



# STAGE 2 HEALTH AND SAFETY

## PROTOCOLS: K-12

### FOR PARENTS

Based upon COVID-19 Guidance for K-12 School Settings –Advice from the BC Centre for Disease Control, the Ministry of Health, the Ministry of Education and WorkSafe BC

UPDATED: September 23, 2020

This 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 from Stage 3 instructions during June of 2020. 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.

Based on the current epidemiology of COVID-19 in B.C., and the fact that children are at a much lower risk of developing and transmitting COVID-19, K-12 schools in B.C. can have all students receive in-class instruction within the school environment, while supporting the health and safety of children and staff. Schools are expected to implement as many public health and infection prevention and exposure control measures as possible as described in this document.

Lowering the number of in-person, close interactions continues to be a key component of B.C.’s strategy to prevent the spread of COVID-19. A cohort or learning group is a group of students and staff who remain together for a period of time. The use of cohorts/learning groups 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. As a public health measure, keeping students in learning groups may have some impact to educational delivery due to decreased flexibility.

#### COVID-19 and Children

- The COVID-19 virus has a very low infection rate in children (ages 0 to 19). Most children are not at high risk for COVID-19 infection.
- 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. Most children are not at high risk for COVID-19 infection. Children under 10 years of age comprise a smaller proportion of the total confirmed child cases compared to children between the ages of 10 and 19.
- 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.
- 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](#).
- Children typically have much milder symptoms of COVID-19, if any. They often present with low-grade fever and a dry cough.

#### COVID-19 and Schools

- Schools and childcare facility closures have significant negative mental health and socioeconomic impacts on vulnerable children and families.
- There is limited evidence of confirmed transmission within school settings. This is partially due to wide-spread school closures worldwide at the onset of the pandemic to help prevent the spread of COVID-19. In documented cases, there was typically minimal spread beyond the index case, though isolated outbreaks have been reported.
- Children do not appear to be the primary drivers of COVID-19 spread in schools or in community settings.

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

#### Public Health Measures

## Mass Gatherings

The [Provincial Health Officer's Order for Mass Gathering 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, Contact Tracing and Outbreak Management

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 have been 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 D.

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 will 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

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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**.
- Cleaning and disinfecting of frequently-touched surfaces at least **twice every 24 hours**.
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and disinfectant products and closely follow the instructions on the label.
  - See Health Canada's list of [hard-surface disinfectants for use against coronavirus \(COVID-19\)](#) for specific brands and disinfectant products.
- Limit frequently-touched items that are not easily cleaned.
- Empty garbage containers daily.
- Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine). Wash hands before wearing and after removing gloves.

There is no evidence that the COVID-19 virus is transmitted via textbooks, paper or other paper-based products.

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.).

### Traffic Flow / Physical Barriers

Floor markings and posters will be used to address traffic flow throughout the school. Barriers may be installed in places where physical distance cannot regularly be maintained and where a person is interacting with numerous individuals outside of a cohort/learning group.

### 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.

## Administrative Measures

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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.

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

### Cohorts/Learning Group

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

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

Cohorts/learning groups 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/learning groups are larger in secondary schools due to the increased ability of children in that setting to be able to consistently minimize physical contact, practice hand hygiene, ensure physical distance where necessary and recognize and articulate symptoms of illness.

Within the cohort/learning group minimal physical contact will be encouraged, but a two-metre physical distance does not need to be maintained.

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

It is likely that cohort/learning group arrangement will decrease flexibility for staff and students and may impact the delivery of instruction

### Interacting with Cohorts/Learning Groups

Schools will try and minimize the number of adults (staff and others) who interact with cohorts/learning groups they do not belong to.

In elementary and middle schools, we will see strict learning group arrangement, below the number of people recommended by Public Health. In secondary schools we will typically see numbers lower than the recommended amount due to cohort/learning group configuration, physical distancing, and reduced density.

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

- In **elementary schools**, students can socialize with peers in different cohorts/learning groups if they are outdoors and can minimize physical contact or if they are indoors and can maintain physical distance.
- In **middle and secondary schools**, students can socialize with peers in different cohorts/learning groups if they can maintain physical distance. Students must maintain physical distance when socializing with peers in different cohorts/learning groups.

### School Gatherings

School gatherings will be limited as much as practicably possible and will happen minimally within the cohort/learning group.

### 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.

### Other Strategies

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

- Avoid close greetings (e.g., hugs, handshakes).
- Encourage students and staff to not touch their faces.
- Spread people out as much as is practical.
- Strategies that prevent crowding at pick-up and drop-off times, lunch and recess.
- Take students outside more often.
- 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.
- Parents, caregivers, health-care providers, volunteers and other non-staff adults (e.g. visitors) entering the school should be prioritized to those supporting activities that are of benefit to student learning and wellbeing (e.g. teacher candidates, immunizers, meal program volunteers, etc.).
  - All visitors should confirm they have completed the requirements of a daily health check before entering and will sign in at the office and wear a mask.
  - Schools will keep a list of the date, names and contact information for all visitors who enter the school.
- Limit the amount of visitors to the school.
- All visitors will wear a mask.

### Extracurricular Activities

Extracurricular activities including sports, arts or special interest clubs can occur if physical distance can be maintained between members of different cohorts/learning groups and reduced physical contact is practiced by those within the same cohort/learning group. Sporting bodies have developed recommendations for each stage of the plan.

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

## Food Services

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

- 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 measures and requirements need to be implemented (e.g. FOODSAFE trained staff, a food safety plan, etc.).
- Food prepared within or outside a school for consumption by people other than those that prepared it (including for sale), will do so by using that the [WorkSafe BC Restaurants, cafes, pubs, and nightclubs: Protocols for returning to operation](#)
- Schools will not allow homemade food items to be made available to other students at this time (e.g. birthday treats, bake sale items).

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

## Personal Measures

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### 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. The School district's daily health check example is included as appendix E. 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.

### 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).

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 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](#).

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

### 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

Non-medical masks are required to be used in situations where a person cannot maintain physical distance and is in close proximity to a person outside of their learning group or household.

Students and staff in middle and secondary school are required to wear non-medical masks in high traffic areas such as buses and in common areas such as hallways, anytime outside of their learning group where physical distancing cannot be maintained, or unless a medical condition prevents them from wearing a mask.

**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 masks (requiring increased close personal contact from school staff.)**

Wearing a non-medical mask, face covering, or face shield in schools outside of the circumstances outlined above is a personal choice for students and adults. It is important to treat people wearing masks with respect. There must be no crowding, gathering, or congregating of people from different learning groups, even if non-medical masks are worn.

**Wearing non-medical masks at all times in school is not recommended as there are multiple, more effective infection prevention and exposure control measures in place, such as:**

- **Ensuring students and staff stay home when they are sick or required to self-isolate, including ensuring everyone entering the school performs a daily health check**
- **Enhanced cleaning and disinfection**
- **Placing students and staff into consistent groupings of people (learning groups);**
- **Adapting learning environments to maximize the use of space**
- **Ensuring physical distance can be maintained between learning groups**
- **Frequent hand hygiene**

**These measures provide multiple layers of protection that reduced the risk of transmission.**

Staff providing health care services and other health care providers are required to wear a mask when working in close proximity with students. If they are not already part of the students learning group.

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.

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

**1. STAY HOME WHEN SICK**  
*All students and staff with common cold, influenza, COVID-19, or other respiratory diseases must stay home and self-isolate.*

**2. HAND HYGIENE**  
*Everyone should clean their hands more often!*  
*Thorough hand washing with plain soap and water for at least 20 seconds is the most effective way to reduce the spread of illness.*

**3. RESPIRATORY AND PERSONAL HYGIENE**  
*Cover your coughs.*  
*Do not touch your face.*  
*No sharing of food, drinks, or personal items.*

**4. PHYSICAL DISTANCING AND MINIMIZING PHYSICAL CONTACT**  
*Spread students and staff out to different areas when possible.*  
*Take students outside more often.*  
*Stagger break and transition times.*  
*Incorporate individual activities.*  
*Remind students to keep their hands to themselves.*

**5. CLEANING AND DISINFECTION**  
*Clean and disinfect frequently touched surfaces at least twice every 24 hours (once during the school day).*  
*General cleaning of the school should occur at least once a day.*  
*Use common cleaning and disinfectant products.*

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

### When Students Should Perform Hand Hygiene:

- 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 learning groups (e.g. the gym, music room, science lab, etc.).
- After using the toilet.
- After sneezing or coughing into hands.
- Whenever hands are visibly dirty.

## Appendix C: What to do if a Student Develops Symptoms

### If a Student Develops Any Symptoms of Illness

**Parents or caregivers must keep the student at home**

**IF STUDENT DEVELOPS SYMPTOMS AT SCHOOL:**

**Staff must take the following steps:**

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).

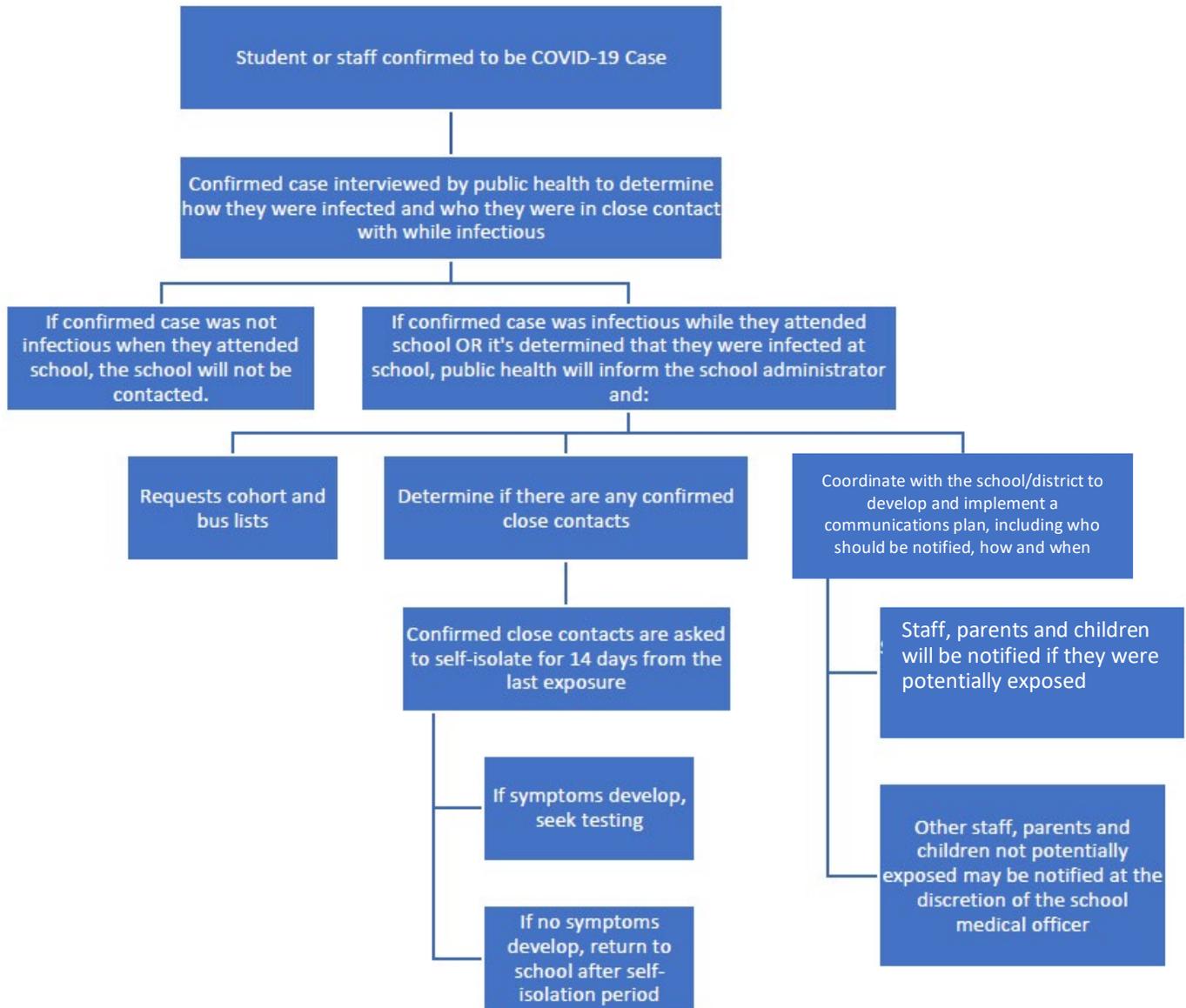
Parents or caregivers must pick up their child as soon as possible if they are notified their child is ill.

The threshold for reporting student and/or staff illness to public health should be determined in consultation with the school medical health officer.

**Anyone experiencing symptoms of illness should not return to school until they have been assessed by a health care professional to exclude COVID-19 or other infectious diseases and their symptoms have been resolved.**

## Appendix D: 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 E: Daily Health Check

Parents and caregivers are required to perform a daily health check with their child(ren) at home prior to attending school. The **BC Centre for Disease Control** has updated its recommendations in regard to the daily health check requirements. Please also complete

this revised version.

Please review the updated requirements below and use them to assess your child daily. We have also updated this form on our website for your reference.

Parents and caregivers please take time to review with your child prior coming to school.

**1. Symptoms of Illness:** Does your child have any of the following symptoms?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> fever                               | <input type="checkbox"/> shortness of breath             | <input type="checkbox"/> nausea and vomiting |
| <input type="checkbox"/> chills                              | <input type="checkbox"/> loss of sense of smell or taste |  |
| <input type="checkbox"/> cough or worsening of chronic cough | <input type="checkbox"/> diarrhea                        |  |

**If you answered "Yes" to one of the symptoms above (excluding fever),** your child should stay home for 24 hours from when the symptom started. If the symptom improves, they may return to school when they feel well enough. If the symptom(s) persists or worsens, seek a health assessment.

**If you answered "Yes" to two of the symptoms above or your child has a fever,** seek a health assessment. A health assessment includes calling 8-1-1 or visiting or speaking with a primary care provider like a physician or nurse practitioner. If a health assessment is required, your child should not return to school until COVID-19 has been excluded and their symptoms have improved.

**2. International Travel:** Has your child returned from travel outside of Canada in the last 14 days?

**3. Confirmed Contact:** Is your child a confirmed contact of a person confirmed to have COVID-19?

If you answered "YES" to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](https://www.thrive.health/bc-self-assessment-tool) (<https://www.thrive.health/bc-self-assessment-tool>) to determine if you should seek testing for COVID-19.

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

- If the COVID-19 **test is positive**, your child 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**, your child 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 they 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 child's symptoms are not related to a previously diagnosed health condition, your child should stay home from school until 10 days after the onset of symptoms, and then they may return if they are feeling well enough.

If a COVID-19 test is not recommended by the health assessment, your child can return to school when symptoms improve 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).

If a student exhibits symptoms while at school; parents will be contacted, a mask will be provided for the student, and the student will be moved to a secure space to await pick-up.

This information is posted on the District website for reference.