



Office of the
Provincial Health Officer



BC Centre for Disease Control
Provincial Health Services Authority

2019 Novel Coronavirus (COVID-19) B.C. public health guidance for schools and childcare programs

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Contents

A. Introduction.....	2
B. General Information.....	2
C. Recommendations for Administrators	3
D. Psychosocial considerations.....	7
E. Further information.....	8
Appendix A – Disinfection products active against coronaviruses.....	9
References.....	11

A. Introduction

There are measures that schools and childcare settings can take to reduce the risk of transmission of respiratory illnesses including COVID-19.

It is intended that this guidance will support school and childcare administrators to reduce opportunities for transmission of COVID-19 illness in schools and childcare settings. This guidance is based on current available scientific evidence and expert opinion and is subject to change as new information on of COVID-19 becomes available. *For up to date information regarding the situation in British Columbia, visit bccdc.ca.* This guidance has been developed based on the BC and Canadian situation; therefore, may differ from guidance developed by other countries.

Medical Health Officers are available to support schools and childcare settings throughout the province. Their role is to undertake communicable disease risk assessments and provide guidance on risk management. If you have concerns, need specific guidance, or have questions about how to apply the measures in this document, please contact a Medical Health Officer from your Health Authority for assistance (visit www.bccdc.ca/contact for Medical Health officer contact information for each Health Authority).

Schools will refer to both public and private institutions providing Kindergarten to Grade 12 (K to 12) education programs to children and adolescents in the classroom setting. Other school-based activities which may be impacted by the advice in this guidance include sports, music and field trips into the community or to other schools, care provided outside of regular school hours (e.g. before and after care), professional development/activity days and school break day camps.

Childcare settings will refer to both licensed and unlicensed childcare programs providing care and education to children from infants and toddlers to preschool age, as well as providing before and after school care for school age children. Childcare programs are located in a variety of settings, including family homes, centre-based care and schools.

B. General Information

Symptoms associated with COVID-19 are similar to many common respiratory illnesses that may be circulating through schools/childcare settings. The two most important ways to prevent and control respiratory viruses, including COVID-19, in schools and childcare settings are:

- For students/children and staff who are ill with respiratory illness symptoms (fever, cough, fatigue, and/or muscle aches) to stay home from school/childcare and
- The consistent practice of good respiratory etiquette and hand hygiene.

At present the Public Health Agency of Canada and the Provincial Health Officer of British Columbia do not recommend school closure strategies for the prevention of COVID-19.

C. Recommendations for Administrators

1. Promote good hand hygiene and respiratory etiquette

Hand hygiene with plain soap and water is preferred in schools and childcare settings as the mechanical action of handwashing is effective at removing visible soil as well as microbes. In instances where hand washing sinks are not available, supervised use of alcohol-based hand sanitizers containing at least 60% alcohol may be considered. If hands are visibly soiled, alcohol based hand sanitizers may not be effective at eliminating respiratory viruses.

Students/children and adults in the childcare setting should clean their hands:

- before leaving home and on arrival at school
- after using the toilet
- after breaks and sporting activities
- before food preparation
- before eating any food, including snacks
- before leaving school

Respiratory etiquette in school/childcare settings includes covering the mouth and nose during coughing or sneezing with a tissue or a flexed elbow and disposing of used tissues in a plastic-lined waste container, followed by hand hygiene.

There should be sufficient handwashing stations (sinks and/or alcohol-based hand sanitizer) that students/children can easily clean their hands as required. Schools and childcare settings should also ensure:

- Sufficient tissue supplies and waste receptacles be placed to support respiratory etiquette recommendations.
- Students/children should be supervised and assisted in hand hygiene at teacher/caregiver discretion (for example, very young children may require support).
- Administration and staff are reminded that Material Safety Data Sheets and product labels provide additional information regarding placement, storage and warnings associated with alcohol based hand sanitizers.

2. The use of masks in school/childcare settings is not recommended

Masks are indicated for people who have symptoms to reduce their risk of spreading virus through droplets produced when coughing or sneezing. Children who have symptoms should be kept home from school/childcare rather than relying on masks.

Masks are not necessary for people who are not experiencing symptoms¹. In children in particular masks can be irritating and may increase touching of the face and eyes, which increases the risk of infection.

In the specific case of a child who is self-monitoring and develops symptoms compatible with COVID-19 while in a school/childcare setting, masks may be indicated. Please see the section below entitled “Manage students/children with possible COVID-19.”

3. Maintain cleaning and disinfecting policies

Regular cleaning and disinfecting of objects and high-touch surfaces (e.g. door handles, water fountain push buttons) will help prevent the transmission of viruses. This can be done using existing school/childcare setting cleaning and disinfection protocols, as long as the disinfectant step is with a product active against coronaviruses (see “Disinfection” below).

Cleaning is the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth. *Cleaning for COVID-19 virus is the same as for other common viruses.* In general, cleaning should be done whenever surfaces are visibly soiled.

Disinfection is the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body. Most schools/childcare settings will have existing policies to disinfect high-touch surfaces at least once per day; if not, these should be developed. Consider more frequent disinfection whenever respiratory illnesses are circulating in the school/childcare setting. As well, additional disinfection should occur in any settings occupied by a student/child who is symptomatic and at risk of COVID-19 (see “Managing a child with possible COVID-19” below).

See [Appendix A](#) for specific guidance on disinfection products that are effective against coronaviruses.

Consider cleaning and disinfecting practices in the following specific circumstances encountered in schools/childcare settings:

- *Musical instruments:* If feasible, students/children should have their own mouthpieces for instruments. Mouthpieces should be cleaned and disinfected as per standard practices recommended for the instrument.
- *Toys:* Schools/childcare settings should have toys that are easily cleaned and disinfected (e.g. avoid plush toys). Consider increasing frequency of cleaning and disinfection, especially if symptomatic students/children have been playing with the toys.
- *Water fountains:* The mouthpieces of drinking fountains are not a major source of virus transmission and require only regular cleaning according to manufacturer recommendations².

¹ WHO Coronavirus disease (COVID-19) advice for the public: When and how to use masks. [Accessed on 13 February 2020]. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

² Pacific Institute. February 2017. Drinking Fountains and Public Health Improving National Water Infrastructure to Rebuild Trust and Ensure Access. Accessed February 12 2020. [Accessed 12 February 2020]. https://pacinst.org/wp-content/uploads/2017/02/Drinking_Fountains_and_Public_Health_Feb_2017-1.pdf

Water fountain knobs and push buttons should be considered high-touch surfaces, and regularly cleaned and disinfected. Consideration can be given to having students/children fill water bottles rather than having them drink directly from the mouthpiece of the fountain.

School/childcare administrators are encouraged to review existing activities and practices within their settings to help determine where enhancements or increased cleaning frequencies may be needed.

4. Reinforce food and container sharing policies

It will be important to reinforce “no food sharing” policies in school/childcare settings. Though in general, these policies are put in place in an effort to reduce potential exposures to allergens, the practice of not sharing food in the school/childcare setting will support the efforts of reducing virus transmission between students/children. Students and children should also be supported not to share utensils, dishes, and waterbottles/drink containers.

5. Keep parents/caregivers informed about measures the school/childcare setting is taking

Parents/caregivers will be a major source of comfort and reassurance to their children. It will be important for the school/childcare setting to keep parents/caregivers informed of what they are doing to protect students/children including how they are preventing the spread of respiratory infections. Messages and strategies should reflect the diverse linguistic, literacy and cultural characteristics and needs of the community.

6. Support individuals/families who are self-monitoring or self-isolating

Some students/children may be asked to **self-isolate** (stay at home) if they are confirmed to have COVID-19 or are at higher risk of developing the disease (for example, due to close contact with a case). Others at lower risk of developing the disease may be asked to **self-monitor** daily for symptoms, and alert public health officials if they do develop symptoms. Individuals who are self-monitoring are allowed to attend and work in school and participate in regular activities. The website of the BC Centre for Disease Control (bccdc.ca) contains up to date information on what categories of people have been asked to self-monitor or self-isolate.

If students/children or staff have been advised by the public health officials to self-monitor for symptoms or self-isolate at home, the school community should make efforts to support families to ensure:

- Sick leave policies are in place and school attendance is flexible. It is important to discourage the use of perfect attendance awards and incentives.³

³ CDC. Interim Guidance for Childcare Programs and K-12 Schools. [Accessed 18 February 2020].
<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>

- Families are treated with respect, fairness and compassion with a focus on dignity and privacy protection.
- Steps are taken to reduce the potential for stigma and discrimination⁴ (e.g., through outreach, information sharing and school/board level education).
- If students are self-isolating at home and they are well enough to participate in homework, measures are in place to provide meaningful homework. This will support students so they do not fall behind in their studies and they can maintain a sense of meaning/belonging. Children who are unwell may need extensions of deadlines or alternative measures to reduce burdens.
- When students/children/staff have completed a 14-day period of self-isolation without developing COVID-19, they can return to full activities in their school/childcare setting and do not need special monitoring or other procedures.
- Individuals who are self-monitoring are allowed to attend and work in school and participate in regular activities.
- Disclosure of self-monitoring status is voluntary. If families disclose that students, children or staff are self-monitoring for symptoms, ensure measures are in place to recognize symptoms while in school/childcare and to separate sick students, children or staff from others if symptoms develop (see “Manage students/children with possible COVID-19” below).
- Students/children who have had COVID-19 infection will receive individualized guidance about when they are non-infectious and can return to school/childcare setting. They will not require special monitoring or procedures beyond that point. Administrators should not require a doctor’s note to return to the school/childcare setting.

7. Manage students/children with possible COVID-19

If a student/child or staff member who is self-monitoring (i.e. has been directed by public health to self-monitor for symptoms but not self-isolate) begins to experience symptoms of COVID-19 while attending a school/childcare program, it is recommended that:

- Schools/childcare programs promptly separate the student/child or staff with symptoms of COVID-19 (e.g. fever, cough, sore throat, shortness of breath, fatigue, headache, muscle aches) in an area separate from others, with adequate supervision until they can go home.
- To help prevent transmission, respiratory etiquette and hand hygiene practices are recommended, as well as, to the extent possible, having the ill student/child or staff stay two meters away from others. If possible, the student should be placed in a separate room from other students/children with a closed door. Any rooms they have been in while symptomatic should be cleaned and disinfected before others enter them.
- The ill student, child or staff who is able to comply with mask wearing should be instructed to wear a surgical mask. If the student/child is not able to comply or there are no appropriately sized masks available, the adult(s) caring for them should wear a surgical mask. If a mask is unavailable the student/child should be instructed to cover their mouth and nose with a tissue when coughing or sneezing.

⁴ CDC. Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings. [Accessed 16 February 2020]. <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

- Schools/childcare programs should notify parents/guardians if their child begins to show symptoms of COVID-19 while at school/childcare, including the need for immediate pick up.
- Students/children who begin to show symptoms of COVID-19 while at school or childcare should be picked up by their parent/guardian and avoid travel on school buses. If no alternative is possible, and the student/child must ride a school bus, it is recommended that the student/child sits on a seat by them self and wear an appropriately sized surgical mask. If a mask is unavailable or the student/child cannot comply with mask-wearing, they should be instructed to cover their mouth and nose with a tissue when coughing or sneezing.
- Alert your local Medical Health Officer if there is a student/child self-monitoring for symptoms who develops symptoms compatible with COVID-19 while at school/childcare setting.
- While awaiting test results of someone with symptoms of COVID-19, clean and disinfect any rooms the student/child was in while symptomatic. There is no need to take any further special precautions or to close the school/childcare setting.
- Public health officials will identify individuals who may have had contact with a COVID-19 infected person and alert school/childcare administrators to actions that should be taken. Close contacts of a confirmed case may be asked by public health officials to self-isolate.
- Students/children who test negative for COVID-19 will be advised individually about return to school/childcare settings.

8. Report to your local Medical Health Officer if your school/childcare setting has a suspected case of COVID-19, unusual absenteeism, or other concerns

It is important for administrators to understand the usual absenteeism patterns of their school/childcare centre.⁴ Notify the local Medical Health Officer in unusual situations, such as when absenteeism of students/children or staff is greater than would be expected or there is a suspected case of COVID-19 in a student/child who is self-monitoring for symptoms. Please visit www.bccdc.ca/contact for Medical Health officer contact information for each Health Authority.

D. Psychosocial considerations

A new virus such as the COVID-19 can create anxiety and be difficult for students/children to understand, especially if someone in their school or family is sick, or they see or hear troubling messages on the radio, internet or television. It is normal for students/children to feel worried or nervous and have questions. All staff in schools/childcare settings can support students by doing the following:

Reassure students/children about their personal safety and health. Telling students/children that it is okay to be concerned is comforting. Reassure them they are safe and there are many things they can do to stay healthy:

- **Hand washing:** Wash hands often with soap and warm water for at least 20 seconds, or use an alcohol based hand sanitizer, especially after coughing or sneezing.
- **Cough/sneeze etiquette:** Cough and sneeze into arm or tissue.
- **Stay home when sick:** Students/children should tell parents if not feeling well, and together, make a plan to stay home from school.
- **Keep clean:** Keep hands away from face and mouth.

- **Stay healthy:** Stay healthy by eating healthy foods, keeping physically active, getting enough sleep.

Listen to students/children and provide age-appropriate information. Let them know they can talk about their feelings and ask questions. Answer questions honestly but make sure that the information is suitable for their age level. If you don't know the answers to their questions it's okay to say so and together look for resources that can answer their questions. Remember students/children are often listening when you talk to others about COVID-19. Administrators and staff should be mindful of how students/children share information in less supervised settings e.g. before and after school, lunch and snack times, recess and on the bus. It may be in these settings where students/children can become misinformed. It will be important for administrators and staff to correct this misinformation when they are made aware of it.

Maintain familiar activities and routines at schools and childcare programs as it can reinforce the sense of security of students/children.

Monitor for discrimination and/or bullying surrounding COVID-19, in particular towards those who may have been exposed to the virus and are self-isolating at home, or self-monitoring for symptoms. School/childcare programs should make all efforts to ensure that misinformation is clarified and anti-discrimination/bullying protocols are adhered to.

E. Further information

Up-to-date information on the evolving situation of COVID-19 in British Columbia is available on the website of the BC Centre for Disease Control at bccdc.ca.

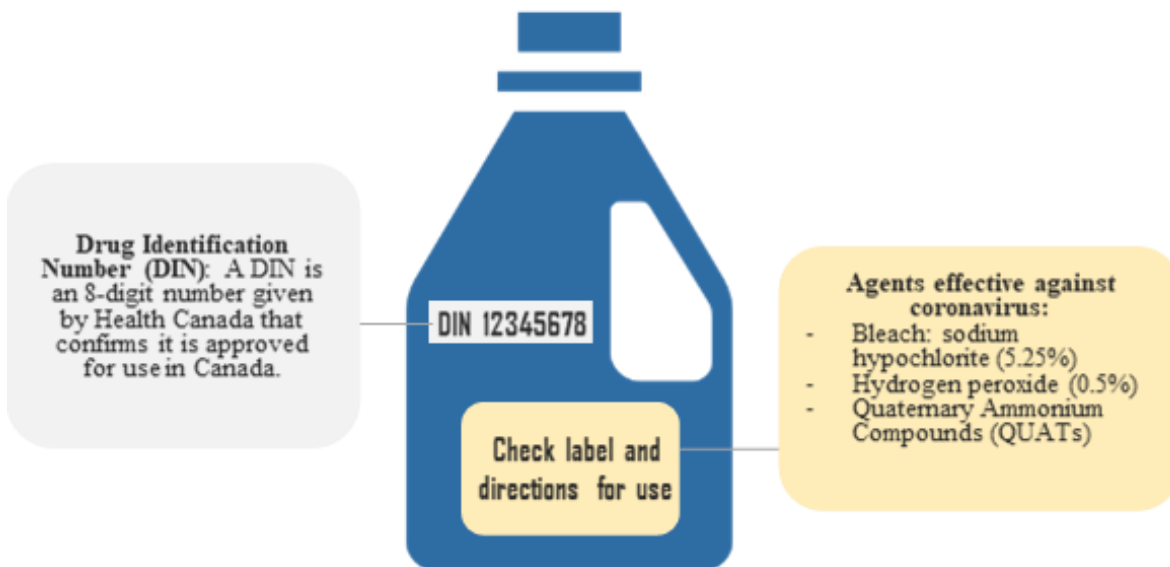
Public health guidance is available to answer questions about implementation of the recommendations in this document. Visit www.bccdc.ca/contact for contact information for the public health department and Medical Health Officers in your Health Authority.

Appendix A – Disinfection products active against coronaviruses

For frequently touched surfaces and areas that are likely to become contaminated, the below list of common disinfectants is provided as a guide to choosing products. Often janitorial product outlets carry all of these products. *Always follow the manufacturer's instructions.*

Important notes:

- ▶ Ensure disinfectant product has a Drug Identification Number (DIN) on its label.
- ▶ Follow product instructions for dilution, contact time and safe use.
- ▶ All soiled surfaces should be cleaned before disinfecting (unless otherwise stated on the product).



List of disinfecting agents and their working concentrations known to be effective against coronaviruses^{5,6}:

Agent and Concentration	Uses
1. Chlorine: Household bleach – sodium hypochlorite (5.25%) 1:100 (500 ppm solution) 10 ml bleach to 990 ml water	Used for disinfecting general surfaces, e.g., hand railings, grab handles, door knobs, cupboard handles.
2. Chlorine: Household bleach - sodium hypochlorite (5.25%) 1:50 (1,000ppm solution) 20 ml bleach to 980 ml water	Used for disinfecting surfaces contaminated with bodily fluids and waste like vomit, diarrhea, mucus, or feces (after cleaning with soap and water first). Allow surface to air dry naturally.
3. Accelerated Hydrogen Peroxide 0.5%	Used for disinfecting general surfaces (e.g. counters, hand rails, door knobs).
4. Quaternary Ammonium Compounds (QUATs)	Used for disinfecting of general surfaces (e.g., floors, walls, furnishings).

The BC Ministry of Health does not endorse or promote any specific brands of disinfectant products. If you have any questions about specific products for prevention of coronavirus, please contact PICNet at picnet@phsa.ca

⁵ Dellanno, Christine, Quinn Vega, and Diane Boesenberg. "The antiviral action of common household disinfectants and antiseptics against murine hepatitis virus, a potential surrogate for SARS coronavirus." *American journal of infection control* 37.8 (2009): 649-652.

⁶ Provincial Infection Prevention Control Network of British Columbia. "Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community." (2014). https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf

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