



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

UPDATED: July 29, 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.

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

Lowering the number of in-person, close interactions continues to be a key component of B.C.'s strategy to prevent the spread of COVID-19. A cohort 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.

This document uses the terms elementary, middle and secondary to identify different expectations (where relevant) for schools based on the age range of students within them and the way learning is typically structured. The underlying intention is that the measures listed in the document are implemented throughout the school, with no differences for different grades within the same school. 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 health officer to determine what approaches are most suitable.



COVID-19 and Children

- COVID-19 virus has a very low infection rate in children (ages 0 to19).
- In B.C., less than 1% of children tested have been COVID-19 positive, and even fewer are suspected to have been infected based on serological testing. Most children are not at high risk for COVID-19 infection. Children under 10 comprise a smaller proportion of the total confirmed child cases compared to children between the ages of 10 and 19.
- Based on published literature to date, the majority of cases in children are the result of household transmission by droplet spread from a symptomatic adult family member with COVID-19. Even in family clusters, adults appear to be the primary drivers of transmission.
- Children under one year of age, and those who are immunocompromised or have pre-existing pulmonary conditions are at a higher risk of more severe illness from COVID-19 (visit the [BCCDC Children with Immune Suppression](#) page for further details).
 - Children who are at higher risk of severe illness from COVID-19 can still receive in-person instruction. Parents and caregivers are encouraged to consult with their health-care provider to determine their child's level of risk. Additional information is available [here](#).
- Children typically have much milder symptoms of COVID-19, if any. They often present with low-grade fever and a dry cough. 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

- While COVID-19 impacts adults more than children, some adults with specific health circumstances are at an increased risk for more severe outcomes, including individuals:
 - Aged 65 and over;
 - With compromised immune systems; or,
 - With underlying medical conditions.
- Most adults infected with COVID-19 will have mild symptoms that do not require care outside of the home.

COVID-19 and Schools

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

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

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



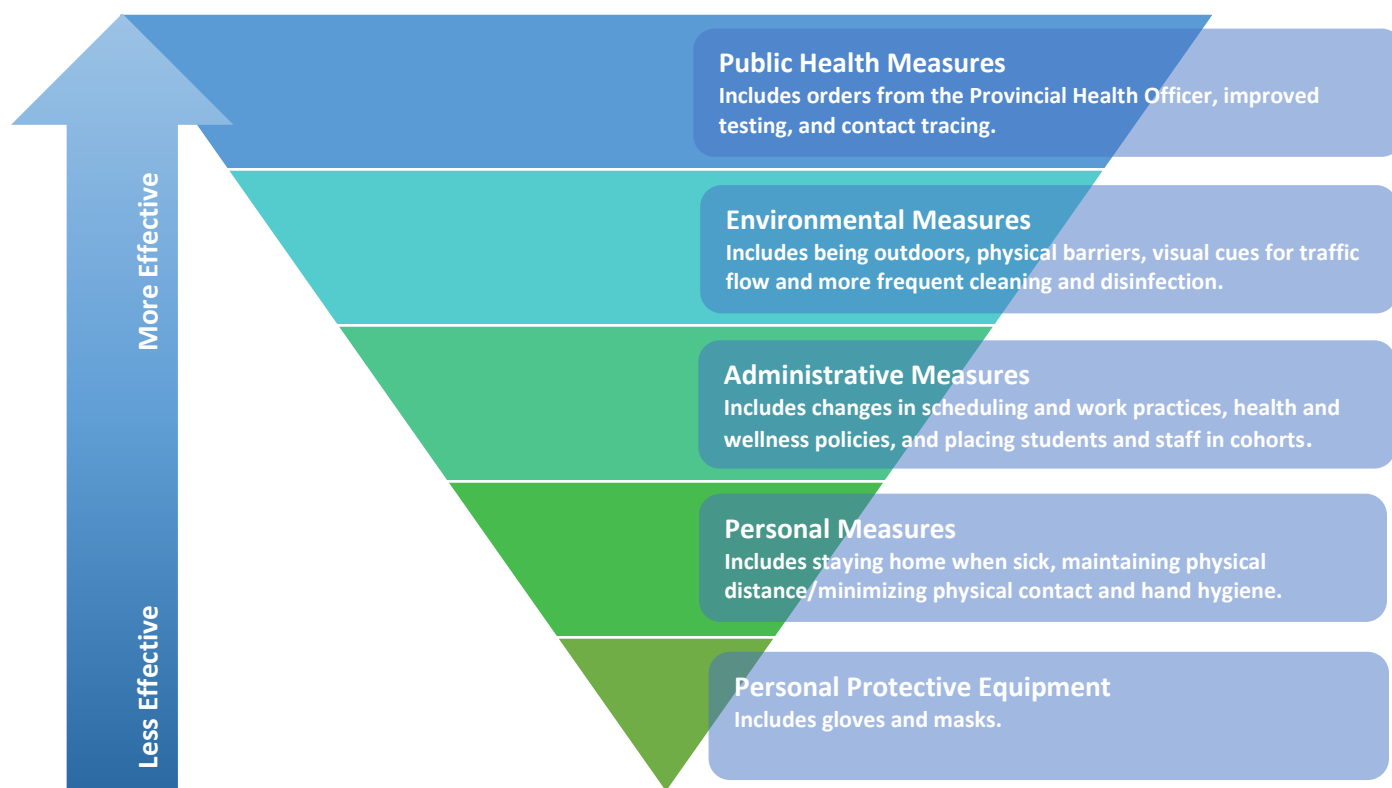
Infection Prevention and Exposure Control Measures

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 by public health. This is because schools include a consistent grouping of people, there are robust illness policies for students and staff and there is an ability to implement effective personal practices that are followed by most people 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 that should be taken 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 public health measures, including: prohibiting mass gatherings, requiring travellers to self-isolate or quarantine upon arrival in B.C., effective case finding and contact tracing, and emphasizing the need for people to stay home when they are sick.



Environmental Measures are changes to the physical environment that reduce the risk of exposure. Examples include being in outdoor spaces, using visual cues for maintaining physical distance 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, cohorts, modified schedules and supporting the ability of individuals to maintain physical distance.

Personal Measures are actions individuals can take to protect themselves and others. Examples include maintaining physical distance/minimizing physical contact, washing your hands frequently, coughing into your elbow and staying home if you are 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 protecting others should you be infected.

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

Mass Gatherings

The [Provincial Health Officer's Order for Mass Gathering Events](#) prohibits the gathering of more than 50 people for the purpose of an event. This order does not apply to schools. It is focused on one-time events where people gather and where control measures may be hard to implement.

Case Finding, Contact Tracing and Outbreak Management

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

Schools and school districts should work with their school medical health officer to ensure policies and procedures are in place regarding reporting elevated staff and student absenteeism due to influenza-like illness to public health/the school medical health officer. This reporting is helpful in early identification of clusters and outbreaks.

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



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

Schools should not provide notification to staff or students' families if a staff member or student becomes ill at home or at school, including if they display symptoms of COVID-19, unless directed to by public health.

Self-isolation and Quarantine

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

Self-isolation is also advised for those who are considered a close contact of a confirmed case. Public health staff identify and notify close contacts of a confirmed case. Public health also 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 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

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**.
 - 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, toilet handles, tables, desks and chairs used by multiple students, keyboards and toys.
- 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 are no additional cleaning and disinfecting procedures beyond those that are normally implemented and those noted in this document 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 ensure the fire code is adhered to.

Physical Barriers

Barriers can be installed in places where physical distance cannot regularly be maintained 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.

Administrative Measures

Reducing the number of in-person, close interactions an individual has in a day with different people helps to prevent the spread of COVID-19. This can be accomplished in K-12 school settings through two different but complementary approaches: cohorts and physical distancing.

- A cohort 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

Cohorts 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 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 minimize physical contact, practice hand hygiene, ensure physical distance where necessary and recognize and articulate symptoms of illness.

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).

Within the cohort minimized physical contact should be encouraged, but a two-metre physical distance does not need to be maintained.

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 assist public health should contact tracing need to occur.

School administrators should keep up-to-date lists of all members of a cohort to share with public health should contact tracing need to occur.

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 to do so while supporting learning and a positive, healthy and safe environment.

Those outside of a cohort must practice physical distance when interacting with the cohort. For example, a secondary school teacher can teach multiple cohorts but should maintain physical distance from students and other staff as much as possible. In an elementary or secondary school, two classes from different cohorts can be in the same learning space at the same time if a two-metre distance is able to be maintained between people from different cohorts.

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 maintain physical distance.
 - Elementary-aged students are less able to consistently maintain physical distance. Outdoors is a lower-risk environment than indoors.
- In **middle and secondary schools**, students can socialize with peers in different cohorts if they can maintain physical distance. Students must maintain physical distance when socializing with peers in different cohorts.
 - Middle- and secondary-school students are expected to be capable of consistently maintaining physical distance when it is required. If a student is unable to physically distance, the student should socialize within their cohort or where they can be supported to physically distance.



Unless they are part of the same cohort, staff and other adults should maintain physical distance from each other at all times. 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 and physical distance are maintained 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 distance between cohorts must be maintained.

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 enable physical distance for out-of-cohort interactions. 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.

Physical Distancing

Due to physical space limitations it may be necessary to reduce the number of individuals within secondary schools at any given time to ensure that physical distance can be maintained when required. 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.

Other Strategies

The following strategies should 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 to do so:
 - Consider different classroom and learning environment configurations to allow distance 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 are a safe environment. 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 completed the requirements of a daily health check before entering.
 - Schools should keep a list of the date, names and contact information for all visitors who enter the school.

Extracurricular Activities

Extracurricular activities including sports, arts or special interest clubs can occur if physical distance can be maintained between members of different cohorts and reduced physical contact is practiced by those within the same cohort.

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 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 physically distance 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 recommended in situations where a person cannot maintain physical distance for extended periods of time and is in close proximity to a person outside of their regular contacts. This includes riding the bus to school where a student may be sitting next to a person outside of their cohort or household.

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

No student is 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.

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.).
- If food is prepared within or outside a school for consumption by people other than those that prepared it (including for sale), it is expected that the [WorkSafe BC Restaurants, cafes, pubs, and nightclubs: Protocols for returning to operation](#) are implemented as appropriate and as relevant to the school setting, in addition to normally implemented food safety measures and requirements (e.g. FOODSAFE trained staff, a food safety plan, etc.).
- Schools should not allow homemade food items to be made available to other students at this time (e.g. birthday treats, bake sale items).



The June 19th, 2020 Order of the Provincial health Officer [Food Service Establishments and Liquor Services](#) 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

Stay Home When Sick

- Any student, staff or other person within the school who has symptoms of COVID-19 **OR** travelled outside Canada in the last 14 days **OR** was identified as a close contact of a confirmed case or outbreak **must stay home and self-isolate**, including children of essential service workers.
- Any student, staff, or other person within the school who has cold, influenza, or COVID-19-like symptoms should seek assessment by a health-care provider.
 - Students or staff may still attend school if a member of their household has cold, influenza, or COVID-19-like symptoms, provided the student/staff is asymptomatic. It is expected the symptomatic household member is seeking assessment by a health-care provider.
 - Students and staff who experience seasonal allergies or other COVID-19-like symptoms, which are related to an existing condition can continue to attend school when they are experiencing these symptoms as normal. If they experience any change in symptoms they should seek assessment by a health-care provider.
- Parents and caregivers must assess their child daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before sending them to school.
 - **If a child has any symptoms, they must not go to school.**
- Staff and other adults must assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to entering the school.
 - **If staff or any adult has any symptoms, they must not enter the school.**
- School administrators must:
 - Ensure school staff and other adults entering the school are aware of their responsibility to assess themselves daily for symptoms of common cold, influenza, COVID-19 or other infectious respiratory disease prior to entering the school.
 - Clearly communicate with parents and caregivers about their responsibility to assess their children daily before sending them to school.
 - Consider having parents and caregivers provide a copy of a completed daily health check form that confirms they understand how to complete the daily health check and that it must be completed daily. An example is included as Appendix B.
 - Alternatively, conduct daily health checks for respiratory illness at drop-off by asking parents and caregivers to confirm the child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease.
 - Establish procedures for those who become sick while at school to be sent 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.
- Those unsure of if they or a student should self-isolate or be tested for COVID-19 should be directed to use the [BC COVID-19 Self-Assessment Tool](#).
 - They can also be advised to contact 8-1-1, a family physician or nurse practitioner to be assessed for COVID-19 and other infectious respiratory diseases.
 - If concerned, they can be advised to contact the local public health unit to seek further guidance.
- There is no role for screening students or staff for symptoms, checking temperatures, or COVID-19 testing. Such activities are reserved for health-care professionals.

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

Hand Hygiene

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

How to practice diligent hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
 - Temperature does not change the effectiveness of washing hands with plain soap and water, 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 D.



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, 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.

If a person providing health services assesses the need for additional PPE following a point of care risk assessment it should be worn. Those providing health services should wear a mask when working in close proximity with students who are at a higher risk of severe illness due to COVID-19 (e.g. children with immune suppression), particularly those who work at multiple sites.

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

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 B).

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 working with students with disabilities and diverse abilities should continue with regular precaution. No additional mitigation measures or PPE are required.



Non-Medical Masks

Wearing a non-medical mask or face covering within schools is a personal choice for students and adults. Non-medical masks or face coverings may be useful when physical distance cannot be consistently maintained and the person is interacting with people outside of their cohort for extended periods of time (e.g. middle and secondary students on a school bus, etc.). It is important to treat people wearing masks with respect. More information about COVID-related mask use is available [here](#).

Those that choose to wear non-medical masks must still seek to maintain physical distance from people outside of their cohort. There must be no crowding, gathering or congregating of people from different cohorts, even if non-medical masks are worn.

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.

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](#).

July 29, 2020
COVID-19 Public Health Guidance for K-12 Settings



Appendix A: Summary of School-Based Control Measures



1. STAY HOME WHEN SICK

All students and staff with common cold, influenza, COVID-19, or other respiratory diseases must stay home and self-isolate.



4. PHYSICAL DISTANCING AND MINIMIZING PHYSICAL CONTACT

Spread students and staff out to different areas when possible.

Take students outside more often.

Stagger break and transition times. Incorporate individual activities.

Remind students to keep their hands to themselves.



2. HAND HYGIENE

Everyone should clean their hands more often!

Thorough hand washing with plain soap and water for at least 20 seconds is the most effective way to reduce the spread of illness.



5. CLEANING AND DISINFECTION

Clean and disinfect frequently touched surfaces at least twice every 24 hours (once during the school day).

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

Use common cleaning and disinfectant products.



3. RESPIRATORY AND PERSONAL HYGIENE

Cover your coughs.

Do not touch your face.

No sharing of food, drinks, or personal items.



Appendix B: Daily Health Check Example

The following can be used as an example of a tool that can be used for parents and caregivers to complete prior to their child coming to school. It should be adapted if used for school staff and visitors.

Daily Health Check			
1. Symptoms of Illness*	Does your child have any of the following symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Chills	YES	NO
	Cough or worsening of chronic cough	YES	NO
	Shortness of breath	YES	NO
	Sore throat	YES	NO
	Runny nose / stuffy nose	YES	NO
	Loss of sense of smell or taste	YES	NO
	Headache	YES	NO
	Fatigue	YES	NO
	Diarrhea	YES	NO
	Loss of appetite	YES	NO
	Nausea and vomiting	YES	NO
	Muscle aches	YES	NO
	Conjunctivitis (pink eye)	YES	NO
	Dizziness, confusion	YES	NO
Abdominal pain	YES	NO	
Skin rashes or discoloration of fingers or toes	YES	NO	
2. International Travel	Have you or anyone in your household returned from travel outside Canada in the last 14 days?	YES	NO
3. Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	YES	NO

*Check BCCDC's [Symptoms of COVID-19](#) regularly to ensure the list is up to date.

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

If they are experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes 8-1-1, or a primary care provider like a physician or nurse practitioner.

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



Appendix C: What to Do if a Student or Staff Member Develops Symptoms

<i>If a Student Develops Any Symptoms of Illness</i>	<i>If a Staff Member Develops Any Symptoms of Illness</i>
<p>Parents or caregivers must keep the student at home</p> <p>IF STUDENT DEVELOPS SYMPTOMS AT SCHOOL:</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 non-medical mask or face covering if available and tolerated, or use a tissue to cover their nose and mouth. 4. Provide the student with a non-medical mask or tissues to cover their coughs or sneezes. Throw away used tissues as soon as possible and perform hand hygiene. 5. Avoid touching the student's body fluids (e.g., mucous, saliva). If you do, practice diligent hand hygiene. 6. Once the student is picked up, practice diligent hand hygiene. 7. Staff responsible for facility cleaning must clean and disinfect the space where the student was separated and any areas recently used by them (e.g., classroom, bathroom, common areas). <p>Parents or caregivers must pick up their child as soon as possible if they are notified their child is ill.</p>	<p>Staff must stay home</p> <p>IF STAFF DEVELOPS SYMPTOMS AT WORK:</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>The threshold for reporting student and/or staff illness to public health should be determined in consultation with the school medical health officer</p>	
<p>Anyone experiencing symptoms of illness should not return to school until they have been assessed by a health-care provider to exclude COVID-19 or other infectious diseases AND their symptoms have resolved</p>	



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

