not touch their faces.
- Spread people out as much as is practical to do so:
  - Consider different classroom and learning environment configurations to allow distance between students and adults (e.g., different desk and table formations).
    - For middle and secondary schools, consider arranging desks/tables so students are not facing each other and using consistent seating arrangements.
- Consider strategies that prevent crowding at pick-up and drop-off times.
- Stagger recess/snack, lunch and class transition times to provide a greater amount of space for everyone.
- Take students outside more often.
  - Organize learning activities outside including snack time, place-based learning and unstructured time.
  - Take activities that involve movement, including those for physical health and education, outside.
  - Playgrounds can be used as normal. Ensure appropriate hand hygiene practices before and after outdoor play.
- Incorporate more individual activities or activities that encourage greater space between students and staff.
  - For elementary students, adapt group activities to minimize physical contact and reduce shared items.
  - For middle and secondary students, minimize group activities and avoid activities that require physical contact.
- Manage flow of people in common areas, including hallways, to minimize crowding and allow for ease of people passing through.
- Parents, caregivers, health-care providers, volunteers and other non-staff adults (e.g. visitors) entering the school should be prioritized to those supporting activities that are of benefit to student learning and wellbeing (e.g. teacher candidates, immunizers, meal program volunteers, etc.).
  - All visitors should confirm they have completed the requirements of a daily health check before entering.
  - Schools should keep a list of the date, names and contact information for all visitors who enter the school.
  - All adult visitors should wear a non-medical mask when in the school and unable to consistently maintain physical distance.

## Extracurricular Activities

Extracurricular activities including sports, arts or special interest clubs can occur if physical distance can be maintained between members of different cohorts and reduced physical contact is practiced by those within the same cohort.

Inter-school events including competitions, tournaments and festivals, should not occur at this time. This will be re-evaluated in mid-fall 2020.





## Student Transportation on Buses

Buses used for transporting students should be cleaned and disinfected according to the guidance provided in the BCCDC's Cleaning and Disinfectants for Public Settings document. Additional guidance is available from Transport Canada.

Bus drivers should clean their hands often, including before and after completing trips. They are encouraged to regularly use alcohol-based hand sanitizer with at least 60% alcohol during trips, as well as wear a non-medical mask or face covering when they cannot physically distance or be behind a physical barrier in the course of their duties.

Students should clean their hands before they leave home to take the bus, when they leave school prior to taking the bus, and when they get home.

To reduce the number of close, in-person interactions, the following strategies are recommended:

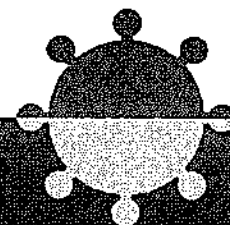
- Use consistent and assigned seating arrangements.
  - Consider the order students typically onboard and offload to support buses being loaded from back to front and offloaded from front to back.
  - Prioritize students sharing a seat with a member of their household or cohort.
  - The seating arrangement can be altered whenever necessary to support student health and safety (e.g. accommodating children with a physical disability, responding to behavioural issues, etc.).
- If space is available, students should each have their own seat.
  - They should be seated beside the window.
- Middle and secondary students should wear non-medical masks or face coverings.
  - These should be put on before loading and taken off after offloading.
- Non-medical masks are not recommended for elementary school students.
- No student should be required to wear a non-medical mask if they do not tolerate it.

Additional measures can be taken, including:

- Encouraging private vehicle use and active transportation (e.g. biking, walking, etc.) by students and staff where possible to decrease transportation density.
- Consider installing a physical barrier made of transparent materials between the driver and students. For additional information with respect to safety considerations when deciding to install a physical barrier, visit [here](#).

Schools/school districts should keep up-to-date passenger lists to share with public health should contact tracing need to occur.

Other transportation methods not listed here can be used, with this guidance adapted as relevant to their mode of transportation (e.g. vans, boats, ferries, etc.).



## Food Services

Schools can continue to include food as part of learning and provide food services, including for sale.

- If food is prepared as part of learning and is consumed by the student(s) who prepared it, no additional measures beyond those articulated in this document and normal food safety practices need to be implemented (e.g. home economics and culinary arts).
- If food is prepared for meal programs, breakfast clubs and other food access initiatives, and is not regulated under the Food Premises Regulation, no additional measures beyond those articulated in this document and normal food safety practices need to be implemented.
  - Appendix D provides additional guidance that may be useful when offering school meal programs, breakfast clubs and other food access initiatives.
- Schools should not allow homemade food items to be made available to other students at this time (e.g. birthday treats, bake sale items).

**FOODSAFE** Level 1 covers important food safety and worker safety information including foodborne illness, receiving and storing food, preparing food, serving food, and cleaning and sanitizing. It is a helpful resource for those seeking education and training on food safety practices.

Some schools offer food services that are regulated under the Food Premises Regulation. These are typically cafeterias, though may include some meal programs.

- If food service is provided in schools that is regulated under the Food Premises Regulation, no additional measures beyond those articulated in this document and regular requirements as outlined in the regulation need to be implemented (e.g. a FOODSAFE trained staff member, a food safety plan, etc.).
  - Additional considerations that may be relevant when providing food services in schools are detailed in the WorkSafe BC Restaurants, cafes, pubs, and nightclubs: Protocols for returning to operation.

Schools can continue to accept food donations to support learning and the delivery of meal programs, breakfast clubs and other food access initiatives.

Students may be facing increased levels of food insecurity (a worry or lack of financial means to buy healthy, safe, personally acceptable food). Wherever possible, schools are encouraged to continue providing meal programs, breakfast clubs and other food access initiatives.

The July 31<sup>st</sup>, 2020 Order of the Provincial health Officer Restaurants, Coffee Shops, Cafes, Cafeterias and Licensed Premises, Including Pubs, Bars, Lounges, Nightclubs and Tasting Rooms does not apply to schools. Food Safety Legislation and the Guidelines for Food and Beverage Sales in B.C. Schools continue to apply as relevant.

Schools should continue to emphasize that food and beverages should not be shared.



## Personal Measures

### Stay Home When Sick

The following students, staff or other persons **must stay home and self-isolate**:

- A person confirmed by public health as a case of COVID-19; or
- A person confirmed by public health as a close contact of a confirmed case or outbreak of COVID-19; or
- A person who has travelled outside of Canada in the last 14 days.

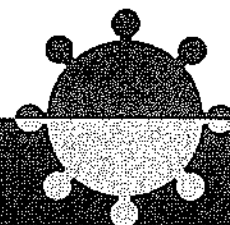
Those who must self-isolate typically must do so for 14 days and monitor for symptoms of illness throughout. Additional information is available from [BCCDC](#).

Any student, staff or other person who develops symptoms of illness (e.g. cold, influenza, or COVID-19) **must stay home and seek assessment by a health care provider**. They may not return to school until COVID-19 and other infectious respiratory disease has been excluded and symptoms have improved. A doctor's note should not be required for students or staff to return. Additional information is available in Appendix E.

Students or staff may still attend school if a member of their household develops symptoms of illness, provided the student/staff has no symptoms. It is expected the symptomatic household member is seeking assessment by a health-care provider. Most illness experienced in B.C. is not COVID-19, even if the symptoms are similar.

Students and staff who experience seasonal allergies or other COVID-19-like symptoms, which are related to an existing condition can continue to attend school when they are experiencing these symptoms as normal. They do not require re-assessment by a health-care provider. If they experience any new or unexplained symptoms they should seek assessment by a health-care provider.

- Parents and caregivers should assess their child daily for symptoms of illness before sending them to school.
  - If a child develops any symptoms, they must stay home and seek assessment by a health care provider. They may not return to school until COVID-19 and other infectious respiratory illness have been excluded and symptoms have improved (i.e. they have only mild symptoms of illness remaining, like a sustained cough or an occasionally runny nose).
- Staff and other adults should assess themselves daily for symptoms of illness prior to entering the school.
  - If staff or any adult develops any symptoms, they must stay home and seek assessment by a health care provider. They may not return to school until COVID-19 and other infectious respiratory illness have been excluded and symptoms have improved (i.e. they have only mild symptoms of illness remaining, like a sustained cough or an occasionally runny nose).
- School administrators should:
  - Ensure school staff and other adults entering the school are aware of their responsibility to assess themselves daily for symptoms of common cold, influenza, COVID-19 or other infectious respiratory disease prior to entering the school.



- Clearly communicate with parents and caregivers about their responsibility to assess their children daily before sending them to school.
  - Consider having parents and caregivers provide a copy of a completed daily health check form that confirms they understand how to complete the daily health check and that it must be completed daily. An example is included as Appendix C.
  - Alternatively, conduct daily health checks for respiratory illness at drop-off by asking parents and caregivers to confirm the child has not developed symptoms of common cold, influenza, COVID-19, or other respiratory disease.
- Establish procedures for those who become sick while at school to be sent home as soon as possible.
  - Some students may not be able to be picked up immediately. As such, consider having a space available where the student or staff member can wait comfortably, which is separated from others.
- Establish procedures that allow for students and staff to attend school with mild symptoms of illness (e.g. a sustained cough, or an occasionally runny nose) once COVID-19 and other infectious respiratory illness has been excluded.
  - This is to ensure staff and students are not kept out of school when they present no risk of COVID-19 or other infectious respiratory disease.
- Not require a doctor's note to confirm COVID-19 or other infectious respiratory disease has been excluded.
- Those unsure of if they or a student should stay home, self-isolate or be tested for COVID-19 should be directed to use the [BC COVID-19 Self-Assessment Tool](#).
  - They can also be advised to contact 8-1-1, a family physician or nurse practitioner to be assessed for COVID-19 and other infectious respiratory diseases.
- There is no role for screening students or staff for symptoms, checking temperatures, or COVID-19 testing. Such activities are reserved for health-care professionals.

*An information sheet on what to do if a student or staff member becomes ill at school is included as Appendix E.*

#### Hand Hygiene

Rigorous hand washing with plain soap and water is the most effective way to reduce the spread of illness. Both students and staff can pick up and spread germs from objects, surfaces, food and people. Everyone should practice diligent hand hygiene. Parents and staff can teach and reinforce these practices among students.

#### How to practice diligent hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
  - Temperature does not change the effectiveness of washing hands with plain soap and water, though warm water is preferred for personal comfort.
- If sinks are not available (e.g., students and staff are outdoors), use alcohol-based hand rub containing at least 60% alcohol.
  - See the [List of Hand Sanitizers Authorized by Health Canada](#) for products that have met Health Canada's requirements and are authorized for sale in Canada.



- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating microbes. Soap and water are preferred when hands are visibly dirty. If it is not available, use an alcohol-based hand wipe followed by alcohol-based hand rub.
- To learn about how to perform hand hygiene, please refer to the BCCDC's [hand washing poster](#).

#### Strategies to ensure diligent hand hygiene:

- Facilitate regular opportunities for staff and students to practice hand hygiene.
  - Use portable hand-washing sites or alcohol-based hand rub dispensers where sinks are not available.
- Promote the importance of diligent hand hygiene to staff and students regularly.
  - Use posters and other methods of promotion.
- Ensure hand washing supplies are well stocked at all times including soap, paper towels and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol.
- Staff should assist younger students with hand hygiene as needed.

*An information sheet on when students and staff should practice hand hygiene is included as Appendix F.*

#### Respiratory Etiquette

Students and staff should:

- Cough or sneeze into their elbow or a tissue. Throw away used tissues and immediately perform hand hygiene.
- Refrain from touching their eyes, nose or mouth with unwashed hands.
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Parents and staff can teach and reinforce these practices among students.

#### Water Stations and Fountains

Students and staff should be encouraged to bring an individual, filled water-bottle or other beverage container to school each day for their personal use to support hydration needs.

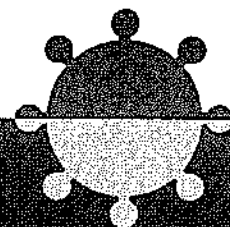
Re-filling water stations can be used to re-fill personal containers.

Water fountains where a person drinks directly from the spout should be used minimally, and only if no other means of water access are available. Hand hygiene should be practiced before and after use.

#### Personal Items and School Supplies

Students and staff can continue to bring personal items and school supplies to school for their own use. This includes reusable food containers for bringing drinks, snacks and meals.

Items brought regularly to and from school should be limited to those that can be easily cleaned (e.g. reusable food containers) and/or are considered to be low risk (e.g. clothing, paper, etc.).



## Personal Protective Equipment

PPE, such as masks and gloves, is not needed for most staff beyond that used as part of routine practices for the hazards normally encountered in their regular course of work.

### Students with Medical Complexity, Immune Suppression and/or Receiving Delegated Care

Managing students with medical complexities, immune suppression or receiving delegated care may require those providing health services (e.g. staff providing delegated care or other health-care providers) to be in close physical proximity or in physical contact with a medically complex or immune suppressed student for an extended period of time. In community-based clinical settings where there is low incidence and prevalence of COVID-19, additional PPE over and above that required for routine practices is not required. The same guidance is applicable to those providing health services in schools.

Those providing health services should wear a mask when working in close proximity with students who are at a higher risk of severe illness due to COVID-19 (e.g. children with immune suppression), particularly those who work at multiple sites.

Those providing health services in schools may be receiving different guidance related to PPE from their regulatory college or employer. Health service providers are encouraged to work with their employer to confirm what PPE is recommended for the services they provide in school settings, recognizing schools should not be providing health services to a student with any symptoms of illness, including symptoms of COVID-19 or other infectious respiratory disease.

While implementation of infection prevention and exposure control measures help create a safe environment by helping to significantly reduce the risk of COVID-19 transmission, it does not eliminate the risk entirely. Parents and caregivers of children who are considered at higher risk of severe illness due to COVID-19 are encouraged to consult with their health-care provider to determine their child's level of risk.

### Students with Disabilities and Diverse Abilities

Staff or other care providers providing education services to students with disabilities and diverse abilities who are part of the same cohort should continue with routine practices. No additional mitigation measures or PPE are required. Staff or other care providers working with students with disabilities and diverse abilities across cohorts should wear a non-medical mask if physical distance cannot be maintained. A face shield can be used in place of a non-medical mask when working with students where seeing facial expressions and/or lip movement is important and physical distance cannot be maintained.

In addition to a non-medical mask, those providing health or education services that require being in close proximity to a student should follow their standard risk assessment methods to determine if additional PPE is required, in accordance with routine practices.

No health services should be provided to a student in school who is exhibiting any symptoms of COVID-19 (beyond those detailed if a student develops symptoms at school, as detailed in Appendix E).



### Non-Medical Masks

Non-medical masks or face coverings may be useful for middle and secondary students and staff when physical distance cannot be consistently maintained and a person is interacting with people outside of their cohort.

Examples of when a non-medical mask should be worn include:

- middle and secondary students on a school bus;
- middle and secondary students in common areas when students are outside of their cohort and physical distance cannot be maintained;
- staff working across cohorts when physical distance cannot be maintained;
- staff in a break room where physical distance cannot be maintained.

Non-medical masks are not recommended for elementary-aged students due to the increased likelihood they will touch their face and eyes, as well as require assistance to properly put on and take off their mask (requiring increased close personal contact from school staff).

No student should be required to wear a mask if they do not tolerate it.

Those wearing non-medical masks must still seek to maintain physical distance from people outside of their cohort whenever possible. There must be no crowding, gathering or congregating of people from different cohorts, even if non-medical masks are worn.

Non-medical masks should not be used in place of the other measures detailed in this document.

Face shields are a form of eye protection for the person wearing it. They may not prevent the spread of droplets from the wearer. Face shields should not be worn in place of non-medical masks, except for those providing services where seeing facial expressions and/or lip movement is important for student health and development and physical distance cannot be maintained.

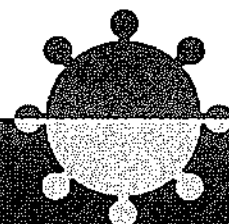
Schools should consider requesting students and staff have a non-medical mask or face covering available at school so it is accessible should they become ill while at school.

It is important to treat people wearing masks with respect. More information about COVID-related mask use is available [here](#).

### Supporting School Communities

BCCDC is the source of information about COVID-19. Resources available on their website can be used to support learning and to respond to questions you may receive from members of your school community. More information is available [here](#).

September 4, 2020  
COVID-19 Public Health Guidance for K-12 Settings



## Appendix A: Summary of School-Based Control Measures



### 1. STAY HOME WHEN SICK

*Any student or staff that develops symptoms of illness must stay home and seek assessment by a health-care provider.*



### 4. PHYSICAL DISTANCING AND MINIMIZING PHYSICAL CONTACT

*Spread students and staff out to different areas when possible.*

*Take students outside more often.*

*Stagger break and transition times. Incorporate individual activities.*

*Remind students to keep their hands to themselves.*



### 2. HAND HYGIENE

*Everyone should clean their hands more often!*

*Thorough hand washing with plain soap and water for at least 20 seconds is the most effective way to reduce the spread of illness.*



### 5. CLEANING AND DISINFECTION

*General cleaning of the school should occur at least once a day.*

*Clean and disinfect frequently touched surfaces one additional time, during the school day.*

*Use common cleaning and disinfectant products.*

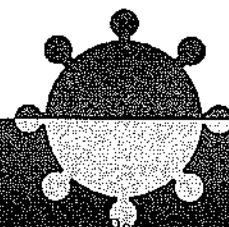


### 3. RESPIRATORY AND PERSONAL HYGIENE

*Cover your coughs.*

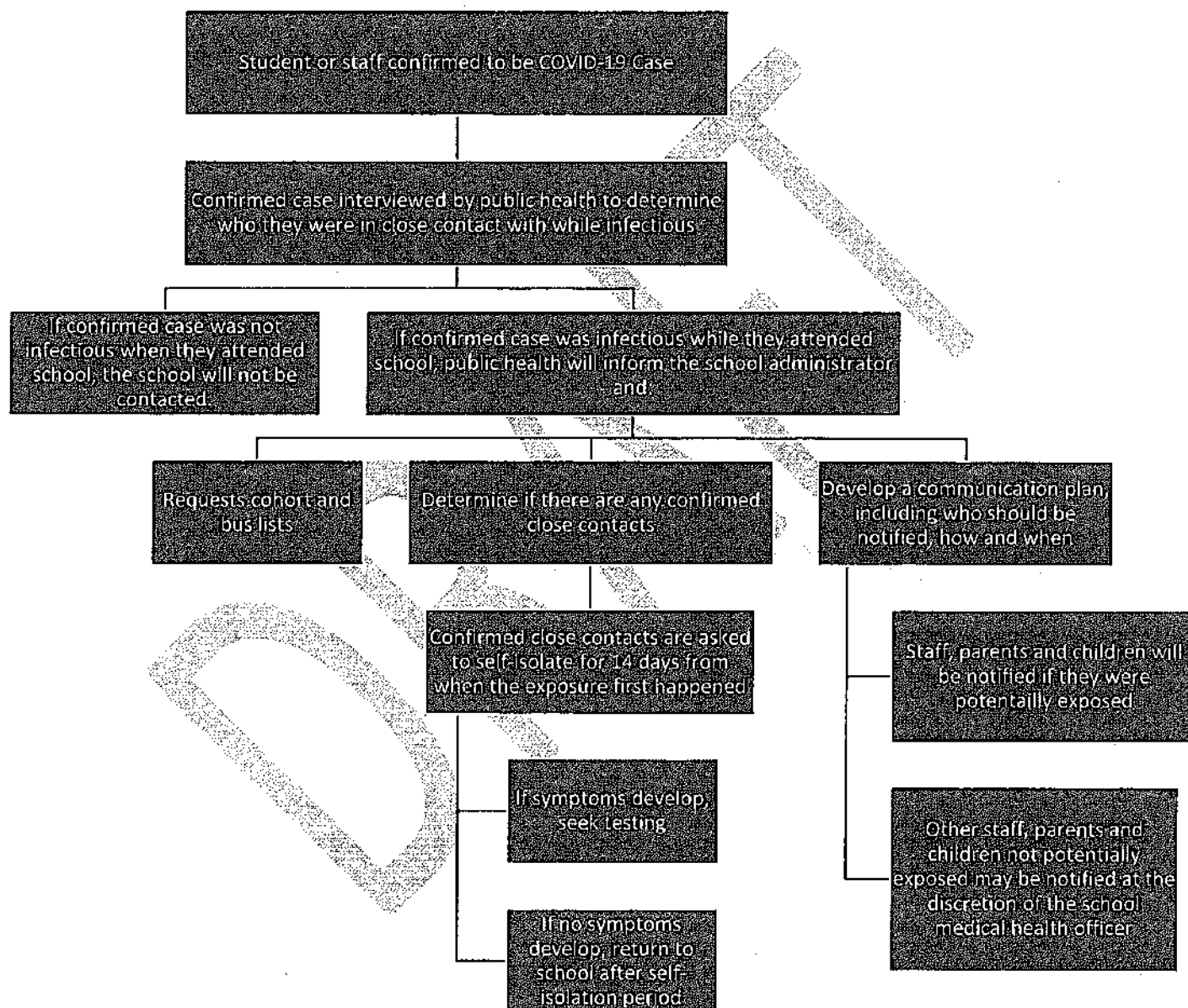
*Do not touch your face.*

*No sharing of food, drinks, or personal items.*

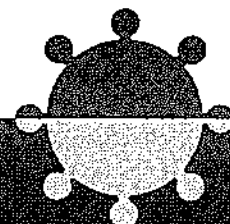




## Appendix B: Public health actions if a staff, student or other person who has been in the school is a confirmed COVID-19 case



Confirmed close contacts are determined based on the length of time of exposure and nature of the interaction. Only public health can determine who is a close contact.



## Appendix C: Daily Health Check Example

The following can be used as an example of a tool that can be used for parents and caregivers to complete prior to their child coming to school. It should be adapted if used for school staff and visitors.

Daily Health Check			
1. Symptoms of Illness*	Does your child have any of the following symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Chills	YES	NO
	Cough or worsening of chronic cough	YES	NO
	Shortness of breath	YES	NO
	Sore throat	YES	NO
	Runny nose / stuffy nose	YES	NO
	Loss of sense of smell or taste	YES	NO
	Headache	YES	NO
	Fatigue	YES	NO
	Diarrhea	YES	NO
	Loss of appetite	YES	NO
	Nausea and vomiting	YES	NO
	Muscle aches	YES	NO
	Conjunctivitis (pink eye)	YES	NO
	Dizziness, confusion	YES	NO
	Abdominal pain	YES	NO
Skin rashes or discoloration of fingers or toes	YES	NO	
2. International Travel	Has your child returned from travel outside Canada in the last 14 days?	YES	NO
3. Confirmed Contact	Is your child a confirmed contact of a person confirmed to have COVID-19?	YES	NO

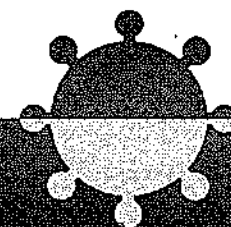
\*Check BCCDC's [Symptoms of COVID-19](#) regularly to ensure the list is up to date.

If you answered "YES" to any of the questions, your child should **NOT** come to school, unless:

- COVID-19 and other infectious respiratory illness has been excluded AND their symptoms have improved (i.e. they have only mild symptoms remaining like a sustained cough or an occasionally runny nose), OR
- the symptoms are related to a pre-existing condition and are occurring as they have previously (e.g. seasonal allergies).

Anyone with new symptoms of illness should contact a health-care provider for further assessment. This includes 8-1-1, or a primary care provider like a physician or nurse practitioner.

If you answered "YES" to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](#) to determine if you should be tested for COVID-19.



## Appendix D: Supplementary Guidance for School Meal Programs

This guidance is adapted from the WorkSafe BC Restaurants, cafes, pubs, and nightclubs: Protocols for returning to operation to support the delivery of school meal programs, breakfast clubs and other food access initiatives that are not regulated under the *Food Premises Regulation*.

### General Considerations

- Students from different cohorts can access school meal programs at the same time if necessary (e.g. a morning breakfast program offered only to students who may need it). Physical distance between students from different cohorts should be maintained as much as is practical to do so while ensuring the program can be offered.

### Food Delivery and Preparation

- Limit the number of staff/volunteers in a food preparation or eating area at any one time to those necessary to ensure the program can be delivered.
- Inform delivery agents and other volunteers of how to adhere to the school's visitor policy, where food should be delivered to, and what hours food can be accepted at.
- Develop and establish hand hygiene procedures for all staff/volunteers. This includes before and after leaving the food preparation area and using equipment.
- Donated food, including Traditional foods, can continue to be accepted in line with regular food safety precautions for accepting food donations.

### Cleaning & Disinfecting

- Continue with regular cleaning & disinfecting practices for food services.
- Identify high-touch surfaces to ensure they are cleaned and disinfected in line with the guidance in this document and existing food safety practices.
  - High-touch surfaces may include ingredients and containers, equipment such as switches, dials and handles and shared serving utensils if they are used by multiple people.

### Food Distribution to Students

- Students should practice hand hygiene before accessing food.
- Schools can continue to provide self-service stations (e.g., salad bar, self-serve breakfast, etc.).
  - Consider pre-plating or serving food directly if students are unable to consistently implement personal measures (e.g. practice regular hand hygiene, not touch their face, etc.) or to prevent gathering or crowding.
- Post signs to remind students to practice hand hygiene and to maintain space from one another;
- If food is served to students, re-usable plates, utensils and containers can be used, with normal cleaning and disinfecting methods for dishwashing implemented.
- Provided food safety precautions are followed, leftover food can be sent home with students.



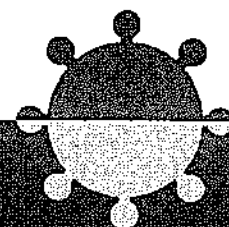
## Appendix E: What to Do if a Student or Staff Member Develops Symptoms

<i><b>If a Student Develops Any Symptoms of Illness</b></i>	<i><b>If a Staff Member Develops Any Symptoms of Illness</b></i>
<p><b>Parents or caregivers must keep the student at home</b></p> <p><b>IF STUDENT DEVELOPS SYMPTOMS AT SCHOOL:</b></p> <p><b>Staff must take the following steps:</b></p> <ol style="list-style-type: none"> <li>1. Immediately separate the symptomatic student from others in a supervised area.</li> <li>2. Contact the student's parent or caregiver to pick them up as soon as possible.</li> <li>3. Where possible, maintain a 2-metre distance from the ill student. If not possible, staff should wear a non-medical mask or face covering if available and tolerated, or use a tissue to cover their nose and mouth.</li> <li>4. Provide the student with a non-medical mask or tissues to cover their coughs or sneezes. Throw away used tissues as soon as possible and perform hand hygiene.</li> <li>5. Avoid touching the student's body fluids (e.g., mucous, saliva). If you do, practice diligent hand hygiene.</li> <li>6. Once the student is picked up, practice diligent hand hygiene.</li> <li>7. Staff responsible for facility cleaning must clean and disinfect the space where the student was separated and any areas recently used by them (e.g., classroom, bathroom, common areas).</li> </ol> <p>Parents or caregivers must pick up their child as soon as possible if they are notified their child is ill.</p>	<p><b>Staff must stay home</b></p> <p><b>IF STAFF DEVELOPS SYMPTOMS AT WORK:</b></p> <p><b>Staff should go home as soon as possible.</b></p> <p>If unable to leave immediately:</p> <ol style="list-style-type: none"> <li>1. Symptomatic staff should separate themselves into an area away from others.</li> <li>2. Maintain a distance of 2 metres from others.</li> <li>3. Use a tissue or mask to cover their nose and mouth while they wait to be picked up.</li> <li>4. Staff responsible for facility cleaning must clean and disinfect the space where the staff member was separated and any areas used by them (e.g., classroom, bathroom, common areas).</li> </ol>
<p><b>Anyone experiencing symptoms of illness should not return to school until they have been assessed by a health-care provider to exclude COVID-19 and other infectious respiratory illness AND their symptoms have improved.</b></p> <p><b>A doctor's note should not be required for students or staff to return.</b></p>	



## Appendix F: When to Perform Hand Hygiene at School

When Students Should Perform Hand Hygiene:	When Staff Should Perform Hand Hygiene:
<ul style="list-style-type: none"> <li>• When they arrive at school.</li> <li>• Before and after any breaks (e.g., recess, lunch).</li> <li>• Before and after eating and drinking (excluding drinks kept at a student's desk or locker).</li> <li>• Before and after using an indoor learning space used by multiple cohorts (e.g. the gym, music room, science lab, etc.).</li> <li>• After using the toilet.</li> <li>• After sneezing or coughing into hands.</li> <li>• Whenever hands are visibly dirty.</li> </ul>	<ul style="list-style-type: none"> <li>• When they arrive at school.</li> <li>• Before and after any breaks (e.g. recess, lunch).</li> <li>• Before and after eating and drinking.</li> <li>• Before and after handling food or assisting students with eating.</li> <li>• Before and after giving medication to a student or self.</li> <li>• After using the toilet.</li> <li>• After contact with body fluids (i.e., runny noses, spit, vomit, blood).</li> <li>• After cleaning tasks.</li> <li>• After removing gloves.</li> <li>• After handling garbage.</li> <li>• Whenever hands are visibly dirty.</li> </ul>



## Merry, Kathleen EDUC:EX

---

**From:** Beddall, Scott EDUC:EX  
**Sent:** September 1, 2020 10:08 PM  
**To:** Foweraker, Jonathan EDUC:EX  
**Cc:** Fillion, Corinna GCPE:EX; Burton, Meribeth GCPE:EX; Bawa, Reg R EDUC:EX; McKenzie, Scott GCPE:EX  
**Subject:** RE: KM-QA - MRF - Federal Funding scrub - DRAFT  
**Attachments:** COVID-19 Public Health Guidance K-12 Schools - Aug 31 -SB comments.docx

Hi Jonathan,

I have gone through the document and entered my comments. Over to you.

Cheers,

Scott

**From:** Bawa, Reg R EDUC:EX  
**Sent:** September 1, 2020 9:13 PM  
**To:** McKenzie, Scott GCPE:EX  
**Cc:** Fillion, Corinna GCPE:EX ; Burton, Meribeth GCPE:EX ; Beddall, Scott EDUC:EX ; Foweraker, Jonathan EDUC:EX  
**Subject:** RE: KM-QA - MRF - Federal Funding scrub - DRAFT

I got to about q13 -s.13  
tomorrow

... suggest Scott and Jonathan go through the rest

**From:** McKenzie, Scott GCPE:EX <[Scott.1.McKenzie@gov.bc.ca](mailto:Scott.1.McKenzie@gov.bc.ca)>  
**Sent:** September 1, 2020 5:20 PM  
**To:** Bawa, Reg R EDUC:EX <[Reg.Bawa@gov.bc.ca](mailto:Reg.Bawa@gov.bc.ca)>  
**Cc:** Fillion, Corinna GCPE:EX <[Corinna.Fillion@gov.bc.ca](mailto:Corinna.Fillion@gov.bc.ca)>; Burton, Meribeth GCPE:EX <[Meribeth.Burton@gov.bc.ca](mailto:Meribeth.Burton@gov.bc.ca)>  
**Subject:** KM-QA - MRF - Federal Funding scrub - DRAFT

Hi Reg, please see the attached QA for your review.

Much appreciated,

Scott

Page 079 of 377 to/à Page 100 of 377

Withheld pursuant to/removed as

s.13

**Merry, Kathleen EDUC:EX**

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**From:** Beddall, Scott EDUC:EX  
**Sent:** September 4, 2020 11:22 AM  
**To:** MacDonald, Scott D EDUC:EX; Fillion, Corinna GCPE:EX; Bawa, Reg R EDUC:EX  
**Subject:** FW: FINAL DRAFT - Public Health Guidance for K-12  
**Attachments:** COVID-19 Public Health Guidance K-12 Schools - Sep 4 - FINAL DRAFT.docx

Here is the latest draft of the BCCDC guidance -s.13  
s.13



## Merry, Kathleen EDUC:EX

**From:** XT:Tisdale, Bruce EDUC:IN  
**Sent:** October 5, 2020 9:43 PM  
**To:** Beddall, Scott EDUC:EX  
**Cc:** Bawa, Reg R EDUC:EX; Nicholls, Cloe EDUC:EX  
**Subject:** Re: MOE and CDC updates

**[EXTERNAL]** This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Thanks Scott. Appreciate you getting back to me so quickly.

Bruce

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**From:** Beddall, Scott EDUC:EX  
**Sent:** Monday, October 5, 2020 9:41:49 PM  
**To:** Bruce Tisdale  
**Cc:** Bawa, Reg R EDUC:EX ; Nicholls, Cloe EDUC:EX  
**Subject:** FW: MOE and CDC updates  
Hi Bruce,

Following up on your question to Reg. The K-12 Restart Health and Safety Working Group has been working on proposed updates to the Provincial COVID-19 Health & Safety Guidelines for K-12, further to review of the September 11<sup>th</sup> update to the BCCDC guidance. However, given the current interregnum/election period, the timing of implementing these updates is still TBD. Hoping to get confirmation on that soon but in the meantime, where there is variance between the MOE and BCCDC guidance, we are asking schools and school districts to follow the MOE guidelines.

Hope this is helpful, and feel free to contact me if you have any additional questions.

Cheers,

Scott

**From:** Bruce Tisdale <[btisdale@sd19.bc.ca](mailto:btisdale@sd19.bc.ca)>  
**Date:** October 5, 2020 at 5:17:50 PM PDT  
**To:** "Bawa, Reg R EDUC:EX" <[Reg.Bawa@gov.bc.ca](mailto:Reg.Bawa@gov.bc.ca)>  
**Subject:** MOE and CDC updates

**[EXTERNAL]** This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Good afternoon Reg

I was just checking in to see if you had a guestimate as to when a new MOE or CDC set of guidelines will be released. I know the CDC one has been discussed on our calls and I'm guessing there are some wording issues holding it up.

Our district is still operating under the using the check list in the July 29 CDC guidelines. We are also doing a broader disinfecting process in that we are doing all rooms twice a day even if they have the single class in them.

We would like to update our protocols but do it all at once so are holding off pending the receipt of any new documents so any information you have on this would be appreciated.

Thanks and have a great non hassle week.

Bruce

Bruce Tisdale, CPA, CGA

Secretary Treasurer

**From:** [Nicholls, Cloe EDUC:EX](#)  
**To:** [MacDonald, Scott D EDUC:EX](#); [Filion, Corinna GCPE:EX](#)  
**Subject:** FW: Revised BCCDC Guidance  
**Date:** August 24, 2020 10:13:00 PM

---

FYI

---

**From:** Beddall, Scott EDUC:EX <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)>  
**Sent:** August 24, 2020 10:12 PM  
**To:** Nicholls, Cloe EDUC:EX <[Cloe.Nicholls@gov.bc.ca](mailto:Cloe.Nicholls@gov.bc.ca)>; Blair, Tammy EDUC:EX <[Tammy.Blair@gov.bc.ca](mailto:Tammy.Blair@gov.bc.ca)>; Williams, Cara EDUC:EX <[Cara.Williams@gov.bc.ca](mailto:Cara.Williams@gov.bc.ca)>; Silver, Matt EDUC:EX <[Matt.Silver@gov.bc.ca](mailto:Matt.Silver@gov.bc.ca)>; Chester, Delaney EDUC:EX <[Delaney.Chester@gov.bc.ca](mailto:Delaney.Chester@gov.bc.ca)>  
**Subject:** FW: Revised BCCDC Guidance

FYI...

---

**From:** Docking, Christie M HLTH:EX <[Christie.Docking@gov.bc.ca](mailto:Christie.Docking@gov.bc.ca)>  
**Sent:** August 24, 2020 1:32 PM  
**To:** Beddall, Scott EDUC:EX <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)>; Beddouche, Linda EDUC:EX <[Linda.Beddouche@gov.bc.ca](mailto:Linda.Beddouche@gov.bc.ca)>  
**Subject:** Revised BCCDC Guidance

Hi Scott and Linda,

FYI – we determined today that the updated version of the BCCDC K-12 guidance will be posted by Wednesday September 2<sup>nd</sup>. The current approvals pathway is it will be reviewed this Wednesday by the School MHO's, and then by the broader public health leadership over the weekend. We will then do final reviews on Tuesday.

I'm working on an updated draft now, so should have that ready to share with you by EOD tomorrow.

There is no significant change in the overall guidance, but additional detail added to:

- Unintended consequences of school closures
- Contact tracing/case management/outbreak management
- Non-medical masks (additional detail about wearing them in common spaces, etc.)

There will also be an updated evidence section. We're also considering adding a summary page at the top that highlights the measures in place.

Thanks!

Christie

Christie Docking

A/Director, Special Projects

Public Health, Prevention and Planning | BC Ministry of Health

Telephone: 250-952-1956

Email: [christie.docking@gov.bc.ca](mailto:christie.docking@gov.bc.ca)

Mailing Address: 1515 Blanshard St, 4-2 | PO Box 9646 Stn Prov Govn't | Victoria BC | V8W 9P1

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**From:** [Beddall, Scott EDUC:EX](#)  
**To:** [Nicholls, Cloe EDUC:EX](#)  
**Cc:** [Blair, Tammy EDUC:EX](#); [Purdy, Sheila EDUC:EX](#); [Charlton, Julie EDUC:EX](#)  
**Subject:** RE: Quick question for Covid team  
**Date:** August 27, 2020 5:34:15 PM

---

Hi Cloe,

This is direct guidance from the PHO/BCCDC. The main distinction here is someone in the household having cold or flu (or even seasonal allergy symptoms) vs someone in the household being a confirmed COVID-19 case.

Cold, flu and allergy symptoms are very common – in some households with kids, it can seem like at least one person will have a runny nose at any given time. Public health's perspective is that as long as the individual themselves is asymptomatic (and therefore at low risk of transmitting illness), it is fine for them to attend work or school, and they (like everyone else) should abide by all of the health and safety measures that are in place in schools (frequent hand hygiene, respiratory etiquette, go home immediately if you start to develop symptoms).

In contrast, if someone in the household is confirmed to have COVID (which is comparatively quite rare), public health will advise everyone in the household to self-isolate.

Part of the problem with the language below is the term "COVID-19 symptoms" (which is straight out of the public health guidance for K-12 document) – it can mistakenly lead people to believe that it's okay for you to go to school/work if someone in your house has COVID, but that's not what it means. We have raised this with Ministry of Health, and they are planning to adjust that language in their next update to the public health guidance for K-12 (which should be released in the first week of September), and then we can align language in our health and safety guidelines and on the website.

Hope this helps and let me know if there are any questions.

Cheers,

Scott

---

**From:** Nicholls, Cloe EDUC:EX <Cloe.Nicholls@gov.bc.ca>  
**Sent:** August 27, 2020 5:12 PM  
**To:** Beddall, Scott EDUC:EX <Scott.Beddall@gov.bc.ca>  
**Cc:** Blair, Tammy EDUC:EX <Tammy.Blair@gov.bc.ca>; Purdy, Sheila EDUC:EX <Sheila.Purdy@gov.bc.ca>; Charlton, Julie EDUC:EX <Julie.Charlton@gov.bc.ca>  
**Subject:** Fwd: Quick question for Covid team

Hi Scott -

Could you draft a response to this?

Thanks  
Cloe

Begin forwarded message:

**From:** "Charlton, Julie EDUC:EX" <[Julie.Charlton@gov.bc.ca](mailto:Julie.Charlton@gov.bc.ca)>  
**Date:** August 27, 2020 at 5:10:58 PM PDT  
**To:** "Nicholls, Cloe EDUC:EX" <[Cloe.Nicholls@gov.bc.ca](mailto:Cloe.Nicholls@gov.bc.ca)>  
**Cc:** "Purdy, Sheila EDUC:EX" <[Sheila.Purdy@gov.bc.ca](mailto:Sheila.Purdy@gov.bc.ca)>  
**Subject: FW: Quick question for Covid team**

Hi Cloe – are you able to confirm?  
Many thanks!  
Julie

---

**From:** Wieczorek, Chris EDUC:EX <[Chris.Wieczorek@gov.bc.ca](mailto:Chris.Wieczorek@gov.bc.ca)>  
**Sent:** August 27, 2020 5:07 PM  
**To:** Charlton, Julie EDUC:EX <[Julie.Charlton@gov.bc.ca](mailto:Julie.Charlton@gov.bc.ca)>  
**Subject:** Quick question for Covid team

Hi Julie,

Just have a quick question for the Covid team - I'm getting a few calls from MLA offices wondering about the below guidance:

What if someone in my household or bubble has COVID-19 symptoms?

- -Students or staff may still attend school if a member of their household has cold, influenza, or COVID- 19-like symptoms, provided the student/staff is not sick
- -It is expected the symptomatic household member is seeking assessment by a health-care provider

Understand this would be based on PHO advice, and imagine it was also discussed at the health and safety steering committee. Not a rush from me, but if the team has a response that I can share with offices explaining why it's okay students or staff to attend school in this scenario that would be helpful.

Thank you!  
Chris

**From:** [Nicholls, Cloe EDUC:EX](#)  
**To:** [MacDonald, Scott D EDUC:EX](#)  
**Cc:** [Bawa, Reg R EDUC:EX](#)  
**Subject:** RE: Exposure Plans  
**Date:** September 8, 2020 3:02:00 PM  
**Attachments:** [COVID-19 Public Health Guidance K-12 Schools - Sep 4 - FINAL DRAFT.docx](#)

---

Hi Scott –

As discussed we expect that the updated BCCDC guidelines will be public later tomorrow or early Thursday morning. They are going to the Chief Medical Health Officers tomorrow afternoon. Once the CDC guidelines are finalized, we will need to quickly update our K-12 guidelines to be in alignment.

There are several edits being considered, including the exposure protocol, and also some updates on:

- Testing requirements for children under 10 (may be lessened to align with upcoming changes to pediatric testing guidance)
- Physical distancing – reframing to make it more possible in a school setting and in/out of learning groups; potentially moving to 1M

I am attaching the latest draft of the CDC guidelines – it does include the flow chart but not the two potential changes I reference above.

I talked to Scott B and we can aim for Thursday am to do a special bulletin with:

- New CDC guidelines
- New K-12 guidelines
- PHO report

Let me know if you have any questions or concerns.

Cloe

---

**From:** MacDonald, Scott D EDUC:EX <D.Scott.MacDonald@gov.bc.ca>  
**Sent:** September 8, 2020 1:39 PM  
**To:** Nicholls, Cloe EDUC:EX <Cloe.Nicholls@gov.bc.ca>  
**Cc:** Bawa, Reg R EDUC:EX <Reg.Bawa@gov.bc.ca>  
**Subject:** Exposure Plans

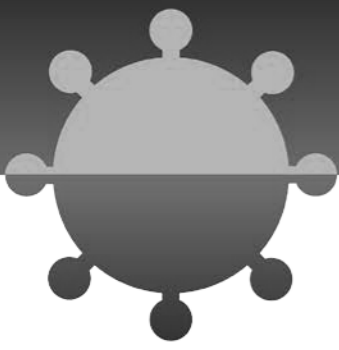
Hi,

We distributed this on Friday:

<https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/safe-caring-orderly/k-12-covid-19-health-safety-guidelines.pdf>

When will the updated guidelines for the exposure protocol be released – with the new flow chart?





## COVID-19 Public Health Guidance for K-12 School Settings

UPDATED: September 4, 2020

This guidance document is informed by [BC's Restart Plan: Next Steps to Move BC Through the Pandemic](#) and the [BC COVID-19 Go-Forward Management Strategy](#), and is aligned with [BC's COVID-19 Go-Forward Management Checklist](#), [WorkSafe BC's COVID-19 Information and Resources](#) as well as [COVID-19 Frequently Asked Questions](#). It is also informed by lessons learned when partial in-class instruction resumed in June 2020. This document provides guidance for educators, administrators and support staff (hereafter referred to as staff) at public, independent and First Nations Kindergarten to Grade 12 (K-12) schools to minimize the transmission of COVID-19 and maintain a safe and healthy school environment for students, families and staff. This document identifies key infection prevention and control practices to implement, as well as actions to take if a student or staff member develops [symptoms](#) of COVID-19.

School supports children in developing their potential and acquiring the knowledge, skills and abilities they need for lifelong success. In-person learning, as a part of a child's education, provides the opportunity for peer engagement, which supports social and emotional development as well as overall wellness. It also provides many children access to programs and services that are integral to their overall health and well-being.

Closing schools or significantly reducing in-person learning opportunities are significant public health interventions implemented to delay the spread of infectious disease. When in-person learning was suspended for most students in spring 2020, it aligned with broad provincial measures taken in an effort to reduce community transmission of COVID-19. While this likely had some impact on reducing the spread of COVID-19, it resulted in significant hardship for many, with B.C. families reporting impaired learning, increased child stress, and decreased connection. With the loss of supportive routines and structures, healthy behaviours have declined dramatically. Provincial child protection reports also declined significantly despite evidence suggesting an increase in domestic and gender-based violence.

Supporting students to receive full-time, in-person learning offers societal and individual benefits, particularly for those that already experience social and educational disparities. These are balanced against the potential risk of COVID-19 spread.

As community prevalence in B.C. continues to be low, the risk within schools is also considered to be low. However, while COVID-19 is present in our communities, it may be present in some schools. B.C. is likely to experience changes in prevalence throughout the school year, where the risk of cases or clusters may be higher or lower than it is currently. Public health will consistently monitor cases of COVID-19 that impact schools and will support school communities to manage cases if and when they occur. If necessary, changes to this guidance will be made to ensure the health and safety of students and staff continues to be supported.



Full-time, in-person instruction in schools can be accomplished while supporting the health and safety of children and staff. Based on the current epidemiology of COVID-19 in B.C., and the fact that children are at a lower risk of having and transmitting COVID-19, K-12 schools in B.C. can have all elementary and middle school students return to full-time, in-person instruction. Secondary students can also receive in-person instruction, but this may be balanced with alternative learning modalities to ensure the measures detailed in this document can be implemented. Schools should implement as many public health and infection prevention and exposure control measures as possible as described in this document.

Lowering the number of in-person, close interactions continues to be a key component of B.C.'s strategy to prevent the spread of COVID-19. A cohort is a group of students and staff who remain together throughout a school term. The use of cohorts in schools allows for a significant reduction in the number of individual interactions, while allowing most students to receive in-person learning in a close-to-normal school environment. Interactions within the cohort will vary, with classes continuing as the primary form of grouping where students will spend the majority of their time.

This document uses the terms elementary, middle and secondary to identify different expectations (where relevant) for schools based on the age range of students within them and the way learning is typically structured. The underlying intention is that the measures listed in the document are implemented throughout the school. If a school is unsure of which guidance to follow or these distinctions aren't suitable to their school community, they can connect with their school medical health officer to determine what approaches are most suitable.

Medical health officers are physicians who work within health authorities and have authority and responsibilities outlined in the [Public Health Act](#). These include directing the public health response to local public health threats, like COVID-19. School medical health officers are medical health officers who have additional authority and responsibilities outlined in the [School Act](#). They are responsible for directing the local public health response to any public health threat that impacts schools, like COVID-19. Every school has a school medical health officer. If there is a case, cluster or outbreak of COVID-19 in a school, the school medical health officer will lead the response. Contact information for medical health officers is available on local regional health authority websites.

#### COVID-19 in B.C.

- B.C. currently has low community prevalence and low community transmission of COVID-19.
  - B.C. is currently testing anyone with cold, influenza or COVID-19 like symptoms, even mild ones.
  - B.C.'s overall test positivity is less than 5%. This means of people with symptoms, very few have COVID-19.
  - Of those who are positive, 80% of transmission comes from a known, confirmed COVID-19 case (i.e. is not community transmission).
- Additional BC COVID-19 data is available [here](#).



## COVID-19 and Children

- Most children are not at high risk for COVID-19 infection.
- COVID-19 virus has a very low infection rate in children (ages 0 to 19).
  - In B.C., less than 1% of children tested have been COVID-19 positive, and even fewer are suspected to have been infected based on serological testing.
  - In B.C., approximately 5% of all confirmed cases of COVID-19 cases are among children and youth 0-19 years old, despite making up approximately 20% of the general population.
  - Children under 10 comprise a smaller proportion of the total confirmed child cases compared to children between the ages of 10 and 19.
- Based on published literature to date, the majority of cases in children are the result of household transmission by droplet spread from a symptomatic adult family member with COVID-19. Within households and family groupings, adults, pubescent and post-pubescent children appear to be the primary drivers of transmission.
- Children under one year of age, and those who are immunocompromised or have pre-existing pulmonary conditions are at a higher risk of more severe illness from COVID-19 (visit the [BCCDC Children with Immune Suppression](#) page for further details).
  - Children who are at higher risk of severe illness from COVID-19 can still receive in-person instruction. Parents and caregivers are encouraged to consult with their health-care provider to determine their child's level of risk. Additional information is available [here](#).
  - Staff and students requiring accommodation due to health-related risks should connect with their local district for more information on requirements. This is likely to include a medical accommodation form completed by a physician.
- Children typically have much milder symptoms of COVID-19, if any. They often present with low-grade fever and a dry cough. Gastrointestinal symptoms are more common than in adults over the course of disease, while skin changes and lesions are less common.

## COVID-19 and Adults

- While COVID-19 impacts adults more than children, some adults with specific health conditions are at an increased risk for more severe outcomes, including individuals:
  - Aged 65 and over;
  - With significantly compromised immune systems; or,
  - With poorly controlled underlying medical conditions.
  - Those at greatest risk are those aged 65 and over with a compromised immune system or underlying medical conditions.
- More information about adults living with health conditions that may place them at an increased risk for developing severe illness is available from [BCCDC](#).
- Most adults infected with COVID-19 will have mild symptoms that do not require care outside of the home.
- Adults working within schools who have health conditions that may place them at increased risk for more severe outcomes should speak with their health care provider to determine their individual level of risk, and if this may require workplace accommodation.



## COVID-19 and Schools

- There is limited evidence of confirmed transmission within school settings. This is partially due to wide-spread school closures worldwide at the onset of the pandemic to help prevent the spread of COVID-19.
  - In documented cases, there was typically minimal spread beyond the index case though isolated outbreaks have been reported.
- Children do not appear to be the primary drivers of COVID-19 transmission in schools or in community settings.
- Schools and childcare facility closures have significant negative mental health and socioeconomic impacts on children, including increased stress, and decreased educational outcomes, connectedness with peers and the broader community, and health behaviours. These outcomes disproportionately impact children with vulnerabilities.
- Prevention measures and mitigation strategies involving children must be commensurate with risk.

This information is based on the best evidence currently available. It will be updated as new information becomes available.

For up-to-date information on COVID-19, visit the [BC Centre for Disease Control \(BCCDC\) website](https://www.bccdc.ca/health-services/disease-control).



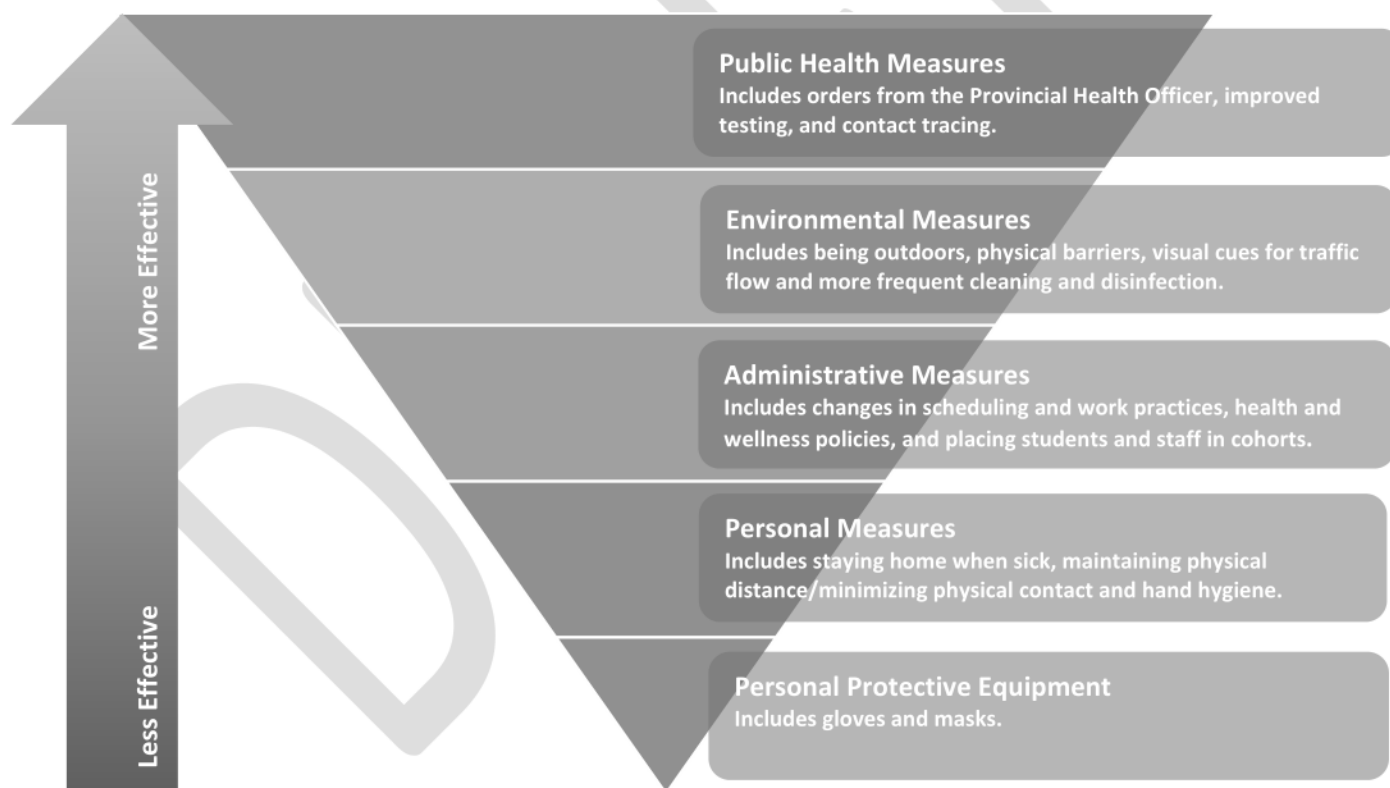
## Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures help create safe environments by reducing the spread of communicable diseases like COVID-19. These are more effective in controlled environments where multiple measures of various effectiveness can be routinely and consistently implemented.

Schools are considered a controlled environment by public health. This is because schools include a consistent grouping of people, there are robust illness policies for students and staff and there is an ability to implement effective personal practices that are followed by most people in the setting (e.g. diligent hand hygiene, respiratory etiquette, etc.).

*The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease* describes measures that should be taken to reduce the transmission of COVID-19 in schools. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

### The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



**Public Health Measures** are actions taken across society at the population level to limit the spread of the COVID-19 and reduce the impact of COVID-19. The Provincial Health Officer has implemented public health measures, including: prohibiting mass gatherings, requiring travellers to self-isolate or quarantine upon arrival in B.C., effective case finding and contact tracing, and emphasizing the need for people to stay home when they are sick.



**Environmental Measures** are changes to the physical environment that reduce the risk of exposure. Examples include being in outdoor spaces, ensuring good ventilation and air exchange, using visual cues for maintaining physical distance or directing traffic flow in hallways, erecting physical barriers where appropriate and frequent cleaning and disinfection.

**Administrative Measures** are measures enabled through the implementation of policies, procedures, training and education that reduce the risk of exposure. Examples of these include health and wellness policies, cohorts, modified schedules and supporting the ability of individuals to maintain physical distance.

**Personal Measures** are actions individuals can take to protect themselves and others. Examples include maintaining physical distance/minimizing physical contact, washing your hands frequently, coughing into your elbow and staying home if you are sick.

**Personal Protective Equipment (PPE)** is not effective as a stand-alone preventive measure. It should be suited to the task, and must be worn and disposed of properly. Outside of health-care settings, the effectiveness of PPE is generally limited to providing minimal protection to others should you be infected.

***Schools can implement a combination of measures at different levels, as described in this document. This document includes Environmental, Administrative, Personal Measures and the use of PPE. A summary of the recommended school measures is included as Appendix A.***

## Public Health Measures

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### Mass Gatherings

The Provincial Health Officer's Order for Mass Gatherings and Events prohibits the gathering of more than 50 people for the purpose of an event. This order does not apply to students, teachers or instructors at school when they are engaged in educational activities but would apply to community events held at schools. It is focused on one-time or recurrent events where people gather and where control measures may be hard to implement.

### Case Finding and Contact Tracing

Active testing of anyone with cold, influenza or COVID-19-like symptoms, even mild ones, helps identify cases early in the course of their disease. When a person is confirmed as a case of COVID-19, significant efforts are undertaken to determine if they are part of a cluster of cases or part of a local outbreak, and whether others in close contact with them are at risk for infection. Not everyone who has been in contact with a confirmed COVID-19 case is determined to be a close contact. Public health determines who is considered a close contact.

Schools and school districts should notify their school medical health officer if staff and/or student absenteeism exceeds 10 percent of regular attendance. This reporting is helpful in early identification of clusters and outbreaks.

If a staff or student is a confirmed case of COVID-19 through testing or investigation (i.e. case finding), public health will identify who that person has been in close contact with recently (i.e. contact tracing) to determine who else may have been exposed to the virus.



If there was a potential exposure at a school (i.e. a student or staff who has a confirmed case of COVID-19 AND attended school when they may have been potentially infectious, which is up to 48 hours before symptoms began), public health will work with the school to understand who may have been in close contact, and to determine what actions should be taken, including identifying if other students or staff should monitor for symptoms or self-isolate. A process map for how contact tracing would occur is included as Appendix B.

Personal privacy rights will be maintained. Public health will not disclose if a student or staff member is a confirmed case of COVID-19 unless there is reason to believe they may have been infectious when they attended school. In this case, public health will provide the information required to support effective contact tracing and only to the school administrator or delegate.

Public health will notify everyone who they determine may have been exposed through contact tracing, including if any follow-up actions are recommended (e.g. self-isolate, monitor for symptoms, etc.). They will work with the school administrator to determine if additional notifications are warranted (e.g. notification to the broader school community).

To ensure personal privacy rights are maintained, no notifications should be provided to staff or students' families about potential or confirmed COVID-19 cases unless the school administrator is directed to do so by public health.

#### Cluster and Outbreak Management

A school cluster is considered as two or more confirmed cases within a 14-day period, with evidence of transmission occurring within the school. Clusters do not require additional measures to be implemented to prevent further transmission of COVID-19.

A school outbreak is considered as multiple confirmed cases within a 14-day period, with evidence of ongoing transmission occurring within the school and the school medical health officer has determined additional measures may be required to prevent further transmission of COVID-19.

Additional measures required to prevent further transmission in the event of an outbreak will be determined by the local school medical health officer and consider the unique circumstances of the school and the outbreak.

#### Self-isolation and Quarantine

Students and staff with cold, influenza, or COVID-19 like symptoms should stay home, self-isolate, and be assessed by a health-care provider. Testing is recommended for anyone with these symptoms, even mild ones. Appendix C includes a current list of symptoms. They are also available from [BCCDC](https://www.bccdc.ca).

Self-isolation is also advised for those who are considered a close contact of a confirmed case. Public health staff identify and notify close contacts of a confirmed case. Public health also ensures those required to self-isolate have access to health-care providers and that other appropriate supports are in place.

Quarantine is a term typically reserved for people who return from travel outside the country, who are at risk of developing COVID-19.



Self-Isolation for International Travellers Returning to B.C.

**All students and staff who have travelled outside of Canada are required to self-isolate for 14 days under both provincial and federal orders.** This includes students who are attending school from abroad. Students from outside of Canada should plan to arrive in Canada at least two weeks before school begins to adhere to the self-isolation orders. Additional information is available [here](#).

## Environmental Measures

### Ventilation and Air Exchange

At this time, there is no evidence that a building's ventilation system, in good operating condition, would contribute to the spread of COVID-19.

For activities that take place indoors, application of the basic principles of good indoor air quality should continue, including supplying outdoor air to replenish indoor air by removing and diluting contaminants that naturally occur in indoor settings. All mechanical heating, ventilation and air conditioning (HVAC) systems should be checked to ensure they are working properly. Where possible, schools can open windows if weather permits.

For more information, see WorkSafe BC guidance on [general ventilation and air circulation](#).

### Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. Schools should be cleaned and disinfected in accordance with the BCCDC's [Cleaning and Disinfectants for Public Settings](#) document.

This includes:

- General cleaning and disinfecting of the premises at least **once every 24 hours**.
  - This includes items that only a single student uses, like an individual desk or locker.
- Cleaning and disinfecting of frequently-touched surfaces at least **twice every 24 hours**.
  - These include door knobs, light switches, water fountains, toilet handles, tables, desks and chairs used by multiple students, keyboards and toys.
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and disinfectant products and closely follow the instructions on the label.
  - See Health Canada's list of [hard-surface disinfectants for use against coronavirus \(COVID-19\)](#) for specific brands and disinfectant products.
- Limit frequently-touched items that are not easily cleaned.
- Empty garbage containers daily.
- Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine). Wash hands before wearing and after removing gloves.





There are no additional cleaning and disinfecting procedures beyond those that are normally implemented and those noted in this document required. This includes when different cohorts use the same space (e.g. a classroom, gym, arts room, home economics or science lab, etc.).

There is no evidence that the COVID-19 virus is transmitted via textbooks, paper or other paper-based products. As such, there is no need to limit the distribution or sharing of books or paper based educational resources to students. Laminated paper-based products should be cleaned and disinfected daily if they are touched by multiple people.

#### Traffic Flow

Use floor markings and posters to address traffic flow throughout the school. This may include one-way hallways and designated entrance and exit doors. It is important not to reduce the number of exits and ensure the fire code is adhered to.

#### Physical Barriers

Barriers can be installed in places where physical distance cannot regularly be maintained and a person is interacting with numerous individuals outside of a cohort. This may include the front reception desk where visitors check in or in the cafeteria where food is distributed.

### Administrative Measures

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Reducing the number of in-person, close interactions an individual has in a day with different people helps to prevent the spread of COVID-19. This can be accomplished in K-12 school settings through two different but complementary approaches: cohorts and physical distancing.

- A cohort is a group of students and staff who remain together throughout a school term.
- Physical distancing is maintaining a distance of two metres between two or more people.

#### Cohorts

Cohorts reduce the number of in-person, close interactions a person has in school without requiring physical distancing to consistently be practiced.

- In **elementary and middle schools**, a cohort can be composed of up to **60** people.
- In **secondary schools**, a cohort can be composed of up to **120** people.
- Cohorts can be composed of students and staff.

Cohorts are smaller in elementary and middle schools due to the recognition that younger children are less able to consistently implement personal measures such as hand hygiene, reducing physical contact and recognizing and articulating symptoms of illness.

Cohorts are larger in secondary schools due to the increased ability of children in that setting to be able to consistently minimize physical contact, practice hand hygiene, ensure physical distance where necessary and recognize and articulate symptoms of illness. Due to the typical format of instruction of multiple teachers working with different groupings of



students across a larger number of curricular areas, cohorts are also larger in secondary schools to enable flexibility in meeting students' learning needs.

School administrators should determine the composition of the cohorts. The composition of the cohort should remain consistent for all activities that occur in schools, including but not limited to learning and breaks (lunch, recess, classroom changes, etc).

Students with disabilities and diverse abilities may require unique considerations to ensure their inclusion in a cohort. Schools can adapt the guidance in this document as necessary to ensure the inclusion of these students while ensuring the intent is maintained.

Within the cohort, minimized physical contact should be encouraged but a two-metre physical distance does not need to be maintained.

Cohort composition can be changed at the start of a new quarter, semester or term in the school year. Outside of these, composition should be changed as minimally as possible, except where required to support optimal school functioning. This may include learning, operational or student health and safety considerations.

Consistent seating arrangements are encouraged within cohorts where practical. This can assist public health should contact tracing need to occur.

School administrators should keep up-to-date lists of all members of a cohort to share with public health should contact tracing need to occur.

#### Interacting with Cohorts

Schools should minimize the number of adults (staff and others) who interact with cohorts they are not a part of as much as is practical to do so while supporting learning and a positive, healthy and safe environment.

Those outside of a cohort must practice physical distance when interacting with the cohort. For example, a secondary school teacher can teach multiple cohorts but should maintain physical distance from students and other staff as much as possible. In an elementary or secondary school, two classes from different cohorts can be in the same learning space at the same time if a two-metre distance is able to be maintained between people from different cohorts.

If a staff member works with more than one cohort and is unable to consistently maintain physical distance when performing their role, consider if the service can be provided remotely/virtually, or if a transparent barrier can be in place. If none of those can be implemented, a non-medical mask should be worn and as much space taken as is available. This includes itinerant staff who work in multiple schools.

During break times (e.g. recess, lunch), students may want to socialize with peers in different cohorts.

- In **elementary schools**, students can socialize with peers in different cohorts if they are outdoors and can minimize physical contact or if they are indoors and can maintain physical distance.
  - Elementary-aged students are less able to consistently maintain physical distance. Outdoors is a lower-risk environment than indoors.



- In **middle and secondary schools**, students can socialize with peers in different cohorts if they can maintain physical distance. Students must maintain physical distance when socializing with peers in different cohorts.
  - Middle- and secondary-school students are expected to be capable of consistently maintaining physical distance when it is required. If a student is unable to physically distance, the student should socialize within their cohort or where they can be supported to physically distance.

Unless they are part of the same cohort, staff and other adults should maintain physical distance from each other at all times. This includes during break times and in meetings.

Students from different cohorts may be required to be together to receive beneficial social supports, programs or services (e.g. meal programs, after school clubs, etc.). Within these supports or services, it is expected that cohorts and physical distance are maintained as much as is practical to do so while still ensuring the support, program or service continues. This does not apply to extracurricular activities where physical distance between cohorts must be maintained.

Elementary and middle schools are likely able to implement cohorts without reducing the number of individuals typically within the school. Secondary schools may use both approaches: implement cohorts and reduce the number of individuals typically within the school to enable physical distance for out-of-cohort interactions. This may be necessary due to the larger number of people and the increased frequency of classroom exchanges that typically occur within secondary schools.

#### School Gatherings

School gatherings should occur within the cohort.

- Gatherings should not exceed the maximum cohort size in the setting, plus the minimum number of additional people required (e.g. school staff, visitors, etc.) to meet the gathering's purpose and intended outcome.
  - Additional people should be minimized as much as is practical to do so.
- These gatherings should happen minimally.
- Schools should seek virtual alternatives for larger gatherings and assemblies.

#### Physical Distancing

Due to physical space limitations it may be necessary to reduce the number of individuals within secondary schools at any given time to ensure that physical distance can be maintained when required. Secondary schools should continue to prioritize the attendance of students who most benefit from in-person support and learners with diverse needs, as well as consider alternative learning modalities and off-campus learning.

Students should not wear non-medical masks in place of physical distancing for in-class instruction delivered to more than one cohort.



## Other Strategies

The following strategies should be implemented wherever possible in the K-12 school setting:

- Avoid close greetings (e.g., hugs, handshakes).
- Encourage students and staff to not touch their faces.
- Spread people out as much as is practical to do so:
  - Consider different classroom and learning environment configurations to allow distance between students and adults (e.g., different desk and table formations).
    - For middle and secondary schools, consider arranging desks/tables so students are not facing each other and using consistent seating arrangements.
- Consider strategies that prevent crowding at pick-up and drop-off times.
- Stagger recess/snack, lunch and class transition times to provide a greater amount of space for everyone.
- Take students outside more often.
  - Organize learning activities outside including snack time, place-based learning and unstructured time.
  - Take activities that involve movement, including those for physical health and education, outside.
  - Playgrounds can be used as normal. Ensure appropriate hand hygiene practices before and after outdoor play.
- Incorporate more individual activities or activities that encourage greater space between students and staff.
  - For elementary students, adapt group activities to minimize physical contact and reduce shared items.
  - For middle and secondary students, minimize group activities and avoid activities that require physical contact.
- Manage flow of people in common areas, including hallways, to minimize crowding and allow for ease of people passing through.
- Parents, caregivers, health-care providers, volunteers and other non-staff adults (e.g. visitors) entering the school should be prioritized to those supporting activities that are of benefit to student learning and wellbeing (e.g. teacher candidates, immunizers, meal program volunteers, etc.).
  - All visitors should confirm they have completed the requirements of a daily health check before entering.
  - Schools should keep a list of the date, names and contact information for all visitors who enter the school.
  - All adult visitors should wear a non-medical mask when in the school and unable to consistently maintain physical distance.

## Extracurricular Activities

Extracurricular activities including sports, arts or special interest clubs can occur if physical distance can be maintained between members of different cohorts and reduced physical contact is practiced by those within the same cohort.

Inter-school events including competitions, tournaments and festivals, should not occur at this time. This will be re-evaluated in mid-fall 2020.



## Student Transportation on Buses

Buses used for transporting students should be cleaned and disinfected according the guidance provided in the BCCDC's [Cleaning and Disinfectants for Public Settings](#) document. Additional guidance is available from [Transport Canada](#).

Bus drivers should clean their hands often, including before and after completing trips. They are encouraged to regularly use alcohol-based hand sanitizer with at least 60% alcohol during trips, as well as wear a non-medical mask or face covering when they cannot physically distance or be behind a physical barrier in the course of their duties.

Students should clean their hands before they leave home to take the bus, when they leave school prior to taking the bus, and when they get home.

To reduce the number of close, in-person interactions, the following strategies are recommended:

- Use consistent and assigned seating arrangements.
  - Consider the order students typically onload and offload to support buses being loaded from back to front and offloaded from front to back.
  - Prioritize students sharing a seat with a member of their household or cohort.
  - The seating arrangement can be altered whenever necessary to support student health and safety (e.g. accommodating children with a physical disability, responding to behavioural issues, etc.).
- If space is available, students should each have their own seat.
  - They should be seated beside the window.
- Middle and secondary students should wear non-medical masks or face coverings.
  - These should be put on before loading and taken off after offloading.
- Non-medical masks are not recommended for elementary school students.
- No student should be required to wear a non-medical mask if they do not tolerate it.

Additional measures can be taken, including:

- Encouraging private vehicle use and active transportation (e.g. biking, walking, etc.) by students and staff where possible to decrease transportation density.
- Consider installing a physical barrier made of transparent materials between the driver and students. For additional information with respect to safety considerations when deciding to install a physical barrier, visit [here](#).

Schools/school districts should keep up-to-date passenger lists to share with public health should contact tracing need to occur.

Other transportation methods not listed here can be used, with this guidance adapted as relevant to their mode of transportation (e.g. vans, boats, ferries, etc.).



## Food Services

Schools can continue to include food as part of learning and provide food services, including for sale.

- If food is prepared as part of learning and is consumed by the student(s) who prepared it, no additional measures beyond those articulated in this document and normal food safety practices need to be implemented (e.g. home economics and culinary arts).
- If food is prepared for meal programs, breakfast clubs and other food access initiatives, and is not regulated under the Food Premises Regulation, no additional measures beyond those articulated in this document and normal food safety practices need to be implemented.
  - Appendix D provides additional guidance that may be useful when offering school meal programs, breakfast clubs and other food access initiatives.
- Schools should not allow homemade food items to be made available to other students at this time (e.g. birthday treats, bake sale items).

FOODSAFE Level 1 covers important food safety and worker safety information including foodborne illness, receiving and storing food, preparing food, serving food, and cleaning and sanitizing. It is a helpful resource for those seeking education and training on food safety practices.

Some schools offer food services that are regulated under the Food Premises Regulation. These are typically cafeterias, though may include some meal programs.

- If food service is provided in schools that is regulated under the Food Premises Regulation, no additional measures beyond those articulated in this document and regular requirements as outlined in the regulation need to be implemented (e.g. a FOODSAFE trained staff member, a food safety plan, etc.).
  - Additional considerations that may be relevant when providing food services in schools are detailed in the WorkSafe BC Restaurants, cafes, pubs, and nightclubs: Protocols for returning to operation.

Schools can continue to accept food donations to support learning and the delivery of meal programs, breakfast clubs and other food access initiatives.

Students may be facing increased levels of food insecurity (a worry or lack of financial means to buy healthy, safe, personally acceptable food). Wherever possible, schools are encouraged to continue providing meal programs, breakfast clubs and other food access initiatives.

The July 31<sup>st</sup>, 2020 Order of the Provincial health Officer Restaurants, Coffee Shops, Cafes, Cafeterias and Licensed Premises, Including Pubs, Bars, Lounges, Nightclubs and Tasting Rooms does not apply to schools. Food Safety Legislation and the Guidelines for Food and Beverage Sales in B.C. Schools continue to apply as relevant.

Schools should continue to emphasize that food and beverages should not be shared.



## Personal Measures

### Stay Home When Sick

The following students, staff or other persons **must stay home and self-isolate**:

- A person confirmed by public health as a case of COVID-19; or
- A person confirmed by public health as a close contact of a confirmed case or outbreak of COVID-19; or
- A person who has travelled outside of Canada in the last 14 days.

Those who must self-isolate typically must do so for 14 days and monitor for symptoms of illness throughout. Additional information is available from [BCCDC](#).

Any student, staff or other person who develops symptoms of illness (e.g. cold, influenza, or COVID-19) must **stay home and seek assessment by a health care provider**. They may not return to school until COVID-19 and other infectious respiratory disease has been excluded and symptoms have improved. A doctor's note should not be required for students or staff to return. Additional information is available in Appendix E.

Students or staff may still attend school if a member of their household develops symptoms of illness, provided the student/staff has no symptoms. It is expected the symptomatic household member is seeking assessment by a health-care provider. Most illness experienced in B.C. is not COVID-19, even if the symptoms are similar.

Students and staff who experience seasonal allergies or other COVID-19-like symptoms, which are related to an existing condition can continue to attend school when they are experiencing these symptoms as normal. They do not require re-assessment by a health-care provider. If they experience any new or unexplained symptoms they should seek assessment by a health-care provider.

- Parents and caregivers should assess their child daily for symptoms of illness before sending them to school.
  - If a child develops any symptoms, they must stay home and seek assessment by a health care provider. They may not return to school until COVID-19 and other infectious respiratory illness have been excluded and symptoms have improved (i.e. they have only mild symptoms of illness remaining, like a sustained cough or an occasionally runny nose).
- Staff and other adults should assess themselves daily for symptoms of illness prior to entering the school.
  - If staff or any adult develops any symptoms, they must stay home and seek assessment by a health care provider. They may not return to school until COVID-19 and other infectious respiratory illness have been excluded and symptoms have improved (i.e. they have only mild symptoms of illness remaining, like a sustained cough or an occasionally runny nose).
- School administrators should:
  - Ensure school staff and other adults entering the school are aware of their responsibility to assess themselves daily for symptoms of common cold, influenza, COVID-19 or other infectious respiratory disease prior to entering the school.



- Clearly communicate with parents and caregivers about their responsibility to assess their children daily before sending them to school.
  - Consider having parents and caregivers provide a copy of a completed daily health check form that confirms they understand how to complete the daily health check and that it must be completed daily. An example is included as Appendix C.
  - Alternatively, conduct daily health checks for respiratory illness at drop-off by asking parents and caregivers to confirm the child has not developed symptoms of common cold, influenza, COVID-19, or other respiratory disease.
- Establish procedures for those who become sick while at school to be sent home as soon as possible.
  - Some students may not be able to be picked up immediately. As such, consider having a space available where the student or staff member can wait comfortably, which is separated from others.
- Establish procedures that allow for students and staff to attend school with mild symptoms of illness (e.g. a sustained cough, or an occasionally runny nose) once COVID-19 and other infectious respiratory illness has been excluded.
  - This is to ensure staff and students are not kept out of school when they present no risk of COVID-19 or other infectious respiratory disease.
- Not require a doctor's note to confirm COVID-19 or other infectious respiratory disease has been excluded.
- Those unsure of if they or a student should stay home, self-isolate or be tested for COVID-19 should be directed to use the [BC COVID-19 Self-Assessment Tool](#).
  - They can also be advised to contact 8-1-1, a family physician or nurse practitioner to be assessed for COVID-19 and other infectious respiratory diseases.
- There is no role for screening students or staff for symptoms, checking temperatures, or COVID-19 testing. Such activities are reserved for health-care professionals.

*An information sheet on what to do if a student or staff member becomes ill at school is included as Appendix E.*

#### Hand Hygiene

Rigorous hand washing with plain soap and water is the most effective way to reduce the spread of illness. Both students and staff can pick up and spread germs from objects, surfaces, food and people. Everyone should practice diligent hand hygiene. Parents and staff can teach and reinforce these practices among students.

#### How to practice diligent hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
  - Temperature does not change the effectiveness of washing hands with plain soap and water, though warm water is preferred for personal comfort.
- If sinks are not available (e.g., students and staff are outdoors), use alcohol-based hand rub containing at least 60% alcohol.
  - See the [List of Hand Sanitizers Authorized by Health Canada](#) for products that have met Health Canada's requirements and are authorized for sale in Canada.





- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating microbes. Soap and water are preferred when hands are visibly dirty. If it is not available, use an alcohol-based hand wipe followed by alcohol-based hand rub.
- To learn about how to perform hand hygiene, please refer to the BCCDC's [hand washing poster](#).

#### **Strategies to ensure diligent hand hygiene:**

- Facilitate regular opportunities for staff and students to practice hand hygiene.
  - Use portable hand-washing sites or alcohol-based hand rub dispensers where sinks are not available.
- Promote the importance of diligent hand hygiene to staff and students regularly.
  - Use posters and other methods of promotion.
- Ensure hand washing supplies are well stocked at all times including soap, paper towels and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol.
- Staff should assist younger students with hand hygiene as needed.

*An information sheet on when students and staff should practice hand hygiene is included as Appendix F.*

#### **Respiratory Etiquette**

Students and staff should:

- Cough or sneeze into their elbow or a tissue. Throw away used tissues and immediately perform hand hygiene.
- Refrain from touching their eyes, nose or mouth with unwashed hands.
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Parents and staff can teach and reinforce these practices among students.

#### **Water Stations and Fountains**

Students and staff should be encouraged to bring an individual, filled water-bottle or other beverage container to school each day for their personal use to support hydration needs.

Re-filling water stations can be used to re-fill personal containers.

Water fountains where a person drinks directly from the spout should be used minimally, and only if no other means of water access are available. Hand hygiene should be practiced before and after use.

#### **Personal Items and School Supplies**

Students and staff can continue to bring personal items and school supplies to school for their own use. This includes reusable food containers for bringing drinks, snacks and meals.

Items brought regularly to and from school should be limited to those that can be easily cleaned (e.g. reusable food containers) and/or are considered to be low risk (e.g. clothing, paper, etc.).



## Personal Protective Equipment

PPE, such as masks and gloves, is not needed for most staff beyond that used as part of routine practices for the hazards normally encountered in their regular course of work.

### Students with Medical Complexity, Immune Suppression and/or Receiving Delegated Care

Managing students with medical complexities, immune suppression or receiving delegated care may require those providing health services (e.g. staff providing delegated care or other health-care providers) to be in close physical proximity or in physical contact with a medically complex or immune suppressed student for an extended period of time. In community-based clinical settings where there is low incidence and prevalence of COVID-19, additional PPE over and above that required for routine practices is not required. The same guidance is applicable to those providing health services in schools.

Those providing health services should wear a mask when working in close proximity with students who are at a higher risk of severe illness due to COVID-19 (e.g. children with immune suppression), particularly those who work at multiple sites.

Those providing health services in schools may be receiving different guidance related to PPE from their regulatory college or employer. Health service providers are encouraged to work with their employer to confirm what PPE is recommended for the services they provide in school settings, recognizing schools should not be providing health services to a student with any symptoms of illness, including symptoms of COVID-19 or other infectious respiratory disease.

While implementation of infection prevention and exposure control measures help create a safe environment by helping to significantly reduce the risk of COVID-19 transmission, it does not eliminate the risk entirely. Parents and caregivers of children who are considered at higher risk of severe illness due to COVID-19 are encouraged to consult with their health-care provider to determine their child's level of risk.

### Students with Disabilities and Diverse Abilities

Staff or other care providers providing education services to students with disabilities and diverse abilities who are part of the same cohort should continue with routine practices. No additional mitigation measures or PPE are required. Staff or other care providers working with students with disabilities and diverse abilities across cohorts should wear a non-medical mask if physical distance cannot be maintained. A face shield can be used in place of a non-medical mask when working with students where seeing facial expressions and/or lip movement is important and physical distance cannot be maintained.

In addition to a non-medical mask, those providing health or education services that require being in close proximity to a student should follow their standard risk assessment methods to determine if additional PPE is required, in accordance with routine practices.

No health services should be provided to a student in school who is exhibiting any symptoms of COVID-19 (beyond those detailed if a student develops symptoms at school, as detailed in Appendix E).



### Non-Medical Masks

Non-medical masks or face coverings may be useful for middle and secondary students and staff when physical distance cannot be consistently maintained and a person is interacting with people outside of their cohort.

Examples of when a non-medical mask should be worn include:

- middle and secondary students on a school bus;
- middle and secondary students in common areas when students are outside of their cohort and physical distance cannot be maintained;
- staff working across cohorts when physical distance cannot be maintained;
- staff in a break room where physical distance cannot be maintained.

Non-medical masks are not recommended for elementary-aged students due to the increased likelihood they will touch their face and eyes, as well as require assistance to properly put on and take off their mask (requiring increased close personal contact from school staff).

No student should be required to wear a mask if they do not tolerate it.

Those wearing non-medical masks must still seek to maintain physical distance from people outside of their cohort whenever possible. There must be no crowding, gathering or congregating of people from different cohorts, even if non-medical masks are worn.

Non-medical masks should not be used in place of the other measures detailed in this document.

Face shields are a form of eye protection for the person wearing it. They may not prevent the spread of droplets from the wearer. Face shields should not be worn in place of non-medical masks, except for those providing services where seeing facial expressions and/or lip movement is important for student health and development and physical distance cannot be maintained.

Schools should consider requesting students and staff have a non-medical mask or face covering available at school so it is accessible should they become ill while at school.

It is important to treat people wearing masks with respect. More information about COVID-related mask use is available [here](#).

### Supporting School Communities

BCCDC is the source of information about COVID-19. Resources available on their website can be used to support learning and to respond to questions you may receive from members of your school community. More information is available [here](#).

September 4, 2020  
COVID-19 Public Health Guidance for K-12 Settings



## Appendix A: Summary of School-Based Control Measures



### 1. STAY HOME WHEN SICK

*Any student or staff that develops symptoms of illness must stay home and seek assessment by a health-care provider.*



### 2. HAND HYGIENE

*Everyone should clean their hands more often!*

*Thorough hand washing with plain soap and water for at least 20 seconds is the most effective way to reduce the spread of illness.*



### 3. RESPIRATORY AND PERSONAL HYGIENE

*Cover your coughs.*

*Do not touch your face.*

*No sharing of food, drinks, or personal items.*



### 4. PHYSICAL DISTANCING AND MINIMIZING PHYSICAL CONTACT

*Spread students and staff out to different areas when possible.*

*Take students outside more often.*

*Stagger break and transition times. Incorporate individual activities.*

*Remind students to keep their hands to themselves.*



### 5. CLEANING AND DISINFECTION

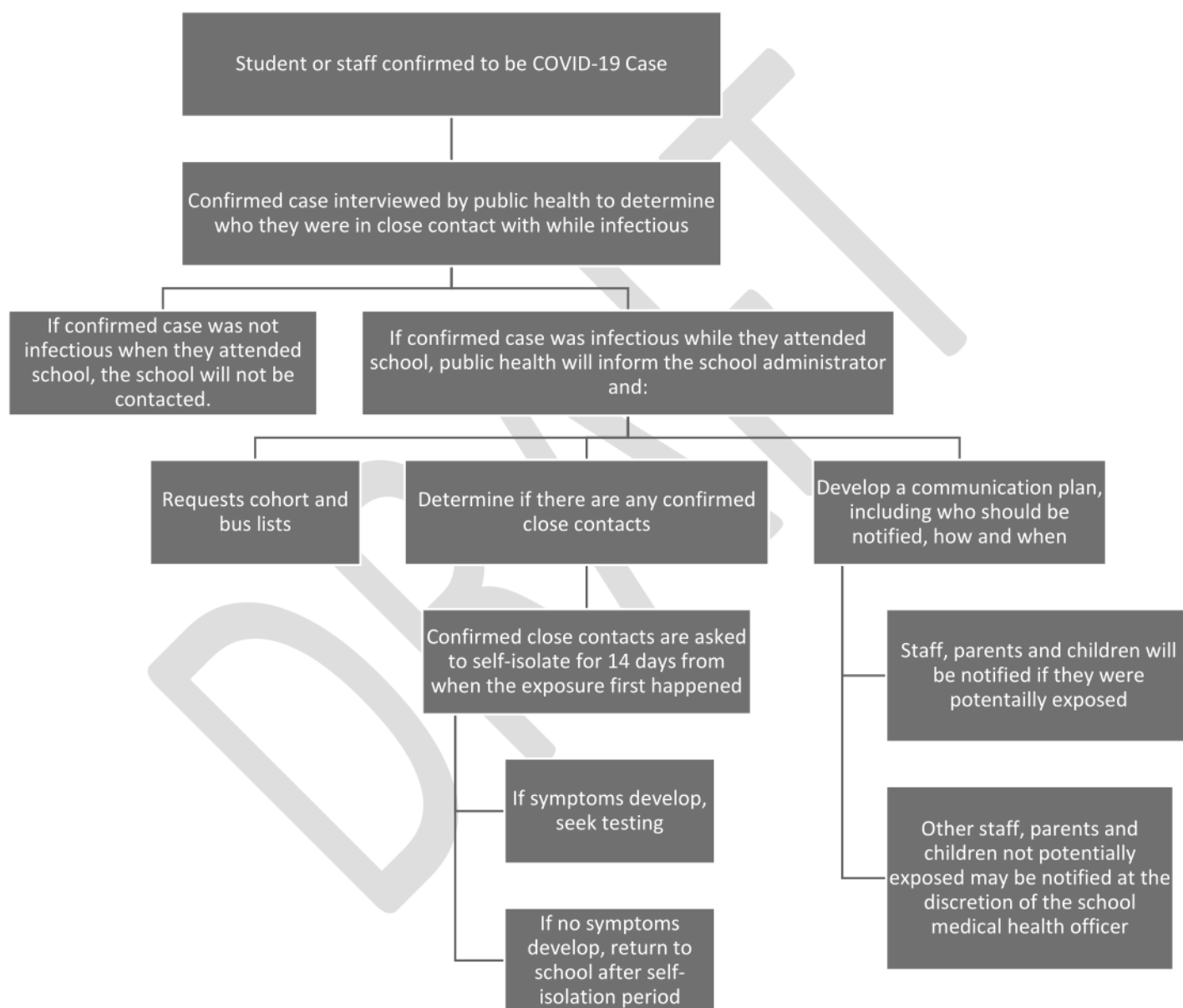
*General cleaning of the school should occur at least once a day.*

*Clean and disinfect frequently touched surfaces one additional time, during the school day.*

*Use common cleaning and disinfectant products.*



## Appendix B: Public health actions if a staff, student or other person who has been in the school is a confirmed COVID-19 case



Confirmed close contacts are determined based on the length of time of exposure and nature of the interaction. Only public health can determine who is a close contact.



## Appendix C: Daily Health Check Example

The following can be used as an example of a tool that can be used for parents and caregivers to complete prior to their child coming to school. It should be adapted if used for school staff and visitors.

Daily Health Check			
1. Symptoms of Illness*	Does your child have any of the following symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Chills	YES	NO
	Cough or worsening of chronic cough	YES	NO
	Shortness of breath	YES	NO
	Sore throat	YES	NO
	Runny nose / stuffy nose	YES	NO
	Loss of sense of smell or taste	YES	NO
	Headache	YES	NO
	Fatigue	YES	NO
	Diarrhea	YES	NO
	Loss of appetite	YES	NO
	Nausea and vomiting	YES	NO
	Muscle aches	YES	NO
	Conjunctivitis (pink eye)	YES	NO
	Dizziness, confusion	YES	NO
	Abdominal pain	YES	NO
	Skin rashes or discoloration of fingers or toes	YES	NO
2. International Travel	Has your child returned from travel outside Canada in the last 14 days?	YES	NO
3. Confirmed Contact	Is your child a confirmed contact of a person confirmed to have COVID-19?	YES	NO

\*Check BCCDC's [Symptoms of COVID-19](#) regularly to ensure the list is up to date.

If you answered "YES" to any of the questions, your child should **NOT** come to school, unless:

- COVID-19 and other infectious respiratory illness has been excluded AND their symptoms have improved (i.e. they have only mild symptoms remaining like a sustained cough or an occasionally runny nose), OR
- the symptoms are related to a pre-existing condition and are occurring as they have previously (e.g. seasonal allergies).

Anyone with new symptoms of illness should contact a health-care provider for further assessment. This includes 8-1-1, or a primary care provider like a physician or nurse practitioner.

If you answered "YES" to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](#) to determine if you should be tested for COVID-19.



## Appendix D: Supplementary Guidance for School Meal Programs

This guidance is adapted from the [WorkSafe BC Restaurants, cafes, pubs, and nightclubs: Protocols for returning to operation](#) to support the delivery of school meal programs, breakfast clubs and other food access initiatives that are not regulated under the *Food Premises Regulation*.

### General Considerations

- Students from different cohorts can access school meal programs at the same time if necessary (e.g. a morning breakfast program offered only to students who may need it). Physical distance between students from different cohorts should be maintained as much as is practical to do so while ensuring the program can be offered.

### Food Delivery and Preparation

- Limit the number of staff/volunteers in a food preparation or eating area at any one time to those necessary to ensure the program can be delivered.
- Inform delivery agents and other volunteers of how to adhere to the school's visitor policy, where food should be delivered to, and what hours food can be accepted at.
- Develop and establish hand hygiene procedures for all staff/volunteers. This includes before and after leaving the food preparation area and using equipment.
- Donated food, including Traditional foods, can continue to be accepted in line with regular food safety precautions for accepting food donations.

### Cleaning & Disinfecting

- Continue with regular cleaning & disinfecting practices for food services.
- Identify high-touch surfaces to ensure they are cleaned and disinfected in line with the guidance in this document and existing food safety practices.
  - High-touch surfaces may include ingredients and containers, equipment such as switches, dials and handles and shared serving utensils if they are used by multiple people.

### Food Distribution to Students

- Students should practice hand hygiene before accessing food.
- Schools can continue to provide self-service stations (e.g., salad bar, self-serve breakfast, etc.).
  - Consider pre-plating or serving food directly if students are unable to consistently implement personal measures (e.g. practice regular hand hygiene, not touch their face, etc.) or to prevent gathering or crowding.
- Post signs to remind students to practice hand hygiene and to maintain space from one another;
- If food is served to students, re-usable plates, utensils and containers can be used, with normal cleaning and disinfecting methods for dishwashing implemented.
- Provided food safety precautions are followed, leftover food can be sent home with students.



## Appendix E: What to Do if a Student or Staff Member Develops Symptoms

<i>If a Student Develops Any Symptoms of Illness</i>	<i>If a Staff Member Develops Any Symptoms of Illness</i>
<p><b>Parents or caregivers must keep the student at home</b></p> <p><b>IF STUDENT DEVELOPS SYMPTOMS AT SCHOOL:</b></p> <p><b>Staff must take the following steps:</b></p> <ol style="list-style-type: none"> <li>1. Immediately separate the symptomatic student from others in a supervised area.</li> <li>2. Contact the student's parent or caregiver to pick them up as soon as possible.</li> <li>3. Where possible, maintain a 2-metre distance from the ill student. If not possible, staff should wear a non-medical mask or face covering if available and tolerated, or use a tissue to cover their nose and mouth.</li> <li>4. Provide the student with a non-medical mask or tissues to cover their coughs or sneezes. Throw away used tissues as soon as possible and perform hand hygiene.</li> <li>5. Avoid touching the student's body fluids (e.g., mucous, saliva). If you do, practice diligent hand hygiene.</li> <li>6. Once the student is picked up, practice diligent hand hygiene.</li> <li>7. Staff responsible for facility cleaning must clean and disinfect the space where the student was separated and any areas recently used by them (e.g., classroom, bathroom, common areas).</li> </ol> <p>Parents or caregivers must pick up their child as soon as possible if they are notified their child is ill.</p>	<p><b>Staff must stay home</b></p> <p><b>IF STAFF DEVELOPS SYMPTOMS AT WORK:</b></p> <p><b>Staff should go home as soon as possible.</b></p> <p>If unable to leave immediately:</p> <ol style="list-style-type: none"> <li>1. Symptomatic staff should separate themselves into an area away from others.</li> <li>2. Maintain a distance of 2 metres from others.</li> <li>3. Use a tissue or mask to cover their nose and mouth while they wait to be picked up.</li> <li>4. Staff responsible for facility cleaning must clean and disinfect the space where the staff member was separated and any areas used by them (e.g., classroom, bathroom, common areas).</li> </ol>
<p><b>Anyone experiencing symptoms of illness should not return to school until they have been assessed by a health-care provider to exclude COVID-19 and other infectious respiratory illness AND their symptoms have improved.</b></p> <p><b>A doctor's note should not be required for students or staff to return.</b></p>	





## Appendix F: When to Perform Hand Hygiene at School

When Students Should Perform Hand Hygiene:	When Staff Should Perform Hand Hygiene:
<ul style="list-style-type: none"> <li>• When they arrive at school.</li> <li>• Before and after any breaks (e.g., recess, lunch).</li> <li>• Before and after eating and drinking (excluding drinks kept at a student's desk or locker).</li> <li>• Before and after using an indoor learning space used by multiple cohorts (e.g. the gym, music room, science lab, etc.).</li> <li>• After using the toilet.</li> <li>• After sneezing or coughing into hands.</li> <li>• Whenever hands are visibly dirty.</li> </ul>	<ul style="list-style-type: none"> <li>• When they arrive at school.</li> <li>• Before and after any breaks (e.g. recess, lunch).</li> <li>• Before and after eating and drinking.</li> <li>• Before and after handling food or assisting students with eating.</li> <li>• Before and after giving medication to a student or self.</li> <li>• After using the toilet.</li> <li>• After contact with body fluids (i.e., runny noses, spit, vomit, blood).</li> <li>• After cleaning tasks.</li> <li>• After removing gloves.</li> <li>• After handling garbage.</li> <li>• Whenever hands are visibly dirty.</li> </ul>



Can this go today or tomorrow given the situation in Surrey and now on indy school?

Can you send me a link or copy to the new document?

Scott

\*\*\*\*\*

D. Scott MacDonald

s.17

**From:** [Beddall, Scott EDUC:EX](#)  
**To:** [Nicholls, Cloe EDUC:EX](#)  
**Subject:** FW: FINAL DRAFT - Public Health Guidance for K-12  
**Date:** September 8, 2020 10:35:26 AM  
**Attachments:** [COVID-19 Public Health Guidance K-12 Schools - Sep 4 - FINAL DRAFT.docx](#)

---

Hi Cloe,

Here was the final draft as of last Friday, but again noting that further changes are coming. In the interim, see Appendix B for the flowchart re public health actions re confirmed cases.

Cheers,

Scott

---

**From:** Docking, Christie M HLTH:EX <Christie.Docking@gov.bc.ca>  
**Sent:** September 4, 2020 8:41 AM  
**To:** Beddall, Scott EDUC:EX <Scott.Beddall@gov.bc.ca>; Beddouche, Linda EDUC:EX <Linda.Beddouche@gov.bc.ca>  
**Subject:** FINAL DRAFT - Public Health Guidance for K-12

Hi Scott and Linda,

Please see attached the final draft of the revised public health guidance. It is very similar to what you've seen before, and includes the examples we discussed yesterday of what 'improved symptoms' would be. If there are any final thoughts, would be great to have these by 11.

The MHO's are meeting from 10 – 11; I will incorporate any final comments with the goal to have to BCCDC for posting by 11:30ish....will let you know as soon as it's live to support the DM Bulletin.

The FAQ's should also be ready along a similar timeline, and include the generic e-mail inbox for people to send questions to BCCDC. If there's space (and it doesn't ruffle feathers) it would be great to have it included this week, though happy to wait until next week if needed.

Thanks

Christie

Christie Docking  
A/Director, Special Projects  
Public Health, Prevention and Planning | BC Ministry of Health  
Telephone: 250-952-1956  
Email: [christie.docking@gov.bc.ca](mailto:christie.docking@gov.bc.ca)  
Mailing Address: 1515 Blanshard St, 4-2 | PO Box 9646 Stn Prov Govn't|Victoria BC|V8W 9P1

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*else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message*

**From:** [Liddy, Eleanor EDUC:EX](#)  
**To:** [Nicholls, Cloe EDUC:EX](#)  
**Subject:** FWS.13  
**Date:** September 9, 2020 1:13:00 PM

---

Were you aware of this?

---

**From:** Marsh, Lisa HLTH:EX <Lisa.2.Marsh@gov.bc.ca>  
**Sent:** September 9, 2020 12:21 PM  
**To:** Liddy, Eleanor EDUC:EX <Eleanor.Liddy@gov.bc.ca>; Tickner, Spencer EDUC:EX <Spencer.Tickner@gov.bc.ca>  
**Cc:** Giesbrecht, Heidi HLTH:EX <Heidi.Giesbrecht@gov.bc.ca>; Aitken, Jeff HLTH:EX <Jeff.Aitken@gov.bc.ca>  
**Subject:** s.13

Hi Eleanor and Spencer,

s.13

s.13

Lisa

**Lisa Marsh** | Senior Project Manager/Privacy Specialist  
Contracted Resource to: Health Sector IM/IT  
Ministry of Health  
**Mobile:** 250-812-5974

**From:** [Beddall, Scott EDUC:EX](#)  
**To:** [Nicholls, Cloe EDUC:EX](#)  
**Subject:** BCCDC Guidelines  
**Date:** September 10, 2020 2:16:19 PM  
**Attachments:** [COVID-19 Public Health Guidance K-12 Schools - Sep 8 - CLEAN.docx](#)

---

Hi Cloe,

Here is the latest version I have, with the caveat that further changes may be made following MHO table review.

Cheers,

Scott

Page 191 of 377 to/à Page 217 of 377

Withheld pursuant to/removed as

s.13



**From:** [Beddall, Scott EDUC:EX](#)  
**To:** [Carole Gordon](#)  
**Cc:** [Grahame Rainey](#); [Nicholls, Cloe EDUC:EX](#)  
**Subject:** RE: Questions and concerns  
**Date:** September 10, 2020 11:22:33 PM

---

Hi Carole,

I received some more information from my colleagues at Ministry of Health/PHO in response to some of your questions which I have included below in bold font. For some of the questions, they have addressed the public health aspect, s.13

s.13

Hope this is helpful.

Cheers,

Scott

---

**From:** Carole Gordon <cgordon@bctf.ca>  
**Sent:** September 9, 2020 5:19 PM  
**To:** Beddall, Scott EDUC:EX <Scott.Beddall@gov.bc.ca>  
**Cc:** Grahame Rainey <grainey@bctf.ca>; Nicholls, Cloe EDUC:EX <Cloe.Nicholls@gov.bc.ca>  
**Subject:** Questions and concerns

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi, Scott. Sorry for sending this late in the day. The questions and concerns continue to come in. If you have answers to any of them, please send them my way. Others can go on tomorrow's agenda... maybe let me know which ones I should bring up on my own.

1. Following up on a previous question, does the PHO and local health authorities have plans to address the 811 and testing timeline? The example I gave at the last steering committee meeting was from Island Health and Northern Health is no better – calls to 811 took over ½ day to get through, then 24 hours to hear from the health unit just to get the date/time for the test, and then at least 24 hours for the results. Staff are missing 4 work days from day of symptom to test result. Missing work is a good discussion for BCPSEA but the PHO needs to deal with the call wait times. I watched part of the press conference today, but missed the first 30 minutes so maybe Dr. Henry addressed it there. Again, 600,000 staff and students are entering school tomorrow and the PHO has stated that symptomatic people need to stay home, get tested if COVID symptoms, and has declared there will be cases in schools.

**The PHO and the health authorities are consistently working to address call wait and test scheduling times. Test results typically take at least 24 hours to become available, and may vary depending on testing location. New methods to access negative test results**

online, by phone or text have been developed, and are detailed here:

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/test-results>

2. I'm also hoping we can have another conversation tomorrow about "exceeding" guidelines. There are lots of examples of "exceeding" guidelines coming from members and from local presidents --- learning groups not mixing outside during breaks, itinerant staff required to wear masks in elementary school hallways – but also statements about not considering creative ways to make things better because of the liability. We have been told by the Minister that they are guidelines and districts can do better. We have taken the position that masks should be mandatory for ages 10 and up, a position that aligns with the CDC. In the absence of the BC-CDC making masks mandatory for 10 and up, we are also taking the position that teachers can create a respectful culture of mask use in their classrooms.
3. Continued denial of faceshields. It's in the guidelines, the Ministry has said workers will get one, the worker has requested one, the employer has said no -- how can this not be a WorkSafe issue? And looking at the Vancouver example below, where are the 47,000 public education faceshields going, if some districts are providing them to all who request and some are restricting them to spaces, not people. And we have talked about itinerant staff needing to get within 2M, especially TTOCs.
  - a. Specific example: Vancouver was told that face shields are not provided to each member, they will only provide 4 per site (2 for the first aid room and 2 for the health room). They indicated that if staff want to wear one it "is a personal choice and therefore a personal shield".
4. PHO questions:
  - Is it a requirement that people stay home until they are symptom free even after a negative test?

**If the person is required to self-isolate because they are a confirmed close contact or have travelled outside of the country, they need to self-isolate for the full 14-day self-isolation period (even if they test negative).**

**If the person was not required to self-isolate and have tested negative, they should stay home until symptoms improve and they feel well enough to resume normal activities.**

**Some additional examples are available [here](#).**

- Can there be clarity about what contact tracing actually looks like? It's helpful for everyone to know the process and how it actually works.
  - There is concern that administrators will downplay the extent of contact in a school because of the lack of TTOCs to cover absent teachers.

**Will be addressed in the updated BCCDC guidance for K-12 (and the protocol**

***resource we walked through at the meeting today).***

- Didn't the PHO encourage those who can work from home to do so? Does this not apply to workers in a school providing remote learning? There are districts with no accommodation to work from home, all must be school-based.

**We are not aware of any official PHO position on this, though WorkSafe guidance does include statements like "Consider work activities that could be done remotely and change work model accordingly".**

- If self-isolating because of exposure, does this mean the person is sick? And yes, we've had someone who was self-isolating for 14 days with no symptoms and told that they needed to take a sick day on Day 14, the first day of school, even though the entire day was virtual for everyone. Had the employer not been aware of the need to self-isolate, that person would not lose a sick day and would have worked from home. I have great worry if this is the standard from HR departments and Superintendents.

**Self-isolation does not mean the person is sick; it means staying home and avoiding situations where you could come in contact with others. If a person is able work from home, they can continue to work while in self-isolation if they feel well enough.**

Some other items coming up that I'm hoping to bring up tomorrow that are from individual teachers. I'm hoping for confirmation or discussion, depending on the topic.

- Using "wherever possible" to avoid going through the hierarchy of controls. What's "possible" should be a discussion and possible recommendations to the JOHS committee. Again, if no discussion then it should be a WorkSafe issue.
- Middle and secondary students eating lunch in hallways, across cohorts – obviously no masks. Some schools have them eat in classrooms and then masks go on and they can head out into the hallways. This will become problematic when the weather changes and kids stay indoors.
- We are seeing examples of secondary classes with multiple cohorts in the class --- you and I talked about this yesterday. The advice continues to be physical distance between the cohorts in the classroom? This switch up may require some desk movement in the middle of the day.
- Staff meeting variations – no masks with over 30 people (adults) in the space, mandatory masks, virtual.

Lots of inconsistency. Lots of clarity still needed. Thanks,

Carole

---

Carole Gordon  
BCTF Second Vice-President  
Direct line: 604-871-2153  
Cell: 604-340-3367

**From:** [Liddy, Eleanor EDUC:EX](#)  
**To:** [Nicholls, Cloe EDUC:EX](#)  
**Cc:** [Beddall, Scott EDUC:EX](#)  
**Subject:** RE: Guidelines for Pediatric Testing  
**Date:** September 11, 2020 4:10:02 PM

---

Also really pleased to see the explicit statement on the daily health check and there is no need for schools to verify.

e

---

**From:** Nicholls, Cloe EDUC:EX <[Cloe.Nicholls@gov.bc.ca](mailto:Cloe.Nicholls@gov.bc.ca)>  
**Sent:** September 11, 2020 4:02 PM  
**To:** Liddy, Eleanor EDUC:EX <[Eleanor.Liddy@gov.bc.ca](mailto:Eleanor.Liddy@gov.bc.ca)>  
**Cc:** Beddall, Scott EDUC:EX <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)>  
**Subject:** RE: Guidelines for Pediatric Testing

We don't have the final version yet. Here is the latest version Dr. Gustafson sent the DM. [s.13](#)

---

**From:** Liddy, Eleanor EDUC:EX <[Eleanor.Liddy@gov.bc.ca](mailto:Eleanor.Liddy@gov.bc.ca)>  
**Sent:** September 11, 2020 3:57 PM  
**To:** Nicholls, Cloe EDUC:EX <[Cloe.Nicholls@gov.bc.ca](mailto:Cloe.Nicholls@gov.bc.ca)>  
**Cc:** Beddall, Scott EDUC:EX <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)>  
**Subject:** Guidelines for Pediatric Testing

Did you get a copy of these? These new guidelines will be posted on the website and as part of the app. They are very specific to the testing protocol described by Dr Gustafson, not really changing when to get tested etc.

Eleanor Liddy  
a/ADM Services and Technology Division  
BC Ministry of Education  
250-508-1119

**From:** [Nicholls, Cloe EDUC:EX](#)  
**To:** [MacDonald, Scott D EDUC:EX](#)  
**Subject:** Re: Materials for Superintendent Call  
**Date:** September 11, 2020 12:29:02 PM

---

Yes I think you can ask Reka to discuss and maybe review at a high level, ask supers to flag anything problematic?

On Sep 11, 2020, at 12:15 PM, MacDonald, Scott D EDUC:EX <[D.Scott.MacDonald@gov.bc.ca](mailto:D.Scott.MacDonald@gov.bc.ca)> wrote:

Thanks – this is helpful

What can I say on the Sups call today? Timing on release – themes of changes, can I ask Reka to discuss?

---

**From:** Nicholls, Cloe EDUC:EX <[Cloe.Nicholls@gov.bc.ca](mailto:Cloe.Nicholls@gov.bc.ca)>  
**Sent:** September 11, 2020 11:55 AM  
**To:** MacDonald, Scott D EDUC:EX <[D.Scott.MacDonald@gov.bc.ca](mailto:D.Scott.MacDonald@gov.bc.ca)>  
**Cc:** Bawa, Reg R EDUC:EX <[Reg.Bawa@gov.bc.ca](mailto:Reg.Bawa@gov.bc.ca)>; Beddall, Scott EDUC:EX <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)>  
**Subject:** RE: Materials for Superintendent Call

These are slightly different than the last ones we saw. Changes include:

- Clarity on what constitutes an “outbreak” in a school, and the difference between cases, clusters and outbreaks (basically an outbreak is really rare; a school can stay open if there is a case and even a small cluster)
- Shifts in the physical distancing section to say 1-2M (instead of 2M) and to add in “minimize prolonged, close, face-to-face contact”
- Clarity that non-medical masks are not a substitute for physical distancing, especially when two different cohorts are together
- Updated the section on staying home when sick, daily health checks etc. to be clear about who can come to school when, and that people can come to school in some circumstances where they have ONE symptom without a fever (e.g. an occasional runny nose)

s.13

Overall we (Scott B/myself) do not have any concerns about what is in here. Scott will follow up with Christie Docking directly on a few small things.

Cloe

---

**From:** MacDonald, Scott D EDUC:EX <[D.Scott.MacDonald@gov.bc.ca](mailto:D.Scott.MacDonald@gov.bc.ca)>  
**Sent:** September 11, 2020 10:44 AM  
**To:** Nicholls, Cloe EDUC:EX <[Cloe.Nicholls@gov.bc.ca](mailto:Cloe.Nicholls@gov.bc.ca)>  
**Cc:** Bawa, Reg R EDUC:EX <[Reg.Bawa@gov.bc.ca](mailto:Reg.Bawa@gov.bc.ca)>  
**Subject:** FW: Materials for Superintendent Call

Any issues

---

**From:** Gustafson, Reka [BCCDC] <[reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca)>  
**Sent:** September 11, 2020 10:38 AM  
**To:** MacDonald, Scott D EDUC:EX <[D.Scott.MacDonald@gov.bc.ca](mailto:D.Scott.MacDonald@gov.bc.ca)>  
**Cc:** Nicholls, Cloe EDUC:EX <[Cloe.Nicholls@gov.bc.ca](mailto:Cloe.Nicholls@gov.bc.ca)>; Sampson, Laura EDUC:EX <[Laura.Sampson@gov.bc.ca](mailto:Laura.Sampson@gov.bc.ca)>  
**Subject:** RE: Materials for Superintendent Call

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Thanks Scott. Please find attached the K-12 guidance. I will bring it to the Public Health Leadership call today for approval and finalize for posting. Please let me know if there are any concerns.

Many thanks,

Reka

---

**From:** MacDonald, Scott D EDUC:EX [<mailto:D.Scott.MacDonald@gov.bc.ca>]

**Sent:** Thursday, September 10, 2020 10:30 PM

**To:** Gustafson, Reka [BCCDC] <[reka.gustafson@phsa.ca](mailto:reka.gustafson@phsa.ca)>

**Cc:** Nicholls, Cloe EDUC:EX <[Cloe.Nicholls@gov.bc.ca](mailto:Cloe.Nicholls@gov.bc.ca)>; Sampson, Laura EDUC:EX <[Laura.Sampson@gov.bc.ca](mailto:Laura.Sampson@gov.bc.ca)>

**Subject:** Materials for Superintendent Call

**EXTERNAL SENDER.** If you suspect this message is malicious, please forward to [spam@phsa.ca](mailto:spam@phsa.ca) and **do not** open attachments or click on links.

---

Hi Reka,

Attached are the materials that will be distributed to superintendents prior to the call tomorrow. Pls note we have included the draft version of the paper, and not the clean desktopped version. Also, with regard to this paper, we should discuss the recommendations section prior to release of the final document. Three items in particular require some consideration:

s.13

I've also attached are the draft protocols for administrators. As discussed, you will want to review prior to our release of the materials to ensure consistency.

Let me know if you have questions.

Thanks again for your help and see you on the zoom at 3:30 pm

Scott

\*\*\*\*\*

D. Scott MacDonald

s.17



Page 226 of 377 to/à Page 252 of 377

Withheld pursuant to/removed as

s.13

**From:** [Beddall, Scott EDUC:EX](#)  
**To:** [McKenzie, Scott GCPE:EX](#)  
**Cc:** [Burton, Meribeth GCPE:EX](#); [Nicholls, Cloe EDUC:EX](#)  
**Subject:** RE: BCCDC guidelines  
**Date:** September 13, 2020 10:41:27 PM

---

Hi Scott,

Here is what HLTH provided to me in response to a similar request:

The COVID-19 Public Health Guidance for K-12 School Settings was updated September 11, 2020 from the previous version (updated July 29, 2020). The following are the most significant changes:

1. Updated introduction (pg. 1-4).
  - Includes updated evidence, details the impacts of prolonged school closures and the role of Medical Health Officers and school medical officers, who will play a significant role if a case/cases of COVID-19 affect a school.
2. Updated description of public health actions when a confirmed case/cases of COVID-19 affect a school (pg. 6-7, Appendix B).
  - Includes detailed information about contact tracing and managing clusters.
3. Updated description of physical distancing (pg. 10):
  - *Physical distancing refers to a range of measures aimed at reducing close contact with others. Physical distancing is used as a prevention measure because COVID-19 tends to spread through prolonged, close (face-to-face) contact.*
4. Updated guidance for when staff or students experience symptoms of illness (pg. 15-17, Appendix C).
  - Daily Health Check updated to:
    - Focus on key symptoms of concern
    - Outlines what actions staff and students should take before returning to school after experiencing symptoms of illness
    - iii. Updated Appendix C.
5. New sections:
  - Environmental Measures:
    - Ventilation and Air Exchange (pg. 8)
  - Personal Measures:

- Water Stations and Fountains (pg. 18)
- Personal Items and School Supplies (pg. 18)

6. Revised Food Services Section (pg. 14)

- A new Appendix (D) provides additional guidance for school meal programs, breakfast clubs and other food access initiatives.

Cheers,

Scott

---

**From:** Nicholls, Cloe EDUC:EX <Cloe.Nicholls@gov.bc.ca>  
**Sent:** September 13, 2020 6:19 PM  
**To:** McKenzie, Scott GCPE:EX <Scott.1.McKenzie@gov.bc.ca>  
**Cc:** Beddall, Scott EDUC:EX <Scott.Beddall@gov.bc.ca>; Burton, Meribeth GCPE:EX <Meribeth.Burton@gov.bc.ca>  
**Subject:** Re: BCCDC guidelines

Hi - we have this at a high level but as it is HLTHs document i would ask them.

C

On Sep 13, 2020, at 5:37 PM, McKenzie, Scott GCPE:EX <[Scott.1.McKenzie@gov.bc.ca](mailto:Scott.1.McKenzie@gov.bc.ca)> wrote:

Hi Cloe/Scott, see the below question from Surrey. Do we have that available? Or is that a question for Health?

Begin forwarded message:

**From:** Ritinder Matthew <[matthew\\_r@surreyschools.ca](mailto:matthew_r@surreyschools.ca)>  
**Date:** September 13, 2020 at 4:16:49 PM PDT  
**To:** "Burton, Meribeth GCPE:EX" <[Meribeth.Burton@gov.bc.ca](mailto:Meribeth.Burton@gov.bc.ca)>, "Filion, Corinna GCPE:EX" <[Corinna.Filion@gov.bc.ca](mailto:Corinna.Filion@gov.bc.ca)>, "McKenzie, Scott GCPE:EX" <[Scott.1.McKenzie@gov.bc.ca](mailto:Scott.1.McKenzie@gov.bc.ca)>, "Ralph, Kerri GCPE:EX" <[Kerri.Ralph@gov.bc.ca](mailto:Kerri.Ralph@gov.bc.ca)>  
**Subject:** BCCDC guidelines

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hi everyone, we noticed the BCCDC guidelines are updated, but aren't sure what has been changed. Any chance you have a summary of the changes?

Ritinder

---

**Ritinder Matthew, MBA**

Manager, Communication Services

**Surrey Schools**

14033 92 Ave, Surrey, B.C., V3V 0B7

T: 604-595-6189 | C: 778-772-4744 | [matthew\\_r@surreyschools.ca](mailto:matthew_r@surreyschools.ca)

[www.surreyschools.ca](http://www.surreyschools.ca) | Twitter: [@Surrey\\_Schools](https://twitter.com/Surrey_Schools) | Facebook: [SurreySchools](https://www.facebook.com/SurreySchools)

*This message and any attachments are for the sole use of the intended recipient(s) and may contain privileged and confidential information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please notify us immediately and destroy the original message. Thank you.*

**From:** [Beddall, Scott EDUC:EX](#)  
**To:** [Corneil, Trevor HLTH:EX](#); [Docking, Christie M HLTH:EX](#)  
**Cc:** [Nicholls, Cloe EDUC:EX](#)  
**Subject:** Updated BC-CDC Guidance for K-12 - BCTF questions  
**Date:** September 14, 2020 4:22:15 PM

---

Hi Trevor and Christie,

Thanks for making yourselves available to join the Restart Steering Committee meeting tomorrow. Will be really helpful.

In preparation for that meeting, sending you some of the issues that BCTF is looking to get more clarity on:

- 14 vs 10 day isolation/stay home timeline
- being able to be at school with symptoms
- not having to wait for a COVID test result before going back to school
- removal of some symptoms in the health checklist.
- These are different from the public messaging that has been out there as well as prior expectations for schools (eg. stay home if symptoms)

Cheers,

Scott

**From:** [Nicholls, Cloe EDUC:EX](#)  
**To:** [Purdy, Sheila EDUC:EX](#)  
**Subject:** Follow Up: K-12 Education Restart Steering Committee  
**Date:** September 15, 2020 4:32:00 PM  
**Attachments:** [Summary of Changes - COVID-19 Public Health Guidance K-12 Schools - Sep 11.pdf](#)

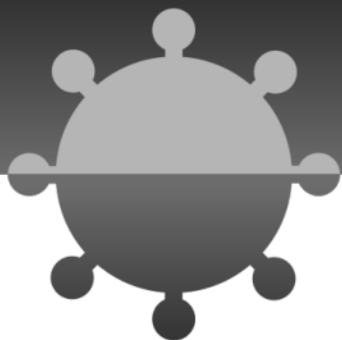
---

Hi Sheila,

s.13 here is a high level summary of the changes to the  
BCCDC guidelines that can be shared with the DM and the MO.

We can also discuss tomorrow at 9:30!

Thanks  
Cloe



## Summary of Changes - COVID-19 Public Health Guidance for K-12 School Settings

UPDATED: September 11, 2020

The COVID-19 Public Health Guidance for K-12 School Settings was updated September 11, 2020 from the previous version (July 29, 2020). The following is a summary of the most significant changes:

1. Updated introduction (pg. 1-4).
  - Includes updated evidence, details the impacts of prolonged school closures and the role of Medical Health Officers and school medical officers.
2. Updated description of public health actions when a confirmed case/cases of COVID-19 affect a school (pg. 6-7, Appendix B).
  - Includes information about contact tracing and managing clusters.
3. Updated description of physical distancing (pg. 10).
4. Updated guidance for when staff or students experience symptoms of illness (pg. 15-17, Appendix C).
  - Daily Health Check updated to:
    - i. Focus on key symptoms of concern
    - ii. Outlines what actions staff and students should take before returning to school after experiencing symptoms of illness
    - iii. Updated Appendix C (pg. 23)
5. New sections:
  - Environmental Measures:
    - i. Ventilation and Air Exchange (pg. 8)
  - Personal Measures:
    - i. Water Stations and Fountains (pg. 18)
    - ii. Personal Items and School Supplies (pg. 18)
6. Revised Food Services Section (pg. 14)
  - A new Appendix D (pg. 24) provides additional guidance for school meal programs, breakfast clubs and other food access initiatives.



**From:** Beddall, Scott EDUC:EX  
**To:** Nicholls, Cloe EDUC:EX; "cgordon@bctf.ca"; "cguy@bcssa.org"; "chodgson@mnbc.ca"; "dieffrey@fnesc.ca"; "executivedirector@bcasbo.ca"; "grainey@bctf.ca"; "johnngaipman@bccpac.bc.ca"s.22  
"kreimer@bcvpva.bc.ca"; Beddouche, Linda EDUC:EX; "MRoberts@BCSTA.org"; "president@bcasbo.ca"; "shaww@fisabc.ca"; Blair, Tammy EDUC:EX; "Thane Bonar"; "tmathieson@cupe.ca"; "wwilliams@cupe15.org"; Stewart, Melanie EDUC:EX; chris vandermark  
**Subject:** RE: K-12 Education Restart Steering Committee  
**Date:** September 15, 2020 1:33:04 PM  
**Attachments:** Summary of Changes - COVID-19 Public Health Guidance K-12 Schools - Sep 11.pdf

---

Hi everyone,

Please find attached a summary of changes to the updated BCCDC guidance for K-12 schools, which Dr. Corneil and Christie Docking will speak to in more detail at our meeting today.

In addition, here is a link to the current COVID-19 protocols for school/district administrators which we discussed last week -

<https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/safe-caring-orderly/covid-19-protocols-for-administrators.pdf>

See you soon.

Scott

-----Original Appointment-----

**From:** Nicholls, Cloe EDUC:EX <Cloe.Nicholls@gov.bc.ca>

**Sent:** August 17, 2020 1:29 PM

**To:** Nicholls, Cloe EDUC:EX; 'cgordon@bctf.ca'; 'cguy@bcssa.org'; 'chodgson@mnbc.ca'; 'dieffrey@fnesc.ca'; 'executivedirector@bcasbo.ca'; 'grainey@bctf.ca'; 'johnngaipman@bccpac.bc.ca's.22 ; 'kreimer@bcvpva.bc.ca'; Beddouche, Linda EDUC:EX; 'MRoberts@BCSTA.org'; 'president@bcasbo.ca'; Beddall, Scott EDUC:EX; 'shaww@fisabc.ca'; Blair, Tammy EDUC:EX; 'Thane Bonar'; 'tmathieson@cupe.ca'; 'wwilliams@cupe15.org'

**Subject:** K-12 Education Restart Steering Committee

**When:** September 15, 2020 2:30 PM-4:00 PM (UTC-08:00) Pacific Time (US & Canada).

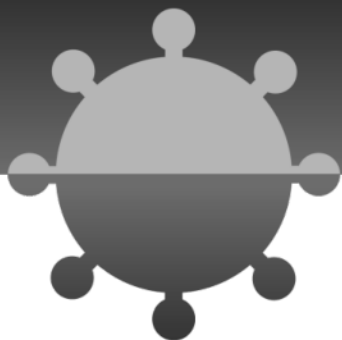
**Where:** Zoom Call

Ongoing series for K-12 Education Restart Steering Committee.

Join Zoom Meeting

s.15; s.17





## Summary of Changes - COVID-19 Public Health Guidance for K-12 School Settings

UPDATED: September 11, 2020

The COVID-19 Public Health Guidance for K-12 School Settings was updated September 11, 2020 from the previous version (July 29, 2020). The following is a summary of the most significant changes:

1. Updated introduction (pg. 1-4).
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    - iii. Updated Appendix C (pg. 23)
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  - Environmental Measures:
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  - Personal Measures:
    - i. Water Stations and Fountains (pg. 18)
    - ii. Personal Items and School Supplies (pg. 18)
6. Revised Food Services Section (pg. 14)
  - A new Appendix D (pg. 24) provides additional guidance for school meal programs, breakfast clubs and other food access initiatives.



**From:** [McKenzie, Scott GCPE:EX](#)  
**To:** [Beddall, Scott EDUC:EX](#)  
**Cc:** [Burton, Meribeth GCPE:EX](#); [Nicholls, Cloe EDUC:EX](#)  
**Subject:** FW: Digital Q  
**Date:** September 17, 2020 3:56:02 PM

---

Hi Scott, GCPE Digital is asking for advice on how to respond to the below comment on Facebook. I'm not aware of these changes – can you help?

[2020-09-17 3:44 PM] Kelly, Suzannah GCPE:EX:

No Title

URGENT. The Government is Relaxing Rules at Schools.

Change to Protocols. Fraser Health and BCCDC are Relaxing Rules for schools.

- 1) No need to clean between Cohorts anymore
- 2) No notes from doctors are required to return to school. Is up to the parents to decide.
- 3) Rotation of manipulatives is okay and it does need to require cleaning
- 4) Air Ventilation will not be required in the classroom as according to Health authorities, there is no evidence it prevents COVID spread.
- 5) Toys don't need to be cleaned
- 6) Water fountains will open up
- 7) Older students will not be separated from the small ones.
- 8) Singing and choral singing are now allowed

Teachers were told out of the record, that students that are COVID positive could potentially return to class, provided they were not showing symptoms. Sibling of students that are positive will not need to interrupt their classes.

We are speechless.

We can only predict that these changes will not help to prevent the increase of COVID cases in our school system.

Scott McKenzie  
Senior Public Affairs Officer  
Ministry of Education Communications  
P: 778 698-7596  
C: 250 893-4126

**From:** [Nicholls, Cloe EDUC:EX](#)  
**To:** [MacDonald, Scott D EDUC:EX](#)  
**Subject:** Fwd: BCCDC document  
**Date:** September 17, 2020 7:36:39 AM  
**Attachments:** [image001.png](#)

---

FYI - likely many of the same issues raised here.

Begin forwarded message:

**From:** "Beddall, Scott EDUC:EX" <Scott.Beddall@gov.bc.ca>  
**Date:** September 16, 2020 at 10:15:16 PM PDT  
**To:** "Nicholls, Cloe EDUC:EX" <Cloe.Nicholls@gov.bc.ca>  
**Subject:** FW: BCCDC document

Hi Cloe,

As requested.

Cheers,

Scott

---

**From:** Carole Gordon <cgordon@bctf.ca>  
**Sent:** September 16, 2020 4:05 PM  
**To:** Beddall, Scott EDUC:EX <Scott.Beddall@gov.bc.ca>  
**Cc:** Beddouche, Linda EDUC:EX <Linda.Beddouche@gov.bc.ca>; Grahame Rainey <grainey@bctf.ca>  
**Subject:** BCCDC document

**[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.**

Hello, Scott. We have numerous concerns about the BCCDC document, as I'm sure you could tell on the call yesterday, including districts ONLY using this document in their district plans and communications with parents. The lack of clarity around the purpose of the Ministry's document abounds – at the Ministry, the steering committee, the partner groups, the districts, the administrators. The Ministry Guidelines are clear that they outline the “requirements for maintaining safe learning environments”, “complement” the BCCDC guidance, and “build on” that guidance “to ensure schools have robust measures in place to prevent the transmission of COVID-19”. You have stated that there are no PHO orders that apply to schools, and that the BCCDC document is guidance. It was made clear to everyone that the H&S Guidelines had to “align” with the BCCDC guidance and that Ministry staff ensured this was the case. We

are clear in our understanding that the Ministry's document "Provincial COVID-19 H&S Guidelines for K-12 Settings" are the conditions expected in all BC schools. This is what we are communicating to our local offices and members.

I'm not sure how the changes to the document were communicated to Superintendents but we have one district that has communicated to its staff that the wording on masks changed from "must" wear to "may" wear in common areas. It's actually the complete opposite. It went from "may be useful" to "should". This district is confusing the 2 documents – BCCDC guidance and Ministry H&S Guidelines. I will wait to see the outcome, but the confusion may mean this district needs additional support and I will follow up with you as needed.

The "example" checklist is now being used in districts as the new checklist with no reference other possible symptoms. There was an error in the BCCDC update in Appendix C --- there is an asterisk (\*) beside "key symptoms of illness" but the corresponding information to go with the \* was removed. Another question I was not able to ask yesterday was the intention in this particular update --- do they want to remove reference to the full list of symptoms or was it removed accidentally? This is extremely important in how districts implement daily health checklists --- the example is not mandated and the BCCDC have not actually changed the list of symptoms. eg. if a child has a sore throat, runny nose, and fatigue, the example checklist would not capture them, nor would any of the following advice on pg. 23 even though the COVID-10 Self-Assessment Tool includes "sore throat, runny nose, loss of sense of smell or taste, headache, fatigue, loss of appetite, and muscle aches". So the message becomes, "Stay home if you have any of these symptoms" not "Stay home if you are sick". Of course, this also applies to adults so now there is permission and an employer expectation to be at school while sick, just not with "key" COVID symptoms which are not actually all of the symptoms.

Thank you for your time, Scott. Without clarity, the number of problems in schools/districts is going to continue increasing past the point of any of our abilities to respond to them effectively to maximize safety. However, I am disheartened that when the Ministry provides clarity on how to ensure safe environments, it does not seem to be shared with the employers in each district.

Carole

---

Carole Gordon  
BCTF Second Vice-President  
Direct line: 604-871-2153  
Cell: 604-340-3367



**From:** [Beddall, Scott EDUC:EX](#)  
**To:** [Beddouche, Linda EDUC:EX](#); [Williams, Cara EDUC:EX](#); [Reusing, Meghan EDUC:EX](#); [mmurray@bcsta.org](#); [skoers@sd79.bc.ca](#); ["kevin.kaardal@sd23.bc.ca"](#); [ray.velestuk@abbyschools.ca](#); [teresablades@bccpac.bc.ca](#); [Shawn Chisholm](#); [vwolff@cupe.ca](#); [tmckenna@cupe.ca](#); [tmathieson@cupe.ca](#); [thaneb@fnesc.ca](#); [grainey@bctf.ca](#); [vernondavemack@gmail.com](#); [janet.wade@abbyschools.ca](#); [Melissa Edstrom](#); [s.22](#); [psac62@bctf.ca](#); [bforster@sd54.bc.ca](#); [ceberle@sd35.bc.ca](#); [chodgson@mnbc.ca](#); [Docking, Christie M HLTH:EX](#); [Madeline Green](#); [janet@fisabc.ca](#); [Corneil, Trevor \[BCCDC\]](#); [Nicholls, Cloe EDUC:EX](#)  
**Cc:** ["cgordon@bctf.ca"](#)  
**Subject:** RE: Health and Safety Working Group - Meeting #10  
**Date:** September 17, 2020 10:56:21 PM  
**Attachments:** [Summary of Changes - COVID-19 Public Health Guidance K-12 Schools - Sep 11.pdf](#)  
[Provincial COVID-19 Health Safety Guidelines for K-12 Settings Sep 17 2020 - DRAFT.docx](#)

---

Hi everyone,

Please find attached a summary of changes to BCCDC's public health guidance for K-12 schools, for your reference. Also, please find attached an updated draft of the provincial Health and Safety guidelines for your review and feedback, with proposed edits/additions (indicated in tracked changes and yellow highlight) in response to both the updated BCCDC guidance as well as additional feedback we have received from working group members and the sector since the last update. As you can see from the comments in that document, there are a few sections where we are consulting further with our colleagues at the Ministry of Health and BCCDC in order to inform revisions to those sections.

If possible, please review and email initial feedback on the updated draft health and safety guidelines to Linda and myself in advance of Tuesday's meeting. This will give Linda and I an opportunity to focus Tuesday's agenda, including Dr. Corneil's segment, on the particular sections/topics where people have the most questions or concerns.

Again, a big thank you to all of you for your contributions to this document to date. Hope you have a great weekend, and don't hesitate to contact us if you have any questions.

Sincerely,

Scott

-----Original Appointment-----

**From:** Beddall, Scott EDUC:EX

**Sent:** September 17, 2020 1:24 PM

**To:** [Beddall, Scott EDUC:EX](#); [Beddouche, Linda EDUC:EX](#); [Williams, Cara EDUC:EX](#); [Reusing, Meghan EDUC:EX](#); [mmurray@bcsta.org](#); [skoers@sd79.bc.ca](#); ["kevin.kaardal@sd23.bc.ca"](#); [ray.velestuk@abbyschools.ca](#); [teresablades@bccpac.bc.ca](#); [Shawn Chisholm](#); [vwolff@cupe.ca](#); [tmckenna@cupe.ca](#); [tmathieson@cupe.ca](#); [thaneb@fnesc.ca](#); [grainey@bctf.ca](#); [vernondavemack@gmail.com](#); [janet.wade@abbyschools.ca](#); [Melissa Edstrom](#); [s.22](#); [psac62@bctf.ca](#); [bforster@sd54.bc.ca](#); [ceberle@sd35.bc.ca](#); [chodgson@mnbc.ca](#); [Docking, Christie M HLTH:EX](#); [Madeline Green](#); [janet@fisabc.ca](#); [Corneil, Trevor \[BCCDC\]](#); [Nicholls, Cloe EDUC:EX](#)  
**Cc:** ["cgordon@bctf.ca"](#)

**Subject:** Health and Safety Working Group - Meeting #10

**When:** September 22, 2020 4:00 PM-5:00 PM (UTC-08:00) Pacific Time (US & Canada).

**Where:** Zoom Details to follow

Hi everyone,

We are convening the next meeting of the Health and Safety Working Group to review recent updates to the BCCDC Public Health Guidance for K-12, and related updates to the Provincial K-12 Health and Safety Guidelines. Dr. Trevor Corneil from BCCDC will be joining us for the second half of the meeting, to provide context on the changes made in the BCCDC guidance as well as for some Q&A. The updated BCCDC guidance is available online at [http://www.bccdc.ca/Health-Info-Site/Documents/COVID\\_public\\_guidance/Guidance-k-12-schools.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/COVID_public_guidance/Guidance-k-12-schools.pdf).

We will be circulating an updated draft of the provincial Health and Safety Guidelines for review and feedback prior to the meeting, and will look to focus our discussion on Tuesday in accordance with identified key topics/issues.

Looking forward to seeing you soon.

Scott

Page 267 of 377 to/à Page 320 of 377

Withheld pursuant to/removed as

s.13

**From:** [Beddall, Scott EDUC:EX](#)  
**To:** [Nicholls, Cloe EDUC:EX](#)  
**Subject:** RE: BCCDC guidance follow up items  
**Date:** September 17, 2020 7:36:08 AM  
**Attachments:** [Provincial COVID-19 Health Safety Guidelines for K-12 Settings Sep 13 2020.docx](#)

---

Weird....sorry about that. Here they are.

Cheers,

Scott

---

**From:** Nicholls, Cloe EDUC:EX <[Cloe.Nicholls@gov.bc.ca](mailto:Cloe.Nicholls@gov.bc.ca)>  
**Sent:** September 17, 2020 7:32 AM  
**To:** Beddall, Scott EDUC:EX <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)>  
**Subject:** Re: BCCDC guidance follow up items

Thanks for all of this! Have passed on. I don't think you attached Linda's edits though - can u resend?

C

On Sep 17, 2020, at 7:26 AM, Beddall, Scott EDUC:EX <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)> wrote:

Hi Cloe

Looks like Trevor may be double booked for next Tuesday so I'm working with Christie to sort out date/time for the next meeting. TBD again.

Scott

Sent from my iPhone

On Sep 16, 2020, at 10:35 PM, Beddall, Scott EDUC:EX <[Scott.Beddall@gov.bc.ca](mailto:Scott.Beddall@gov.bc.ca)> wrote:

Hi Cloe,

As requested:

- I have attached an outline of the key changes to the BCCDC guidance, and planned changes to the K-12 Health and Safety Guidelines (which includes the asterisk reference).
- There is an older version of the BCCDC guidelines (May 2020) still



accessible on an old PHO web page<sup>s.13</sup>  
s.13

- s.13 . Some SDs also have older versions of the BCCDC guidance posted on their websites so we will also need to remind SDs to include links to current guidance rather than post outdated copies on their sites.
- I have attached the updated draft of the K-12 guidelines that Linda pulled together earlier this week. I have not had a chance to fully review and make further edits, but plan to tomorrow. Plan is to send out a marked up draft to the H&S WG prior to the next meeting (will be next Tuesday from 4-5PM) for review and feedback....for now I am just scheduling the meeting for next week, and aim to share the updated draft sometime tomorrow.

Let me know if you need anything else on this, s.22  
s.22

Cheers,

Scott

**Scott Beddall | Director, Wellness and Safety**  
*he/him/his*  
Learning Division | Ministry of Education  
620 Superior St | Victoria BC | V8V 1V2  
250-514-4961

<Updates to BCCDC Guidance and Planned Updates to K-12 Health and Safety Guidelines.docx>

Page 323 of 377 to/à Page 375 of 377

Withheld pursuant to/removed as

s.13

**From:** [Nicholls, Cloe EDUC:EX](#)  
**To:** [MacDonald, Scott D EDUC:EX](#)  
**Subject:** As Discussed - Symptoms  
**Date:** September 22, 2020 3:59:00 PM

---

17 previous symptoms and the 7 are highlighted in yellow:

The symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold. The most common symptoms of COVID-19 include:

- Fever (see below)
- Chills
- Cough or worsening of chronic cough
- Shortness of breath
- Sore throat
- Runny nose
- Loss of sense of smell or taste
- Headache
- Fatigue
- Diarrhea
- Loss of appetite
- Nausea and vomiting
- Muscle aches

While less common, symptoms can also include:

- Stuffy nose
- Conjunctivitis (pink eye)
- Dizziness, confusion
- Abdominal pain
- Skin rashes or discoloration of fingers or toes

Cloe Nicholls  
*she/her/hers*  
Executive Director  
Covid-19 Internal Team | Ministry of Education  
250-216-9102

*Acknowledging that I live and work on the unceded traditional lands of the Lekwungen-speaking peoples.*

---