



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: February 9, 2021

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 also 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.

During the fall, experience accumulated from around the world about the importance of keeping schools open and how to do so safely. Our experience to date within [BC](#), [Canada](#), in [Europe](#) and [Internationally](#), shows that schools continue to be low-risk sites for COVID-19 transmission, even with increased risk of COVID-19 in some communities. Since schools, childcare and other workplaces re-opened in the fall with comprehensive safety plans in place, we have seen that these settings carry a lower risk of transmission of COVID-19 compared to other settings where appropriate safety plans are not in place or are not consistently implemented. While COVID-19 is present in our communities, there will be students and staff with COVID-19 in schools. Local public health officials (school medical health officers) consistently monitor cases of COVID-19 in schools and support school communities to manage cases if and when they occur. A summary of current evidence is included as [Appendix A](#).

Public Health Measures

Mass Gatherings

The [Provincial Health Officer's Order for Gatherings and Events](#) is focused on one-time or recurrent events where people gather and where control measures may be hard to implement. This order does not apply to students, teachers or instructors at schools operating under the *School Act* [RSBC 1996] Ch. 412 or the *Independent School Act* [RSBC 1996] Ch. 216 or a First Nations School when engaged in educational activities. Educational activities include extracurricular activities offered by a school, but not social activities or community events held at a school. Gatherings or events at a school, including social gatherings of students and/or staff, must comply with the [PHO Order for Gatherings and Events](#).

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 determine 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.

Exposures and Exposure Notifications

An **exposure** occurs when a person attends school when they may have been potentially infectious with COVID-19 and there is a risk of transmission to others. If there was a potential exposure at a school, 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.

Public health will notify by phone or letter everyone who they determine may have been exposed, including if any follow-up actions are recommended. Those who public health determines are [close contacts](#) will be advised to self-isolate. Those who public health determines are not close contacts but may still have been exposed may be advised to self-monitor for symptoms.

Once those who may have been exposed have been directly notified, regional health authorities post a notification on their website that details the school and dates a person attended when they may have been infectious. In some regions, this exposure notification is also provided by letter to the school community; this is determined at a regional level.

A process map for how contact tracing and public health notifications occur in schools is included as [Appendix B](#).

To ensure personal privacy rights are 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. Public health will only provide the personal information needed to support effective contact tracing.

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. When this occurs, public health, under the direction of a Medical Health Officer will investigate to determine if additional measures are required to prevent transmission of COVID-19. It is expected that multiple cases may occur within a 14-day period, especially when COVID-19 is circulating in the community. This does not necessarily mean that transmission occurred in the school, as they can also be the result of interactions outside of the school setting.

COVID-19 Outbreaks in Schools

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. Extraordinary public health measures are at the discretion of the Medical Health Officer and may include ordering the school to close for a certain amount of time or requiring testing of all potentially exposed individuals regardless of symptoms.

Self-Isolation and Quarantine

Information on self-isolation and quarantine, including for international travelers returning to BC, is available from [BCCDC](#).

Environmental Measures

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**. (This includes sports equipment and manipulatives)
- 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. 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.

Administrative Measures

Lowering the number of close, prolonged face-to-face interactions an individual has with different people helps to prevent the spread of COVID-19. This can be accomplished in K-12 school settings through two different but complementary approaches: cohorts (to reduce the number of potential interactions) and physical distancing (to change the nature of those interactions).

- 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.

In SD43 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.

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.

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 2 meters of space available between people.
- For situations where members of different cohorts interact:
 - o If people will be in the same space for an extended period of time (e.g. beyond 15 minutes), the space should be sufficiently large, and/or should have limits on the number of people so that 2 meters of space is available between people from different cohorts.
 - o If people will be in the same space for transition purposes (e.g. changing between classes), and other measures are in place (e.g. markings on the floor, staggered transition times), there should be enough space to ensure no physical contact.

It is important to note that masks are not a replacement for physical distancing.

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 and throughout the day.
- Incorporate more individual activities or activities that encourage greater space between students and staff.
 - o 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.
- 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.
- Masks will be worn when singing.
- Masks will be worn indoors during high intensity exercise, and high intensity exercise should occur outside as much as practicably possible.

Extracurricular Activities

Extracurricular activities including sports, arts or special interest clubs can occur if they can be implemented in line with this guidance within and outside cohort interactions.

Inter-school events including competitions, tournaments and festivals, will not occur at this time.

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

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.

- For school staff, an active daily health check must be completed in line with the requirements of the Provincial Health Officer's [Order on Workplace Safety](#). WorkSafe BC resources to support this can be found [here](#).
 - Other adults in the school should also complete an active daily health check.
- For students, this means ensuring their parent or caregiver is aware of common symptoms of COVID-19 and is checking with their child daily to see if the child is experiencing any of these symptoms, as well as ensuring their child is not required to self-isolate.

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 [Appendix D](#), What To Do If A Student Or Staff Member Develops Symptoms At School.

Returning to School After Sickness

When a staff, student or other persons entering the school can return to school depends on the type of symptoms they experienced as outlined in the [When To Get Tested for COVID-19](#) resource.

If based on their symptoms a test was not recommended (i.e. the guidance is to ‘stay home until you feel better’), the person can return to school when their symptoms improve and they feel well enough.

If based on their symptoms a test is recommended (i.e. the guidance includes ‘get tested’), the person must stay home until they receive their test result.

- If the test is **negative**, they can return to school when symptoms improve and they feel well enough.
- If the test is **positive**, they must follow direction from public health on when they can return to school.

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

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 quarantine or self-isolation and when they may return to school. Most illness experienced in BC is not COVID-19, even if the symptoms are similar.

Please see [Appendix C](#) for a symptoms and testing flowchart.

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)

Non-Medical Masks and Face Coverings (Masks)

Although personal protective equipment (including masks) is low 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. 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. The term 'mask' in this document means a non-medical mask or face covering. Medical-grade masks are not recommended within school settings for general use.

Masks do not prevent the spread of COVID-19 on their own. They should not be used in place of physical distancing or any other measures noted in this guidance. Masks can be safely worn by school-aged children.

Based on our understanding of COVID-19 in children and adults, in schools:

Elementary students' mask use should be based on their personal or family/caregiver's choice.

K-12 staff and middle/secondary students should wear a mask indoors at school except when:

- Sitting or standing at their seat or workstation in a classroom or learning space,
- There is a barrier in place,
- Eating or drinking.

K-12 staff and middle/secondary students should wear a mask on buses. Masks don't need to be worn outdoors.

Those wearing masks must still seek to practice physical distancing. There must be no crowding or congregating of people, even if masks are worn.

Masks should not be used in place of the other measures detailed in this document.

Students should not be required to wear a mask if they do not tolerate it (for health or behavioural reasons). Schools are encouraged to support student mask use through positive and inclusive approaches, and not punitive measures or enforcement activities that exclude students from fully participating in school or that could result in stigma.

Do not require a health-care provider note (i.e. a doctor's note) to determine if a person does not tolerate a mask.

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 masks, except for those communicating using lip-reading, when visual facial cues are essential, or when people may be unable to wear a mask. Clear masks that cover the nose and mouth are another option when visual communication is necessary.

Additional information about types of masks and how to wear them is available from [BCCDC](#).

Staff providing health care services and other health care providers are required to wear a mask when working in close proximity with students.

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.

COVID-19 in BC

- BC 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.
 - Since symptom-based testing began on April 21, over 1.5 million tests have been conducted in BC. While the proportion of people testing positive changed over time relative to the prevalence in the community, most people getting tested with COVID-19 like symptoms do not have COVID-19.
 - As of January 30, 2021, there were 66,779 confirmed cases in BC.
 - For those who are positive, the likely source of transmission for approximately 2 out of 3 people was a known, confirmed COVID-19 case (i.e. not community transition).

COVID-19 and Children

- Most children are not at high risk for COVID-19 infection.
- COVID-19 virus has a relatively low infection rate among children (ages 0 to 18). In BC, from September 7 to December 31, 2020:
 - ~3% of younger children (aged 5-12) and ~6% of older children (13-18) tested for COVID-19 were positive;
 - ~12% of all confirmed cases of COVID-19 were among children (0-18), despite this group making up ~20% of the general population.
 - Younger children (aged 5-12) comprise a smaller proportion of the total confirmed child cases compared to children between the ages of 13 and 18.
- To the end of December 2020, 47 children under 18 were admitted to hospital for COVID-19 in BC. There have been no deaths.
- Children do not appear to be the primary drivers of COVID-19 transmission in schools, community settings or households.
 - Based on published literature to date, the majority of cases in children are the result of household transmission from an asymptomatic 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 who have health conditions that may place them at increased risk for more severe outcomes should speak to their health care provider to determine their individual level of risk.
- Children can experience the same symptoms as adults but may show symptoms differently. For example, fatigue may show in children as poor feeding, decreased activity, or changes in behaviour.

COVID-19 and Adults

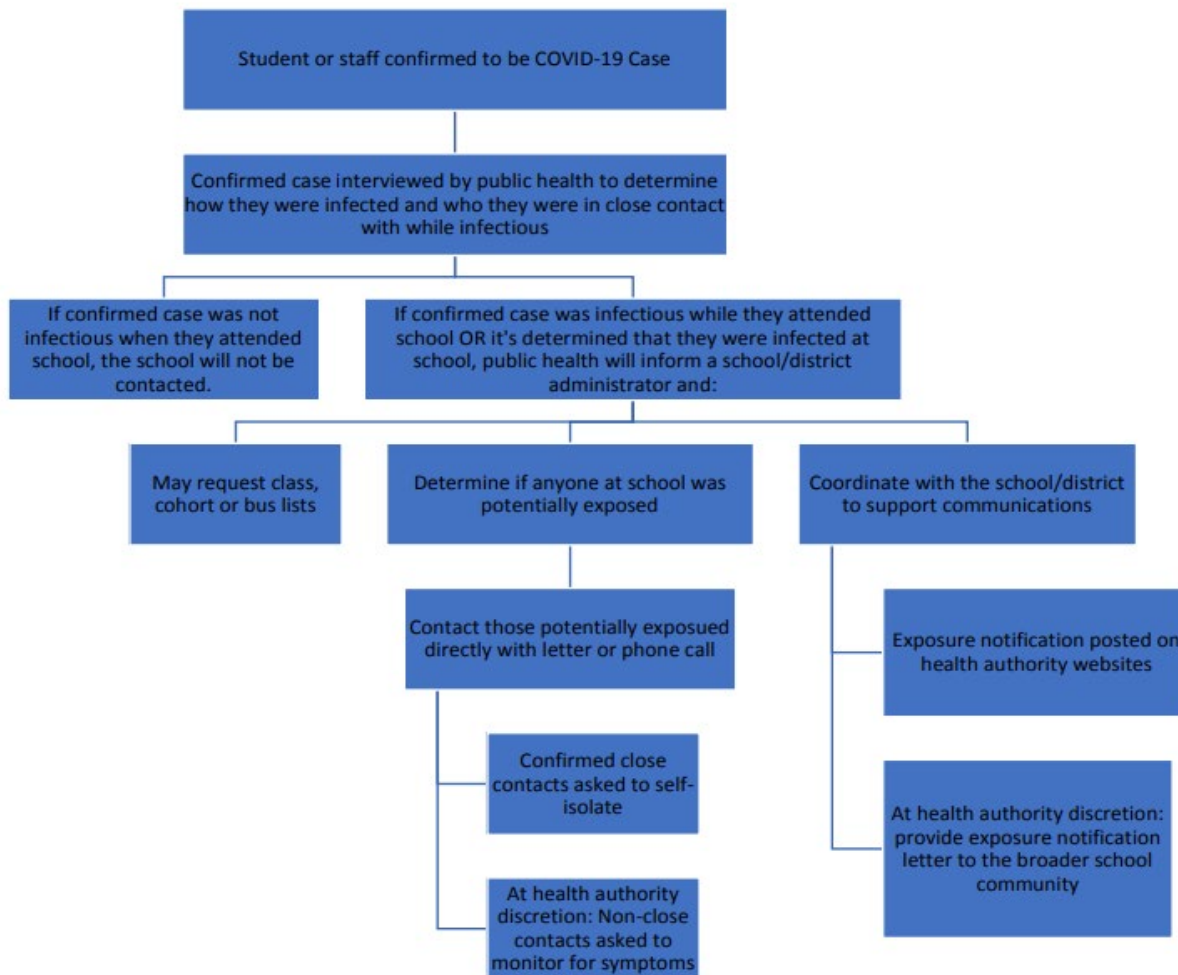
- Most of the people infected with COVID-19 in B.C. from September 8 to December 31st were adults (19 years or above). Adults represented ~88% of the cases, though make up ~82% of the population.
- Some adults with specific health conditions are at an increased chance of developing severe illness or complications from COVID-19, including older people and those with chronic health conditions. Additional information is available from BCCDC.
- Adults who have health conditions that may place them at increased risk for more severe outcomes should speak with their health care provider to determine their individual level of risk.

COVID-19 and Schools

- Schools do not appear to result in significant increases in community transmission of COVID-19.
 - The likelihood of a person attending school while infectious with COVID-19 reflects local community prevalence.
 - Increasing evidence supports that widespread asymptomatic transmission is not driving transmission in schools.
 - Internationally, transmission within schools accounts for a minority of all COVID-19 cases.
- Implementation of infection prevention and exposure control measures is critically important to limiting the spread of COVID-19 in schools.
 - The risk of transmission in school settings is low when infection prevention and exposure control measures are in place and adhered to.
- Internationally, in-person attendance at school in the two weeks preceding a positive test has not been associated with increased likelihood of infection, as people who tested positive were more likely to have attended social activities and gatherings with others outside of the household.
- Within BC:

- o School medical health officers note that most school exposures did not result in transmission within the school. When transmission occurred, it typically resulted in a small number of additional cases.
 - In Vancouver Coastal Health, from September 10th to December 18th, approximately 700 students or staff (out of a total population of over 100 thousand), were diagnosed with COVID-19. Over 90 per cent of these cases did not result in any school-based transmission.
- For adults working within schools:
 - o Transmission from staff to staff is more likely than among staff to students, students to staff, or students to students.
 - o There does not appear to be a higher risk of COVID-19 at school than in the community or in their household.
 - o There does not appear to be a higher risk of COVID-19 than other occupations that involve contact with others.
- The detection of multiple COVID-19 cases within a school does not mean that transmission occurred within the school setting; these can be related to exposure within the community and households.
- Schools and childcare facility closures have significant negative mental health and socioeconomic impacts on children, including increased stress, and decreased educational outcomes, connectedness with peers and the broader community, and health behaviours. These outcomes disproportionately impact children with vulnerabilities.
- Prevention measures and mitigation strategies involving children must be commensurate with risk. This information is based on the best evidence currently available and will continue to be updated. For up-to-date information on COVID-19, visit the <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>

Appendix B: Contact Tracing and Public Health Notifications in School

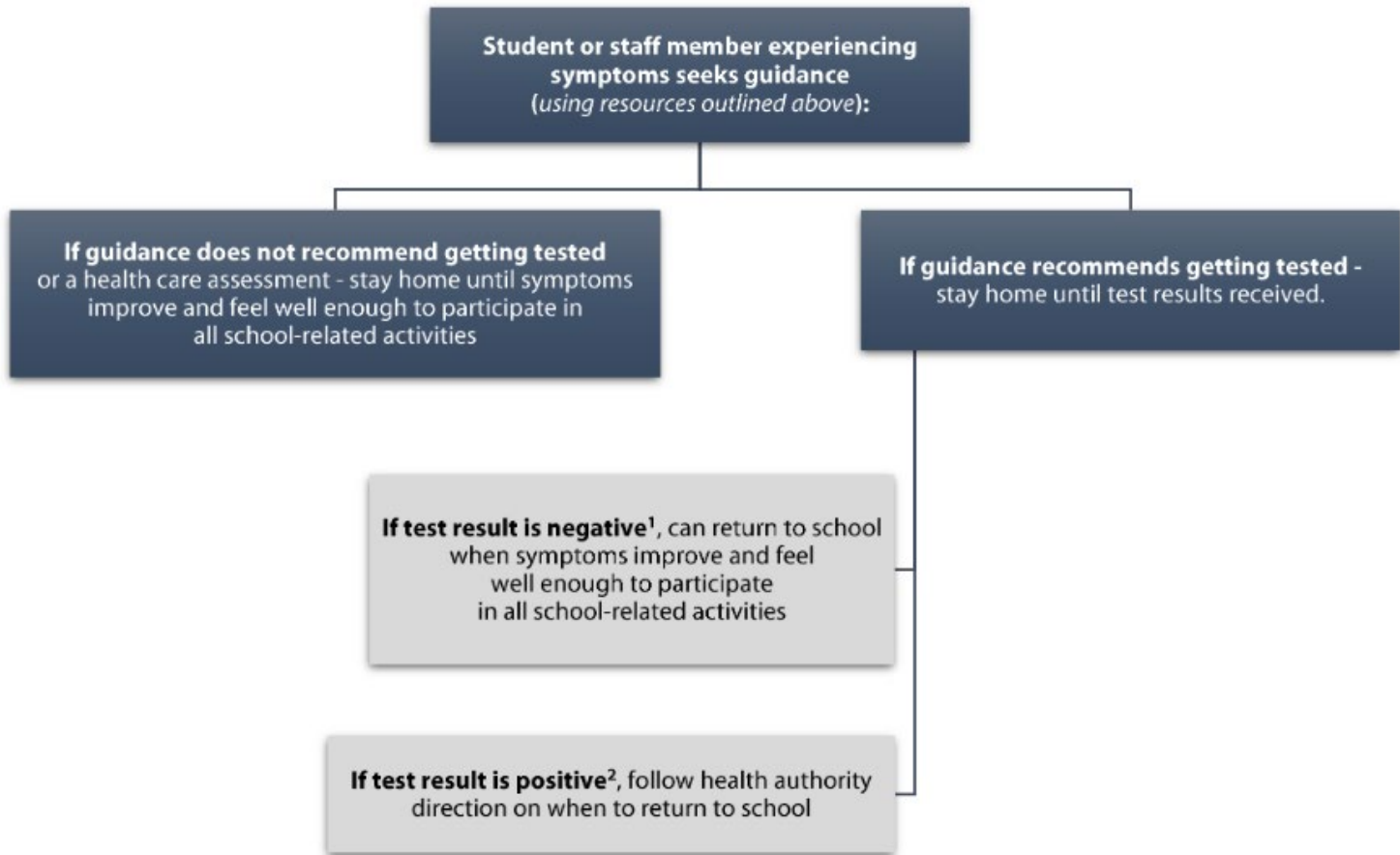


Regional health authorities determine their own notification processes. The notifications used in some regions may differ from what is included here. In all regions, public health ensures anyone who may be a close contact (i.e. those required to self-isolate) is notified. Additional information on contact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

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

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](#).



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