

## Appendix 1

The appended guidance document is the September 2020 version. For current guidelines, refer to the latest version available at <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/childcare-schools/schools>.



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

UPDATED: September 11, 2020

This guidance document is informed by [BC's Restart Plan: Next Steps to Move BC Through the Pandemic](#) and the [BC COVID-19 Go-Forward Management Strategy](#), and is aligned with [BC's COVID-19 Go-Forward Management Checklist](#), [WorkSafe BC's COVID-19 Information and Resources](#) as well as [COVID-19 Frequently Asked Questions](#). It is also informed by lessons learned when partial in-class instruction resumed in June 2020. This document provides guidance for educators, administrators and support staff (hereafter referred to as staff) at public, independent and First Nations Kindergarten to Grade 12 (K-12) schools to minimize the transmission of COVID-19 and maintain a safe and healthy school environment for students, families and staff. This document identifies key infection prevention and control practices to implement, as well as actions to take if a student or staff member develops [symptoms](#) of COVID-19.

School supports children in developing their potential and acquiring the knowledge, skills and abilities they need for lifelong success. In-person learning, as a part of a child's education, provides the opportunity for peer engagement, which supports social and emotional development as well as overall wellness. It also provides many children access to programs and services that are integral to their overall health and well-being.

When in-person learning was suspended for most students in spring 2020, it aligned with broad provincial measures taken in an effort to reduce community transmission of COVID-19. These measures were taken to allow time to learn about the virus and to prepare for the safe resumption of the activities of society. The suspension of in-person learning resulted in significant hardship for many, with B.C. families reporting impaired learning, increased child stress, and decreased connection. With the loss of supportive routines and structures, healthy behaviours have declined dramatically. Provincial child protection reports also declined significantly despite evidence suggesting an increase in domestic and gender-based violence, raising concerns that with the closure of schools, children at risk for violence are less likely to be identified.

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

As community prevalence in B.C. continues to be low, the risk within schools is considered to be minimal. However, while COVID-19 is present in our communities, it may exist in some schools. B.C. is likely to experience changes in prevalence throughout the school year, where the risk of cases or clusters may be higher or lower than it is currently.



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

Full-time, in-person instruction in schools can be accomplished while supporting the health and safety of children and staff. Based on the current epidemiology of COVID-19 in B.C., and the observation that children are at a lower risk of being infected with and transmitting COVID-19, K-12 schools in B.C. will have elementary and middle school students return to full-time, in-person instruction. Secondary students will also receive in-person instruction, but this may be combined with alternative learning modalities to ensure the measures detailed in this document can be implemented. Schools should implement as many public health and infection prevention and exposure control measures as possible as described in this document.

Medical Health Officers are physicians who work within health authorities and have authority and responsibilities outlined in the [Public Health Act](#). These include directing the public health response to local public health threats, like COVID-19. School medical officers are Medical Health Officers who have additional authority and responsibilities outlined in the [School Act](#). They are responsible for directing the local public health response to any public health threat that affects schools, like COVID-19 and other communicable diseases. Every school has a school medical officer. If there is a case, cluster or outbreak of COVID-19 in a school, the school medical officer will lead the response. Contact information for medical health officers is available on local regional health authority websites.

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

- B.C. currently has low community prevalence and low community transmission of COVID-19.
  - COVID-19 testing is available to those with symptoms of cold, influenza or COVID-19.
  - To date, less than 5% of those tested have been positive for COVID-19. This means of people with cold, influenza or COVID-19 like symptoms, very few have COVID-19.
  - Of those who are positive, 80% of transmission comes from a known, confirmed COVID-19 case (i.e. not community transmission).

#### COVID-19 and Children

- Most children are not at high risk for COVID-19 infection.
- COVID-19 virus has a very low infection rate in children (ages 0 to 19). In B.C.:
  - Less than 1% of children tested have been COVID-19 positive, and even fewer are suspected to have been infected based on serological testing.
  - Approximately 5% of all confirmed cases of COVID-19 are among children and youth 0-19 years old, despite making up approximately 20% of the general population.
  - Children under 10 comprise a smaller proportion of the total confirmed child cases compared to children between the ages of 10 and 19.
- To the end of August 2020, fewer than five children in B.C. were admitted to hospital for COVID-19. None required intensive care and there have been no deaths.
- Based on published literature to date, the majority of cases in children are the result of household transmission by droplet spread from a symptomatic adult family member with COVID-19. Within households and family



groupings, adults appear to be the primary drivers of transmission. Older children are more likely to transmit than younger children.

- Children under one year of age, and those who are immunocompromised or have pre-existing pulmonary conditions are at a higher risk of more severe illness from COVID-19 (visit the [BCCDC Children with Immune Suppression](#) page for further details).
  - Children who are at higher risk of severe illness from COVID-19 can still receive in-person instruction. Parents and caregivers are encouraged to consult with their health-care provider to determine their child's level of risk. Additional information is available [here](#).
  - Staff and students requiring accommodation due to health-related risks should connect with their local school district for more information on requirements. This is likely to include a medical accommodation form completed by a physician or nurse practitioner.
- Children typically have much milder symptoms of COVID-19, if any. They often present with low-grade fever and a dry cough. Gastrointestinal symptoms are more common than in adults over the course of disease, while skin changes and lesions are less common.

#### COVID-19 and Adults

- Most adults infected with COVID-19 will have mild symptoms that do not require care outside of the home.
- Some adults with specific health conditions are at an increased risk for more severe outcomes, including individuals:
  - Aged 65 and over, and especially the frail elderly;
  - With significantly compromised immune systems; or,
  - With poorly controlled underlying medical conditions.
  - Those at greatest risk are those aged 65 and over with a compromised immune system or underlying medical conditions.
- More information about adults living with health conditions that may place them at an increased risk for developing severe illness is available from [BCCDC](#).
- Adults working within schools who have health conditions that may place them at increased risk for more severe outcomes should speak with their health care provider to determine their individual level of risk, and if this may require workplace accommodation.

#### COVID-19 and Schools

- Children do not appear to be the primary drivers of COVID-19 transmission in schools or in community settings.
- Adults in school settings do not appear to be at higher risk of COVID-19 than in the community or in their household.
- There is limited evidence of confirmed transmission within school settings. This is partially due to wide-spread school closures worldwide at the onset of the pandemic to help prevent the spread of COVID-19.
  - In documented cases, there was typically minimal spread beyond the index case though isolated outbreaks have been reported.



- Schools and childcare facility closures have significant negative mental health and socioeconomic impacts on children, including increased stress, and decreased educational outcomes, connectedness with peers and the broader community, and health behaviours. These outcomes disproportionately impact children with vulnerabilities.
- Prevention measures and mitigation strategies involving children must be commensurate with risk.

This information is based on the best evidence currently available and will continue to be updated.

For up-to-date information on COVID-19, visit the [BC Centre for Disease Control \(BCCDC\) website](#).

This document uses the terms elementary, middle and secondary to identify different approaches (where relevant) for schools based on the age range of students within them and the way learning is typically structured. If a school is unsure of which guidance to follow or these distinctions aren't suitable to their school community, they can connect with their school medical officer to determine what approaches are most suitable.



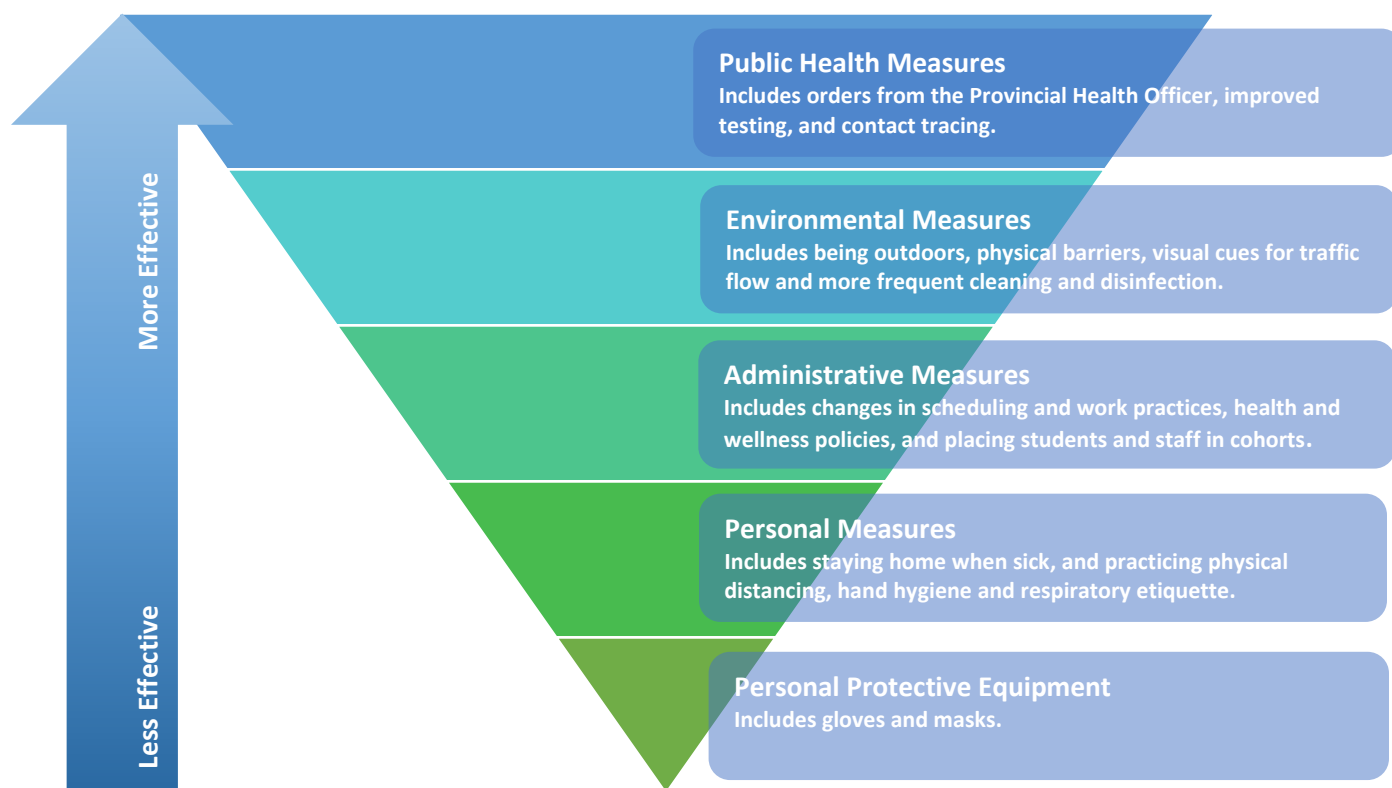
## Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures help create safe environments by reducing the spread of communicable diseases like COVID-19. These are more effective in controlled environments where multiple measures of various effectiveness can be routinely and consistently implemented.

Schools are considered a controlled environment. This is because schools include a consistent grouping of people, there are robust illness policies for sick students and staff and there is an ability to implement effective personal practices that are followed by most people most of the time in the setting (e.g. diligent hand hygiene, respiratory etiquette, etc.).

*The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease* describes measures to reduce the transmission of COVID-19 in schools. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

### The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



**Public Health Measures** are actions taken across society at the population level to limit the spread of the COVID-19 and reduce the impact of COVID-19. The Provincial Health Officer has implemented broad public health measures, including: prohibiting large gatherings and events, requiring travellers returning from outside of Canada to self-isolate or quarantine upon arrival in B.C., effective case finding and contact tracing, and advising people to stay home when they



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

**Environmental Measures** are changes to the physical environment that reduce the risk of exposure. Examples include being in outdoor spaces, ensuring good ventilation and air exchange, using visual cues for physical distancing or directing traffic flow in hallways, erecting physical barriers where appropriate and frequent cleaning and disinfection.

**Administrative Measures** are measures enabled through the implementation of policies, procedures, training and education that reduce the risk of exposure. Examples of these include health and wellness policies, working or learning in defined groups (cohorts), modified schedules and supporting the ability of individuals to practice physical distancing.

**Personal Measures** are actions individuals can take to protect themselves and others. Examples include practicing physical distancing, washing hands frequently, coughing into elbows and staying home if sick.

**Personal Protective Equipment (PPE)** is not effective as a stand-alone preventive measure. It should be suited to the task, and must be worn and disposed of properly. Outside of health-care settings, the effectiveness of PPE is generally limited to providing minimal protection to others should you be infected. Use of PPE, such as non-medical masks, is not sufficient on its own to reduce the risk of COVID-19 transmission.

***Schools can implement a combination of measures at different levels, as described in this document. This document includes Environmental, Administrative, Personal Measures and the use of PPE. A summary of the recommended school measures is included as Appendix A.***

## Public Health Measures

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### Mass Gatherings

The [Provincial Health Officer's Order for Gatherings and Events](#) prohibits the gathering of more than 50 people for the purpose of an event. This order does not apply to students, teachers or instructors at school when they are engaged in educational activities but does apply to community events held at schools. The Order is focused on one-time or recurrent events where people gather and where control measures may be hard to implement.

### Case Finding and Contact Tracing

If a staff or student is a confirmed case of COVID-19 through testing or investigation (i.e. case finding), public health will identify who that person has been in close contact with recently (i.e. contact tracing) to determine how they were infected and who else may have be at risk of infection.

If there was a potential exposure at a school (i.e. a student or staff who has a confirmed case of COVID-19 AND attended school when they may have been potentially infectious), public health will work with the school to understand who may have been exposed, and to determine what actions should be taken, including identifying if other students or staff are sick (case finding) or have been exposed and should monitor for symptoms or self-isolate. A process map for how contact tracing would occur is included as Appendix B.



Personal privacy rights will be maintained. Public health will not disclose that a student or staff member is a confirmed case of COVID-19 unless there is reason to believe they may have been infectious when they attended school. In this case, public health will provide only the information required to support effective contact tracing and only to the school administrator or delegate.

Public health will notify everyone who they determine may have been exposed, including if any follow-up actions are recommended (e.g. self-isolate, monitor for symptoms, etc.). They will work with the school administrator to determine if additional notifications are warranted (e.g. notification to the broader school community).

To ensure personal privacy rights are maintained, and that the information provided is complete and correct, school administrators or staff should not provide notifications to staff or students' families about potential or confirmed COVID-19 cases unless the school administrator is directed to do so by the school medical officer.

### Managing Clusters of COVID-19

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

### COVID-19 Outbreaks in Schools

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

### Self-isolation and Quarantine

Self-isolation means staying home and avoiding situations where you could come in contact with others. Self-isolation is required for those confirmed as a case of COVID-19 (i.e. those diagnosed with COVID-19) and those who are identified as a close contact of a confirmed case of COVID-19. Public health staff identify and notify close contacts of a confirmed case who are required to self-isolate. Public health ensures those required to self-isolate have access to health-care providers and that other appropriate supports are in place.

Quarantine is a term typically reserved for people who return from travel outside the country, who are at risk of developing COVID-19.

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

All students and staff who have travelled outside of Canada are required to self-isolate for 14 days after arrival under both provincial and federal orders. This includes students who are attending school from abroad. Students from outside of Canada should plan to arrive in Canada at least two weeks before school begins to adhere to the self-isolation orders. Additional information is available [here](#).





## Environmental Measures

### Ventilation and Air Exchange

At this time, there is no evidence that a building's ventilation system, in good operating condition, would contribute to the spread of COVID-19.

For activities that take place indoors, application of the basic principles of good indoor air quality should continue, including supplying outdoor air to replenish indoor air by removing and diluting contaminants that naturally occur in indoor settings. All mechanical heating, ventilation and air conditioning (HVAC) systems should be checked to ensure they are working properly. Where possible, schools can open windows if weather permits.

For more information, see WorkSafe BC guidance on [general ventilation and air circulation](#).

### Cleaning and Disinfection

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

This includes:

- General cleaning and disinfecting of the premises at least **once every 24 hours**.
  - This includes items that only a single student uses, like an individual desk or locker.
- Cleaning and disinfecting of frequently-touched surfaces at least **twice every 24 hours**.
  - These include door knobs, light switches, water fountains, toilet handles, tables, desks and chairs, keyboards and toys used by multiple students.
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and disinfectant products and closely follow the instructions on the label.
  - See Health Canada's list of [hard-surface disinfectants for use against coronavirus \(COVID-19\)](#) for specific brands and disinfectant products.
- Limit frequently-touched items that are not easily cleaned.
- Empty garbage containers daily and when full.
- Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine). Wash hands before wearing and after removing gloves.

There are no additional cleaning and disinfecting procedures required. This includes when different cohorts use the same space (e.g. a classroom, gym, arts room, home economics or science lab, etc.).

There is no evidence that the COVID-19 virus is transmitted via textbooks, paper or other paper-based products. As such, there is no need to limit the distribution or sharing of books or paper based educational resources to students.

Laminated paper-based products should be cleaned and disinfected daily if they are touched by multiple people.



### Traffic Flow

Use floor markings and posters to address traffic flow throughout the school. This may include one-way hallways and designated entrance and exit doors. It is important not to reduce the number of exits and to adhere to the fire code.

### Physical Barriers

Barriers can be installed in places where physical distancing cannot regularly be practiced and a person is interacting with numerous individuals outside of a cohort. This may include the front reception desk where visitors check in or in the cafeteria where food is distributed. It may also include itinerant staff working across cohorts.

## Administrative Measures

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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.

### Cohorts

A **cohort** is a group of students and staff who remain together throughout a school term. The use of cohorts in schools allows for a significant reduction in the number of individual interactions, while allowing most students to receive in-person learning in a close-to-normal school environment. Interactions within the cohort will vary, with classes continuing as the primary form of grouping where students will spend the majority of their time.

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

Cohorts are smaller in elementary and middle schools due to the recognition that younger children are less able to consistently implement personal measures such as hand hygiene, reducing physical contact and recognizing and articulating symptoms of illness.

Cohorts are larger in secondary schools due to the increased ability of children in that setting to be able to consistently practice personal measures like physical distancing, hand hygiene, and recognizing and articulating symptoms of illness. Due to the typical format of instruction of multiple teachers working with different groupings of students across a larger number of curricular areas, cohorts are also larger in secondary schools to enable flexibility in meeting students' learning needs.

School administrators should determine the composition of the cohorts. The composition of the cohort should remain consistent for all activities that occur in schools, including but not limited to learning and breaks (lunch, recess, classroom changes, etc).

Students with disabilities and diverse abilities may require unique considerations to ensure their inclusion in a cohort. Schools can adapt the guidance in this document as necessary to ensure the inclusion of these students while ensuring the intent is maintained. Schools can connect with their School Medical Officer for support and guidance.



Cohort composition can be changed at the start of a new quarter, semester or term in the school year. Outside of these, composition should be changed as minimally as possible, except where required to support optimal school functioning. This may include learning, operational or student health and safety considerations.

Consistent seating arrangements are encouraged within cohorts where practical. This can further reduce the number of close, prolonged face-to-face interactions a person has, and assist public health should contact tracing need to occur.

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

### Physical Distancing

**Physical distancing** refers to a range of measures aimed at reducing close contact with others. Physical distancing is used as a prevention measure because COVID-19 tends to spread through prolonged, close (face-to-face) contact.

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

Due to physical space limitations it may be necessary to reduce the number of individuals within secondary schools at any given time to prevent crowding. Secondary schools should continue to prioritize the attendance of students who most benefit from in-person support and learners with diverse needs, as well as consider alternative learning modalities and off-campus learning.

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

### Interacting with Cohorts

Schools should minimize the number of adults (staff and others) who interact with cohorts they are not a part of as much as is practical while supporting learning and a positive, healthy and safe environment.

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

If a staff member works with more than one cohort and is unable to consistently practice physical distancing when performing their role, consider if the service can be provided remotely/virtually, or if a transparent barrier can be in



place. If none of those can be implemented, a non-medical mask should be worn and as much space taken as is available. This includes itinerant staff who work in multiple schools.

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

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

Staff and other adults should seek to reduce the number of close, face-to-face interactions with each other at all times, even if wearing a non-medical mask. This includes during break times and in meetings.

Students from different cohorts may be required to be together to receive beneficial social supports, programs or services (e.g. meal programs, after school clubs, etc.). Within these supports or services, it is expected that cohorts are maintained and physical distancing is practiced as much as is practical to do so while still ensuring the support, program or service continues. This does not apply to extracurricular activities where physical distancing between cohorts should consistently be practiced.

Elementary and middle schools are likely able to implement cohorts without reducing the number of individuals typically within the school. Secondary schools may use both approaches: implement cohorts and reduce the number of individuals typically within the school to ensure there is space available to prevent crowding. This may be necessary due to the larger number of people and the increased frequency of classroom exchanges that typically occur within secondary schools.

### School Gatherings

School gatherings should occur within the cohort.

- Gatherings should not exceed the maximum cohort size in the setting, plus the minimum number of additional people required (e.g. school staff, visitors, etc.) to meet the gathering's purpose and intended outcome.
  - Additional people should be minimized as much as is practical to do so.
- These gatherings should happen minimally.
- Schools should seek virtual alternatives for larger gatherings and assemblies.

### Other Strategies

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

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



- Consider different classroom and learning environment configurations to allow space between students and adults (e.g., different desk and table formations).
  - For middle and secondary schools, consider arranging desks/tables so students are not facing each other and using consistent seating arrangements.
- Consider strategies that prevent crowding at pick-up and drop-off times.
- Stagger recess/snack, lunch and class transition times to provide a greater amount of space for everyone.
- Take students outside more often.
  - Organize learning activities outside including snack time, place-based learning and unstructured time.
  - Take activities that involve movement, including those for physical health and education, outside.
  - Playgrounds can be used as normal. Ensure appropriate hand hygiene practices before and after outdoor play.
- Incorporate more individual activities or activities that encourage greater space between students and staff.
  - For elementary students, adapt group activities to minimize physical contact and reduce shared items.
  - For middle and secondary students, minimize group activities and avoid activities that require physical contact.
- Manage flow of people in common areas, including hallways, to minimize crowding and allow for ease of people passing through.
- Parents, caregivers, health-care providers, volunteers and other non-staff adults (e.g. visitors) entering the school should be prioritized to those supporting activities that are of benefit to student learning and wellbeing (e.g. teacher candidates, immunizers, meal program volunteers, etc.).
  - All visitors should confirm they have no symptoms of illness and are not required to self-isolate before entering.
  - Schools should keep a list of the date, names and contact information for all visitors who enter the school.
  - All adult visitors should wear a non-medical mask when in the school and unable to practice physical distancing.

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

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

#### Extracurricular Activities

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

Inter-school events including competitions, tournaments and festivals, should not occur at this time. This will be re-evaluated in mid-fall 2020.



### Student Transportation on Buses

Buses used for transporting students should be cleaned and disinfected according to the guidance provided in the BCCDC's [Cleaning and Disinfectants for Public Settings](#) document. Additional guidance is available from [Transport Canada](#).

Bus drivers should clean their hands often, including before and after completing trips. They are encouraged to regularly use alcohol-based hand sanitizer with at least 60% alcohol during trips, as well as wear a non-medical mask or face covering when they cannot practice physical distancing or be behind a physical barrier in the course of their duties.

Students should clean their hands before they leave home to take the bus, when they leave school prior to taking the bus, and when they get home.

To reduce the number of close, in-person interactions, the following strategies are recommended:

- Use consistent and assigned seating arrangements.
  - Consider the order students typically onload and offload to support buses being loaded from back to front and offloaded from front to back.
  - Prioritize students sharing a seat with a member of their household or cohort.
  - The seating arrangement can be altered whenever necessary to support student health and safety (e.g. accommodating children with a physical disability, responding to behavioural issues, etc.).
- If space is available, students should each have their own seat.
  - They should be seated beside the window.
- Middle and secondary students should wear non-medical masks or face coverings.
  - These should be put on before loading and taken off after offloading.
- Non-medical masks are not recommended for elementary school students.
- No student should be required to wear a non-medical mask if they do not tolerate it.

Additional measures can be taken, including:

- Encouraging private vehicle use and active transportation (e.g. biking, walking, etc.) by students and staff where possible to decrease transportation density.
- Consider installing a physical barrier made of transparent materials between the driver and students. For additional information with respect to safety considerations when deciding to install a physical barrier, visit [here](#).

Schools/school districts should keep up-to-date passenger lists to share with public health should contact tracing need to occur.

Other transportation methods not listed here can be used, with this guidance adapted as relevant to their mode of transportation (e.g. vans, boats, ferries, etc.).



## Food Services

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

- If food is prepared as part of learning and is consumed by the student(s) who prepared it, no additional measures beyond those articulated in this document and normal food safety practices need to be implemented (e.g. home economics and culinary arts).
- If food is prepared for meal programs, breakfast clubs and other food access initiatives, and is not regulated under the Food Premises Regulation, no additional measures beyond those articulated in this document and normal food safety practices need to be implemented.
  - Appendix D provides additional guidance that may be useful when offering school meal programs, breakfast clubs and other food access initiatives.
- Schools should not allow homemade food items to be made available to other students at this time (e.g. birthday treats, bake sale items).

[FOODSAFE](#) Level 1 covers important food safety and worker safety information including foodborne illness, receiving and storing food, preparing food, serving food, and cleaning and sanitizing. It is a helpful resource for those seeking education and training on food safety practices.

Some schools offer food services that are regulated under the [Food Premises Regulation](#). These are typically cafeterias, though may include some meal programs.

- If food service is provided in schools that is regulated under the Food Premises Regulation, no additional measures beyond those articulated in this document and regular requirements as outlined in the regulation need to be implemented (e.g. a FOODSAFE trained staff member, a food safety plan, etc.).
  - Additional considerations that may be relevant when providing food services in schools are detailed in the [WorkSafe BC Restaurants, cafes, pubs, and nightclubs: Protocols for returning to operation](#).

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

Schools can continue to accept food donations to support learning and the delivery of meal programs, breakfast clubs and other food access initiatives.

Students may be facing increased levels of food insecurity (a worry or lack of financial means to buy healthy, safe, personally acceptable food). Wherever possible, schools are encouraged to continue providing meal programs, breakfast clubs and other food access initiatives.

The July 31<sup>st</sup>, 2020 Order of the Provincial health Officer [Restaurants, Coffee Shops, Cafes, Cafeterias and Licensed Premises, Including Pubs, Bars, Lounges, Nightclubs and Tasting Rooms](#) does not apply to schools. [Food Safety Legislation](#) and the [Guidelines for Food and Beverage Sales in B.C. Schools](#) continue to apply as relevant.

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





## Personal Measures

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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. An example is included as **Appendix C**. Symptoms of COVID-19 can be mild and are similar to other respiratory infections. Most people in BC with these symptoms do not have COVID-19.

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

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





### Stay Home When New Symptoms of Illness Develop

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

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

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

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

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

### Other Considerations for Managing Illness at Schools

- Establish procedures for those who become sick at school to go home as soon as possible.
  - Some students may not be able to be picked up immediately. As such, consider having a space available where the student or staff member can wait comfortably, which is separated from others. Provide supervision for younger children.
- Establish procedures that allow for students and staff to return to school with mild symptoms of illness remaining, in line with the guidance in this document.
  - This is to ensure staff and students are not kept out of school longer than necessary.
- **Do not require a health-care provider note (i.e. a doctor's note) to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practices.**



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

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

Students and staff who experience symptoms consistent with a previously diagnosed health condition can continue to attend school when they are experiencing these symptoms as normal. They do not require re-assessment by a health-care provider and should not be required to provide a health-care provider note. If they experience any new or unexplained symptoms they should seek assessment by a health-care provider.

### Hand Hygiene

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

#### How to practice diligent hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
  - Temperature does not change the effectiveness of washing hands with plain soap and water, though warm water is preferred for personal comfort.
- If sinks are not available (e.g., students and staff are outdoors), use alcohol-based hand rub containing at least 60% alcohol.
  - See the [List of Hand Sanitizers Authorized by Health Canada](#) for products that have met Health Canada's requirements and are authorized for sale in Canada.
- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating microbes. Soap and water are preferred when hands are visibly dirty. If it is not available, use an alcohol-based hand wipe followed by alcohol-based hand rub.
- To learn about how to perform hand hygiene, please refer to the BCCDC's [hand washing poster](#).

#### Strategies to ensure diligent hand hygiene:

- Facilitate regular opportunities for staff and students to practice hand hygiene.
  - Use portable hand-washing sites or alcohol-based hand rub dispensers where sinks are not available.
- Promote the importance of diligent hand hygiene to staff and students regularly.
  - Use posters and other methods of promotion.
- Ensure hand washing supplies are well stocked at all times including soap, paper towels and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol.
- Staff should assist younger students with hand hygiene as needed.

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



## Respiratory Etiquette

Students and staff should:

- Cough or sneeze into their elbow or a tissue. Throw away used tissues and immediately perform hand hygiene.
- Refrain from touching their eyes, nose or mouth with unwashed hands.
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Parents and staff can teach and reinforce these practices among students.

## Water Stations and Fountains

Students and staff should be encouraged to bring an individual, filled water-bottle or other beverage container to school each day for their personal use to support hydration needs.

Re-filling water stations can be used to re-fill personal containers.

Water fountains where a person drinks directly from the spout should be used minimally, and only if no other means of water access are available. Hand hygiene should be practiced before and after use.

## Personal Items and School Supplies

Students and staff can continue to bring personal items and school supplies to school for their own use. This includes reusable food containers for bringing drinks, snacks and meals.

Items brought regularly to and from school should be limited to those that can be easily cleaned (e.g. reusable food containers) and/or are considered to be low risk (e.g. clothing, paper, etc.).

## Personal Protective Equipment

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PPE, such as masks and gloves, is not needed for most staff beyond that used as part of routine practices for the hazards normally encountered in their regular course of work.

### Students with Medical Complexity, Immune Suppression and/or Receiving Delegated Care

Managing students with medical complexities, immune suppression or receiving delegated care may require those providing health services (e.g. staff providing delegated care or other health-care providers) to be in close physical proximity or in physical contact with a medically complex or immune suppressed student for an extended period of time. In [community-based clinical settings](#) where there is low incidence and prevalence of COVID-19, additional PPE over and above that required for routine practices is not required. The same guidance is applicable to those providing health services in schools.

Those providing health services should wear a mask when working across cohorts and not able to practice physical distancing, and when in close proximity to students who are at a higher risk of severe illness due to COVID-19 (e.g. children with immune suppression).



Those providing health services in schools may be receiving different guidance related to PPE from their regulatory college or employer. Health service providers are encouraged to work with their employer to confirm what PPE is recommended for the services they provide in school settings.

While implementation of infection prevention and exposure control measures help create a safe environment by helping to significantly reduce the risk of COVID-19 transmission, it does not eliminate the risk entirely. Parents and caregivers of children who are considered at higher risk of severe illness due to COVID-19 are encouraged to consult with their health-care provider to determine their child's level of risk.

#### Students with Disabilities and Diverse Abilities

Staff or other care providers providing education services to students with disabilities and diverse abilities who are part of the same cohort should continue with routine practices. No additional mitigation measures or PPE are required. Staff or other care providers working with students with disabilities and diverse abilities across cohorts should wear a non-medical mask if physical distance cannot be maintained. A face shield can be used in place of a non-medical mask when working with students where seeing facial expressions and/or lip movement is important and physical distance cannot be maintained.

In addition to a non-medical mask, those providing health or education services that require being in close proximity to a student should follow their standard risk assessment methods to determine if additional PPE is required, in accordance with routine practices.

No health services should be provided to a student in school who is exhibiting any symptoms of COVID-19 (beyond those detailed if a student develops symptoms at school, as detailed in Appendix E).

#### Non-Medical Masks

Non-medical masks or face coverings may be useful for middle and secondary students and staff when physical distancing cannot be consistently practiced, and a person is interacting with people outside of their cohort.

Examples of when a non-medical mask should be worn include:

- middle and secondary students on a school bus;
- middle and secondary students in common areas when students are outside of their cohort and physical distancing cannot be practiced;
- staff working across cohorts when physical distancing cannot be practiced;
- staff in a break room where physical distancing cannot be practiced.

Non-medical masks are not recommended for elementary-aged students due to the increased likelihood they will touch their face and eyes, as well as require assistance to properly put on and take off their mask (requiring increased close personal contact from school staff).

No student should be required to wear a mask if they do not tolerate it.

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



Non-medical masks should not be used in place of the other measures detailed in this document.

Face shields are a form of eye protection for the person wearing it. They may not prevent the spread of droplets from the wearer. Face shields should not be worn in place of non-medical masks, except for those providing services where seeing facial expressions and/or lip movement is important for student health and development and physical distancing cannot be practiced.

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

Schools should consider requesting students and staff have a non-medical mask or face covering available at school so it is accessible should they become ill while at school.

It is important to treat people wearing masks with respect.

### Supporting School Communities

BCCDC is the source of information about COVID-19. Resources available on their website can be used to support learning and to respond to questions you may receive from members of your school community. More information is available [here](#).

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



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



### 1. STAY HOME WHEN SICK

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

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



### 2. HAND HYGIENE

*Clean hands more often.*

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



### 3. RESPIRATORY AND PERSONAL HYGIENE

*Cover coughs.*

*Sneeze into elbows.*

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



### 4. PHYSICAL DISTANCING

*Minimize close, face-to-face interactions.*

*Avoid physical contact.*

*Spread students and staff out to different areas when possible.*

*Take students outside more often.*

*Stagger break and transition times.*

*Incorporate individual activities.*



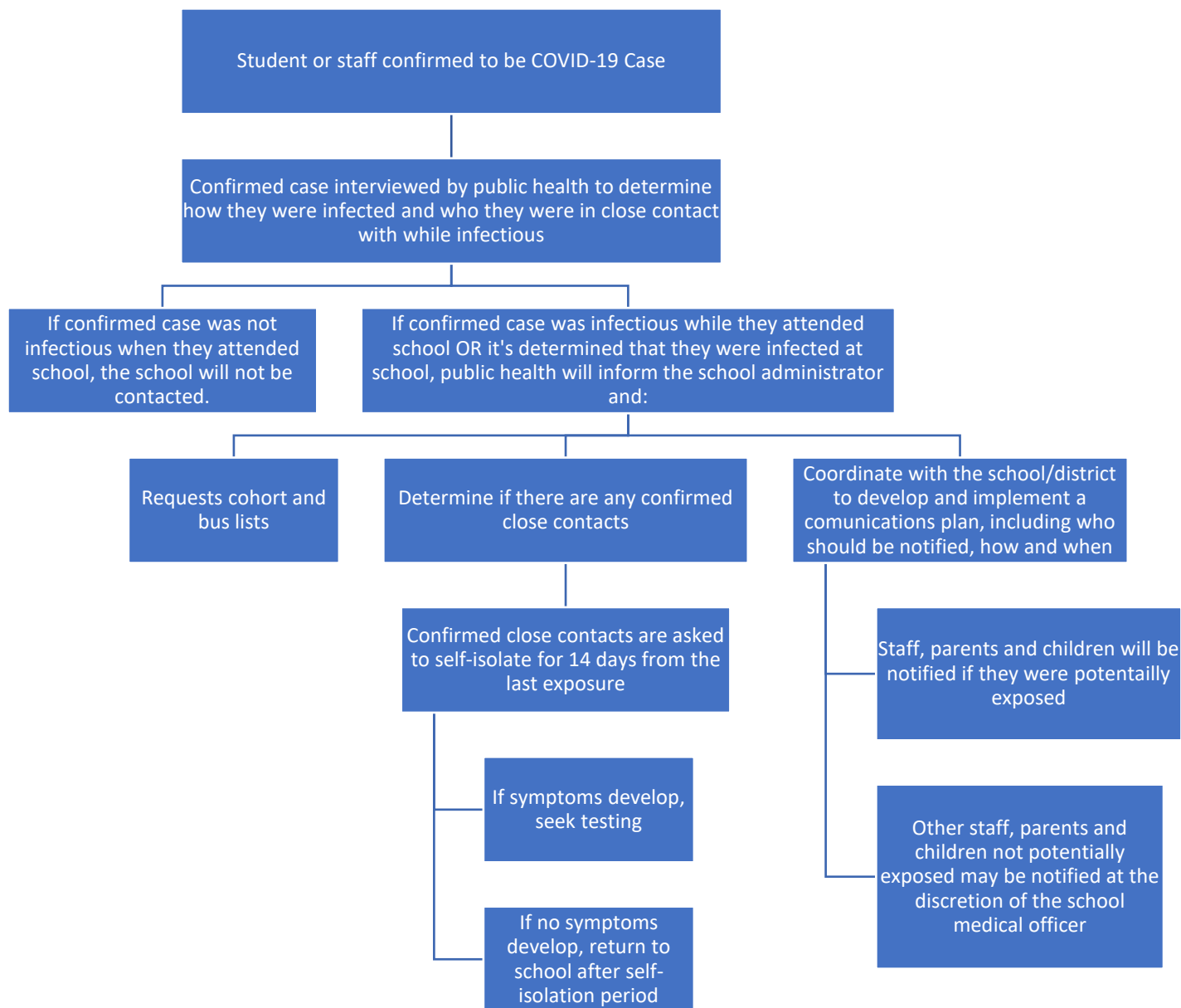
### 5. CLEANING AND DISINFECTION

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

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



## Appendix B: Public Health Actions if a Staff, Student or Other Person Who Has Been in the School is a Confirmed COVID-19 Case



Confirmed close contacts are determined based on the length of time of exposure and nature of the interaction. Only public health can determine who is a close contact.



## Appendix C: Daily Health Check Example

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

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

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

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

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

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

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

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

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





## Appendix D: Supplementary Guidance for School Meal Programs

This guidance is adapted from the [WorkSafe BC Restaurants, cafes, pubs, and nightclubs: Protocols for returning to operation](#) to support the delivery of school meal programs, breakfast clubs and other food access initiatives that are not regulated under the *Food Premises Regulation*.

### General Considerations

- Students from different cohorts can access school meal programs at the same time if necessary (e.g. a morning breakfast program offered only to students who may need it). Physical distance between students from different cohorts should be maintained as much as is practical to do so while ensuring the program can be offered.

### Food Delivery and Preparation

- Limit the number of staff/volunteers in a food preparation or eating area at any one time to those necessary to ensure the program can be delivered.
- Inform delivery agents and other volunteers of how to adhere to the school's visitor policy, where food should be delivered to, and what hours food can be accepted at.
- Develop and establish hand hygiene procedures for all staff/volunteers. This includes before and after leaving the food preparation area and using equipment.
- Donated food, including Traditional foods, can continue to be accepted in line with regular food safety precautions for accepting food donations.

### Cleaning & Disinfecting

- Continue with regular cleaning & disinfecting practices for food services.
- Identify high-touch surfaces to ensure they are cleaned and disinfected in line with the guidance in this document and existing food safety practices.
  - High-touch surfaces may include ingredients and containers, equipment such as switches, dials and handles and shared serving utensils if they are used by multiple people.

### Food Distribution to Students

- Students should practice hand hygiene before accessing food.
- Schools can continue to provide self-service stations (e.g., salad bar, self-serve breakfast, etc.).
  - Consider pre-plating or serving food directly if students are unable to consistently implement personal measures (e.g. practice regular hand hygiene, not touch their face, etc.) or to prevent gathering or crowding.
- Post signs to remind students to practice hand hygiene and to maintain space from one another.
- If food is served to students, re-usable plates, utensils and containers can be used, with normal cleaning and disinfecting methods for dishwashing implemented.
- Provided food safety precautions are followed, leftover food can be sent home with students.



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

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



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

When Students Should Perform Hand Hygiene:	When Staff Should Perform Hand Hygiene:
<ul style="list-style-type: none"> <li>• When they arrive at school.</li> <li>• Before and after any breaks (e.g., recess, lunch).</li> <li>• Before and after eating and drinking (excluding drinks kept at a student's desk or locker).</li> <li>• Before and after using an indoor learning space used by multiple cohorts (e.g. the gym, music room, science lab, etc.).</li> <li>• After using the toilet.</li> <li>• After sneezing or coughing into hands.</li> <li>• Whenever hands are visibly dirty.</li> </ul>	<ul style="list-style-type: none"> <li>• When they arrive at school.</li> <li>• Before and after any breaks (e.g. recess, lunch).</li> <li>• Before and after eating and drinking.</li> <li>• Before and after handling food or assisting students with eating.</li> <li>• Before and after giving medication to a student or self.</li> <li>• After using the toilet.</li> <li>• After contact with body fluids (i.e., runny noses, spit, vomit, blood).</li> <li>• After cleaning tasks.</li> <li>• After removing gloves.</li> <li>• After handling garbage.</li> <li>• Whenever hands are visibly dirty.</li> </ul>

