

# 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

#### Important Information – Please Translate

這是一份重要資訊 — 請找人為您翻譯 这是一份重要信息 — 请找人为您翻译

Mahalagang Impormasyon - Paki salin sa sariling wika

Thông tin quan trọng - Xin tìm phiên dịch

ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ-ਮਿਹਰਬਾਨੀ ਕਰਕੇ ਅਨੁਵਾਦ ਕਰੋ/ਕਰਵਾਓ

महत्वपूर्ण जानकारी - कृपया अनुवाद करें

중요한 정보 - 번역 부탁드립니다

Información importante - Por favor traducir

معلومات مهمة - الرجاء الترجمة

重要な情報-翻訳してください

اطلاعات مهم - لطفا ترجمه کنید

UPDATED: August 27, 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.

#### COVID-19 and Children

- The 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. 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.
- 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. Even in family clusters, adults appear to be the primary drivers of transmission.
- Children under one year of age, and those who are immunocompromised or have pre-existing pulmonary conditions are at a higher risk of more severe illness from COVID-19 (visit the [BCCDC Children with Immune Suppression page for further details](#)).

- Children who are at higher risk of severe illness from COVID-19 can still receive in-person instruction. Parents and caregivers are encouraged to consult with their health-care provider to determine their child’s level of risk. Additional information is available [here](#).
- 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

- 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.
- Schools and childcare facility closures have significant negative mental health and socioeconomic impacts on vulnerable children and families.

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

## Public Health Measures

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### 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 schools. It is focused on one-time events where people gather and where control measures may be hard to implement.

### Case Finding, Contact Tracing and Outbreak Management

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

When a person is confirmed by public health as positive for COVID-19, significant efforts are undertaken to determine if they are part of a cluster of cases or part of a local outbreak. Specific public health measures are implemented in facilities where an outbreak occurs to prevent further transmission of COVID-19 and keep others safe.

If a staff member or student in a school is confirmed by public health as positive for COVID-19, public health will work with the school administration to determine what actions should be taken, including if any staff or students who have been in contact with that person need to self-isolate, and if the families of staff and students should be notified.

### Self-isolation and Quarantine

Students and staff with cold, influenza, or COVID-19 like symptoms should stay home, self-isolate, and be assessed by a health-care provider. Testing is recommended for anyone with these symptoms, even mild ones.

Self-isolation is also advised for those who are considered a close contact of a confirmed case. Public health staff identify and notify close contacts of a confirmed case. Quarantine is a term typically reserved for people who return from travel outside the country, who are at risk of developing COVID-19.

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

All students and staff who have travelled outside of Canada are required to self-isolate for 14 days under both provincial and federal orders. This includes students who are attending school from abroad. 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.

### 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 or learning group.

## Administrative Measures

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Reducing the number of in-person, close interactions an individual has in a day with different people helps to prevent the spread of COVID-19. This can be accomplished in K-12 school settings through two different but complementary approaches: cohorts/learning groups 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 can be 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 should be encouraged, but a two-metre physical distance does not need to be maintained.

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

School administrators should keep up-to-date lists of all members of a cohort/learning group to share with 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 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 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

Due to physical space limitations it may be necessary to reduce the number of individuals within secondary schools at any given time to ensure that physical distance can be maintained when required. This may result in a hybrid in person/remote learning arrangement in some instances.

### 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.
- Incorporating 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.

### 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 2020.

## 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).

Food and beverages should not be shared.

## Personal Measures

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### Stay Home When Sick

- Any student, staff or other person within the school who has symptoms of COVID-19 **OR** travelled outside Canada in the last 14 days **OR** was identified as a close contact of a confirmed case or outbreak **must stay home and self-isolate**, including children of essential service workers.
- Any student, staff, or other person within the school who has cold, influenza, or COVID-19-like symptoms should seek assessment by a health-care provider.
  - Students or staff may still attend school if a member of their household has cold, influenza, or COVID-19-like symptoms, provided the student/staff is asymptomatic. It is expected the symptomatic household member is seeking assessment by a health-care provider.
  - Students and staff who experience seasonal allergies or other COVID-19-like symptoms, which are related to an existing condition can continue to attend school when they are experiencing these symptoms as normal. If they experience any change in symptoms they should seek assessment by a health-care provider.
- Parents and caregivers must assess their child daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before sending them to school.
  - **If a child has any symptoms, they must not go to school.**
- Staff and other adults must assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to entering the school.
  - **If staff or any adult has any symptoms, they must not enter the school.**
- Those unsure of if they or a student should self-isolate or be tested for COVID-19 should be directed to use the [BC COVID-19 Self-Assessment Tool](#).
  - They can also be advised to contact 8-1-1, a family physician or nurse practitioner to be assessed for COVID-19 and other infectious respiratory diseases.
  - If concerned, they can be advised to contact the local public health unit to seek further guidance.
- There is no role for screening students or staff for symptoms, checking temperatures, or COVID-19 testing. Such activities are reserved for health-care professionals.

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

### 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

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; and
- 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 pick up and keep the student at home **IF STUDENT DEVELOPS SYMPTOMS AT SCHOOL:**

Staff must take the following steps:

1. Immediately separate the symptomatic student from other 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 students 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).
8. 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: Daily Health Check

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?

- Fever
- Chills
- Cough or worsening of chronic cough
- Shortness of breath
- Sore throat
- Runny nose/stuffy nose
- Loss of sense of smell or taste
- Headache
- Fatigue
- Diarrhea
- Loss of appetite
- Nausea and vomiting
- Muscle aches
- Conjunctivitis (pink eye)
- Dizziness
- Confusion
- Abdominal pain
- Skin rashes or discoloration of fingers or toes

2. International Travel: Have you or anyone in your household returned from travel outside of Canada in the last 14 days?

3. Confirmed Contact: Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?

If you answered “YES” to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies) your child should **NOT** come to school.

If they are experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes 811, or a primary care provider like a physician or nurse practitioner.

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