



Health and Safety School Restart Plan 2020

Updated October 22, 2020



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1. Introduction and Background

A pandemic is an outbreak occurring over a larger geographical area, often worldwide, affecting a large proportion of the population with elevated mortality rates. Three pandemics have occurred in the last century: the Spanish flu (1918), the Asian flu (1957), and the Hong Kong flu (1968). The Spanish Flu pandemic of 1918 resulted in approximately 40-50 million deaths worldwide.

An epidemic, on the other hand, is a widespread occurrence of an infectious disease in a community at a particular time. This could be any infectious disease such as measles, whooping cough or the novel coronavirus (COVID-19).

On March 11th, 2020 the World Health Organization (WHO) declared COVID-19 to be a pandemic. The Director-General stated that:

“We are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction... This is not just a public health crisis, it is a crisis that will touch every sector – so every sector and every individual must be involved in the fight. I have said from the beginning that countries must take a whole-of- government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.”

The District is committed to providing a safe and healthy workplace for all students and staff. A combination of measures will be used to minimize exposure to pandemic viruses. Work procedures will protect students and staff throughout the district. It is a shared responsibility between students, staff and parents to follow all the procedures outlined in this plan in order to prevent or reduce exposure to pandemic viruses, including COVID-19.

2. BC Ministry of Education Priorities

- 2.1 Maintain a healthy and safe environment for all students, families and employees.
- 2.2 Provide the services needed to support children of our essential workers.
- 2.3 Support vulnerable students who may need special assistance.
- 2.4 Provide continuity of educational opportunities for all students.

3. What We Know About COVID-19 in 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 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.
- 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 Public Health Guidance for K-12 School Settings, July 29th, 2020)

4. COVID-19 and Adults

COVID-19 impacts adults more than children. Some adults with specific health circumstances are at an increased risk for more severe outcomes including individuals:

- 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 Public Health Guidance for K-12 School Settings, July 29th, 2020)

5. 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.

(COVID-19 Public Health Guidance for K-12 School Settings, July 29th, 2020)

6. Student and Staff Health Screening

School Administrators must ensure parents and school staff are aware of their responsibility to assess themselves daily for symptoms of common cold or flu prior to entering the school. Refer to the Daily Health Check ([Appendix A](#)).

There is no role for medically assessing students or staff for symptoms, checking temperatures, or COVID-19 testing. Such activities are reserved for health care professionals.
(COVID-19 Public Health Guidance for K-12 School Settings, July 29th, 2020)

7. Visitor/Contractor Access Procedures

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 must schedule an appointment.
- All visitors will immediately report to the office upon arriving at the school.
- All visitors should confirm they have completed the requirements of a daily health check before entering.
- Schools to keep a list of the date, names and contact information for all visitors who enter the school.

8. Student/Staff Arrival Procedures

Physical distancing of 1-2 meters must be maintained by all adults at arrival and check-in regardless of the number of parents/caregivers arriving with children. Parents must remain outside of the school to drop off/pick up their children. (See [Appendix D](#))

- 8.1 Perform daily self-assessment for symptoms of the common cold or flu-like symptoms prior to leaving home.
- 8.2 Use designated entrance(s).
- 8.3 Use automatic door openers whenever possible (pressing the switch with your elbow).
- 8.4 Use hand sanitizer upon entering the school.
- 8.5 Go directly to your classroom/work area.
- 8.6 Immediately wash hands at the nearest wash station.
- 8.7 When hand hygiene is complete follow check-in procedures.
- 8.8 Stay in your work area as much as reasonably possible.
- 8.9 Commence work day.

9. Hand Washing

Thoroughly washing your hands with soap and water is the best protection against illness. Follow these instructions for handwashing:

- Wet hands with running water.
- Apply a small amount of liquid soap. Antibacterial soap is not required. Rub hands together for at least 20 seconds (sing the ABC's). Rub palms, backs of hands, between fingers and under nails/creating a lather.
- Rinse off all soap with running water.
- Dry hands with a clean, disposable towel.
- Turn off taps, using the paper towel – if required.
- Discard the used towel in the waste container. (See [Appendix E](#))

Staff and children should wash their hands at a minimum:

- Before they leave home
- When they arrive at school and before they go home.
- Before and after any transitions within the school setting (e.g. to another classroom, indoor-outdoor transitions, etc.).
- Before and after eating and drinking.
- After using the toilet.
- Before and after playing outside.
- After sneezing or coughing into hands.
- Whenever hands are visibly dirty or greasy.

Where required, additional hand sanitizing stations will be installed so that each school entrance will have one located in close proximity to entrances of the school. Hand sanitizing stations and/or portable sinks will also be installed in portable classrooms.

10. Respiratory Etiquette

- Cough or sneeze into your elbow, sleeve or a tissue. Throw away used tissues and immediately wash your hands.
- Refrain from touching your eyes, nose or mouth with unwashed hands.
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.
- Staff, secondary students and other adults are required to use a non-medical mask when interacting with those outside of your cohort group and when social distancing is not possible.
- Wearing a mask in other situations is a personal choice and your choice will be respected.

11. Learning Cohorts

In this document, learning cohorts can also be called learning groups. Learning cohorts are intended to reduce 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 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 will be composed of students and staff where possible.

Cohorts are smaller in elementary (K-7) due to the recognition that younger children are less able to consistently implement personal measures such as hand hygiene, reducing physical contact, recognizing, and articulating symptoms of illness. Cohorts are larger in secondary (8-12) schools due to the increased ability of children in that setting to be able to consistently minimize physical contact, practice hand hygiene, ensure physical distance where necessary and recognize and articulate symptoms of illness.

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

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

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 all members of a cohort to share with public health should contact tracing need to occur.

11.1 Interacting with Cohorts

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 and use a mask when it is not possible to do so.

In an elementary or secondary school, two classes from different cohorts can be in the same learning space at the same time if a 1-2 meters 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 keeping 1-2 meters 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 where possible and/or wear a 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.

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.

11.2 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, seek virtual alternatives for larger gatherings and assemblies.

11.3 Extra-Curricular Activities

Extracurricular activities including sports, arts or special interest clubs will not occur at this time. This will be re-evaluated in mid-fall 2020.

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

(COVID-19 Public Health Guidance for K-12 School Settings, July 29th, 2020)

11.4 Field Trip Activities

Curricular field trips that involve bussing will not run. We will reevaluate this at the mid-fall 2020. If you are taking students on a walking curricular field trip you must ensure that it is only one cohort of students and that the location of the trip has all the necessary safety requirements in place (Social Distancing/PPE for adults that are not members of the cohort) This would include parent volunteers and/or additional staff at the field trip location.

12. Physical Distancing and Minimizing Physical Interaction

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.

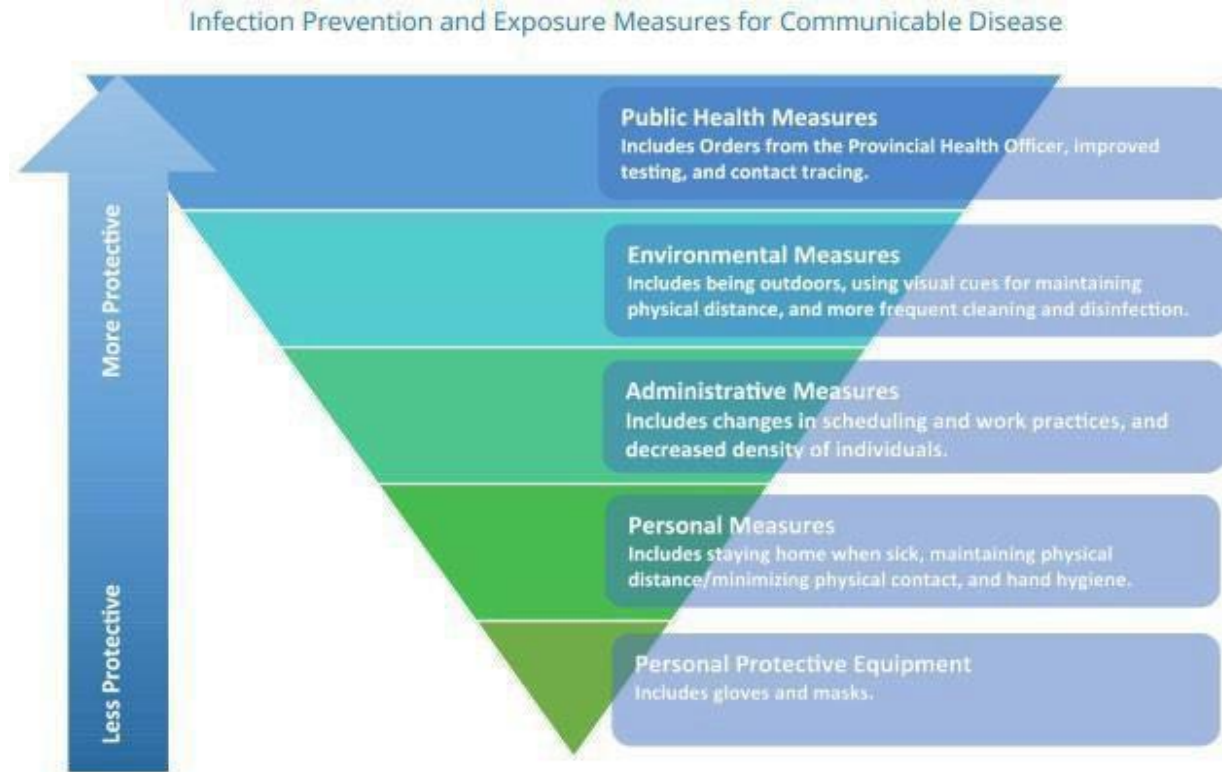
(COVID-19 Public Health Guidance for K-12 School Settings, Sept 11th, 2020)

The following physical distancing strategies should be implemented where possible in the K-12 school setting:

- Avoid close greetings (e.g., hugs, handshakes). Regularly remind students about keeping their “hands to yourself”.
- Encourage student and staff not to 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).
 - Maximize the learning space for students by removing extra furniture from the room
 - For middle and secondary schools, consider arranging desks/tables so students are not facing each other and using consistent seating arrangements.
- Stagger the entry of students into the building.
- Stagger recess/snack, lunch and class transition times to provide a greater amount of space for everyone.
- Take students outside more often.
- 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.

(COVID-19 Public Health Guidance for K-12 School Settings, July 29th, 2020)

13. Use of Personal Protective Equipment



- Non-medical masks are required to be used in situations where a person cannot maintain physical distance and is in close proximity to a person outside of their learning group or household.
- Non-medical masks, **if tolerated**, will be required for secondary students in high traffic areas such as school buses and in common areas such as hallways, or anytime outside of their learning group whenever physical distancing cannot be maintained. **Use of masks is not mandatory for students.**

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

- School District staff will be required to wear a non-medical mask, a face covering or a face shield (in which case a non-medical mask should be worn in addition to the face shield) in high traffic

areas such as school buses and in common areas such as hallways, or anytime outside of their learning group whenever physical distancing cannot be maintained. Staff can also wear a mask, a face covering or a face shield within their classroom or learning group if that is their personal preference.

- Even when wearing a mask, students and staff will be encouraged to maintain physical distance from people outside of their learning group. Efforts will be put in place to ensure there is not crowding, gathering or congregating of people from different learning groups in a school setting, even if non-medical masks are being worn. Schools will also ensure non-medical masks are available for staff if someone should become ill while at school.

(Provincial COVID-19 Health & Safety Guidelines for K-12 Settings, August 17th, 2020)

14. Learning Options

We know how important it is for children to be back in school – to both support their emotional and mental health and their ability to socialize and to learn,” Dr. Bonnie Henry.

RMSD believes in-class instruction provides students with peer engagement, supports social and emotional development and decreases feelings of isolation.

School also provides many students access to programs and services they cannot get at home and is integral to their overall health.

Like every year, students who are registered in a school are expected to attend school in-person, unless they are sick.

- Schools in RMSD will not be providing daily online options for students registered in a ‘brick and mortar’ building
- Each school will have a continuity in learning plan in the event a student is sick or is required to self-isolate

Alternative Learning Options

- Like every September, parents have options for their child's education.
- Before selecting an alternative to in-class instruction, parents should talk to their school's administration about their options if they later want to return and enroll at their desired school.
- RMSD offers distributed learning options through [Rocky Mountain Distributed Learning School \(RMDLS\)](#) with [Learn @ Home \(K-9\)](#) and [online courses \(10-12\)](#) for their students and families.

15. Learning Services

15.1 Behaviour Support Plans and Employee Response Plans

Children are screened case by case to determine levels of support required to safely bring students into the school environment and any support and response plans will be provided to the Principal. Staff working with children that have Behaviour Support Plans and/or Employee Response Plans in place should review these plans prior to working with the child.

15.2 Personal Care Plans

Students with complex health needs may have Personal Care Plans/Delegated Care Plans developed in conjunction with the health authority. The same PPE needed prior to COVID- 19, such as masks, gloves, and gowns, as identified and required by the health authority for implementing a student's Personal Care Plan, continues to be required during this time of concern due to COVID-19.

No additional personal protective equipment is required unless identified on a case-by-case basis by the health authority. For particularly complex cases, example-feeding tubes, direct any inquiries to the District's Director of Instruction – Learning Services.

Non-medical masks are required in situations where a person cannot maintain physical distance and is in close proximity to a person outside of their learning group. As such, staff are required to wear a non-medical mask, a face covering or a face shield (in which case a non-medical mask should be worn in addition to the face shield) when outside of their learning groups, and when physical distancing cannot be maintained.

15.3 Students with Disabilities and Diverse Abilities

Staff or other care providers working with students with disabilities and diverse abilities should continue with regular precautionary measures; using social distancing where possible and wearing a mask when needed.

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.

16. Curriculum, Programs and Activities

16.1 Food / Culinary Programs

Schools can continue to include food preparation as part of learning programs for students. The following guidelines should be applied:

Food Safety

In the case of food and culinary programs, where food is prepared as part of learning and is consumed by the students who prepared it, the following health and safety measures should apply:

- Continue to follow normal food safety measures and requirements
- Implement the cleaning and disinfecting measures outlined in the [Cleaning and Disinfecting](#) section of this document

Hand Hygiene and Cleaning Protocols

Practice diligent hand hygiene by washing hands with plain soap and water for at least 20 seconds. (Antibacterial soap is not needed for COVID-19.) Students and staff should wash their hands: at the beginning and at the end of the class

- before and after handling food
- before and after eating and drinking
- whenever hands are visibly dirty
- Refer to the [Cleaning and Disinfecting](#) section for cleaning/disinfecting protocols.
- For laundry, follow the instructions provided in the [Cleaning and Disinfecting](#) section of these guidelines.

Learning Groups

As students tend to prepare food together in culinary programs, use of learning groups is encouraged.

16.2 Food Services

- If food is prepared within or outside a school for consumption by people other than those that prepared it (e.g., meal program, cafeteria), it is expected that the [WorkSafeBC 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.). Some of the guidance within may not be relevant to a school's food services. For example, the July 23, 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. As such, the restriction of six patrons at a table does not apply.
- [Food Safety Legislation](#) and the [Guidelines for Food and Beverage Sales in B.C. Schools](#) continue to apply as relevant.
- Schools should not allow homemade food items to be made available to other students at this time (e.g. birthday treats, bake sale items).

16.3 Textiles Programs

- Practice diligent hand hygiene: wash hands with plain soap and water for at least 20 seconds. (Antibacterial soap is not needed for COVID-19). Students and staff should wash their hands:
 - at the beginning and at the end of the class;
 - before and after handling shared tools or equipment; and
 - whenever hands are visibly dirty.
- Have personal spaces and tools set up for students, as best as possible.
- Avoid sharing hand tools by numbering and assigning each student their own supplies, if possible.
- Clean and disinfect shared equipment as per guidelines in the Cleaning and Disinfecting section.
- When entering classroom spaces, encourage students to use designated areas for leaving personal items, such as in designated desk areas or a marked side of the room.
- Safety demonstrations and instruction: ensure appropriate space is available to allow for all students to view and understand demonstrations.
- If needed, break class into smaller groups to allow appropriate spacing.
- For laundry, follow the instructions provided in the Cleaning and Disinfecting section.

16.4 Kindergarten Entry

Students transitioning into Kindergarten will need additional time to adjust to the new school environment and develop relationships with educators and peers in the context of COVID-19.

- Consider implementing pre-transition strategies to familiarize students with the people, spaces, and expectations as they start school.
 - send home a social story from the perspective of the student that describes what a day may look like, how they may feel, and what their choices are;
 - share a video of the school that outlines the health and safety measures used including signage, washing hands, and class environment;
 - provide an introduction to and a warm welcome from the educators in the building;
 - organize video calls to families from the classroom so children and families can see the space and ask questions.
- Provide clear, simple communications to parents about having to limit the number of adults in the building and the classroom, and the need for adults to maintain physical distance from each other and from children not their own.
- Implement gradual entry of students, commencing no earlier than when all students are welcomed into schools, and may include:
 - Scheduling fewer caregivers into the classroom at a time to account for physical distancing of adults;

- Outdoor learning or transition activities with a caregiver in attendance.
- Students themselves will be part of a learning group. Ensure enough space for parents/caregivers to maintain physical distance.
- As students transition to full-time, consider frequent communication with families with photos and/or information about classroom activities.
- Provide research to parents, caregivers and staff that demonstrates low transmission rates in young children.
- Kindergarten students are expected to minimize physical contact. Consider how the room is configured and rearrange furniture to encourage small group and individual play.
- Provide clear communication to students about expectations for the classroom materials, play, and physical contact. Gently remind students of the expectations throughout the day and encourage students to kindly support one another.
- Teachers should continue to provide comfort and reassurance in a way that feels comfortable for the teacher and the student. Students can be comforted through different means, including:
 - stories
 - comfort objects
 - drink of water
 - songs
 - soothing words
- Kindergarten classrooms should maintain a focus on play-based learning, while limiting the use of shared materials and following the cleaning and disinfecting protocols outlined in the Cleaning and Disinfecting section.

16.5 Music Programs

- All classes, programs and activities (e.g. Band, Choir) can continue to occur where:
 - Under Stage 2:
 - physical contact is minimized for those within the same learning group;
 - physical distance (2m) can be maintained for staff and for middle and secondary school students when interacting outside of their learning groups;
 - Physical distance (2m) can be maintained for elementary students when interacting outside of their learning groups when indoors.
 - Under Stages 3 to 4:
 - Physical distance (2m) can be maintained for staff, middle and secondary school students at all times.

- Schools could consider installing a barrier made of transparent material in places where physical distance cannot be regularly maintained (e.g., between an itinerant teacher and a learning group). See guidance from [WorkSafeBC](#) on designing effective barriers for more information.
- No in-person inter-school competitions/events should occur. This will be re-evaluated throughout the school year. Where possible, schools should seek virtual alternatives to continue to support these events in a different format.
- Shared equipment should be cleaned and disinfected as per [Cleaning and Disinfecting guidelines](#) and students should be encouraged to practice proper hand hygiene before and after participating in music classes and music equipment use.
- Staff should refer to the [Guidance for Music Classes in BC During COVID-19](#) developed by the B.C. Music Educators' Association and the Coalition for Music Education in B.C. for additional information.

16.6 Physical and Health Education/Outdoor Programs

- Encourage outdoor programs as much as possible.
- Teachers should plan physical activities that limit the use of shared equipment and:
 - Minimize physical contact inside learning groups (under Stage 2); or
 - Support physical distancing outside of learning groups.
- Shared equipment should be cleaned and disinfected as per the guidelines in the [Cleaning and Disinfecting](#) section of this document, and students should be encouraged to practice proper hand hygiene before and after participating in physical activity and equipment use.
- Refer to Physical and Health Education ([PHE](#)) [Canada guide lines](#):
 - Include more individual pursuits than traditional team activities such as dance, alternative environment and land-based activities, exercises without equipment, fitness, mindfulness, gymnastics, and target games.
 - Explore local parks and green spaces to promote outdoor learning and activity.
 - Focus on activities that do not use equipment.
- If equipment must be used:
 - Avoid sharing equipment by numbering and assigning each student their own supplies
 - Assemble individualized PE kits that can be assigned to students
 - Have students create their own PE kits to use at home or school and set aside budget for additional kits to be purchased
 - Anticipate equipment hygiene compromises and keep extra equipment on hand so that instructional time is not lost to re-cleaning equipment
 - Disinfect teaching aids (e.g., clipboards, white boards, pens, plastic bins for transporting materials etc.)

- Encourage students to come to school in clothing that is appropriate for PE and the weather conditions to eliminate the use of change rooms
- When transitioning to/from outside remind students to use designated areas for changing into jackets and winter clothing if moving outdoors, such as in designated desk area or a marked side of the hallway

16.7 Sports

- Programs, activities and sports academies can occur if:
 - Under Stage 2:
 - physical contact is minimized for those within the same learning group;
 - physical distance (2m) can be maintained for staff and for middle and secondary school students when interacting outside of their learning groups;
 - physical distance (2m) can be maintained for elementary students when interacting outside of their learning groups when indoors.
 - Under Stages 3 to 4:
 - physical distance (2m) can be maintained for staff, middle and secondary school students at all time.
- No in-person inter-school competitions/events. This will be re-evaluated throughout the school year.
- See the [Memorandum from BC School Sports](#) for addition information.

16.8 Stem Programs

- Practice diligent hand hygiene: wash hands with plain soap and water for at least 20 seconds. (Antibacterial soap is not needed for COVID-19). Students and staff should wash their hands:
 - before and after handling shared tools or equipment;
 - whenever hands are visibly dirty.
- Have personal spaces and tools set up for students, as best as possible
 - Avoid sharing hand tools by numbering and assigning each student their own supplies, if possible.
 - When entering classroom spaces, encourage students to use designated areas for leaving personal items, such as in designated desk areas or a marked side of the room.
 - Clean and disinfect shared equipment as per guidelines in the [Cleaning and Disinfecting](#) section.
- Safety demonstrations and instruction: ensure appropriate space is available to allow for all students to view and understand demonstrations.
- If needed, break class into smaller groups to allow appropriate spacing.

16.9 Science Labs

- Practice diligent hand hygiene: wash hands with plain soap and water for at least 20 seconds. (Antibacterial soap is not needed for COVID-19.) Students and staff should wash their hands:
 - before and after handling shared tools or equipment;
 - whenever hands are visibly dirty.
- Have personal spaces and tools set up for students, as best as possible
 - Avoid sharing hand tools by numbering and assigning each student their own supplies, if possible.
 - Clean and disinfect shared equipment as per guidelines in the Cleaning and Disinfecting section.
- Safety demonstrations and instruction: ensure appropriate space is available to allow for all students to view and understand demonstrations.
- If needed, break class into smaller groups to allow appropriate spacing.

16.10 Technology Education

(SHOP CLASSES & TRADES IN TRAINING PROGRAMS)

- Practice diligent hand hygiene: wash hands with plain soap and water for at least 20 seconds. (Antibacterial soap is not needed for COVID-19). Students and staff should wash their hands:
 - before and after handling shared tools or equipment;
 - whenever hands are visibly dirty.
- Have personal spaces and tools set up for students, as best as possible
 - Avoid sharing hand tools by numbering and assigning each student their own supplies, if possible.
 - Clean and disinfect shared equipment as per guidelines in the [Cleaning and Disinfecting](#) section of these guidelines.
 - When entering classroom spaces, encourage students to use designated areas for leaving personal items, such as in designated desk areas or a marked side of the room.
- Safety demonstrations and instruction: ensure appropriate space is available to allow for all students to view and understand demonstrations.
- If needed, break class into smaller groups to allow appropriate spacing.
- Ongoing collaboration and communication with post-secondary institutions for Trades in Training or other pre-trades apprenticeship programs is crucial.

- Ensure that staff and students in the K-12 school and the post-secondary institution are aware of health and safety measures in place.
- Diligent student self-assessment of health when transitioning between the secondary school and post-secondary institution.
- Given the unique structure of Trades Training Programs and oversight by the Industry Training Authority (ITA), new information on assessments and programming for these courses is available on line.
- Information for workers is available on the [WorkSafeBC COVID-19 web page](#), including:
 - What workers should do
 - Staying safe at work
 - Information specific to various industries

16.11 Theatre, Film and Dance ProgramsS

- No in-person inter-school festivals/events should occur. This will be re-evaluated throughout the school year. Where possible, schools should seek virtual alternatives to continue to support these events in a different format.
 - Dance and drama classes should minimize contact by reorganizing warmups, exercises and performance work into smaller groups allowing for physical distancing to occur as per individual space limitations.
 - This could mean that portions of the class act as an audience and audit work.
 - This could mean that portions of the class work in alternate areas on their own small group or individual exercises.
- Blocking of scenes and dance numbers should be choreographed in ways that limit physical touch and face-to-face interactions, and instead seek creative solutions to dynamic storytelling and expressive movement.
- Shared equipment such as set pieces, props, cameras etc. should be cleaned and disinfected as per cleaning and disinfecting guidelines in this document and students should be encouraged to practice proper hand hygiene before and after participating in drama, film or dance classes.
- Costume items should be limited in their shared use at this time. For laundry, follow the instructions provided in the [Cleaning and Disinfecting](#) section of these guidelines.
- Where possible, make use of outdoor and site-specific performance spaces that allow for physical distancing for drama, film and dance, especially if working in theatres, green rooms and studios that have no windows.
- Consider alternatives for audience engagement such as online streaming, in class or family-oriented presentations.

- The Association of BC Drama Educators (ABCDE) is currently developing additional guidelines for teaching drama during COVID-19. Staff should refer to the [ABCDE website](#) for more information.

17. Operations Services

17.1 Student Transportation on Buses

- All students must 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.
- All grade 4-12 students are required to wear re-usable non-medical masks when loading, riding and unloading the bus. If they do not have one a disposable mask will be available. No student is required to wear a mask if they do not tolerate it.
- Students in all grades may wear a mask if they prefer to. All adults riding or entering a school bus must wear a mask. If they are required to enter the bus and do not have a mask, one will be provided.
- Students will be assigned seats. Family members and school cohorts will be required to sit together whenever possible. Seating arrangements will be altered whenever necessary to support student health & safety.
- Students will load the bus back to front and unload front to back whenever possible.
- Courtesy riders will be allowed to ride the bus as per Board Policy 3600. If the pandemic situation worsens, the School District may discontinue courtesy rides to reduce density on school buses.
- Guest riders will not be permitted to utilize school bus transportation services until further notice. Bus passes for guest riders will not be issued at schools for students wishing to use the bus intermittently.
- Buses will be sanitized following each time a school bus is used (routes and trips). This will include at least twice daily; once after the morning route, again after the afternoon route and after any bus trips throughout the day. (Cleaning and disinfection will be in accordance to the BCCDC Cleaning and Disinfectants for Public Settings document – [Appendix H](#)).
- Bus drivers will 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.
- Bus drivers are required to wear a re-usable non-medical mask when loading or unloading students or when physical distance cannot be maintained in the course of their duties. A face shield may be used with the non-medical mask; however, face shields must not be worn when driving the school bus.
- Up-to-date student passenger lists will be maintained for each school bus.
- As per Provincial COVID-19 Health & Safety Guidelines K-12 Settings (updated August 17th, 2020), private vehicle use and active transportation (biking, walking, etc.) where possible, is encouraged.

17.2 Maintenance and Custodial Staff

- All Maintenance and custodial staff will be trained of the importance of handwashing prior to entering any site as well as maintaining 2 metres between other people whenever possible.
- Trades and Grounds vehicles are equipped with hand sanitizer and disinfectant for cleaning their vehicles.
- Will follow check-in procedures at all schools/sites.
- All Operations staff will continue to use PPE as required prior to COVID 19 in relation to hazardous materials, cleaning products etc.
- Maintenance and Custodial staff are required to wear a re-usable non-medical mask when physical distance cannot be maintained in the course of their duties.

17.3 School District Facilities - Cleaning and Disinfecting

Regular cleaning and disinfection are essential to preventing the transmission of COVID- 19 from contaminated objects and surfaces.

- School District facilities will be cleaned in accordance to BCCDC's Cleaning and Disinfectants for Public Settings Document (See Appendix H).
- Custodians will follow procedures outlined the school district's infection control plan ([Appendix I](#)) and RMSD's custodial handbook.
- General cleaning and disinfecting will be conducted at least once daily when facilities are in operation
- Frequently-touched surfaces will be cleaned and disinfected twice daily when facilities are in operation (once at mid-day and thoroughly at the end of the day).
- Garbage cans will continue to be emptied daily
- The school district will only use approved disinfection products listed on Health Canada's list of hard-surface disinfectants for use against coronavirus (COVID-19).
- In addition to daily custodial services all staff will be responsible for supporting the disinfecting of touchpoints in their workspace or in shared workplaces such as photocopy rooms. Disinfection products will be provided.
- Staff will limit frequently-touched items that are not easily cleaned.
- 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 multiple people touch them.

(COVID-19 Public Health Guidance for K-12 School Settings, July 29th and the Provincial COVID-19 Health & Safety Guidelines for K-12 Settings, August 17th, 2020)

17.4 Ventilation Systems

All schools have proper ventilation systems that are in good operating condition. During occupied hours the supply of outdoor air has been increased at all schools to increase ventilation rates.

18. Playgrounds and Playground Structures

- Many playgrounds and play structures are open for children of all ages. Playgrounds are important spaces for getting some exercise and having fun. Although going to a playground is low risk for exposure to COVID-19, there are things you can do to make everyone's stay safe.
- Review any park-specific notices from the School District or region. If the playground is busy, come back when there are fewer people. Teachers are to supervise and remind students to minimize physical contact.
- Adults and teenagers should stay 2 metres (6 feet) away from others
- Playgrounds and playground structures will not be disinfected by the School District. Children must wash their hands before and after use of the structure.
- Outdoor toys and equipment specific to outdoor activities will not be disinfected. Children must wash their hands before and after use of outdoor toys/equipment.

19. Toys and Other Items

Toys and other items, like gym equipment, must be cleaned and disinfected at least twice a day. As this is logistically not possible, learning activities should be designed to minimize the use of toys and other items. If a learning activity must utilize toys or other items, those items must be organized into a 'dirty' pile, at the end of the activity, for the custodian to attend to when time permits.

Like other respiratory viruses, there is no evidence that the COVID-19 virus is transmitted via textbooks, paper, or other paper products. As such, there is no need to limit the distribution of books or paper used as educational resources to students due to concerns about virus transmission. *(COVID-19 Public Health Guidance for K-12 School Settings, July 29th, 2020)*

20. Public Health Measures

20.1 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 COVID19 cases unless the school administrator is directed to do so by the school medical officer.

20.2 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.

20.3 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.

20.4 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.

21. 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.

21.1 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).

21.2 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 healthcare 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

(Provincial COVID-19 Health & Safety Guidelines K-12 Settings, Sept 11th, 2020)

22. Management of Illness and Confirmed Cases

22.1 Protocol in the Event of a Confirmed COVID-19 Case in a School

If a student, staff or other individual who has been in a school is a confirmed case of COVID-19 through testing or investigation (i.e. case finding), the local health authority will initiate contact tracing to determine how they were infected and who else may have been at risk of infection. If there was a potential exposure at a school (i.e. the confirmed case attended school when they may have been potentially infectious), the health authority will work with the school administrator 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.

If there was no potential exposure at the school (i.e. the confirmed case did not attend school when they may have been potentially infectious), the health authority will not notify the school administrator.

Media requests regarding confirmed or suspected COVID-19 cases, potential exposure at a school or potential risk of transmission within a school setting should be directed to the regional health authority for response.

22.2 School Administrator Actions

School Administrator Informed of Confirmed Case of COVID-19 by Staff or Parent ([Appendix C](#))

- Notify the Superintendent and the District Health & Safety Officer of confirmed case.
- Do not contact school medical health officer-local health authority will already be aware.
- School medical health officer will contact school administrator in the event the person was infectious while at school or confirmed case infected while at school.
- School medical officer will request contact tracing information
- All school based communication to parents or staff members will come from the Superintendent. Administrators may be asked to send out communications.
- Seek out opportunities to foster compassion and empathy in the school community, as offer support to affected individuals and their families while respecting their privacy, to help reduce the impact of COVID-19 on people's social and emotional wellbeing.
- School administrators should ensure the necessary plans are in place to support continuity of learning for students

Rumor of COVID-19 Case Circulating in Schools Community ([Appendix C](#))

- Notify the Superintendent and District Health & Safety Officer of potential or unconfirmed cases
- School administrators do not need to contact their school medical officer to inform them of a potential or unconfirmed case
- All school based communication to parents or staff members will come from the Superintendent. Administrators may be asked to send out communications.

(See this link - [Management of Illness and Confirmed cases](#), Ministry of Education, Sept 11, 2020 for more information)

23. Symptoms of Illness for Students and Staff

<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>	

23.1 COVID-19 Isolation Room

- An isolation room cannot be the designated first aid room.
- Principals will select a room with a door, which is in close proximity to the pick-up door that can be used for isolating a sick child while awaiting parental /caregiver pick-up. The room must have hand sanitizer, or a sink with soap, a waste receptacle and tissues. The room must have an “Isolation” sign that can be posted while the room is in use (See [Appendix J](#)). ***If First Aid kits and/or PPE are located in the selected Isolation Room, they must be removed and stored elsewhere.***
- If a symptomatic person has been placed in the isolation room, designate a washroom nearby for use by the symptomatic student only. Put signage up on the washroom door (See [Appendix J](#)). If possible, have an available box of tissue and dedicated waste receptacle nearby for students to access if the student requires one.
- Any room used for isolation of a student must be thoroughly disinfected (See [Appendix H](#)). As well, any space the student was in during their time in the building that day must be thoroughly disinfected. Accurate communication with the custodian is imperative.
- Ensure the isolation sign remains on the door until cleaning has taken place in all contaminated areas.

23.2 Notification of Illness

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.

(COVID-19 Public Health Guidance for K-12 School Settings, July 29th, 2020)

24. Child or staff member’s return to school or work after illness

Child’s return to school after illness from flu or other respiratory viruses with symptoms similar to COVID-19.

- Parents/guardians must follow recommendations from Public Health and/or medical practitioner after a diagnosis.
- Public Health and and/or medical practitioner determines when it is safe for the student to return to school
- Parents/guardians may choose to inform the school when the student will be returning to school

Staff return to work after illness from flu or other respiratory viruses with symptoms similar to COVID-19.

- Staff must follow recommendations from Public Health and/or medical practitioner after a diagnosis.

- Public Health and/or medical practitioner determines when it is safe for the staff to return to work
- Staff must contact Human Resources prior to returning to work

25. First Aid (OFAA's)

Occupational First Aid Attendants will continue to provide treatment to workers as necessary. Because of the possibility of community infection, modification of standard protocols for first aid treatment may need revisions to reduce the potential for transmission.

Although the risk of virus transmission from an asymptomatic (no symptoms) person is low, staff providing first aid must use gloves when rendering first aid and if possible, instruct from a safe distance (adult). If the patient cannot self-treat (child), utilize a mask or face shield along with the gloves and perform first aid.

(See [Appendix K](#))

26. Washrooms

All washrooms will have signage regarding hand washing. (See [Appendix E](#))

27. Communication

27.1 Keeping Parents/Caregivers Informed

Keep parents and caregivers informed about what you are doing at your school to take extra precautions regarding the health and safety of children. Be clear about your policy that children need to stay home if they are sick.

27.2 Media

Any media requests regarding confirmed or suspected COVID-19 cases, potential exposure at school or potential risk of transmission within a school setting should be directed to the Superintendent who will then direct it to the regional health authority for a response.

28. Reporting to Public Health

It is important for Principals to report unusual absenteeism patterns or symptoms in staff or children who recently attended the school. Notify the District Health & Safety Officer (surrena.craig@sd6.bc.ca) of any outbreaks or unusual situations, such as when severe illness is observed. The District will notify Public Health of any reported concerns.

29. Community Use of School District Facilities

Community use of school district facilities (Policy 2200) and use of school district facilities by staff (Policy 4605) at this time are not allowed to ensure facilities can be maintained in a safe and healthy condition for students and staff. The only community activities allowed in school district facilities are activities deemed essential by the Board of Education. This will be re-evaluated later in the school year.

30. Training and Education

All school district personnel are required to:

- Review this document and all periodic updates/notices as distributed by the District.
- Participate in any 'hands-on' training or education sessions as required to operationalize the requirements and protocols noted in this document.
- Ask their Principal/Supervisor or Health & Safety Committee representative if they have any questions regarding the health and safety plan.
- Complete and submit confirmation that the requirements of this document are understood.

31. Review

- The employer will conduct periodic reviews to the Health and Safety Plan for its effectiveness, and ensure that any available controls are selected and used when practical.
- Health & Safety Committees (H&SC) will conduct inspections pertaining to the Health and Safety Plan during their monthly H&SC meetings and report any deficiencies that they have found and corrected or need further guidance on.

Summary of School-Based Control Measures (See [Appendix L](#))

APPENDIX A: SD6 Daily Health Check

Parents/Guardians are asked to complete the Daily Health Check with their children before leaving home. Staff will need to complete the Daily Health Check too.

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		
	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

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

Reference - http://www.bccdc.ca/Health-Info-Site/Documents/COVID_public_guidance/Guidance-k-12-schools.pdf

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).

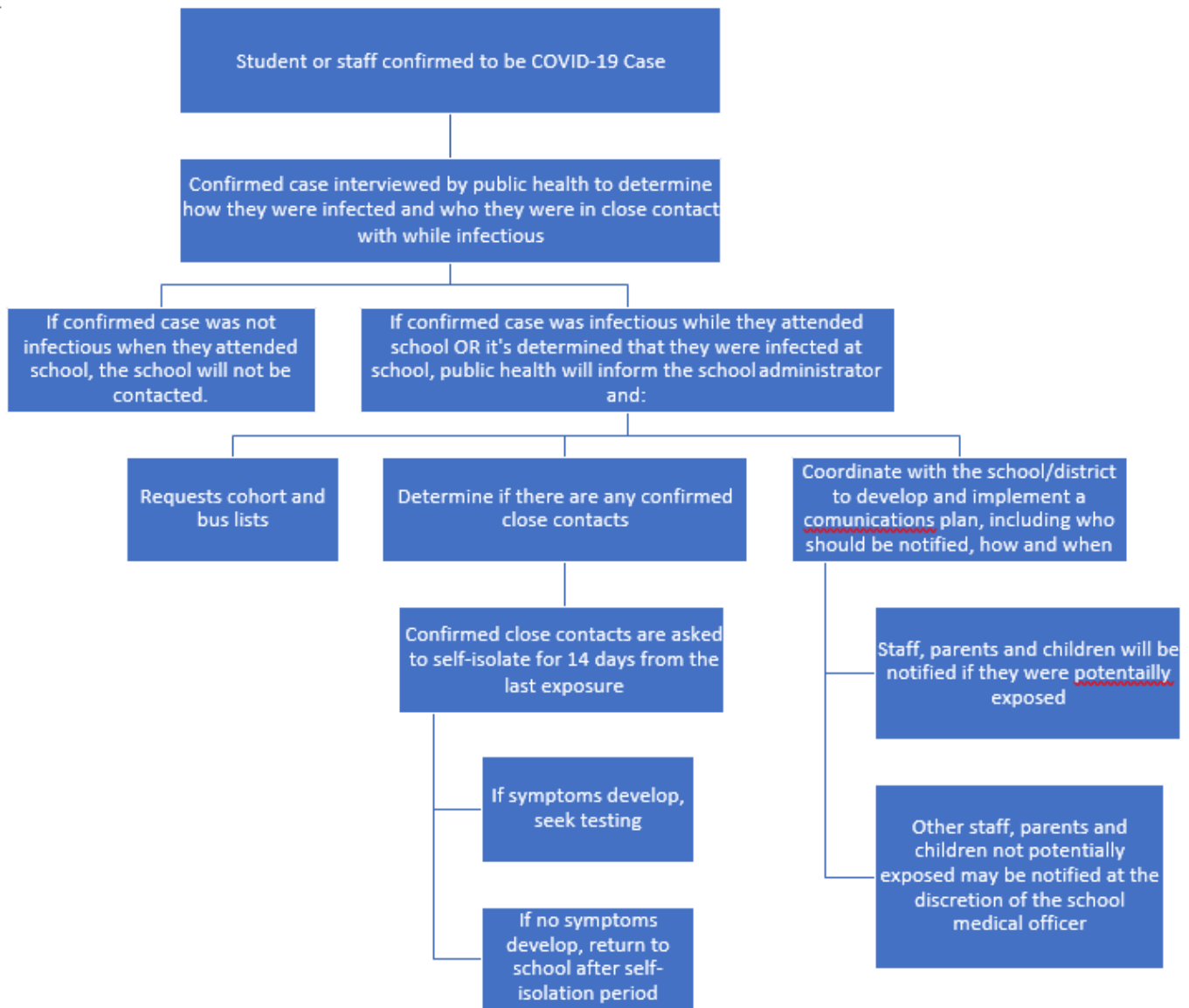
If you answered “YES” to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](#) to determine if you should seek testing for COVID-19.

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



APPENDIX B:

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

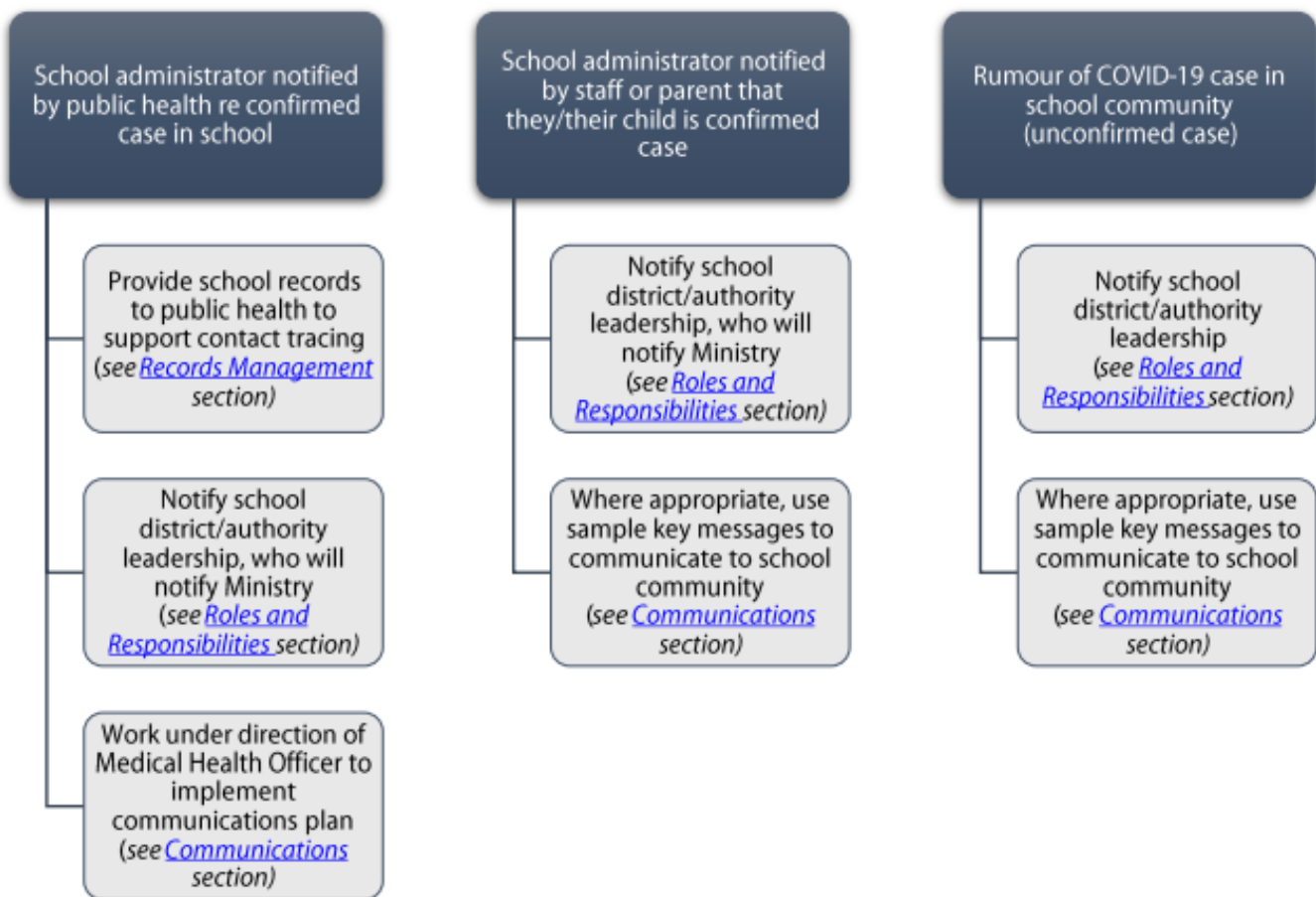


Confirmed close contacts are determined based on the length of time of exposure and nature of the interaction. Only public health can determine who is a close contact.



APPENDIX C:

COVID-19 in Schools – School Administrator Actions





If you have flu like symptoms associated with the 2019 Novel Coronavirus (COVID-19) - Fever - Cough - Flu like symptoms

OR

If you have recently returned to Canada and have
not self-isolated for 14 days

Please return home and call the health line at 8-1-1 for further instructions

PLEASE DO NOT ENTER



Public Entrance by Appointment only:

Contact: _____



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Hand Hygiene

SOAP OR ALCOHOL-BASED HAND RUB: Which is best?

Either will clean your hands: use soap and water if hands are visibly soiled.



Remove hand and wrist jewellery

HOW TO HAND WASH

- 1  Wet hands with warm (not hot or cold) running water
- 2  Apply liquid or foam soap
- 3  Lather soap covering all surfaces of hands for 20-30 seconds
- 4  Rinse thoroughly under running water
- 5  Pat hands dry thoroughly with paper towel
- 6  Use paper towel to turn off the tap

HOW TO USE HAND RUB

- 1  Ensure hands are visibly clean (if soiled, follow hand washing steps)
- 2  Apply about a loonie-sized amount to your hands
- 3  Rub all surfaces of your hand and wrist until completely dry (15-20 seconds)

COVID19_HH_001



When Students Should Perform Hand Hygiene:	When Staff Should Perform Hand Hygiene:
<ul style="list-style-type: none"> • When they arrive at school and before they go home. Before and after any breaks (e.g., recess, lunch). • Between different learning environments (e.g., outdoor-indoor transitions, from the gym to the classroom). • Before and after eating and drinking. • After using the toilet. • After handling common resources/equipment/supplies or pets. • After sneezing or coughing into hands. • Whenever hands are visibly dirty. 	<ul style="list-style-type: none"> • When they arrive at school and before they go home. Before and after any breaks (e.g. recess, lunch). • Between different learning environments (e.g. outdoor-indoor transitions, from the gym to the classroom). • 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.



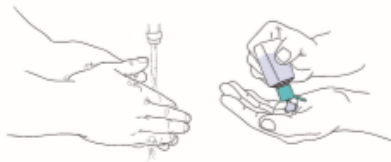
Coronavirus COVID-19

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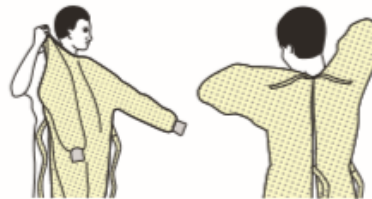
The 5 steps to Don (put on) Personal protective equipment (PPE)

1 Hand hygiene



Clean all surfaces of hands and wrists

2 Gown



Cover torso and wrap around back,
fasten in back of neck and waist

3 Surgical/procedure mask



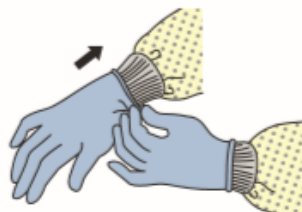
Secure ties at middle of head and neck,
fit nose band to your nose and pull bottom
down to completely cover chin

4 Eye protection



Place goggles or face shield over
face and eyes and adjust to fit

5 Gloves



Extend to cover wrist of gown



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If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.





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9 Steps to Doff (Take Off) Personal Protective Equipment (PPE) For Droplet and Contact Precautions

1 Gloves



The outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in regular waste bin.

2 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

3 Gown



Unfasten ties, pull gown away from neck and shoulders, touching **ONLY** the inside of the gown. Turn gown inside out and roll into a bundle. Place in soiled laundry hamper (if reusable) or in regular waste bin (if disposable).

4 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

! If you are **NOT** 2 meters away from the patient, exit room now, perform hand hygiene, and finish the remaining steps.

5 Goggles or Face Shield



Do **NOT** touch the front of the eye wear. Place in receptacle for reprocessing (if reusable) or in regular waste bin (if disposable).

6 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

7 Surgical or Procedure Mask



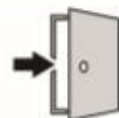
Grasp ties or elastics at back and remove **WITHOUT** touching the front. Place in receptacle for reprocessing or in regular waste bin.

8 Perform Hand Hygiene



Clean all surfaces of hands and wrists.

9 Exit Room



Exit room and perform hand hygiene.



Help prevent the spread of COVID-19

In order to reduce risk of exposure to the virus that causes COVID-19, we are limiting the number of people in this space.

Address/room/space:

Occupancy limit: **people**

Coronavirus COVID-19

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CLEANING AND DISINFECTANTS FOR PUBLIC SETTINGS

Good cleaning and disinfection are essential to prevent the spread of COVID-19 in BC.

This document provides advice to public groups, transit, schools, universities, child care and other institutions in BC on cleaning for non-health care settings.

Make sure to wash hands with plain soap and water after cleaning or use an alcohol-based hand sanitizer.



OR



Cleaning: 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.

Disinfection: the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

All visibly soiled surfaces should be cleaned before disinfection.

Cleaning for the COVID-19 virus is the same as for other common viruses. Cleaning products and disinfectants that are regularly used in households are strong enough to deactivate coronaviruses and prevent their spread.

Recommendations:

- General cleaning and disinfecting of surfaces should occur at least once a day.
- Clean and disinfect highly touched surfaces at least twice a day and when visibly dirty (e.g. door knobs, light switches, cupboard handles, grab bars, hand rails, tables, phones, bathrooms, keyboards).
- Remove items that cannot be easily cleaned (e.g. plush toys).

Cleaning

For cleaning, water and detergent (e.g. liquid dishwashing soap), or common, commercially available cleaning wipes should be used, along with good physical cleaning practices (i.e. using strong action on surfaces).

Disinfection

For disinfection, common, commercially available disinfectants such as ready-to-use disinfecting wipes and pre-made solutions (no dilution needed) can be used. Use the figure and table below for guidance. Always follow the manufacturer's instructions printed on the bottle.





Coronavirus COVID-19

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CLEANING AND DISINFECTANTS FOR PUBLIC SETTINGS

See Health Canada's **List of hard-surface disinfectants for use against coronavirus (COVID-19)** for specific brands and disinfectant products.

IMPORTANT NOTES:

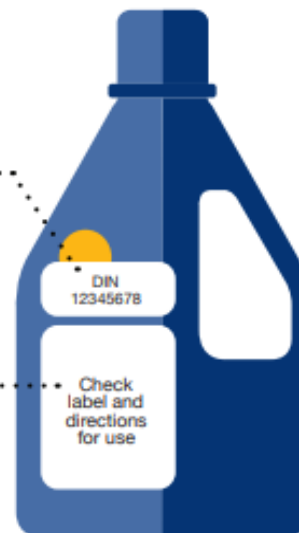
- Ensure disinfectant product has a Drug Identification Number (DIN) on its label.
- Follow product instructions for dilution, contact time and safe use.
- All visibly dirty surfaces should be cleaned **BEFORE** disinfecting (unless otherwise stated on the product).

Drug Identification Number (DIN):

A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.

Agents effective against coronavirus:

- Bleach: sodium hypochlorite (5.25%)
- Hydrogen peroxide (0.5%)
- Alkyl dimethyl benzyl ammonium chlorides (QUATs)



List of disinfecting agents and their working concentrations known to be effective against coronaviruses^{1,2}:

Agent and concentration	Uses
1. 1:100 dilution Chlorine: household bleach – sodium hypochlorite (5.25%)* 10 ml bleach to 990 ml water	Used for disinfecting surfaces (e.g. hand railings, grab handles, door knobs, cupboard handles). Make fresh daily and allow surface to air dry naturally.
2. 1:50 dilution Chlorine: household bleach – sodium hypochlorite (5.25%)* 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). Make fresh daily and allow surface to air dry naturally.
3. Hydrogen Peroxide 0.5% Do not dilute your own.	Used for cleaning and disinfecting surfaces (e.g. counters, hand rails, door knobs).
4. Quaternary Ammonium Compounds (QUATs): noted as 'alkyl dimethyl benzyl ammonium chlorides' on the product label Do not dilute your own.	Used for disinfecting surfaces (e.g. floors, walls, furnishings).

¹ Dellarino, 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.

² 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

The BC Ministry of Health does not endorse or promote any specific brands of disinfectant products.



Ministry of
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BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries (ex. travel, physical distancing): **1-888-COVID19 (1888-268-4319) or text 604-630-0300**



IPC v3.2

APPENDIX I



SD6 Safe Work Procedures Custodial Services **Infection Control Plan - Custodial**

Cleaning and disinfecting are part of a broad approach to preventing the spread of viral and bacterial organisms in schools. In order to combat the spread of these germs, the Operations Department has developed the following Infection Control Plan.

Prevention Stages

Level 1 - Regular Daily Cleaning

When cleaning our district facilities, custodial staff should consistently adhere to the cleaning practices detailed in our Custodial Handbook. These practices are summarized below:

Classrooms

- Daily - Sanitize all touch points, sinks, counter tops, desk tops and table tops.
- Weekly – Items detailed above as well as; perimeter shelving, counter tops, filing cabinets and window sills.

Washrooms

- Fully clean and sanitize all surfaces, fixtures and touch points daily.

Offices

- Fully clean and sanitize all surfaces and touch points daily.

Cleaning Solution – all surface and touch point cleaning should be performed using a disinfectant cleaner which has been approved and supplied by the Operations department.

Cross Contamination – An effective means of limiting the spread of germs is to avoid cross contamination. Cross contamination occurs through the extended use of dirty cloths and/or damp mop pads. To avoid cross contamination, custodians are required to adhere to the following cleaning procedures:

Procedures:

Horizontal Surfaces & Touch Points

Place an appropriate number of cloths/damp mop pads into a bucket (approximately 1 cloth/pad per room).

1. Fill the bucket with a properly diluted disinfectant solution.
2. Remove a cloth/pad from the solution filled bucket, wring it out then begin cleaning. When the cloth or pad starts to become ineffective or the room has been completed, place the discarded cloth/pad into a laundry bag or empty bucket. Take a new cloth out of the solution bucket when moving on to the next room.
3. Always wipe surfaces from cleanest to dirtiest; start with the shelves or surfaces on the perimeter of the room, then wipe the door handles, switch plates, finishing with the desk/table tops and chairs.

Damp Mopping

1. Place an appropriate number of damp mop pads into a mop bucket (approximately 1 pad per room).
2. Fill the bucket with a properly diluted disinfectant solution.
3. Remove a pad from the solution filled bucket, wring it out then begin mopping. When the pad starts to become ineffective or the room has been completed, place the discarded pad into a laundry bag or empty bucket. Take a new pad out of the mop bucket when moving on to the next room.

Personal Protective Equipment

- Gloves
- Protective Eyewear

Level 2 - Targeted Facility Cleaning

In situations when schools are experiencing higher than normal absenteeism rates due to a viral and/or bacterial outbreak, a detailed touch point cleaning will be requested by the Operations Department. This cleaning procedure targets an isolated area of the school where elevated levels of viral and/or bacterial contamination are suspected. This work is expected to be completed by the custodian(s) assigned to the site. Other duties may need to be prioritized in order to allow enough time to complete Stage 2 cleaning. In special circumstances, casual assistance may be provided at the discretion of the Operations Department.

Procedures:

Horizontal Surfaces & Touch Points

1. Consider the size of the area being cleaned. Gather the required number of cloths/pads to clean the area. Approximately four cloths per classroom.

2. Fill one bucket full of cleaning solution and one bucket with clean hot rinse water. Place clean cloths into the both buckets.
3. Wearing the proper PPE, as indicated below, using a heavily dampened cloth from the cleaning solution bucket wet all horizontal surfaces and touch points in the affected area ensuring that the surface/touch point is saturated with cleaning solution.
4. Let stand for 10 minutes (dwell time).
5. Once the disinfectant has had the required dwell time, wipe down all touch points and surfaces with a clean cloth from the rinse bucket. Use one cloth for the perimeter surfaces, 1 cloth for touch points (door handles, switch plates etc.), two cloths for desk tops, table tops and chairs.
6. Dry all desk tops, table tops and chairs with a microfiber cloth.
7. Discard used cloths into laundry bag or bucket.

Damp Mopping

1. Fill a mop bucket with a properly diluted solution of disinfectant and water. Place an appropriate number of damp mop pads into a mop bucket (approximately 1 pad per room).
2. Fill a second mop bucket with clean rinse water. Place an appropriate number of damp mop pads in your mop bucket.
3. Commence damp mopping the floors in the affected area(s) leaving behind a wet disinfectant solution. Leave the wet solution on the floor for 10 minutes (dwell time).
4. After 10 minutes has passed, rinse the floor(s) using clean mop pads (approximately 1 pad per room).
5. Discard used mop pads into a laundry bag or bucket.

Personal Protective Equipment

- gloves
- protective eyewear (goggles or face-shield)
- recommended face mask (discuss with Supervisor)
- coveralls (disposable)
- appropriate footwear

Level 3 - Full Facility Disinfection

In situations when district facilities are likely to have been exposed to a known viral and/or bacterial contaminant, a full facility disinfection will be coordinated by the Operations Department. This cleaning procedure targets the entire facility where elevated levels of viral and/or bacterial contamination is suspected. This work will normally be completed by the custodian(s) assigned to the site. Other duties may need to be prioritized in order to allow enough time to complete Stage 3 cleaning. In most cases, casual assistance will be provided by the Operations Department.

Procedures:

Horizontal Surfaces & Touch Points

1. Consider the size of the area being cleaned. Gather the required number of cloths/pads to clean the area. Approximately four cloths per classroom.
2. Fill a bucket full of clean hot rinse water. Place clean cloths into the rinse bucket.
3. Using a tank sprayer (provided by the Operations Department) filled with a properly diluted solution of disinfectant and water, spray all horizontal surfaces and touch points in the affected areas.
4. Progress from room to room for 10 minutes to allow the required dwell time.
5. After 10 minutes has passed, go back to the first room that was sprayed, wipe down all touch points and surfaces with a clean cloth from the rinse bucket. Use one cloth for the perimeter surfaces, 1 cloth for touch points (door handles, switch plates etc.), two cloths for desk tops, table tops and chairs.
6. Continue the above procedure until all the rooms that were sprayed have been wiped clean.
7. Repeat steps 3 thru 7 until all the touch points and horizontal surfaces have been disinfected.
8. Discard used cloths into laundry bag or bucket.

Damp Mopping

1. Fill a mop bucket with a properly diluted solution of disinfectant and water. Place an appropriate number of damp mop pads into a mop bucket (approximately 1 pad per room).
2. Fill a second mop bucket with clean rinse water. Place an appropriate number of damp mop pads in your mop bucket.
3. Commence damp mopping the floors in the affected area(s) leaving behind a wet disinfectant solution. Leave the wet solution on the floor for 10 minutes (dwell time).
4. After 10 minutes has passed, go back to the first room that was mopped. Progress back through the area, rinse the floor(s) using clean mop pads (approximately 1 pad per room).
5. Repeat steps 3 & 4 until all the floor surfaces have been disinfected.
6. Discard used cloths into laundry bag or bucket.

Corridors and Stairwells

Once all the classrooms in an area have been disinfected, the final step will be to disinfect the corridors and stairwells. This should be accomplished by modifying the steps detailed under Stage 3 – Horizontal Surfaces & Touch Points.

Personal Protective Equipment

- gloves
- protective eyewear (goggles or face-shield)
- recommended face mask (discuss with Supervisor)
- coveralls
- appropriate footwear

STOP!



**DO NOT ENTER – CHECK WITH FRONT
RECEPTION**

OFAA protocols during the COVID-19 pandemic

During the COVID-19 pandemic, occupational first aid attendants (OFAAs) continue to provide treatment to workers as necessary. Because of the possibility of community infection, you may need to modify your standard protocols for first aid treatment to reduce the potential for transmission. This document provides additional precautions in your procedures you may take to align with current public health directives such as physical distancing, hand hygiene, and disinfection.

- 1 When you receive a call for first aid, if possible, gather the following information:
 - What are the circumstances surrounding the call for assistance?
 - Are critical interventions likely required? If so, call 911 or have emergency transport vehicle (ETV) prepared.
 - Are there any obvious signs of COVID-19?
 - If the patient is stable, has mild symptoms, or is not in distress, instruct the patient to go for testing.
 - If the patient is having difficulty breathing, arrange for transport to a hospital (and call ahead).
- 2 If no critical interventions are required, if possible and appropriate, interview the patient from at least 2 m (6 ft.). Ask the following questions:
 - Is anyone in your household sick or in self-isolation due to COVID-19 or suspected COVID-19?
 - Have you been in contact with anyone who has been sick with COVID-19?
- 3 When you arrive at the patient's location, assess the situation:
 - Does the patient have a minor injury that the patient can self-treat while you provide direction and supplies?
 - If yes, direct the patient to self-treat per your OFA protocols (see the self-treatment scenario on page 3).
- 4 If providing direct patient care (within 2 m), don the appropriate level of personal protective equipment (PPE) for the situation. PPE could include the following items:
 - Surgical mask
 - Face shield (or safety eyewear, i.e., safety glasses or goggles)
 - Pocket mask with a one-way valve and filter
 - Gloves
 - Coveralls (disposable or washable)
 - Patients could don a surgical mask or pocket mask, or clear face shield

In view of the global scarcity of PPE supplies, we recommend a point-of-care assessment by the provider and diligent use of PPE as required.

- 5 Remove and wash any PPE that is not disposable by following the BC Centre for Disease Control's directives for **cleaning and disinfecting eye and facial protection**:
- Don a new pair of gloves.
 - Using a clean cloth, wipe with soap and water, cleaning from the inside to the outside.
 - Rinse with water and remove excess water.
 - Using one disinfectant wipe at a time, and first squeezing excess disinfectant into a sink to prevent splashing your face, thoroughly wipe the interior then the exterior of the facial protection.
 - Ensure all surfaces remain wet with disinfectant for at least one minute (or applicable disinfectant wipe contact time).
 - Equipment may be rinsed with tap water if visibility is compromised by residual disinfectant.
 - Allow to dry (air dry or use clean absorbent towel).
 - Remove gloves and perform hand hygiene.
 - Store in a designated clean area.
- 6 For further direction on safe donning and doffing procedures refer to the BC Centre for Disease Control's instructions for **donning and doffing PPE**.

If critical interventions are required and there is no way of determining background information, anyone providing close assistance (2 m or closer) should don appropriate PPE. Limit access to the patient to the number of people required to deal with the critical intervention. It is important to limit the exposure of others.

CPR and AED protocols

OFAAs should perform compression-only CPR during the COVID-19 pandemic. If there is more

than one trained rescuer with the required PPE, change places for performing compressions approximately every minute, as performing continuous compressions at a rate of 100 per minute will be fatiguing with full PPE on.

C.P.R — OFA Level 1 and OFA Level 2

Upon approaching the scene, the OFAA conducts a scene assessment and dons appropriate PPE. Once PPE is on, the OFAA approaches the patient and applies appropriate PPE, i.e., clear face shield, on the patient and ensures an open airway. If no air movement is felt the OFAA is to start continuous chest compression at a rate of 100 per minute.

C.P.R — OFA Level 3

Upon approaching the scene, the OFAA conducts a scene assessment and dons appropriate PPE. Once PPE is on, the OFAA approaches the patient and applies appropriate PPE, i.e., clear face shield, on the patient and ensures an open airway. If no air movement is felt, the OFAA is to check for a carotid pulse, and if no pulse is felt, the OFAA is to start continuous chest compression at a rate of 100 per minute.

Assisted ventilation — OFA Level 3

If assessment of a patient determines distressed breathing and assisted ventilation is required, the OFAA should use a Bag-Valve Mask rather than a pocket mask. Ensure any trained helper(s) don appropriate PPE (surgical mask and face shield) prior to assisting.

AED — Level 1, 2, & 3

While providing compression-only CPR, when and if an AED becomes available stop compressions and prepare the patient's chest, apply AED pads and allow AED to analyze. After no shock/shock advised, give 2 minutes of compression only CPR. Repeat cycles of analyze/shock or no shock and 2 minutes of compression only CPR until medical aid arrives.

Scenario: Self-treatment with direction

A first aid attendant receives a call stating a worker has injured her hand. The attendant collects as much information about the severity of the injury as possible. The injury is deemed to be minor with no other concerns, so the attendant goes to the worker, but stays 2 m (6 ft.) away. On arrival, the attendant asks:

- Is anyone sick or in self-isolation in your household due to COVID-19?
- Are you able to administer first aid to yourself if I tell you what to do and how to do it?

After the first aid attendant has conducted the interview, the attendant visually assesses the patient and the wound from a distance and asks the patient about underlying conditions relating to the injury.

The attendant then places the required first aid supplies on a surface 2 m from the patient. The attendant steps back and directs the patient to pick up and apply the supplies. The first aid attendant then verbally conducts a modified secondary survey and documents the findings.

Scenario: OFA Level 1 and Level 2 with an intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately ensures that 911 is called. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE, i.e., surgical mask, face shield, gloves, etc. Once PPE is on, the attendant approaches the patient and places appropriate PPE, i.e., clear face shield, on patient prior to conducting the primary survey and performing any critical interventions that are required. The attendant positions the patient in the three-quarter-prone position to ensure the airway is open and clear and no further interventions are needed. Only one

person (the attendant) needs to be in contact with the patient; all others stay 2 m away. The attendant monitors the patient until the ambulance arrives.

Scenario: OFA Level 3 — employer ETV for transport with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately arranges for the ETV to be ready. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the first aid attendant approaches the patient and applies appropriate PPE, i.e., a clear face shield, on the patient and ensures an open airway. Once the airway is open and clear, the attendant stabilizes the patient's head with an inanimate object (to free the attendant's hands) and inserts an oropharyngeal airway to protect and maintain the airway. Once completed, the attendant conducts a primary survey to determine what, if any, further critical interventions are required. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 m away.

If the first aid attendant is working alone or if there is no extra PPE on site for helpers, the attendant places the patient in the three-quarter-prone position and packages the patient. Helpers will be needed to assist the first aid attendant in lifting the patient into the basket and ETV. Use whatever PPE or other measures that are available to assist in providing a barrier between these helpers and the patient, including covering the patient with a blanket. Helpers without PPE should handle the lower extremities and stay as far away from patient's nose and mouth as possible. Once the patient is loaded, the helpers remove their PPE and perform hand hygiene with soap and water or alcohol-based hand sanitizer.

APPENDIX L: Summary of School-Based Control Measures



1. STAY HOME WHEN SICK

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



2. HAND HYGIENE

Everyone should clean their hands more often!

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



3. RESPIRATORY AND PERSONAL HYGIENE

Cover your coughs.

Do not touch your face.

No sharing of food, drinks, or personal items.



4. PHYSICAL DISTANCING AND MINIMIZING PHYSICAL CONTACT

Spread students and staff out to different areas when possible.

Take students outside more often.

Stagger break and transition times. Incorporate individual activities.

Remind students to keep their hands to themselves.



5. CLEANING AND DISINFECTION

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

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

Use common cleaning and disinfectant products.

APPENDIX M:

follow this link from Health Canada

[How to Wear a Non-medical Mask or Face Covering Properly](#)



Face masks: How are they different?

Physical distancing, hand washing and staying at home if you are sick are the most effective ways to prevent the spread of COVID-19; masks do not replace these actions. Masks, face coverings and gloves are the least protective measures for reducing transmission of COVID-19. Masks, when worn properly and for short periods, may offer some protection especially when you are not able to keep a 2 metre distance from others. For work settings, refer to specific workplace guidance on masks.



Cloth masks (homemade or bought)

- May be used by the general public to reduce the spread of large respiratory droplets. However, these masks offer minimal protection to the wearer.
- Can be made from various types of machine-washable and dryable cloth.
- If homemade, use clean woven cotton or linen e.g., a tea towel, bedsheet, pillowcase, t-shirt.
- Must be designed and worn to fully cover nose and mouth.
- Should fit snugly, let you breathe easily, and attached securely with ties or ear loops.
- Re-usable and need to be washed regularly.



Other cloth face coverings

- E.g., bandana, niqab, scarf, neck gaiter.
- May be used to reduce the spread of large respiratory droplets. However, face coverings offer limited protection to the wearer.
- If the material is thin, fold it into several layers.
- Be sure that it covers mouth, nose and sides of the face.



Industrial N95 respirators

- Used to protect workers from inhaling dust, fumes, and hazardous aerosols.
- Available in hardware stores.
- These masks are not recommended to prevent COVID-19 because if they have a valve and you cough/sneeze, you may spread a stream of germs through the valve.

Personal protective equipment (PPE)

These medical masks/respirators should be reserved for health providers or those caring for sick people.



Medical/surgical masks

- Used by healthcare workers or those caring for sick people. Not for general use, in order to reserve critical supply for healthcare.
- Protect against large droplets.
- Flat/pleated or cup shaped with a looser fit.
- Water resistant; and may come with visor.
- Meant for one-time use.



Medical N95 respirators

- Used by healthcare workers in healthcare settings. Not for use by the general public.
- Protect against inhaling and exhaling very small airborne particles and aerosols.
- Fits closely over the nose and mouth to form a tight seal.
- Must be custom fit and worn properly.

CORONAVIRUS COVID-19

NON-MEDICAL MASKS

Face masks can be worn to help protect those around you. It is important to remember that wearing a mask should be combined with other important preventative measures such as frequent hand washing, and physical distancing. There may be situations where you are interacting with someone from outside of your learning group and cannot maintain physical distance; in these situations, masks may be useful. It is suggested that students and staff have a face mask available at school so it is available when necessary.

It is important to remember that even if you wear a face mask you must still maintain physical distance from people outside of your learning group. There can't be crowding, gathering or congregating of people from different cohorts even if non-medical masks are worn.

Putting on your mask:

Wash your hands with soap and water for 30 seconds or use an alcohol based hand sanitizer. Pick up your mask by the ties or loops to place the mask over your nose and mouth and secure it. Adjust the mask if needed to make sure your nose and mouth are covered. You want the mask to be comfortable, but also tight enough that there are no gaps.

While wearing the mask avoid touching your mask or face, and wash your hands if you do.

Removing your mask:

Wash your hands with soap and water for 30 seconds or use an alcohol based hand sanitizer. Remove it by the ties or loops without touching the front of the mask. Fold the outer part of the mask together and place it inside a clean paper bag. Wash your hands with soap and water for 30 seconds or use an alcohol based hand sanitizer.

DO'S AND DON'TS OF WEARING NON-MEDICAL MASKS

DO:

- Make sure your mask isn't damaged, and it's clean and dry
- Replace your mask whenever it becomes damp or dirty
- Wash your hands for 30 seconds or use hand sanitizer before and after touching the mask
- Use the ear loops or ties to put on and remove your mask
- Make sure your nose and mouth are fully covered, it fits securely, and there are no gaps on the sides
- Store your mask in a clean paper bag when it is not in use
- Wash your mask with hot soapy water and let it dry completely before using it again

DON'T:

- Use masks that are damaged, dirty or moist
- Touch the mask while wearing it
- Wear a loose mask
- Hang the mask from your neck or ears

Storing your Mask:

When you are not using your mask, place it in a bag or envelope. This keeps your mask clean until you wear it again, or until you are able to wash it.

Washing your mask:

Cloth masks should be washed at least once a day, or whenever they become damp or soiled. To clean masks:

Put it directly into the washing machine, using a hot cycle, and then drying thoroughly.

Wash it thoroughly by hand using soap and hot water. Allow it to dry completely before washing again.

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.
For non-medical inquiries call 1-888-COVID19 (1-888-268-4319)
or text 604-630-0300.

