

# 2021-2022 HEALTH AND SAFETY

## PROTOCOLS: K-12

### DISTRICT PLANNING & GUIDELINES

Based upon COVID-19 Public Health Communicable Disease Guidance for K-12 Schools—Advice from the BC Centre for Disease Control, the Ministry of Health, the Ministry of Education and WorkSafe BC

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UPDATED: August 27, 2021

#### Key Messages

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- Schools continue to be considered low-risk settings for COVID-19 transmission, particularly in the context of a highly immunized population.
- Vaccines are the most effective way to reduce the risk of COVID-19 in schools. Everyone eligible is strongly encouraged to be fully vaccinated (i.e., receive 2 doses) against COVID-19. School exposures are more likely in communities with lower vaccination uptake/greater community risk.
- Local Medical Health Officers may recommend regional prevention measures during times of increased community risk.

This document provides guidance for infection, prevention, and exposure control measures during the 2021-22 school year to prevent the spread of communicable diseases, including COVID-19. It also outlines how public health expects to manage COVID-19 cases impacting schools, if and when they occur.

[Our experience in B.C.](#) during the 2020-21 school year, which aligned with evidence gathered [nationally and internationally](#), saw schools as lower-risk sites for COVID-19 transmission when infection prevention and exposure control measures (also called prevention measures) were in place. Various surveys, including the COVID-19 [SPEAK survey](#) from BCCDC, have reported that school-aged children have been negatively impacted by the pandemic, including worsened wellbeing, more child stress, less connection with friends, less engagement in extracurricular activities and learning impacts. Enabling children to return to closer-to-normal learning, recreational and social activities is an important pandemic recovery action. Both risks and benefits of preventive measures were considered in the development of this guidance. An evidence summary is included as [Appendix A](#).

With the B.C. population highly immunized, there is significantly greater community protection against COVID-19, including against [variants of concern](#) detected in B.C. Variants spread the same way as the original COVID-19, which means established prevention measures continue to protect against it. As of when this guidance was published, the Delta variant was the most commonly detected variant in B.C. While the Delta variant appears to spread more easily, emerging evidence shows it presents the greatest risk to unvaccinated adults, with risk increasing with age. Currently, it does not appear that the Delta variant results in a greater risk of serious outcomes for children. Children continue to be at low risk for serious outcomes from COVID-19, including variants of concern detected in B.C.

With greater community protection against COVID-19, schools can return to closer-to-normal operations, with some prevention measures continuing to be in place to keep schools as lower risk settings for communicable disease transmission. While COVID-19 is present in our communities, there will continue to be COVID-19 exposures in schools and cases amongst students and staff. Because cases in schools reflect those in the community, these are more likely to occur in communities with lower vaccination uptake. However, with most people 12 and older immunized and effective prevention measures in place, exposures are less likely to lead to further transmission. Local public health officials (school medical health officers) consistently monitor cases of COVID-19 in schools and the community and will continue to offer support and guidance.

Public health will continue to review emerging evidence and monitor cases and transmission trends of COVID-19 to determine if actions should be taken to prevent or control spread, including updating this guidance.

BCCDC is the primary source of information about COVID-19 in B.C. Resources on the [BCCDC](#) website can be used to support learning and to respond to questions from school communities.

## Public Health Measures

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### *Vaccines*

Vaccines are the most effective way to reduce the risk of COVID-19 in schools. Everyone eligible is strongly encouraged to be fully vaccinated (i.e., receive 2 doses) against COVID-19 to protect themselves and those around them – including those who are not eligible to be vaccinated. Both doses are needed to get the most effective protection against serious cases of COVID-19 and provide longer-lasting protection.

The vaccines used in B.C. are highly effective against COVID-19, including among variants of concern. Vaccinated people aged 12 and older tend to have milder illness if they get infected and are also less likely spread COVID-19 than unvaccinated people 12 and older. As of August 22<sup>nd</sup>, 83% of eligible people 12 and older in B.C. had received their first dose of COVID-19 vaccine and 75% had received their second dose. As of August 22<sup>nd</sup>, approximately 72% of people aged 12-17 had received their first dose of COVID-19 vaccine and 58% had received their second dose. Up to date information on vaccinations coverage is available from [BCCDC](#).

People who are not vaccinated are at higher risk of getting and spreading COVID-19. Most COVID-19 cases, hospitalizations, and deaths are now among unvaccinated adults, and are predominantly occurring in communities with lower general vaccination uptake.

While children under 12 are not currently eligible to be vaccinated, they continue to be less likely to get and spread COVID-19 and have a low risk of serious outcomes if they do get COVID-19. It is strongly recommended that adults interacting with children under 12 be fully vaccinated.

While COVID-19 is present in our communities, there will continue to be COVID-19 exposures in schools and cases amongst students and staff. However, with people 12 and older highly immunized, exposures are unlikely to lead to further transmission. Public health considers vaccination status when investigating school exposures. Staff and students who are not at least 14 days past receiving their second dose (i.e., aren't fully immunized) and are identified as close contacts are more likely to be asked to self-isolate.

Evidence-based immunization information and tools for B.C. residents is available from [BCCDC](#) and [ImmunizeBC](#).

### *Public Health Case Management*

Public health (including the Provincial Health Officer and BC Centre for Disease Control) will continue to offer individual and community guidance and recommendations to manage the risk of COVID-19 in B.C. Public health will continue to monitor cases of COVID-19 and determine if actions should be taken to prevent or control spread.

Schools will continue to maintain daily attendance records for staff, students, and visitors (including itinerant staff, teachers on call, parents/caregivers, and volunteers), and keep accurate class and bus lists to assist with contact tracing if necessary. This includes maintaining attendance records for all school-supported activities, including extracurricular activities and field trips. Daily attendance records should be kept for at least 45 days to assist with contact tracing and retrospective analysis by public health (if needed).

Public health will continue to collaborate with schools and school districts on sharing public health information with staff, students, and families, including providing direction on if and when exposure notifications should be sent.

### *School Exposures & Notifications*

An exposure occurs if a person attends school when they may have been potentially infectious with a communicable disease (e.g., COVID-19) and there is a risk of transmission to others. When a potential exposure at a school is identified, public health will work with the school to understand who may have been exposed and determine what actions should be taken, including identifying if other students or staff have been exposed.

Public health considers vaccination status when investigating school exposures. Staff and students who are not fully immunized and are identified as close contacts are more likely to be asked to self-isolate than those who are fully immunized.

To ensure personal privacy rights are maintained, public health will only disclose a confirmed case of a communicable disease if the person was infectious when they attended school. Public health will only provide the personal information needed to support effective contact tracing.

With the B.C. population highly immunized against COVID-19, public health expects to transition to notification practices that ensure those who are potentially at risk for communicable diseases, such as COVID-19, due to an exposure at school (e.g., those who are [close contacts](#)) are directly notified and informed of what subsequent actions they should take (e.g., monitor for symptoms, self-isolate, seek testing, etc.). Public health continues to consider practices for general exposure notifications.

### *Outbreaks and Clusters*

- A cluster refers to two or more confirmed cases of COVID-19 that occur among students and/or staff within a 14-day period, and isolated transmission is suspected or confirmed to have occurred within the school.
- An outbreak is when there is sustained, uncontrolled, widespread transmission of COVID-19 within a school, and a Medical Health Officer determines extraordinary public health measures are necessary to stop further transmission in the school or school community.

If a cluster or outbreak occurs, additional measures may be recommended or required by a Medical Health Officer to prevent further transmission of a communicable disease. This may include implementing additional health and safety measures within the school, testing of all potentially exposed individuals or in rare cases, ordering the school to close for a certain amount of time.

### *Regional Differences and Local Public Health Orders and Recommendations*

Medical Health Officers continue to be able to place local public health Orders requiring additional health and safety measures beyond this guidance at their own discretion, based on their authority under provincial legislation. These may be put in place during times of increased community transmission of COVID-19, and within communities with low vaccination uptake. They are based on local epidemiology and are proportional to risk.

For schools, the local Medical Health Officer may issue a recommendation for an individual school, a grouping of schools, a school district, for all schools within a health authority region, or some combination thereof, to implement specific additional health and safety measures during times of elevated risk.

## Environmental Measures

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### *Cleaning and Disinfection*

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

This includes general cleaning and disinfecting of the premises at least **once every 24 hours**.

- Frequently touched surfaces should be cleaned and disinfected once every 24 hours
- These include doorknobs, light switches, water fountains, kitchen appliances, service counters, toilet handles, tables, desks and chairs, keyboards, sports equipment, music equipment, manipulatives and toys used by multiple students.
- Some frequently touched items like toys or manipulatives may not be able to be cleaned often (e.g. fabrics) or at all (e.g. sand, foam, playdough, etc.). These items can continue to be used, if hand hygiene is practiced before and after use.
- There is no evidence that the COVID-19 virus is transmitted via textbooks, paper or other paper-based products. Laminated or glossy paper-based products (e.g., children's books or magazines) and items with plastic covers (e.g., DVDs) can be contaminated if handled by a person with COVID-19; however, the risk is low. There is no need for these items to be cleaned and disinfected or quarantined for any period of time, or for hand hygiene to be practiced before or after use.

### *Traffic Flow / Physical Barriers*

Floor markings and posters will be used to address traffic flow throughout the school. Barriers may still be in place.

### *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. Good indoor ventilation alone cannot protect people from exposure to the virus; however, it may reduce risk when used in addition to other preventative measures.

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 are designed, operated, and maintained as per standards and specifications for ongoing comfort of workers ([Part 4 of OHS Regulation](#)). Open windows when the weather permits if it doesn't impact the functioning of ventilation systems.

When using air conditioners and fans in ventilated spaces, air should be moved from high places to lower places instead of blowing air directly from one person's breathing zone to another's. Avoid horizontal cross breezes. Use of portable air conditioners and fans in unventilated spaces with doors and windows closed should be avoided, except when necessary, during high or excessive heat events. Communicable disease prevention measures need to be balanced against other risks, like excessive heat events in warmer months or poor air quality from wildfire smoke.

## Administrative Measures

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### *Gathering & Events*

School extracurricular and social gatherings and events (including those occurring within and between schools) will occur in line with those permitted as per relevant local, regional, provincial, and federal public health recommendations and Orders. Schools can begin the year slowly and use virtual means (meetings, gatherings, etc.) before gradually transition to larger groups.

### *Space Arrangement*

In learning environments, schools can return to classroom and will still consider using environment configurations and activities that best meet learner needs and preferred educational approaches. Use all available space. Cohorts/learning groups are no longer recommended. They are also not expected to be an additional prevention measure for regional recommendations.

In indoor spaces, people should have enough room to carry out the intended activity without involuntary physical contact with another person. In indoor common spaces (e.g., hallways, cafeterias, etc.), schools may continue to use floor markings and posters to direct traffic flow.

For indoor activities that bring together multiple classes or other groupings of students in close proximity for a prolonged period of time (e.g., school assemblies, multiple classes doing physical activity in a gym), schools should ensure that people are spread out within the available space.

For breaks and other unstructured time in indoor settings, there should be enough space available to prevent involuntary physical contact.

Taking students outside more often is still encouraged (when the weather allows) due to its overall health benefits.

Staff-only gatherings (e.g., meetings, professional development days, etc.) should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for workplace gatherings and events and any related WorkSafe BC guidance.

### *Visitors*

Schools will continue to ensure visitors follow the school's communicable disease plan, including completing a daily health check and not entering the school if they are sick. All visitors will wear a mask. Contact information should be retained for 45 days following their visit.

Visitors should:

- Sign in at office when they arrive and sign out when they leave.
- Wear a non-medical mask.
- Where possible, visitor access should be limited to those areas required for the purpose of the visit (e.g., school office for drop-off/pick-up of items, gymnasium for a sports event, etc.), and parents/caregivers should be encouraged to drop-off/pick-up students outside of the school.
- Parents/caregivers and other visitors should respect others' personal space while on school grounds, including outside.

### *Curriculum, Programs and Activities (including Extracurricular Activities)*

As previously noted, extracurricular and social gatherings and events (including sports and arts events within and between schools) should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders.

For music and physical education, schools should continue to implement universal communicable disease prevention practices specific to the activity. For example, equipment that touches the mouth (e.g., water bottles, instrument mouth pieces) should not be shared unless cleaned and disinfected in-between use. Hands should be cleaned before and after using frequently touched pieces of equipment (e.g., before and after a sports game using a shared ball).

### *Transportation*

For school buses, schools can return to regular seating and onloading/offloading practices.

Schools should continue to:

- Encourage bus drivers and passengers to practice hand hygiene and before and after trips and to practice respiratory etiquette as needed,
- Spread passengers out if space is available, and
- Open windows when the weather allows.

All students Grade 4 and older should wear masks on school buses, with exceptions outlined in the Personal Protective Equipment section of this document and the additional exception that bus drivers can remove their masks while driving.

Students Grade K – 3 are encouraged to wear a mask according to the guidance outlined in the Personal Protective Equipment section of this document.

For carpooling, we ask staff and families to:

- Continue to spread out as much as possible,
- Travel with the same people whenever possible,
- Set the vehicle's ventilation to bring in fresh outside air, and do not recirculate the air,
- Open the windows when the weather allows,
- Clean hands before and after trips, and
- Clean frequently touched surfaces regularly.

Students in Grade 4 – 12 are encouraged to wear masks while carpooling, with exceptions outlined in the Personal Protective Equipment section of this document. For Students in Grades K – 3, mask use should be based on their personal or family/caregivers' choice. Additionally, masks are not suggested if carpooling with members of the same household.

### *Food Services*

Food services (e.g., meal programs, cafeterias, fundraisers, etc.) can return to regular operational and food safety practices. Students involved in food preparation and distribution should be taught and supported to practice relevant food safety practices, including hand hygiene.

### *Community Use of Schools*

Schools can continue to allow community use of school facilities. Community use should be aligned with related public health guidance, recommendations, and Orders.

### *Water Stations & Fountains*

Limiting the use of water fountains is no longer recommended. Schools should continue to clean and disinfect water fountains as a frequently touched surface and encourage hand hygiene 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.

## Personal Measures

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### *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 and other communicable diseases 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.

The Ministry of Education's [K-12 Health Check](#) app and the [When To Get Tested for COVID-19](#) resource can be used to support daily health checks for students.

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 can continue to attend school. No assessment or note should be required from a health care provider.

Those experiencing symptoms of illness can also use the [BC Self Assessment Tool](#).

### *What To Do When Sick*

Staff, students, and other persons entering the school are expected to follow the guidance from BCCDC. This is outlined in the [When To Get Tested for COVID-19](#) resource. Nobody should come to school if they are sick.

### *What To Do When Symptoms Develop at School*

If a staff member, student or other person develops symptoms at school, follow the guidance in, *What To Do If A Student Or Staff Member Develops Symptoms At School* [Appendix D](#).

Staff, students, and parent/caregivers can also use the [BC Self Assessment Tool](#) app, call 8-1-1 or their health care provider for guidance.

See [Appendix C](#) for a symptom and testing flowchart.

### *Returning to School After Sickness*

When a person can return to school after being sick depends on the type of illness they had.

- If they had COVID-19 or another communicable disease, they can return according to the guidance provided to them from public health.
- For other illnesses, generally, the person can return when their symptoms have improved, and they feel well enough to participate in all activities at school.

If a person is unsure if they are well enough to attend school, they should call 8-1-1 or their health care provider for guidance.

Schools should 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 practice.

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 a communicable disease (including but not limited to COVID-19), public health will advise the asymptomatic student/staff on next steps and when they may return to school. Most illness experienced in BC is not COVID-19, even if the symptoms are similar.

### *Hand Hygiene*

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

#### **How to practice diligent hand hygiene:**

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
- Temperature does not change the effectiveness of washing hands with plain soap and water.
- If sinks are not available (e.g., students and staff are outdoors), use alcohol-based hand rub containing at least 60% alcohol.
- 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](#).

### *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.



## Personal Protective Equipment (PPE)

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### *Non-Medical Masks and Face Coverings*

Public health continues to monitor community risk of COVID-19 as we progress toward high levels of vaccine coverage. Schools continue to be considered low risk settings for COVID-19 transmission, particularly in the context of a highly immunized population; however, non-medical masks will be recommended for the start of the school year. This will allow for an added layer of protection as schools transition to new measures. The non-medical mask guidance is expected to be reviewed later this fall with the intention that wearing a mask will eventually transition to a personal choice. Regional recommendations may also be issued by local medical health officers based on community risk. Mask requirements should, at minimum, adhere with any regional or provincial public health Orders.

Although personal protective equipment (including masks) is the lowest level on the hierarchy of Infection Prevention and Exposure Control Measures, it can provide an additional layer of protection when more effective measures are not feasible. Non-medical masks and face coverings (masks) have a role to play in preventing the spread of COVID-19. They provide some protection to the wearer and to those around them.

#### K-12 STAFF:

All K-12 staff are required to wear a mask or a face shield (in which case a mask should be worn in addition to the face shield) indoors in schools and on school buses.

#### K-12 STUDENTS:

All students in Grades 4 to 12 are required to wear a mask or a face shield (in which case a non-medical mask should be worn in addition to the face shield) indoors in schools and on school buses - both within and outside of their learning group.

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.

Students in Grades K to 3 are encouraged to wear a mask indoors in schools and on school buses but are not required to do so - mask wearing remains a personal or family/caregiver choice for these students, and their choices must be respected.

#### VISITORS:

All visitors must wear a non-medical mask when they are inside the school.

#### EXCEPTIONS FOR STAFF, STUDENTS AND VISITORS:

The guidance outlined above regarding mask requirements does not apply to staff, students, and visitors in the following circumstances:

- to a person who cannot tolerate wearing a mask for health or behavioural reasons.
- to a person who is unable to put on or remove a mask without the assistance of another person.
- if the mask is removed temporarily for the purposes of identifying the person wearing it.
- if the mask is removed temporarily to engage in an educational activity that cannot be performed while wearing a mask (e.g., playing a wind instrument, engaging in high-intensity physical activity, etc.)
- if a person is eating or drinking.
- if a person is behind a barrier; or
- while providing a service to a person with a disability or diverse ability (including but not limited to a hearing impairment) where visual cues, facial expressions and/or lip reading/movements is important.

## Appendix A: Evidence Summary

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The information below summarizes high-level evidence gathered since early Spring 2020 about COVID-19, including its impacts on people and K-12 schools in B.C., nationally and internationally. Up-to-date information about COVID-19 is available from [BCCDC](#).

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

- B.C. currently has variable community prevalence of COVID-19; some parts of the province have relatively low community transmission while other parts have relatively high levels of community transmission. Communities with high levels of transmission are typically those with lower vaccination rates.
  - Since early summer 2021, the rate of COVID-19 cases has increased due to the easing of pandemic restrictions. Most cases, hospitalizations, and deaths were among unvaccinated individuals.
- B.C. has a [highly vaccinated population](#), with the majority of those aged 12 and older having received two doses of a COVID-19 vaccine. As of August 22<sup>nd</sup>, 83% of eligible people 12 and older in B.C. had received their first dose of COVID-19 vaccine and 75% had received their second dose.
  - Vaccinated individuals tend to have milder illness if they get infected and are also less likely to pass virus on than unvaccinated individuals. Severe outcomes in fully vaccinated individuals are infrequent.
  - Everyone eligible is encouraged to be fully vaccinated (i.e., receive two doses) against COVID-19 to protect themselves and those around them.
- Four [COVID-19 Variants of Concern](#) have been detected in B.C.: Alpha, Beta, Gamma and Delta. Currently, Delta is the most common. The vaccines delivered in B.C. remain highly effective against variants, including the Delta variant, especially against severe outcomes.
  - The Delta variant is currently the predominant variant in B.C. This variant spreads more easily and may lead to more severe disease.

### *COVID-19 and Schools*

Based on [national and international evidence](#) collected between January - July 2021:

- There is little high-quality evidence to suggest that having schools open meaningfully contributes to community transmission.
- The likelihood of a person attending school while infectious with COVID-19 reflects local community prevalence.
- The consistent implementation of prevention measures, particularly in communities with higher transmission and/or lower vaccination uptake, is critically important to limiting the spread of COVID-19.
  - Within clusters and outbreaks, adult to adult transmission appears more common than child to adult or adult to child.
- Widespread asymptomatic transmission is not commonly occurring within schools.
- Evidence continues to be gathered about the impact of staff and student vaccinations on mitigating risk of COVID-19 transmission at school.

During the 2020-21 school year in B.C.:

- COVID-19 cases in schools reflected the number of cases in their communities. Most cases of COVID-19 among students and staff were acquired outside of school, in their community or household.
- Vancouver Coastal Health and Fraser Health led [school transmission studies](#) to understand transmission in school settings:
  - In Vancouver Coastal Health from September 10 – December 18, 2020, out of 699 cases among students (77%) and staff (23%), 55 cases (8% of student and staff cases) were likely acquired in school. When transmission did occur, a case would typically lead to 1 or 2 other cases in the school.

- In Fraser Health from January 1 – March 7, 2021, out of 2049 cases among students (83%) and staff (17%), 267 cases (13% of student and staff cases) were likely acquired in school. When transmission did occur with a school setting, a case would typically lead to 1 other cases in the school.

Regional school medical officers noted that these results were similar to those seen in all health authority regions, based on case reviews.

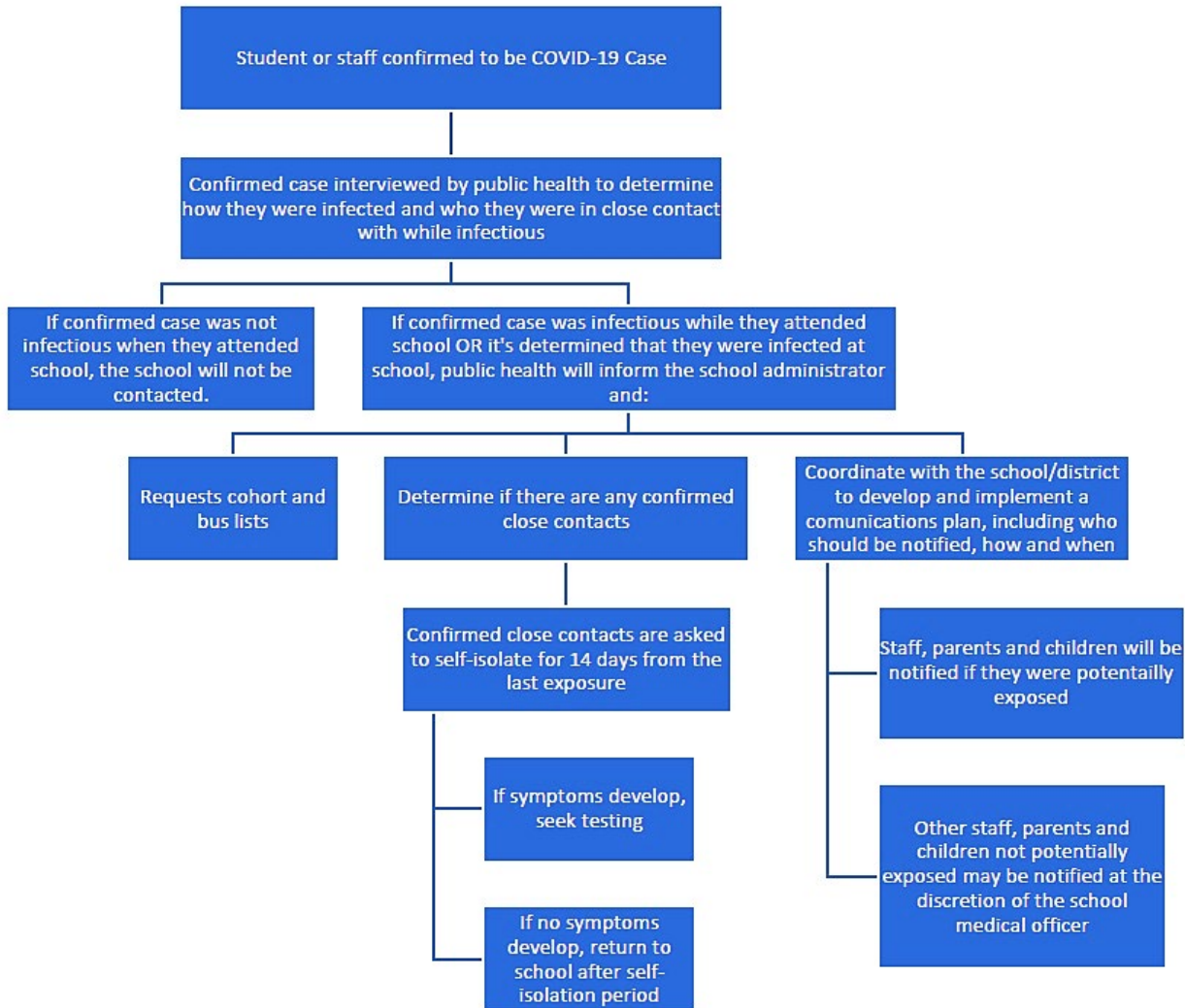
- School staff do not seem to be at any greater risk of getting COVID-19 at work compared to other workplaces that include people.
  - In [Vancouver School District](#), despite a high rate of reported exposure to COVID-19 cases, the rate of COVID-19 infections among school staff (detected by sensitive serology testing) was the same as the local community. This suggests school staff did not experience a greater risk from COVID-19 than the general population with the measures implemented during the 2020-21 school year.
- In February, B.C. teachers [reported](#) impacts on their mental health, fewer opportunities to connect with students and the school community, and workload increases.

### *COVID-19 and Children*

- Most children are not at high risk for COVID-19. If they do get COVID-19, most children will have mild symptoms, or they may have no symptoms at all (“asymptomatic”).
- COVID-19 continues to have a [relatively low infection rate](#) among school-aged children (5-18).
  - Research is underway to understand the impact of the Delta variant on children, including differences in how it spreads and if there is increased risk of more severe illness in children who are not yet eligible to be vaccinated (i.e., under age 12).
- As of August 22<sup>nd</sup>, approximately 72% of people aged 12-17 had received their first dose of COVID-19 vaccine and 58% had received their second dose.
- At this time, no COVID-19 vaccine has been approved for use in children under the age of 12. Clinical trials are currently underway. More information is available from [Health Canada](#).
- Various surveys, including the [COVID-19 SPEAK](#) survey from BCCDC have reported that school-aged children have been negatively impacted by the pandemic, including worsening wellbeing, more child stress, less connection with friends, less engagement in extracurricular activities and learning impacts.

## Appendix B: Contact Tracing and Public Health Notifications in School

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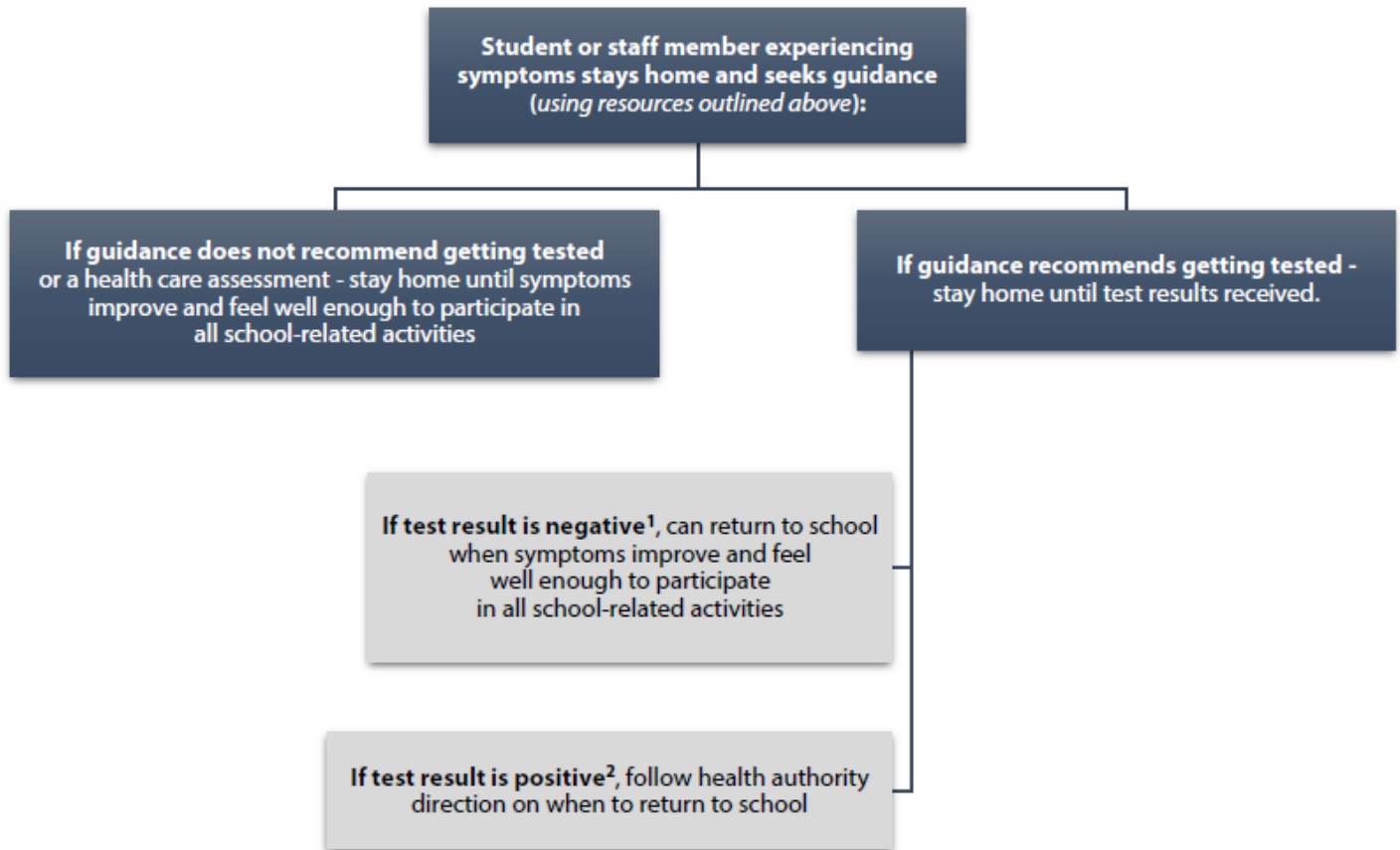


Regional health authorities determine their own notification processes. The notifications used in some regions may differ from what is included here. In all regions, public health ensures anyone who may be a close contact (i.e., those required to self-isolate) is notified. Additional information on contact tracing, self-isolation and close contacts is available from [BCCDC](#).

## Appendix C: COVID-19 Symptoms, Testing & Return to School

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When a student, staff or other adult can return to school depends on the type of symptoms they experienced and if a COVID-19 test is recommended. See the [K-12 Health Check](#) app and BCCDC [When To Get Tested for COVID-19](#) resource specific guidance. Staff, students and parents/caregivers can also use the BCCDC online [Self Assessment Tool](#), or call 8-1-1 or their health care provider.



1. 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.
2. Public health will contact everyone with a positive test. Visit the [BCCDC website](#) for more information on [positive test results](#).

## Appendix D: What to Do if a Student or Staff Member Develops Symptoms At School

<p><i>If a Student Develops Symptoms of Illness At School</i></p>	<p><i>If a Staff Member Develops Symptoms of Illness At School</i></p>
<p><b>Staff must take the following steps:</b></p> <ol style="list-style-type: none"> <li>1. Immediately separate the symptomatic student from others in a supervised area.</li> <li>2. Contact the student’s parent or caregiver to pick them up as soon as possible.</li> <li>3. Where possible, maintain a 2-metre distance from the ill student. If not possible, staff should wear a mask if available and tolerated, or use a tissue to cover their nose and mouth.</li> <li>4. Provide the student with a mask or tissues to cover their coughs or sneezes. Throw away used tissues as soon as possible and perform hand hygiene.</li> <li>5. Avoid touching the student’s body fluids (e.g., mucous, saliva). If you do, practice diligent hand hygiene.</li> <li>6. Once the student is picked up, practice diligent hand hygiene.</li> <li>7. Staff responsible for facility cleaning must clean and disinfect the space where the student was separated and any areas recently used by them (e.g., classroom, bathroom, common areas).</li> </ol> <p>Parents or caregivers must pick up their child as soon as possible if they are notified their child is ill.</p>	<p><b>Staff should go home as soon as possible.</b></p> <p>If unable to leave immediately:</p> <ol style="list-style-type: none"> <li>1. Symptomatic staff should separate themselves into an area away from others.</li> <li>2. Maintain a 2-metre distance from others.</li> <li>3. Use a tissue or mask to cover their nose and mouth while they wait to be picked up.</li> <li>4. Staff responsible for facility cleaning must clean and disinfect the space where the staff member was separated and any areas used by them (e.g., classroom, bathroom, common areas).</li> </ol>
<p><b>Students and staff should return to school according to the guidance under the <a href="#">Returning to School After Sickness</a> sections of this document.</b></p> <p><b>A health-care provider note should not be required for students or staff to return.</b></p>	