

From: [Daly, Patty \[VCH\]](#)
To: [Gustafson, Reka \[BCCDC\]](#); [Henry, Bonnie HLTH:EX](#); [Brown, Stephen R HLTH:EX](#)
Cc: [Rongve, Ian HLTH:EX](#)
Subject: RE: Letter from Teri Mooring
Date: October 5, 2020 6:16:06 PM
Attachments: [image001.png](#)

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Thanks Reka that would be helpful – fyi we are posting all of our exposures, and follow the same contact tracing in schools as anywhere else, as you know.

I noted one question Bonnie got today, and it has also come from North Shore parents, is why we don't exclude siblings of students who are excluded as contacts of cases (i.e. these siblings are "contacts of contacts") so I think explaining this would be helpful. **s.13**

s.13

Patricia Daly, MD, FRCPC

Vice-President, Public Health & Chief Medical Health Officer

Vancouver Coastal Health

office 604 675 3924

e-mail patricia.daly@vch.ca

Erika Bell

Executive Assistant

office 604 675 3918

e-mail erika.bell@vch.ca

I acknowledge that my place of work lies on the unceded traditional homelands of the Musqueam, Squamish and Tsleil-Waututh Nations.

The content of this e-mail is confidential and may be privileged. If you receive this e-mail in error, please contact the sender and delete it immediately.

From: Gustafson, Reka [BCCDC]

Sent: Monday, October 05, 2020 5:47 PM

To: Henry, Bonnie [EXT]; Daly, Patty [VCH]; Brown, Stephen R HLTH:EX

Cc: Rongve, Ian HLTH:EX

Subject: RE: Letter from Teri Mooring

I'm very happy to meet with her about this.

Thanks,

Reka

From: Henry, Bonnie HLTH:EX [mailto:Bonnie.Henry@gov.bc.ca]

Sent: Monday, October 05, 2020 5:34 PM

To: Daly, Patty [VCH] ; Brown, Stephen R HLTH:EX

Cc: Rongve, Ian HLTH:EX ; Gustafson, Reka [BCCDC]

Subject: FW: Letter from Teri Mooring

Importance: High

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or click on links.

I (finally) received this today and note they are expressing concerns from over a week ago but they are focused on VCH. I would be happy to have Trevor or Reka meet with them on my behalf but look to your advice.

My best,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

Office of the PHO

Ministry of Health

4th floor, 1515 Blanshard St

Mailing address: PO Box 9648, STN PROV GOVT

Victoria, BC

V8W 9P4

Bonnie.henry@gov.bc.ca

Phone: 250 952-1330

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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From: Thompson, Laurel HLTH:EX <Laurel.Thompson@gov.bc.ca>

Sent: October 5, 2020 2:03 PM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Subject: FW: Letter from Teri Mooring

Importance: High

Hi Bonnie,

Attached is an invite for yourself or a representative to meet with the BC Teachers' Federation for your consideration.

Thanks,

Laurel Thompson | *Executive Coordinator*

Office of the Provincial Health Officer, Ministry of Health

From: Teri@bctf.ca <teri@bctf.ca>

Sent: October 2, 2020 11:14 AM

To: Prov Hlth Office HLTH:EX <ProvHlthOffice@gov.bc.ca>

Subject: Letter from Teri Mooring

Importance: High

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

Dear Dr. Henry and staff at the Office of the Provincial Health Office,

Good morning,

Attached is the letter sent last week by the BCTF about our concerns with transparent reporting and contact tracing. I completely understand how overwhelmed your office must be with correspondence. I am hopeful our staff can work together to find a time to meet and

discuss the federation's concerns.

Thank you

Teri Mooring

President

Teri Mooring

President

British Columbia Teachers' Federation

100-550 West 6th Avenue

Vancouver, BC V5Z 4P2

Phone: 1-800-663-9163, 604-871-2159

Fax: 604-871-2290

Email: teri@bctf.ca





BCTF

British Columbia Teachers' Federation A Union of Professionals
100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 bctf.ca
604-871-2283 1-800-663-9163 

Executive Offices fax: 604-871-2290

By email: provhlthoffice@gov.bc.ca

September 23, 2020

Dr. Bonnie Henry
Provincial Health Officer
Ministry of Health
PO Box 9648, STN PROV GOVT
1515 Blanshard Street
Victoria, BC V8W 9P4

Dear Dr. Henry:

On behalf of the members of the British Columbia Teachers' Federation, I'm writing to you today to express our deep concerns about the lack of transparency and consistency across health authorities in reporting on the cases of COVID-19 in schools.

With more than half a million students, 45,000 teachers, and thousands more support and administrative staff, our public education system brings together a significant cross-section of the BC population. Teachers, support staff, and administrative staff are all doing our utmost to keep children and their families safe but, without timely information, our efforts are significantly hampered.

While some health authorities do provide up-to-date and full information, others do not. As you know, Fraser Health is confronting the majority of coronavirus exposures in schools, and they have been communicating well with parents and the public, posting information online quickly. By contrast, Vancouver Coastal Health has only posted one exposure, that at Sentinel Secondary in West Vancouver, while news reports are full of additional examples in Vancouver, Richmond, and on the North Shore.

We understand the negative impacts of rumours and speculation especially in the context of a pandemic, this is the reason we take the position that information regarding schools needs to be shared in an open, transparent, and timely manner by the local health authorities. In the absence of this openness the public sharing of information will continue, and we are concerned this could lead to an undermining of public confidence in both the education system and in the health authorities.

We are also concerned about the different approaches to contact tracing amongst the various health authorities. We feel strongly that teachers need to be a part of the contact tracing process when a student is diagnosed with COVID-19. In classroom settings teachers and other education workers come into close contact with students when they circulate to support student learning, and teachers are a source of additional information in identifying close contacts of individual students.

Dr. Bonnie Henry
September 23, 2020

It is in this context that we are particularly troubled by the situation at Sentinel Secondary School in West Vancouver. Our particular concerns include the contact tracing process, and the lack of timeliness in the public reporting. As of today, the public reporting still characterizes this as a “potential exposure” from September 14–18.

While this particular example is concerning, we also note the different approaches taken by the various local health authorities, especially in regard to communication with school districts and school communities. This lack of consistency leads to confusion and heightened concern amongst school communities.

It is in the spirit of co-operation and with deep concern for the safety of students, school staffs, and public confidence in the public education system in BC, that we request a meeting with a representative from your office to discuss our concerns. If another avenue is more appropriate however, we would appreciate that advice.

Dr. Henry, your frequent media briefings have provided excellent information to British Columbians and have helped citizens feel united around a common cause. If you were to report on, and contextualize the school-based exposures, it would go a long way to assuaging the deep concerns and anxieties of teachers and parents. Armed with the necessary information, people will—as you have so often reminded us—be able to stay calm, kind, and safe.

Thank you for your ongoing efforts, and I look forward to continuing to work with you to educate British Columbians, young and old, on how we can tackle this crisis together.

Sincerely,



Teri Mooring
President

pc: Carole James, Deputy Premier
Don Wright, Deputy Minister to the Premier
Scott MacDonald, Deputy Minister of Education
Dr. Martin Lavoie, Chief, Fraser Health Authority
Dr. Sue Pollock, Interim Chief, Interior Health Authority
Dr. Raina Fumerton, Chief, Northern Health Authority
Dr. Patty Daly, Chief, Vancouver Coastal Health Authority
Dr. Richard Stanwick, Chief, Vancouver Island Health Authority

TM/ch:tfeu

From: [Daly, Patty \[VCH\]](#)
To: [Rongve, Ian HLTH:EX](#)
Subject: RE: Sentinel secondary
Date: September 22, 2020 8:39:47 AM

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

Hi Ian - Sentinel is going up on our website today.

We will put schools on the webpage when we identify an exposure that requires notification of the class and parents
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When cases are reported to us, including school-age children or staff, there is a detailed public health investigation to determine infectious period and potential exposures - not every case among staff or students in a school would result in an exposure that requires posting, it depends on the public health investigation. Rumours in the media are not necessarily accurate.

Patricia Daly, MD, FRCPC
Vice-President, Public Health & Chief Medical Health Officer
Vancouver Coastal Health

office 604 675 3924
e-mail patricia.daly@vch.ca

Erika Bell
Executive Assistant
office 604 675 3918
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I acknowledge that my place of work lies on the unceded traditional homelands of the Musqueam, Squamish and Tsleil-Waututh Nations.
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-----Original Message-----

From: Rongve, Ian HLTH:EX [<mailto:Ian.Rongve@gov.bc.ca>]
Sent: Tuesday, September 22, 2020 8:26 AM
To: Daly, Patty [VCH]
Subject: Sentinel secondary

EXTERNAL SENDER. If you suspect this message is malicious, please forward to spam@phsa.ca and do not open attachments or click on links.

Hi Patty. When will the sentinel secondary exposure go up on the web? s.13
s.13

Sent from my iPhone

Sullivan, Michelle A HLTH:EX

From: Singal, Mayank [BCCDC] <mayank.singal@bccdc.ca>
Sent: August 27, 2020 2:10 PM
To: Gustafson, Reka [BCCDC]
Cc: Henderson, Marianne [BCCDC]; XT:HLTH Henry, Bonnie; Henry, Bonnie HLTH:EX
Subject: RE: School outbreak protocol
Attachments: Appendix 4- Aug 27 draft.docx

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

Hi Reka,

Please see attached the latest draft. I'd appreciate your feedback, especially on the highlighted areas and the comments.

If you are able to send me any feedback today, I can incorporate it before sending it to the school working group and the chiefs.

Thanks.

Mayank Singal MD MPH CCFP FRCPC
Physician Epidemiologist
BC Centre for Disease Control
mayank.singal@bccdc.ca

-----Original Message-----

From: Gustafson, Reka [BCCDC]
Sent: Thursday, August 27, 2020 1:59 PM
To: Singal, Mayank [BCCDC]
Cc: Henderson, Marianne [BCCDC]; Henry, Bonnie [BCCDC]
Subject: School outbreak protocol

Hi Mayank

The premier's office is asking about the school outbreak protocol. I know you are meeting tomorrow. Could a version come to the chief's call tomorrow? Also, can you send it to me so I can review, as I can't be at the meeting.

Thanks

Reka

Sent from my iPhone

COVID-19 exposure and outbreak management in schools and daycares

Commented [SM1]: Intended audience is public health. Accompanying resources will be developed for the public.

Goal

The overarching goal of this guidance is to break the chain of COVID-19 transmission in the event of an exposure or an outbreak at school or daycare settings using the least restrictive means possible. These guidelines should be interpreted to respect privacy and confidentiality of health information and prevent stigmatization while balancing the need for information from other stakeholders.

Illness in the School/Daycare

All children and staff with symptoms compatible with COVID-19 are recommended to be tested as soon as possible. **Children or staff with new, worsening, or unexplained symptoms** within the school/daycare setting **should be isolated and sent home** as soon as possible, and parents should be referred to a healthcare provider or 8-1-1 as necessary.

Exposure at School/Daycare

Exposure at School is defined as the presence of lab confirmed COVID-19 case(s) in the school/daycare during the period of communicability AND does not meet the definition of an outbreak (below)

Management of Exposure at School/Daycare

Upon determination that a COVID case attended school/daycare during the period of communicability, following steps are advised:

1. **Exclude** case(s) as per the self-isolation recommendations in Period of Communicability before returning to school/daycare.
2. **Request a list** from the school/daycare which identifies all of the children, staff, volunteers and students within the affected common or closed location (e.g., classroom, learning group, bus) who may have been exposed during the case's communicable period.
3. **Identify close contacts**¹, as defined in Contact Identification And Management. This includes any child or staff who:

¹ Protective measures such as physical distancing should be taken into account when assessing the risk of exposure.

- had direct contact with infectious body fluids of the case during the communicable period (e.g., was coughed or sneezed on)
- had close contact, e.g. close friends, prolonged face to face contact, during the communicable period. Interactions of less than 15 minutes (cumulative) are generally not considered as close contacts.

s.13

4. **Close contacts should be excluded** from the school/daycare and recommended to self-isolate for 14 days from the last contact with the case. All children and staff with symptoms compatible with COVID-19 should be tested.
5. **As appropriate, provide communication** to school administrators and parents/caregivers in the classroom, the learning group, or the whole school (based on the extent of possible exposure), informing them of
 - the exposure;
 - contact tracing efforts, i.e. those who may have been exposed have been notified
 - the risk for all other students/attendees/staff
 - the recommendation to continue to monitor their children for symptoms and what to do should symptoms occur.

s.13

Commented [SM2]: Process under development

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Outbreak Management

1. Identify and manage close contacts as described above in the Management of Exposure at School/Daycare above.
2. **Establish outbreak management team** as per usual practice ensuring communication with the school/daycare and notification to public health of absenteeism related to symptomatic of children, staff, volunteers and students reporting as absent and with symptoms compatible with COVID-19.

3. Implement outbreak control measures, including:

- Continue and reinforce all usual infection control measures, including:
 - daily environmental cleaning and disinfection and twice-daily cleaning of high touch surfaces using Health Canada approved disinfectants.
 - reinforce the importance of hand hygiene with staff, volunteers, students and children
 - re-iterate the need for daily symptom screening for staff and children
- Suspension of activities:
 - Daycares
 - Activities between children should be limited to same age group/room
 - Visitation from outside groups should not be permitted
 - Discontinue group outings, including field trips
 - Suspend sensory play, such as wet/dry sensory tables, sand boxes and play dough
 - Elementary/middle schools
 - Activities should be limited to the same classroom (30 kids max)
 - Visitation from outside groups should not be permitted
 - Discontinue group outings, including field trips
 - Suspend activities involving high-touch surfaces that are difficult to clean or disinfect
 - Secondary schools
 - Minimize interaction among learning groups as reasonable
 - Visitation from outside groups should not be permitted
 - Discontinue group outings, including field trips
 - Suspend activities involving high-touch surfaces that are difficult to clean or disinfect
- Depending on the outbreak epidemiology, physical layout of the facility and the degree of contact between classrooms and learning groups, each outbreak measure may be applied specific classrooms or learning groups, or to the entire facility.
- Inform parent(s)/caregiver(s) with new child enrolments of the outbreak
- Schools should inform outside agencies that use the school/daycare of the outbreak
- Staff, volunteers and students should only work at the outbreak facility, and not other daycares or schools as much as reasonably possible s.13
- The MHO may recommend testing asymptomatic individuals in specific situations such as when transmission is occurring despite outbreak measures or symptoms may be underreported
- The need for school/daycare closure is anticipated to be rare.

4. s.13 provide communication to parents/caregivers, informing them of:

- a. the outbreak,
- b. contact tracing efforts, i.e. those who may have been exposed have been notified
- c. the risk for all other students/attendees/staff ,

- d. the recommendation to self-monitor
- e. Students and staff who are immunocompromised due to a medical condition or treatment should be advised to speak with their healthcare provider regarding their risk of exposure to COVID-19. Consideration may be given to removing such individuals from the outbreak setting until the outbreak is declared over

s.13

Commented [SM6]: Process under development

6. **Declare outbreak over.** Control measures will be continued until the outbreak is declared over by the Medical Health Officer.s.13

s.13

s.13

The

length of time to conclude an outbreak may be reduced or extended at the direction of the Medical Health Officer.

Sullivan, Michelle A HLTH:EX

From: Corneil, Trevor HLTH:EX
Sent: September 11, 2020 5:47 PM
To: Albert.DeVilliers@interiorhealth.ca; Emerson, Brian P HLTH:EX; XT:Kim, Jong HLTH:IN; Patricia.Daly@vch.ca; XT:Lysyshyn, Mark Dr. HLTH:IN; XT:HLTH Brodtkin, Elizabeth; Henry, Bonnie HLTH:EX; XT:Kling, Rakel HLTH:IN; XT:Hanley, Brendan HLTH:IN; Massey, Keren L HLTH:EX; Troy.Grennan@bccdc.ca; XT:Patrick, David HLTH:IN; XT:HLTH Fyfe, Murray; XT:HLTH Stanwick, Richard; XT:Mema, Dr. Silvina HLTH:IN; XT:Lavery, John HLTH:IN; Jason.Wong@bccdc.ca; XT:HLTH Pollock, Sue; XT:Naus, Monika HLTH:IN; reka.gustafson@phsa.ca; marianne.henderson@bccdc.ca; XT:HLTH Galanis, Eleni; Behn Smith, Daniele HLTH:EX; XT:McDonald, Shannon HLTH:IN; Pkendall43@shaw.ca; XT:Krajden, Mel HLTH:IN; XT:Fumerton, Raina HLTH:IN; XT:Larder, Andrew Fraser Health Authority EAO:IN; XT:Hayden, Althea HLTH:IN; Catherine.Elliott@gov.yk.ca; Tyler, Ingrid Dr. HLTH:IN
Subject: K-12 FINAL Sept 11
Attachments: COVID-19 Public Health Guidance K-12 Schools - Sep 11 - FINAL.pdf; ATT00001.htm; Summary of Changes - COVID-19 Public Health Guidance K-12 Schools - Sep 11.pdf; ATT00002.htm



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

UPDATED: September 11, 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.

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. These measures were taken to allow time to learn about the virus and to prepare for the safe resumption of the activities of society. The suspension of in-person learning 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, raising concerns that with the closure of schools, children at risk for violence are less likely to be identified.

Supporting students to receive full-time, in-person learning offers societal and individual benefits, particularly for those who already experience social and educational disparities. These need to be balanced against the potential risk of COVID-19 spread and any evidence of benefit from school closures.

As community prevalence in B.C. continues to be low, the risk within schools is considered to be minimal. However, while COVID-19 is present in our communities, it may exist 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.



Local public health officials (school medical officers) will consistently monitor cases of COVID-19 that impact schools and will support school communities to manage cases if and when they occur.

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 observation that children are at a lower risk of being infected with and transmitting COVID-19, K-12 schools in B.C. will have elementary and middle school students return to full-time, in-person instruction. Secondary students will also receive in-person instruction, but this may be combined 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.

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 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 affects schools, like COVID-19 and other communicable diseases. Every school has a school medical officer. If there is a case, cluster or outbreak of COVID-19 in a school, the school medical 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.
 - COVID-19 testing is available to those with symptoms of cold, influenza or COVID-19.
 - To date, less than 5% of those tested have been positive for COVID-19. This means of people with cold, influenza or COVID-19 like symptoms, very few have COVID-19.
 - Of those who are positive, 80% of transmission comes from a known, confirmed COVID-19 case (i.e. not community transmission).

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.
 - Approximately 5% of all confirmed cases of COVID-19 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.
- To the end of August 2020, fewer than five children in B.C. were admitted to hospital for COVID-19. None required intensive care and there have been no deaths.
- 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 appear to be the primary drivers of transmission. Older children are more likely to transmit than younger children.

- 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 school district for more information on requirements. This is likely to include a medical accommodation form completed by a physician or nurse practitioner.
- 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

- Most adults infected with COVID-19 will have mild symptoms that do not require care outside of the home.
- Some adults with specific health conditions are at an increased risk for more severe outcomes, including individuals:
 - Aged 65 and over, and especially the frail elderly;
 - 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](#).
- 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

- Children do not appear to be the primary drivers of COVID-19 transmission in schools or in community settings.
- Adults in school settings do not appear to be at higher risk of COVID-19 than in the community or in their household.
- 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.



- 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 and will continue to be updated.

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

This document uses the terms elementary, middle and secondary to identify different approaches (where relevant) for schools based on the age range of students within them and the way learning is typically structured. 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 officer to determine what approaches are most suitable.



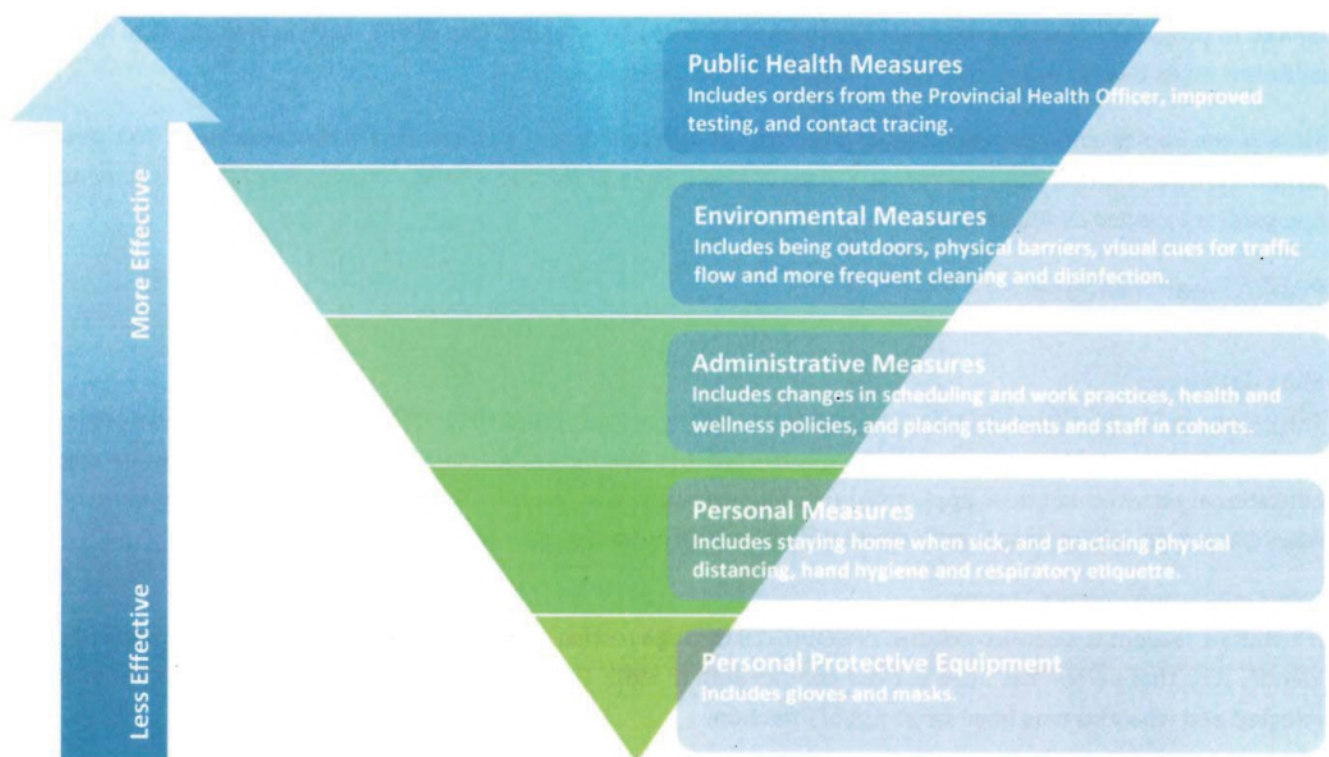
Infection Prevention and Exposure Control Measures

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. This is because schools include a consistent grouping of people, there are robust illness policies for sick students and staff and there is an ability to implement effective personal practices that are followed by most people most of the time 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 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 broad public health measures, including: prohibiting large gatherings and events, requiring travellers returning from outside of Canada to self-isolate or quarantine upon arrival in B.C., effective case finding and contact tracing, and advising people to stay home when they



are sick. Under the direction of Medical Health Officers, effective case finding and contact tracing is in place and prepared to manage any cases and confirmed contacts in the school setting.

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 physical distancing 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, working or learning in defined groups (cohorts), modified schedules and supporting the ability of individuals to practice physical distancing.

Personal Measures are actions individuals can take to protect themselves and others. Examples include practicing physical distancing, washing hands frequently, coughing into elbows and staying home if 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. Use of PPE, such as non-medical masks, is not sufficient on its own to reduce the risk of COVID-19 transmission.

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 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 does apply to community events held at schools. The Order 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

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 how they were infected and who else may be at risk of infection.

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), public health will work with the school to understand who may have been exposed, and to determine what actions should be taken, including identifying if other students or staff are sick (case finding) or have been exposed and 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 that 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 only 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, 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, and that the information provided is complete and correct, school administrators or staff should not provide notifications to staff or students' families about potential or confirmed COVID-19 cases unless the school administrator is directed to do so by the school medical officer.

Managing Clusters of COVID-19

When multiple confirmed linked cases of COVID-19 occur among students and/or staff within a 14 day period (a cluster), public health, under the direction of the local school medical officer will investigate to determine if additional measures are required to prevent further transmission of COVID-19. The school medical officer will advise schools if additional prevention measures are needed.

COVID-19 Outbreaks in Schools

Cases and clusters of COVID-19 are expected in school settings, given that COVID-19 is circulating in the community. These occurrences are not considered outbreaks. The declaration of an outbreak of COVID-19 or any other communicable disease in a school setting is at the discretion of the school medical officer. This is expected to occur rarely, and only when exceptional measures are needed to control transmission.

Self-isolation and Quarantine

Self-isolation means staying home and avoiding situations where you could come in contact with others. Self-isolation is required for those confirmed as a case of COVID-19 (i.e. those diagnosed with COVID-19) and those who are identified as a close contact of a confirmed case of COVID-19. Public health staff identify and notify close contacts of a confirmed case who are required to self-isolate. Public health 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 after arrival 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 important to prevent 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, keyboards and toys used by multiple students.
- 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 and when full.
- 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 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 to adhere to the fire code.

Physical Barriers

Barriers can be installed in places where physical distancing cannot regularly be practiced 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. It may also include itinerant staff working across cohorts.

Administrative Measures

Lowering the number of close, prolonged face-to-face interactions an individual has 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.

Cohorts

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.

- 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 practice personal measures like physical distancing, hand hygiene, and recognizing and articulating 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. Schools can connect with their School Medical Officer for support and guidance.



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 further reduce the number of close, prolonged face-to-face interactions a person has, and assist public health should contact tracing need to occur.

School administrators should keep up-to-date lists of all members of a cohort and their contact information to support swift communications from the school and to share with public health to support contact tracing, if needed.

Physical Distancing

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.

- Within cohorts, physical distancing should include avoiding physical contact, minimizing close, prolonged, face-to-face interactions, and spreading out as much as possible within the space available.
- Outside of cohorts, practicing physical distancing should include avoiding physical contact and close, prolonged face-to-face interactions, spreading out as much as possible within the space available, and ensuring there is 1-2 meters of space available between people.
- Spaces where members of different cohorts interact should be sufficiently large, and/or should have limits on the number of people so that 1-2 meters of space is available between people.
- Within and outside of cohorts, there should be no crowding.

Due to physical space limitations it may be necessary to reduce the number of individuals within secondary schools at any given time to prevent crowding. 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.

Non-medical masks are not a replacement for the need for physical distancing for in-class instruction delivered to more than one cohort.

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 while supporting learning and a positive, healthy and safe environment.

Those outside of a cohort should practice physical distancing when interacting with the cohort. For example, a secondary school teacher can teach multiple cohorts but should maintain 1-2 metres of space from students and other staff and avoid close face-to-face interactions. In an elementary or secondary school, two classes from different cohorts can be in the same learning space at the same time if physical distancing can be practiced between people from different cohorts.

If a staff member works with more than one cohort and is unable to consistently practice physical distancing 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 practice physical distancing.
 - Elementary-aged students are less able to consistently practice physical distancing. Outdoors is a lower-risk environment than indoors.
- In **middle and secondary schools**, students can socialize with peers in different cohorts if they can practice physical distancing.
 - Middle- and secondary-school students are expected to be capable of consistently keeping 1-2 meters of space when it is required. If a student is unable to do so, they should socialize within their cohort or where they can be supported to practice physical distancing.

Staff and other adults should seek to reduce the number of close, face-to-face interactions with each other at all times, even if wearing a non-medical mask. 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 are maintained and physical distancing is practiced 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 distancing between cohorts should consistently be practiced.

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 ensure there is space available to prevent crowding. 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.

Other Strategies

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

- Avoid close greetings (e.g., hugs, handshakes).
- Spread people out as much as is practical to do so:



- Consider different classroom and learning environment configurations to allow space 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 no symptoms of illness and are not required to self-isolate 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 practice physical distancing.

Schools can continue to use alternate spaces outside of school grounds (e.g. community and recreation centres, other school facilities) and to provide field trips, aligned with the guidance included in this document and any other site-specific guidance.

Overnight or international field trips should not occur at this time.

Extracurricular Activities

Extracurricular activities including sports, arts or special interest clubs can occur if physical distancing can be practiced in line with the guidance for within- and outside-of-cohort interactions.

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 practice physical distancing 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](#).

For food contact surfaces, schools should ensure any sanitizers or disinfectants used are approved for use in a food service application and are appropriate for use against COVID-19. These may be different than the products noted in this document for general cleaning and disinfection. Additional information is available [here](#).

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 31st, 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 Required to Self-Isolate

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.

Anyone required to self-isolate will be supported by public health. Additional information is available from [BCCDC](#).

Stay Home When Sick

Staying home when sick is one of the most important ways to reduce the introduction to and the spread of COVID-19 in schools. When COVID-19 is present in the community, the risk of introducing COVID-19 into schools is reduced if staff, students and parents/caregivers:

- Perform a **daily health check**.
- **Stay at home** when sick.
- Get a health assessment and/or **COVID-19 test** when sick.

These steps do not replace usual health care. Health questions can be directed to 8-1-1 or your health care provider. These recommendations are discussed in more detail below and may change over time.

Daily Health Check

A daily health check is a tool to reduce the likelihood of a person with COVID-19 coming to school when they are infectious. An example is included as **Appendix C**. Symptoms of COVID-19 can be mild and are similar to other respiratory infections. Most people in BC with these symptoms do not have COVID-19.

- School administrators should ensure parents, caregivers, school staff and other adults routinely entering the school are aware of their responsibility to assess themselves daily for key symptoms of illness prior to entering the school. (i.e. perform a daily health check). See **Appendix C** for more information.
- Parents and caregivers should assess their child daily for key symptoms of illness before sending them to school (i.e. perform a daily health check for their child). See **Appendix C** for more information.
- Staff and other adults should assess themselves daily for key symptoms of illness prior to entering the school (i.e. perform a daily health check). See **Appendix C** for more information.
- There is no need for schools to verify that the health check has occurred every day, nor to require that parents submit a daily health check form to the school.

A full list of COVID-19 symptoms is available from [BCCDC](#).



Stay Home When New Symptoms of Illness Develop

Students and staff should stay at home when new symptoms of illness develop. The key symptoms to watch for are fever, chills, cough, shortness of breath, loss of sense of smell or taste, nausea, vomiting and diarrhea.

- If the staff or student (or their parent) indicates that the symptoms are consistent with a previously diagnosed health condition and are not unusual for that individual, they may return to school. No assessment or note is required from a health care provider.
- For mild symptoms without fever, students and staff can monitor at home for 24 hours. If symptoms improve, they can return to school without further assessment.
- If symptoms include fever, or if after 24 hours, symptoms remain unchanged or worsen, seek a health assessment. A health assessment can include calling 8-1-1, a primary care provider like a physician or nurse practitioner, or going to a COVID-19 testing centre.

When a **COVID-19 test is recommended** by the health assessment:

- If the COVID-19 test is **positive**, the person should stay home until they are told by public health to end their self-isolation. In most cases this is 10 days after the onset of symptoms. Public health will contact everyone with a positive test.
- If the COVID-19 test is **negative**, the person can return to school once symptoms have improved and they feel well enough. Symptoms of common respiratory illnesses can persist for a week or more. Re-testing is not needed unless the person develops a new illness. [BCCDC](#) has information on receiving negative test results.
- If a COVID-19 test is **recommended but is not done** because the person or parent chooses not to have the test or a health assessment is not sought when recommended, and the person's symptoms are not related to a previously diagnosed health condition, they should stay home from school until 10 days after the onset of symptoms, and then may return if feeling well enough.

If a **COVID-19 test is not recommended** by the health assessment, the person can return to school when symptoms have improved and they feel well enough. Testing may not be recommended if the assessment determines that the symptoms are due to another cause (i.e. not COVID-19).

Other Considerations for Managing Illness at Schools

- Establish procedures for those who become sick at school to go 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. Provide supervision for younger children.
- Establish procedures that allow for students and staff to return to school with mild symptoms of illness remaining, in line with the guidance in this document.
 - This is to ensure staff and students are not kept out of school longer than necessary.
- **Do not require a health-care provider note (i.e. a doctor's note) to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practices.**



- A person with mild symptoms may elect to seek COVID-19 testing, even when this is not required according to the above guidance. Having a pending COVID-19 test result should not, by itself, be a reason to exclude a person from school if there are no other reasons to exclude them.

Students or staff may still attend school if a member of their household develops new symptoms of illness, provided the student/staff has no symptoms themselves. If the household member tests positive for COVID-19, public health will advise the asymptomatic student/staff on self-isolation and when they may return to school. Most illness experienced in B.C. is not COVID-19, even if the symptoms are similar.

Students and staff who experience symptoms consistent with a previously diagnosed health 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 and should not be required to provide a health-care provider note. If they experience any new or unexplained symptoms they should seek assessment by a health-care provider.

Hand Hygiene

Rigorous hand washing with plain soap and water reduces 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 across cohorts and not able to practice physical distancing, and when in close proximity to students who are at a higher risk of severe illness due to COVID-19 (e.g. children with immune suppression).



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.

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 distancing cannot be consistently practiced, 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 distancing cannot be practiced;
- staff working across cohorts when physical distancing cannot be practiced;
- staff in a break room where physical distancing cannot be practiced.

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 practice physical distancing whenever possible. There must be no crowding, gathering or congregating of people, 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 distancing cannot be practiced.

Students and staff should be supported to know how to properly put on, wear, take off and store non-medical masks and other face coverings. Information to support this is available [here](#) and [here](#).

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.

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 11, 2020
COVID-19 Public Health Guidance for K-12 Settings



Ministry of
Health



BC Centre for Disease Control

If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.



Appendix A: Summary of School-Based Control Measures



1. STAY HOME WHEN SICK

Staff or students with new symptoms of illness should stay home.

Staff or students who develop symptoms at school should go home.



2. HAND HYGIENE

Clean hands more often.

Thorough hand washing with plain soap and water for at least 20 seconds helps prevent the spread of illness.



3. RESPIRATORY AND PERSONAL HYGIENE

Cover coughs.

Sneeze into elbows.

Don't share food, drinks, or personal items.



4. PHYSICAL DISTANCING

Minimize close, face-to-face interactions.

Avoid 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.



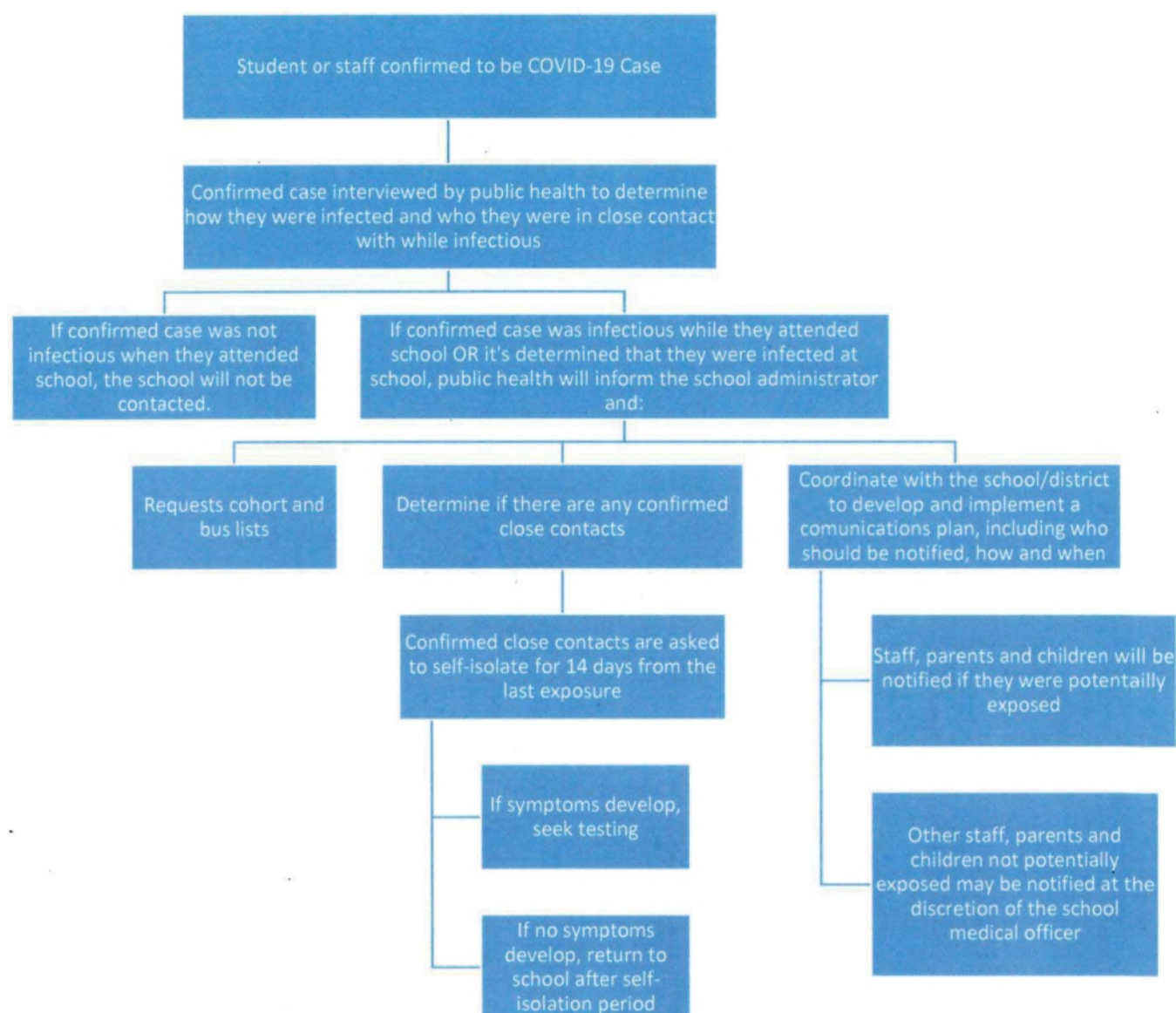
5. CLEANING AND DISINFECTION

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

Cleaning and disinfecting of frequently touched surfaces should occur at least one additional time, during the school day.



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 is an example of a daily health check to determine if you should attend school that day.

Daily Health Check			
1. Key Symptoms of Illness*	Do you have any of the following new key symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Chills	YES	NO
	Cough or worsening of chronic cough	YES	NO
	Shortness of breath	YES	NO
	Loss of sense of smell or taste	YES	NO
	Diarrhea	YES	NO
	Nausea and vomiting	YES	NO
2. International Travel	Have you returned from travel outside Canada in the last 14 days?	YES	NO
3. Confirmed Contact	Are you a confirmed contact of a person confirmed to have COVID-19?	YES	NO

If you answered “YES” to one of the questions included under ‘Key Symptoms of Illness’ (excluding fever), you should stay home for 24 hours from when the symptom started. If the symptom improves, you may return to school when you feel well enough. If the symptom persists or worsens, seek a health assessment.

If you answered “YES” to two or more of the questions included under ‘Symptoms of Illness’ or you have a fever, seek a health assessment. A health assessment includes calling 8-1-1, or a primary care provider like a physician or nurse practitioner. If a health assessment is required, you should not return to school until COVID-19 has been excluded and your symptoms have improved.

When a **COVID-19 test** is recommended by the health assessment:

- If the COVID-19 test is **positive**, you should stay home until you are told by public health to end self-isolation. In most cases this is 10 days after the onset of symptoms. Public health will contact everyone with a positive test.
- If the COVID-19 test is **negative**, you can return to school once symptoms have improved and you feel well enough. Symptoms of common respiratory illnesses can persist for a week or more. Re-testing is not needed unless you develop a new illness.
- If a COVID-19 test is **recommended but is not done** because you choose not to have the test, or you do not seek a health assessment when recommended, and your symptoms are not related to a previously diagnosed health condition, you should stay home from school until 10 days after the onset of symptoms, and then you may return if you are feeling well enough.

If a COVID-19 test is not recommended by the health assessment, you can return to school when symptoms improve and you feel well enough. Testing may not be recommended if the assessment determines that the symptoms are due to another cause (i.e. not COVID-19).

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

A health-care provider note (i.e. a doctor’s note) should not be required to confirm the health status of any individual.



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 At School

<i>If a Student Develops Any New Symptoms of Illness At School</i>	<i>If a Staff Member Develops Any New Symptoms of Illness At School</i>
<p>Staff must take the following steps:</p> <ol style="list-style-type: none"> 1. Immediately separate the symptomatic student from others in a supervised area. 2. Contact the student's parent or caregiver to pick them up as soon as possible. 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. 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. 5. Avoid touching the student's body fluids (e.g., mucous, saliva). If you do, practice diligent hand hygiene. 6. Once the student is picked up, practice diligent hand hygiene. 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). <p>Parents or caregivers must pick up their child as soon as possible if they are notified their child is ill.</p>	<p>Staff should go home as soon as possible.</p> <p>If unable to leave immediately:</p> <ol style="list-style-type: none"> 1. Symptomatic staff should separate themselves into an area away from others. 2. Maintain a distance of 2 metres from others. 3. Use a tissue or mask to cover their nose and mouth while they wait to be picked up. 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).
<p>Students and staff should return to school according to the guidance under the 'Stay Home When Sick' and Appendix C sections of this document.</p> <p>A health-care provider note should not be required for students or staff to return.</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"> • When they arrive at school. • Before and after any breaks (e.g., recess, lunch). • Before and after eating and drinking (excluding drinks kept at a student's desk or locker). • Before and after using an indoor learning space used by multiple cohorts (e.g. the gym, music room, science lab, etc.). • After using the toilet. • After sneezing or coughing into hands. • Whenever hands are visibly dirty. 	<ul style="list-style-type: none"> • When they arrive at school. • Before and after any breaks (e.g. recess, lunch). • Before and after eating and drinking. • Before and after handling food or assisting students with eating. • Before and after giving medication to a student or self. • After using the toilet. • After contact with body fluids (i.e., runny noses, spit, vomit, blood). • After cleaning tasks. • After removing gloves. • After handling garbage. • Whenever hands are visibly dirty.





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 (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:
 - 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.
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) provides additional guidance for school meal programs, breakfast clubs and other food access initiatives.



Sullivan, Michelle A HLTH:EX

From: Pokorny, Peter HLTH:EX
Sent: September 16, 2020 7:37 PM
To: Henry, Bonnie HLTH:EX
Subject: Fwd: URGENT - Reporting on School Cases

Peter Pokorny
Associate Deputy Minister
Ministry of Health
(778) 698-8046

Begin forwarded message:

From: "Rongve, Ian HLTH:EX"
Date: September 16, 2020 at 4:40:17 PM PDT
To: "Pokorny, Peter HLTH:EX"
Subject: FW: URGENT - Reporting on School Cases

You likely know. See reply from Patty Daly on the posting of schools.

From: Brown, Ross Dr [VCH]
Sent: September 16, 2020 4:08 PM
To: Rongve, Ian HLTH:EX
Cc: Schmid, Victoria [EXT] ; XT:Dempster, Linda HLTH:IN ; Pattison, Andrew [IHA] ; XT:HLTH Hampe, Tanis ; XT:Isaac-Mann, Sonia HLTH:IN ; Brown, Ross Dr [VCH] ; Daly, Patty [VCH] ; XT:HLTH Eliopoulos, Vivian
Subject: RE: URGENT - Reporting on School Cases

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Hi Ian,

I've pasted in the reply from our MHO Patty to our CEO Vivian's. s.13

s.13

Thanks,

Ross

s.13

Vancouver Coastal Health
office 604 675 3924
e-mail patricia.daly@vch.ca
Erika Bell

Executive Assistant
office 604 675 3918
e-mail erika.bell@vch.ca

I acknowledge that my place of work lies on the unceded traditional homelands of the Musqueam, Squamish and Tsleil-Waututh Nations. The content of this e-mail is confidential and may be privileged. If you receive this e-mail in error, please contact the sender and delete it immediately.

From: Rongve, Ian HLTH:EX [<mailto:ian.Rongve@gov.bc.ca>]

Sent: Wednesday, September 16, 2020 1:19 PM

To: Schmid, Victoria [EXT] <Victoria.Schmid@VIHA.CA>; Brown, Ross Dr [VCH] <Ross.Brown@vch.ca>; Dempster, Linda [FH] <Linda.Dempster@fraserhealth.ca>; Pattison, Andrew [IHA] <Andrew.Pattison@interiorhealth.ca>; Hampe, Tanis [NHA] <Tanis.Hampe@northernhealth.ca>; XT:Isaac-Mann, Sonia HLTH:IN <sonia.isaac-mann@fnha.ca>

Subject: FW: URGENT - Reporting on School Cases

Importance: High

EXTERNAL SENDER. If you suspect this message is malicious, please forward to spam@phsa.ca and do not open attachments or click on links.

Fyi and action

From: Pokorny, Peter HLTH:EX <Peter.Pokorny@gov.bc.ca>

Sent: September 16, 2020 1:08 PM

To: XT:Lee, Victoria HLTH:IN <Victoria.lee@fraserhealth.ca>; XT:HLTH Eliopoulos, Vivian <Vivian.Eliopoulos@vch.ca>; XT:MacNeil, Kathryn HLTH:IN <Kathryn.MacNeil@viha.ca>; XT:Ulrich, Cathy HLTH:IN <cathy.ulrich@northernhealth.ca>; XT:HLTH Brown, Susan <Susan.Brownvp@interiorhealth.ca>; XT:Morin, Benoit HLTH:IN <Benoit.morin@phsa.ca>; XT:Dalton, Fiona HLTH:IN <fdalton@providencehealth.bc.ca>

Cc: Prevost, Jean-Marc GCPE:EX <Jean-Marc.Prevost@gov.bc.ca>; Moulton, Holly HLTH:EX <Holly.Moulton@gov.bc.ca>; Rongve, Ian HLTH:EX <ian.Rongve@gov.bc.ca>

Subject: URGENT - Reporting on School Cases

Importance: High

Hello all – FHA is launching (has launched?) a webpage that provides high level detail on COVID cases in the school system. Victoria, can you please fill in the blanks for me and hopefully provide a link or template?

The ask is that every health authority launch the same thing for their respective areas. Same info...same look and feel, etc...and that this happen ASAP/immediately.

Can you please link your tech/comms teams to work this through as quickly as possible?

Victoria, for clarity, this does not impact the timing of you going live as planned (if you haven't already).

Please give me a call if there are questions/concerns. (250) 880-4791

Please also keep me in the loop on progress.

Thanks!

Peter

Peter Pokorny

Associate Deputy Minister

Corporate Services

Ministry of Health

(778) 698-8046

Sullivan, Michelle A HLTH:EX

From: Corneil, Trevor [BCCDC] <trevor.corneil@bccdc.ca>
Sent: October 2, 2020 4:16 PM
To: Gustafson, Reka [BCCDC]; Henry, Bonnie HLTH:EX
Cc: Brown, Stephen R HLTH:EX
Subject: FW: K-12 FAQ and Health Care Provider Flow Chart
Attachments: FAQ updates - Oct 2 - FINAL - v2.pdf; Return to Activity Flowchart for Health Care Providers - Oct 2 - v2.pdf

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

See attached clinical FAQs and Flowsheets which have been reworked with education input.

They are ready to post and in line with the current Sept version of the PH guidelines (versus current clinical content which unfortunately reflects different versions due to delays and continues to cause confusion).

Not clear who actually approves these with both DMOs involved, so will leave it in your hands.

Best,
Trevor

Trevor Corneil MD FRCPC
COVID-19 | BCCDC | MOH BC Gov
604 218 5718

From: Corneil, Trevor [BCCDC]
Sent: October 2, 2020 4:12 PM
To: Canete, Jerome HLBC:EX ; Amos, Heather [BCCDC] ; Thistle-Walker, Carlene HLTH:EX ; Strachan, Brande L HLBC:EX
Cc: Gustafson, Reka [BCCDC] ; Brown, Libby [PHSA] ; Docking, Christie M HLTH:EX
Subject: RE: K-12 FAQ and Health Care Provider Flow Chart

Here are some minor edits of content. I will leave it to Carlene, Libby and Reka to signal when DM has approved.

Best,
Trevor

Trevor Corneil MD FRCPC
COVID-19 | BCCDC | MOH BC Gov
604 218 5718

From: Canete, Jerome HLBC:EX <Jerome.Canete@gov.bc.ca>
Sent: October 2, 2020 3:48 PM
To: Amos, Heather [BCCDC] <heather.amos@bccdc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Corneil, Trevor [BCCDC] <trevor.corneil@bccdc.ca>; Strachan, Brande L HLBC:EX <Brande.Strachan@gov.bc.ca>
Cc: Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>; Brown, Libby [PHSA] <Libby.Brown@phsa.ca>
Subject: RE: K-12 FAQ and Health Care Provider Flow Chart

EXTERNAL SENDER. If you suspect this message is malicious, please forward to spam@phsa.ca and do not open attachments or click on links.

We're also on-hold until we get confirmation on when these docs can go live. Thanks all.

Sincerely,

Jerome Cañete

A/Manager, Design & Delivery

Navigation Services

Mobile: 604-329-4253

Office: 604-215-5103

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BC Health Service
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From: Amos, Heather [BCCDC] <heather.amos@bccdc.ca>

Sent: Friday, October 2, 2020 2:57 PM

To: Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Canete, Jerome HLBC:EX <Jerome.Canete@gov.bc.ca>; Corneil, Trevor [BCCDC] <trevor.corneil@bccdc.ca>; Strachan, Brande L HLBC:EX <Brande.Strachan@gov.bc.ca>

Cc: Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>; XT:HLTH Brown, Libby <Libby.Brown@phsa.ca>

Subject: RE: K-12 FAQ and Health Care Provider Flow Chart

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

Hi,

I know there is urgency but I would highly recommend that do not to post new content about schools on a Friday afternoon. Given the time right now, by the time everything is posted, it would be after business hours again. I think we should try to coordinate for Monday morning.

I can send over to GCPE.

Heather

From: Thistle-Walker, Carlene HLTH:EX [<mailto:Carlene.ThistleWalker@gov.bc.ca>]
Sent: Friday, October 02, 2020 2:48 PM
To: Canete, Jerome HLBC:EX; Corneil, Trevor [BCCDC]; Amos, Heather [BCCDC]; Strachan, Brande L HLBC:EX
Cc: Gustafson, Reka [BCCDC]; Brown, Libby [PHSA]
Subject: RE: K-12 FAQ and Health Care Provider Flow Chart

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

Hi, we need to check on our end to make sure the two deputies are aware and okay with posting this afternoon. Can you please hold until we confirm? Can you also advise who from CRHEM approved?
Thanks.

From: Corneil, Trevor [BCCDC] <trevor.corneil@bccdc.ca>
Sent: Friday, October 2, 2020 2:20 PM
To: Amos, Heather [BCCDC] <heather.amos@bccdc.ca>; Strachan, Brande L HLBC:EX <Brande.Strachan@gov.bc.ca>
Cc: Gustafson, Reka [BCCDC] <reka.gustafson@phsa.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; XT:HLTH Brown, Libby <Libby.Brown@phsa.ca>; Canete, Jerome HLBC:EX <Jerome.Canete@gov.bc.ca>
Subject: K-12 FAQ and Health Care Provider Flow Chart

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

Hi all,

The clinical KT materials attached have been approved by CRG, PHL, Oversight, and CRHEM and are ready for posting. There is an urgency as currently all of the materials are based on the schools K-12 public health guidance, and are misaligned (and have been for two weeks). FAQs are the most important. Some edits and recommendations from M Ed have been incorporated per DM offices x 2 this week.

A one pager for parents to put on their fridge is being codeveloped with M Ed with a target of next Thursday.

Please post as soon as able cc Brande and Jerome (though they received last Tues and are prepared)

Best,
Trevor

Trevor Corneil MD FRCPC
COVID-19 | BCCDC | MOH BC Gov
604 218 5718

From: Docking, Christie M HLTH:EX <Christie.Docking@gov.bc.ca>
Sent: October 2, 2020 1:46 PM
To: Nicholls, Cloe EDUC:EX <Cloe.Nicholls@gov.bc.ca>; Beddall, Scott EDUC:EX <Scott.Beddall@gov.bc.ca>
Cc: Corneil, Trevor [BCCDC] <trevor.corneil@bccdc.ca>
Subject: K-12 FAQ and Health Care Provider Flow Chart

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Hi Cloe and Scott,

Please see attached the updated FAQ for K-12 and the revised health care provider flow chart. Thank you for your feedback on both!

Since we last spoke:

- I incorporated your comments/feedback into the FAQ
 - I have kept reference to both learning groups and cohorts, as we call them cohorts in the public health guidance. Will align in future version.
- We have re-framed the flow chart to be specific for health care providers determining if a child or adult can attend/return to child care, school or recreation activities.

We hope to post these ASAP. Please let myself and Trevor know if you have any concerns.

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

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Frequently Asked Questions (FAQ)

Below you will find answers to common questions about how things may look different in schools this fall.

Updated Public Health Guidance for K-12 Schools was published on September 11, 2020. The FAQ is meant for teachers, school administrators, staff and parents. The FAQ provides public health information on returning to school during the COVID-19 pandemic. Questions and answers are grouped together under key themes. This page will be updated on an on-going basis.

If you have a health-related question about schools not answered here, you can submit your question by emailing admininfo@bccdc.ca. Check this page regularly for updates.

About COVID-19

What are the symptoms of COVID-19?

COVID-19 is a respiratory illness caused by a novel coronavirus.

Though there is a wide range of possible symptoms, the key symptoms most specific to COVID-19 are:

- Fever
- Chills
- Cough
- Shortness of breath
- Loss of sense of smell or taste
- Nausea and vomiting
- Diarrhea

To find the latest information about COVID-19 visit bccdc.ca/covid19. To assess your own symptoms, use the self-assessment tool at bc.thrive.health.

How is COVID-19 spread?

COVID-19 spreads through respiratory droplets when a person with the virus coughs or sneezes, and sometimes when they talk or sing. Respiratory droplets are small liquid particles that may travel about 1-2 metres through the air before settling on a surface.

The virus is spread when:

- A droplet comes in contact with a person's mouth, nose or eyes.
- A person touches an object or surface with the virus on it, and then touches their mouth, nose, or eyes before washing their hands.

While there is some discussion of COVID-19 staying in the air (by aerosols), there is no evidence of transmission by aerosols in school or other community settings.

Who is most at risk?

COVID-19 is more likely to spread between adults.

Children (aged 0-19) have had a much lower rate of COVID-19 infection than adults in BC. Children who have developed COVID-19 have most likely caught it from adults in their homes. Older children (10-19) are more likely than younger children (0-9) to catch and spread COVID-19 in their homes.

If they get COVID-19, some children have a higher chance of more serious illness. This includes children under one year of age, those with weakened immune systems and those with pre-existing lung conditions.

School staff with certain underlying medical conditions, weakened immune systems, or those age 65 years or older also have a higher chance of more serious COVID-19 illness. If this applies to you, or if you live with someone with any of these conditions, you can still go to work. Talk to your health care provider about the risk. They can help you with steps that you should take to lower the risk to yourself and those you live with.

School staff should talk to their human resource representative about workplace accommodations.

How does the public health guidance consider the safety of family members who are older/have pre-existing conditions?

Public health Guidance for K-12 Schools provides information on how to keep COVID-19 out of, and stop transmission in, schools. This helps maintain a healthy school environment for students, families and staff.

We all have a part to play in preventing the spread of COVID-19. What we do in our community will have the greatest impact on reducing spread within schools. We can do things like practicing physical distancing, frequent hand hygiene, respiratory etiquette, staying home when sick, wearing a mask when appropriate, and reducing our contacts inside and outside of school. However, as long as COVID-19 is in our communities, there may be cases in some schools.

Is it safe to be with older people, like grandparents or Elders, now that schools are back in session?

Each family is different. Some families may live with older people or Elders. Other families may visit or depend on them to help with childcare. Families need to think about their own unique situation to decide if and how to be with older people, like grandparents and Elders, in the safest way possible.

If you live with or spend a lot of time with older people or Elders, there are things you can do to lower the chances of getting and spreading the virus. This may include decreasing the number of contacts your family has outside of your household. For example, you can limit contacts to only family members

outside of school, work and other commitments. You can also visit outside when the weather is good and keep a 2 metre distance when visiting.

Adults and children are more likely to catch COVID-19 in the community than in schools, based on the rigorous health and safety measures that are in place.

How will public health guidance change as new information comes out about the role children play in the spread of COVID-19?

Public health guidance is based on the best available evidence. Information about the role children, adults and schools play in the spread of COVID-19 is regularly reviewed. The public health guidance will be updated as new information becomes available.

Sickness at school or at home

Can someone go to school if they are sick?

Nobody should attend school if they don't feel well enough to be there, regardless of symptoms.

Sometimes a person is well, but has a mild symptom of illness that isn't a key symptom of COVID-19, like a slightly sore throat or an occasionally runny nose. In this situation, the student or staff can continue to attend school.

Key Symptoms of COVID-19 are noted below.

What is a daily health check? When and how do we do them?

The Daily Health Check is a screening tool to help decide if students or staff should attend school that day, if they should seek a health assessment and when they can return to school after they have experienced an illness.

Parents and caregivers need to check their children for symptoms of illness every day before sending them to school. Staff should assess themselves daily for symptoms of illness and encourage students to speak up if they are feeling unwell. Schools should support parents, caregivers and staff to understand the importance of checking themselves/their children for symptoms of illness daily.

Nobody should attend school if they don't feel well enough to be there, regardless of symptoms.

School staff should make sure that any adult entering the school is aware of their responsibility to assess themselves for illness before entering.

An example of a daily health check form is provided in [Appendix C](#) of the Public Health Guidance for K-12 School Settings.

Anyone who feels sick can use the [Daily Health Check Example](#), self-assessment tool at bc.thrive.health, call 8-1-1, or consult their health care provider to be assessed.

What COVID-19 symptoms are included in the Daily Health Check?

The Daily Health Check focuses on **key** symptoms of COVID-19. These symptoms are the most likely to show a need for a health assessment. A health assessment means calling 8-1-1 or your health care provider to decide if a COVID-19 test is needed.

The key symptoms of COVID-19 are:

- Fever
- Chills
- Cough
- Shortness of breath
- Loss of sense of smell or taste
- Nausea and vomiting
- Diarrhea

The Daily Health Check doesn't list other COVID-19 symptoms. This is because the other symptoms of COVID-19, when they occur without key symptoms, are less likely to be COVID-19.

Nobody should attend school if they don't feel well enough to be there, regardless of symptoms.

If a staff or student has key symptoms of COVID-19, what should they do?

Having a fever, shortness of breath, or any **two** other key symptoms means the person should stay home and get a health assessment.

If a person has only **one** key symptom of COVID-19 without a fever or shortness of breath, they should stay home and monitor the symptom for the next 24 hours. If the symptom improves, they can return to school when they feel well enough. If the symptom doesn't improve or gets worse, they should get a health assessment.

If the symptoms are common to what the student or staff usually experiences from a previously diagnosed health condition (e.g. allergies, asthma) they do not need to stay home. No assessment or note is required from a health care provider.

Additional information is available in the [Stay Home When Sick](#) section of the Public Health Guidance for K-12 School Settings.

If a staff or student has other symptoms of COVID-19, but no key symptoms, what should they do?

Nobody should attend school if they don't feel well enough to be there, regardless of symptoms.

Other symptoms of COVID-19 are:

- Runny or stuffy nose

- Fatigue
- Muscle aches
- Skin rash
- Sore throat
- Loss of appetite
- Red eyes
- Headache
- Stomach pain
- Dizziness

If a person has multiple other symptoms that are not key symptoms of COVID-19 (such as a sore throat AND a runny nose), they should stay home until symptoms improve and they feel well enough to return to school.

If a person feels okay and has only one mild other symptom such as a slightly sore throat OR an occasional runny nose, they can go to school.

If staff or parents are unsure about symptoms and going to school, or want help managing the illness, they should call 8-1-1 or their health care provider.

Will the Daily Health Check tell me if I should get a COVID-19 test?

The Daily Health Check helps students and staff decide if they should attend school on the day they begin experiencing symptoms of illness, and provides guidance on if a health assessment is needed. The Daily Health Check does not tell you if testing is recommended. To know if you should get tested for COVID-19, call 8-1-1, speak to your health care provider, or use the [BC COVID-19 Self-Assessment Tool](#).

Who must stay at home even if they are not sick?

If someone has travelled outside of Canada, they must self-isolate for 14 days upon return.

If someone was told by public health or a health care provider that they are a close contact of a COVID-19 case, they must stay home for 14 days from when they were in close contact with that person.

Visit the [self-isolation](#) page for more information.

What should happen if staff or students become sick while at school?

A student will be kept away from others, provided a non-medical mask or tissues to cover their coughs or sneezes, and supervised if they become sick at school. Their parents or caregiver will be notified and asked to pick them up as soon as possible.

Staff will be separated and asked to go home as soon as possible.

In both cases, the spaces they were in will be cleaned and disinfected.

Schools will follow the guidance on what to do if a student or staff member develops symptoms, found in [Appendix E](#).

Can students and staff without symptoms go to school if someone else in their household is sick?

Students and staff without symptoms can still go to school even if someone else in their household is sick. They cannot go to school if public health has told them not to. This is the same as for other settings like workplaces and public spaces.

Most people who are sick or have symptoms of illness in B.C. are not sick with COVID-19.

If someone is diagnosed with COVID-19, public health will identify close contacts and ask them to stay home and [self-isolate](#).

The person who is sick or has COVID-19 symptoms can use the [Daily Health Check Example](#), self-assessment tool at bc.thrive.health, call 8-1-1, or consult their health care provider. Testing is available for anyone with cold, influenza or COVID-19-like symptoms.

Should students or staff with seasonal allergies or other COVID-19-like symptoms related to pre-existing conditions stay home?

Students and staff with seasonal allergies or other COVID-19-like symptoms related to pre-existing conditions don't need to stay home if their symptoms are what they normally experience. They may stay in school and no additional assessment or note is needed from a health care provider.

If they experience any new or unexplained symptoms, they should follow the guidance provided for other students and staff when they get sick.

Will I be notified if there is a positive COVID-19 case in my child's school?

Staff and families of students will be contacted if public health believes they may have been exposed to COVID-19 while they were at school, and provided with recommended follow-up steps (noted below).

Only public health can determine if a staff or student may have been exposed.

Public health will:

- Notify anyone who may have been exposed.
- Provide any necessary follow-up steps like recommending self-isolating or that the person monitors for symptoms.
- Work with school administration to decide if additional communications to the school community are needed.

In all instances, personal privacy rights will be maintained. Public health will provide only the information required to support contact tracing and only to the school administrator or delegate.

[Appendix B](#) of the Public Health Guidance for K-12 School Settings provides additional information on the public health actions if a staff, student, or other person who has been in the school is a confirmed COVID-19 case.

How will public health respond if there is a confirmed (positive) case of COVID-19 in a learning group or at school?

If a staff or student, or other person who has been in a school is confirmed by public health to have COVID-19, public health will work with the person who is sick or their family, school administration, and any relevant health care providers to determine and support the next steps.

1. The person who is sick will be told to [self-isolate](#) at home for a minimum of 10 days from when symptoms started.
2. Public health will start contact tracing. The person with COVID-19 will be interviewed to find out how they may have become infected, and who they had close contact with while they were infectious. If the person is a child, their parent/guardian will participate in the interview.

If the person with COVID-19 **was not** infectious while they attended school – the school will not be contacted.

If the person with COVID-19 **was** infectious while they attended school, or if it was determined that they became infected at school – public health will let the school administrator know. Public health will then:

1. Request learning group (cohort) and bus lists.
2. Work with members of the school community to find out if there are any contacts, including close contacts.
3. Call those who are determined to be contacts and close contacts, who may be at increased risk of developing COVID-19.

Public health will determine who are contacts and who are close contacts. This is done by asking questions to people who were around the person who tested positive for COVID-19 to figure out how long they were around each other, and what type of interaction or contact they had. Close contacts will be asked to self-isolate for 14 days from the last exposure. Other contacts may be asked to monitor for symptoms.

Being part of a learning group (cohort) does not automatically mean a person is considered a contact or a close contact. This is because people in learning groups (cohorts) are around each other for different amounts of times and have different types of interactions. A person in the same learning group (cohort) may not have been around the person with COVID-19 when they were infectious at all.

The person with COVID-19 must self-isolate for ten days or until symptoms resolve (whichever is longer), because that's how long it typically takes for the illness to resolve. Confirmed close contacts must self-

isolate for 14 days from when they may have been exposed because that's how long it can take for the illness to develop.

If close contacts develop symptoms during their self-isolation period, they are to seek COVID-19 testing. If no symptoms develop during the self-isolation period, they can return to school. Public health will work with school and district staff to develop a communication plan that will include who should be notified, how and when.

[Appendix B](#) provides additional information on the public health actions if a staff, student, or other person who has been in the school is a confirmed COVID-19 case.

Is BC considering testing teachers and staff in schools on a regular basis?

BC is not planning to do routine COVID-19 testing in schools right now. Currently COVID-19 testing is available to anyone with cold, flu or COVID-19-like symptoms. If a person has no symptoms, they do not require a test.

Additional information about BC's testing strategy is available [here](#).

Preventative measures

What are the main protective layers being put in place by schools in BC?

The main protective layers being used by schools in BC include:

- Making sure students and staff stay home when they are sick or are required to self-isolate.
- Having students and staff placed in learning groups (cohorts).
- Changing the classroom or learning environment to make the most of the space being used.
- Being outdoors when possible.
- Practicing physical distancing in and out of learning groups (cohorts).
- Increased cleaning and disinfection.
- Regular hand washing or use of hand sanitizers.
- Use of non-medical masks where a person cannot practice physical distancing outside of their learning group.

Why are schools considered a "controlled setting"?

Compared to other community settings, schools are considered "controlled environments/settings" because they have:

- Regular and widespread safety measures in place like daily health checks and illness policies, physical distancing, hand hygiene and respiratory etiquette.
- Learning groups (cohorts) for reducing the number of unique personal interactions.
- A consistent and limited group of people going in and out of the building.

In a controlled environment/setting, all of the protective layers work together to help prevent the spread of COVID-19.

How often should surfaces be cleaned?

Clean and disinfect high touch surfaces twice daily. This includes door knobs, light switches, toilet handles, water fountains, tables, desks, chairs, keyboards and toys.

General cleaning and disinfecting should happen at least once per day. This includes items that only a single student uses, like an individual desk or locker. [Find more information on how to clean and disinfect safely here.](#)

If a shared object cannot be disinfected, for example a plush toy, avoid using it for now.

Students can bring personal items from home, including school supplies and water bottles. These can be kept in their personal cubbies, desks, lockers or other personal storage space (e.g. a pencil box).

Learning groups (Cohorts)

What is a learning group?

A learning group or cohort is a group of students and staff who stay together during a school quarter, semester or year. The group mostly interacts with each other. In K-12 they are called learning groups, whereas in other sectors they are called cohorts.

Examples of learning groups may include:

- One class of students with their teacher.
- More than one class of students that sometimes join each other in activities (like music or physical education).
- A group of secondary school students who have the same courses in the same quarter or semester.

How were the learning group sizes determined?

Learning group sizes were determined by medical health officers across the province. When deciding on the learning group size they thought about:

- The age/maturity of children in different school types.
- The type of instruction across the different school types.
- The importance of a close-to-normal learning experience in supporting the health and development of children and youth.
- Existing class size limits
- Contact tracing and testing capacity of public health – the sizes of the groups allow public health agencies to easily track cases through the community.

How do learning groups help prevent the spread of COVID-19?

Organizing students and staff into learning groups (cohorts) helps decrease the number of different interactions a person has in a day compared to a normal school year. This in turn reduces the potential risk of exposure to COVID-19 if somebody in the school is infectious.

In a normal school year, students and staff may interact with many different people in a day. With learning groups, students and staff interact with a smaller number of the same people every day. While the classroom remains the primary learning environment, learning groups limit the number of contacts outside of the classroom.

Learning groups work best to decrease the spread of COVID-19 when they are used together with other layers of protection like physical distancing, regular hand washing, and staying home when sick.

Physical distancing

Why has physical distancing changed in schools?

Physical distancing means reducing close contact with others.

In spring 2020, we recommended keeping 2 metres (6 feet) away from one another in schools. Since then, we've learned more about how COVID-19 spreads, which is typically through close, face-to-face contact with another person over an extended length of time (at least ten minutes). This has allowed us to be more detailed about how physical distancing can be practiced.

What does physical distancing look like in schools?

We now recommend a range of physical distancing measures for schools. These are all intended to minimize close, face-to-face contact with others, to prevent COVID-19 spread. This means:

- Within learning groups (cohorts), physical distancing should include avoiding physical contact, minimizing close, prolonged, face-to-face interactions, and spreading out as much as possible within the space available.
- Outside of learning groups (cohorts), practicing physical distancing should include avoiding physical contact and close, prolonged face-to-face interactions, spreading out as much as possible within the space available, and ensuring there is 1-2 meters of space available between people.
- Spaces where members of different learning groups (cohorts) interact should be sufficiently large, and/or should have limits on the number of people so that 1-2 meters of space is available between people.
- Within and outside of learning groups (cohorts), there should be no crowding.

Due to physical space limitations it may be necessary to reduce the number of individuals within secondary schools at any given time to prevent crowding. 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. Non-medical masks are not a replacement for the need for physical distancing for in-class instruction delivered to more than one cohort.

Schools should focus on how students and staff can consistently practice physical distancing. Not every example needs to be followed, but should be considered in determining what your school can do. Here are a few examples to consider:

Limit access to facilities	Stagger breaks and arrivals	Spend time outdoors	Limit physical contact
<p>Limit access to buildings to staff, students and those there for student learning and well-being only, during school hours</p> <p>Manage access to common areas that could become crowded like libraries, hallways, and staff break rooms.</p> <p>Put up directional signs to keep traffic flowing in hallways.</p> <p>Avoid assemblies and large gatherings, use virtual options.</p> <p>If possible, ensure separate washrooms for staff and students.</p>	<p>Stagger break times, class changes, arrivals and departures to minimize contact.</p> <p>Provide timed arrival and departure directions to students and parents.</p> <p>Ensure entrances and exits are clearly marked.</p> <p>Minimize the number of learning groups that use multiple classrooms or learning spaces throughout the day.</p>	<p>Learning and other activities should be outdoors when possible.</p> <p>During outdoor breaks, middle and secondary students should maintain physical distance from students in other learning groups.</p> <p>Encourage students to spend time outside.</p>	<p>Encourage students to keep their hands to themselves. Use verbal reminders and signs.</p> <p>Encourage students and staff in different learning groups (cohorts) to keep 2 metres apart when possible.</p> <p>Limit the number of staff who interact with students, and limit any unnecessary mixing between learning groups (cohorts)</p> <p>Barriers can be installed in places where physical distancing cannot be regularly maintained and a person is interacting with many people outside of a cohort (e.g. at reception or where food is distributed).</p> <p>Use floor markings and posters to address traffic flow</p>

throughout the school. This may include one-way hallways and designated entrance and exit doors.

Is it safe for students to play together on the playground? Do we need to do anything to make playgrounds safer?

Being outside, and on an outdoor playground, is a safe environment for students to play together. Focus more on minimizing physical contact between younger students rather than staying any particular distance apart.

No cleaning or disinfection is required for playground structures. More information is available [here](#).

All students should practice hand hygiene before and after play.

How are students and staff expected to get to and from school?

Students and staff should walk, ride their bikes or drive to school when possible. Students and staff using public transit or school buses should be encouraged to practice hand hygiene before and after their commute, cough or sneeze into a tissue or their elbow and avoid touching their face.

Middle and secondary students should wear non-medical masks when they are on a school bus. No student should be required to wear a mask if they do not tolerate it.

Non-medical masks are not recommended for elementary school 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).

If staff or students are carpooling with people outside of their households, they should try to carpool with the same people each day. Visit the [Common Questions](#) page for more information.

Hand hygiene and respiratory etiquette

What type of soap should be used for hand washing?

Regular liquid or foam soap is preferred for hand washing. Antibacterial soap is not required.

Students and staff should be provided time to wash their hands with soap and water often. This includes when they get to school, before and after going outside, after using the washroom, before and after meal breaks and before and after using common touch items (e.g. computers, gym equipment, etc).

Warm and cold water are equally effective at cleaning hands as long as soap is used. It is recommended to use warm water when available as it encourages children to wash their hands for longer and creates more lather from the soap.

If sinks are not available or overcrowding is a concern, students and staff can use a [Health Canada approved alcohol-based hand sanitizer](#). If hands are visibly dirty, alcohol-based hand rub may not be effective. If soap and water aren't available and hands are visibly dirty, use a hand wipe followed by hand sanitizer. Read labels carefully as [certain products cannot be used on infants, children, or by pregnant or breastfeeding staff](#).

Use enough hand sanitizer to cover the front and back of a person's hands and between their fingers. Ensure that the hand sanitizer has dried completely before children resume regular activities. Prevent children from putting wet hands in their eyes or mouth. All children under the age of six should be supervised when using hand sanitizer.

If a child accidentally consumes any amount of hand sanitizer, call the BC Poison Control Centre: 1-800-567-8911.

Can we wash our hands with tap water if there is a boil water advisory?

Yes, it's safe to wash your hands with soap and tap water if you are living in a community with a Boil Water Advisory. However, if you are living under a Do Not Use advisory you should wash your hands with bottled water.

When should hand hygiene be practiced?

Encourage hand washing often. See [Appendix F](#) of the Public Health Guidance for K-12 School Settings for guidance on when to wash hands.

Promote proper and frequent hand hygiene through signs, announcements, in-class lessons and scheduling time. All sinks should be supplied with liquid or foam soap.

If sinks are not available, use an alcohol-based hand sanitizer with at least 60% alcohol. If hands are visibly dirty, wipe your hands with an alcohol-based hand wipe before using hand sanitizer. Otherwise, avoid touching your face or eating any food or beverages until hands can be washed.

Masks

When should masks be worn in school settings?

Non-medical masks are recommended for all students in middle and secondary school when physical distancing cannot be practiced and a person is interacting with people outside of their learning group. This includes on school buses and in some common areas (e.g., cafeterias, hallways, etc.)

Non-medical masks are not recommended for elementary school students because they are more likely to touch their face and eyes, and younger students may need help putting the mask on and taking it off

properly, which will require increased close personal contact from school staff. However, it may be advisable to have your child have a mask with them in case they become ill at school.

Non-medical masks are recommended for school staff in the same circumstances as middle and secondary school students (noted above), as well as within staff-only spaces when physical distancing cannot be practiced, and if they are working in multiple learning groups (cohorts). Additional information on when staff should wear a non-medical mask is available in the [COVID-19 Public Health Guidance for K-12 School Settings](#).

The Ministry of Education worked with Indigenous rightsholders and K-12 education and health partners to build on public health guidance to establish the Provincial COVID-19 Health & Safety Guidelines for K-12 School Settings that must be followed by schools and school districts. The Health & Safety Guidelines require masks to be worn in all places they are recommended by public health. Additional information is available [here](#).

What if I want my child to wear a mask at all times when at school?

Wearing a non-medical mask or face covering outside of the situations mentioned above is a personal choice for students and staff. It is important to treat people wearing masks with respect.

Remember that using a mask alone is not enough to prevent the spread of COVID-19. Children who wear a mask still need to: avoid touching their face, wash their hands often, stay home when sick and avoid physical contact with other children or adults. It may also be helpful for your child to practice wearing a mask before wearing it at school. They should practice putting it in on and taking it off on their own and remember to avoid touching their face while they are wearing the mask. Parents and staff can teach students [how to wear a mask safely and properly](#).

How should my child's mask be stored when not in use?

Students and staff can carry or store a non-medical mask in a small plastic or paper bag, or paper envelope, when not in use.

How often should my child's mask be cleaned?

Homemade or cloth masks should be cleaned and changed often (whenever it is visibly dirty, damp, or has been worn during the day):

- To clean a homemade cloth mask, wash it by hand or in the washing machine in warm water. Dry the mask completely (in the dryer using a warm/hot setting if possible note that cotton masks will likely shrink).
- Do not shake dirty masks to minimize spreading germs and particles through the air. If dirty cloth masks have been in contact with someone who is sick they can still be washed with other people's laundry.
- Any damage, fabric break down, or change in fit will reduce the already limited protection of cloth masks.

School Supplies and Personal Items

Is it safe to share books and other paper documents?

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 because of COVID-19.

Is it safe to bring re-usable food containers and water bottles to school?

Reusable food containers for drinks, snacks and meals can be brought to school and cleaned when taken home. Remind children not to share personal items with others.

Students and staff are encouraged to bring their own water to school each day in a refillable container. Refilling stations can be used to top up water. Good hand hygiene should be practiced before and after filling water bottles. Use water fountains only if you did not bring water from home.

Activities

How can physical activity be done safely?

Sports, exercise and other lessons should be outdoors when possible. Reduce physical contact as much as possible and play within your learning group. Hand hygiene is encouraged before and after play.

Can students share sports equipment?

Yes, students can share sports equipment. However, students should wash their hands before and after use.

Should my child sing in a choir or music class right now?

Speaking and singing can lead to the release of large respiratory droplets, which are the primary route of transmission for COVID-19. However, singing in groups can be a safe activity if appropriate steps are taken to decrease the likelihood of spreading the virus:

- Within their learning groups (cohorts), students should spread out as much as possible and avoid physical contact
- Outside of their learning group (cohort), physical distancing should be practiced
- Singing outdoors is best, or in a large indoor space with good ventilation
- Avoid sharing equipment (such as microphones) if possible

Would wearing masks make singing together safer?

Masks have a role to play in preventing the spread of COVID-19, as they act as a barrier and help stop the spread of droplets from a person's mouth and nose when talking, yelling, coughing, or singing. However, their use **MUST** be combined with other important preventative measures such as handwashing and physical distancing.

Mask use when singing in school should align with the general guidance for mask use in schools. For more information on the use of masks, please see the BC Centre for Disease Control at

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/masks>

What about band practice? Is that safe?

Like choir practice, band practice can be done safely when similar measures are taken.

- Playing instruments outdoors is best or in a large indoor space with good ventilation
- Within their learning groups, students should spread out as much as possible and avoid physical contact.
- Outside of their learning group, physical distancing should be practiced.
- Shared instruments should be cleaned and disinfected at least twice daily. Students and staff should practice hand hygiene before and after use.
- Brass instruments that condensate should not be released on the floor (as is often the case with spit valves). Instead, use a container or on an absorbent cloth to catch the condensate. Remember to practice hand hygiene each time after handling condensate and touching spit valves.

Learn more in the [Guidance for Music Classes](#).

Meals and Food

Do schools need to follow the [WorkSafe BC guidance for restaurants, cafes, pubs and nightclubs](#) or the [Provincial Health Officer's Order for Restaurants, Coffee Shops, Cafes, Cafeterias and Licensed Premises](#)?

The WorkSafe BC guidance does not need to be followed strictly as it is intended for restaurant-type food service. However, the guidance contains considerations and recommendations that could be implemented if appropriate and relevant to an individual school.

The Order of the Provincial Health Officer for Restaurants, Coffee Shops, Cafés, Cafeterias and Licensed Premises does not apply to schools. [Food Safety Legislation](#) and the [Guidelines for Food and Beverage Sales in BC Schools](#) continue to apply as relevant.

Can students and staff bring homemade food items to share or sell?

Schools should not allow homemade food items to be shared or sold at school at this time (e.g., birthday treats, bake sale items).

Should masks be worn when handling food?

Non-medical masks or face coverings should be worn by individuals when physical distancing cannot be consistently practiced and when they are interacting with people outside of their cohort.

There is no evidence that COVID-19 is spread through food, so masks are not required when food is being handled. Normal cooking temperatures for foods will also destroy the COVID-19 virus and other microbes in food.

Masks are not effective when wet and should be properly laundered before use. See the following for more information:

- [BCCDC masks information](#)
- WorkSafe BC
 - [Selecting and using masks](#)
 - [How to use a mask](#)

Should disposable gloves be worn when handling food?

Frequent and proper handwashing is always encouraged as it is the best way of preventing all respiratory virus infections and other foodborne illnesses.

If students and staff choose to use gloves, they should wash their hands thoroughly before putting them on and change gloves regularly. Wearing gloves does not reduce the need for handwashing and may make staff and students feel as if they do not have to wash their hands as often.

Are students and staff able to share kitchen equipment (e.g. hand mixers) and tools (e.g., knives)?

Both individually used or shared kitchen equipment and tools should be cleaned and disinfected according to normal cleaning and disinfecting procedures. If they are used by multiple students and not part of normal cleaning and disinfecting procedures, common touch surfaces should be cleaned and disinfected at least twice daily. This may include but is not limited to the knobs on an oven, a fridge door handle or the hand grip or handle of a hand-mixer.

For food contact surfaces, schools should ensure any sanitizers or disinfectants used are approved for use for food service application and is appropriate for use against COVID-19. See [here](#) for more information.

General cleaning and disinfecting should happen at least once per day. Find more information on [how to clean and disinfect safely here](#).

What safety precautions are required for food preparation courses (e.g., home economics and culinary arts) and school meal programs not regulated under the Food Premises Regulation (e.g. breakfast clubs and other food access initiatives)?

Food preparation courses and school meal programs not regulated under the Food Premises Regulation can continue to operate by following regular food safety procedures and safety measures and the Public Health Guidance for K-12 School Settings.

What safety precautions are required for food services regulated under the Food Premises Regulation? These usually include cafeterias.

If food services operate under the Food Premises Regulation, they can continue to operate by following the requirements outlined in the regulation and the Public Health Guidance for K-12 Schools.

Are there special considerations for school meal programs that are not regulated under the Food Premises Regulation?

Wherever possible, schools are encouraged to continue to provide meal programs, breakfast clubs and other food access initiatives.

See [Appendix D](#) from the Public Health Guidance for K-12 Schools for more information on school meal programs.

Can students from different learning groups access school meal programs at the same time?

It is best if students try to stay with their learning group (cohort) when accessing meal programs; however, students from different learning groups can access school meal programs together if necessary.

Students should continue to be supported to practice physical distancing when accessing school meal programs.

Are self-service stations still permitted? (e.g. salad bar, self-serve breakfast, etc.)

Self-service stations can still operate.

Schools can consider pre-plating or serving food directly if:

- students aren't able to regularly practice personal safety measures (e.g. hand hygiene, avoiding touching their face, etc.); or
- gathering or crowding around the stations becomes an issue.

Can students share food prepared in a food preparation course?

If food is prepared as part of learning, it can be consumed by the students who prepare it. Food should not be shared out of communal dishes but rather should be divided up into individual portions onto individual plates/bowls. Foods that are normally shared and eaten with hands (e.g. vegetables with dip) should also be served using serving utensils.

Are non-school staff and volunteers who support school meal programs allowed to enter the school?

Yes, non-school staff and volunteers who support school meal programs can enter the school if permitted by the school/school district. They should be aware of the school's visitor policies, including practicing hand hygiene, physical distancing and wearing a non-medical mask when recommended.

Food access initiatives should limit the number of staff and volunteers at any one time to those necessary to ensure the program can be delivered.

Can schools accept donated food items to support learning, school meal programs and other food access initiatives?

Schools can continue to accept donated food items, including Traditional foods, in line with regular food safety precautions for accepting food donations.

Can students and staff use re-usable plates, utensils and containers?

Yes, re-usable plates, utensils and containers can continue to be used if normal cleaning and disinfecting protocols for dishwashing are implemented.

Can leftover food be sent home with students?

Yes, food can be sent home with students as long as normal food safety precautions are followed.

Mental health

How can staff support the mental health of students?

A lot is happening and changing day to day around COVID-19. Coping with uncertainty is challenging. It's normal to feel worried and overwhelmed.

Children may feel worried and overwhelmed. How they respond to stressful events will depend on their age, personality, level of development, and how they've been impacted. Additional information on children's mental well-being is available [here](#).

Adults may also be feeling worried and overwhelmed. It's important for everyone to look after their mental health and well-being during COVID-19. Additional information, tips and resources for adults are available [here](#).

School-specific mental health resources are available from erase, a Government of BC resource focused on building safe and caring school communities. [Visit their website](#) for a list of mental health resources for parents and caregivers, students and staff.

Shared environment

Can staff share the use of microwaves, refrigerators, photocopiers, coffee pots and other objects?

Yes, staff can share appliances and other objects. Treat things like microwaves as high touch surfaces. Disinfect them at least twice per day. Always practice hand hygiene before and after handling shared objects.

What are the recommendations for ventilation in schools?

Ventilation systems in good operating conditions bring fresh air indoors and help reduce and remove many different contaminants from indoor air. During COVID-19, all mechanical heating, ventilation and air conditioning (HVAC) systems in schools should be checked to ensure they are working properly.

Where possible and if local conditions permit, schools windows can also be opened to help bring in more fresh air.

For more information on operating HVAC systems during COVID-19, please see WorkSafe BC's [guidance on general ventilation and air circulation](#).

Ministry of Education Provincial COVID-19 Health & Safety Guidelines for K-12 School Settings

The Ministry of Education worked with Indigenous rightsholders and K-12 education and health partners to build on public health guidance to establish the [Provincial COVID-19 Health & Safety Guidelines for K-12 School Settings](#). The Health & Safety Guidelines for K-12 must be followed by schools and school districts.

In the case of any differences between public health guidance and the Health & Safety Guidelines for K-12 School Settings developed by the Ministry of Education, schools and school districts should follow the Ministry of Education guidance.