



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself.

Wash your hands, don't touch your face, and stay home if you are sick.

Stay at Home and Physically Distance

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

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

UPDATED: May 14, 2020

On the advice of the Provincial Health Officer, in-person instruction in public and independent K-12 schools was suspended effective March 17, 2020 as a precautionary measure in the context of the COVID-19 pandemic. Beginning March 30, 2020, public and independent K-12 schools were asked to ensure ongoing school care and in-person learning opportunities for children of essential service workers requiring school care, those in remote locations, vulnerable students requiring in person support, and learners with diverse needs. As of May 19, school districts are expected to gradually resume regular operations and return to in-class instruction using a staged approach.

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

Based on the current epidemiology of COVID-19 in B.C., and the fact that children are at a much lower risk of developing COVID-19, K-12 schools in British Columbia should begin increasing the number of students receiving in-class instruction within the school environment, while supporting the health and safety of children and adults. Schools should adapt as much as possible to implement public health and infection prevention and control measures, including staying home when ill, physical distancing, minimized physical contact, hand hygiene, frequent cleaning and disinfection, as described in this guidance. While remote and online learning options will continue to play a role in the education of our children, it is up to individual schools through their local planning processes to determine the optimal balance between virtual and face-to-face opportunities for students.

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

COVID-19 and Children and Youth

- COVID-19 virus has a very low infection rate in children and youth. In BC, less than 1% of children and youth tested have been COVID-19 positive. Most children and youth are not at high risk for COVID-19 infection.
- Children under 1 year of age and those who are immunocompromised or have pre-existing pulmonary conditions are at a higher risk of severe disease (visit the [BCCDC Priority Populations](#) page for further details).



Ministry of Health



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



- Children who are considered more vulnerable can receive in-person instruction. Parents and caregivers are encouraged to consult with their health care provider to determine if their child should attend in-person instruction if they are uncertain.
- Children and youth typically have much milder symptoms of COVID-19 most often presenting with low-grade fever and a dry cough. GI symptoms are more common over the course of disease, while skin changes and lesions, are less common.
- Many children have asymptomatic disease. However, there is no conclusive evidence that children who are asymptomatic pose a risk to other children or to adults.
- Evidence indicates transmission involving children is primarily limited to household settings, and from COVID-19 positive adults to children. Most cases in children have been linked to a symptomatic household member.
- Clusters and outbreaks involving children and youth are unusual and tend only to occur in areas where there are high levels of community spread.
- Children are not 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 and youth.
- Prevention measures and mitigation strategies involving children and youth must be commensurate with risk.
- Adolescent children should physically distance themselves where possible when outside the family unit or household.
- For younger children maintaining physical distance is less practical and the focus should be on minimizing physical contact instead.

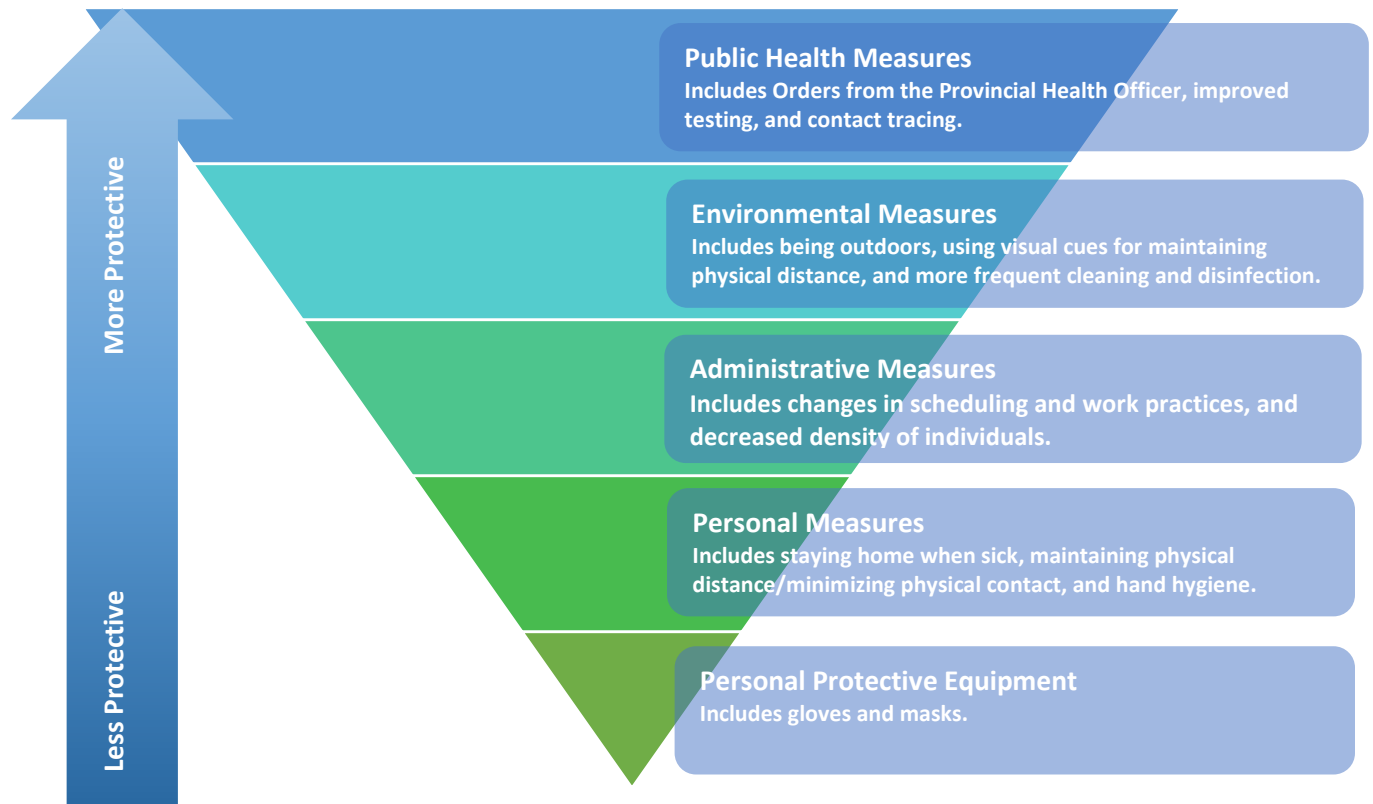
COVID-19 and Adults

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

Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures help create a safe environment for students and staff. *Infection Prevention and Exposure Control Measures for Communicable Disease* describes measures that can be taken to reduce the transmission of COVID-19. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

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



Public Health Measures are actions taken across society at the population level to limit the spread of the SARS-CoV-2 virus and reduce the impact of COVID-19. The Provincial Health Officer has implemented public health measures, including: prohibiting mass gatherings, requiring travellers to self-isolate or quarantine upon arrival in B.C., effective case finding and contact tracing, and emphasizing the need for people to stay home when they are sick.

Environmental Measures are changes to your physical environment that reduce the risk of exposure. Examples include being in outdoor spaces, ensuring good ventilation and air exchange, using visual cues for maintaining physical distance, erecting physical barriers where appropriate and frequent cleaning and disinfection.

Administrative Measures are measures enabled through the implementation of policies, procedures, training and education. Examples of these include health and wellness policies, decreased density in classrooms, staggered schedules and using virtual learning opportunities.

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

Personal Protective Equipment is the last and least effective of the infection prevention and exposure control measure and should only be considered after exploring all other measures. PPE is not effective as a stand-alone preventive measure, should be suited to the task, and must be worn and disposed of properly. Outside of the health care settings, the effectiveness of PPE is generally limited to protecting others should you be infected.

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

Public Health Measures

Mass Gatherings

The Provincial Health Officer's Order for Mass Gatherings continues to prohibit gatherings and events of people in excess of 50 people, however, this Order does not apply to regular school activities. As such, there can be more than 50 students and staff in a school at any given time if they are not all in one area and if they are actively engaged in physical distancing to the greatest extent possible. However, large assemblies of staff and students should not be held.

Case Finding, Contact Tracing and Outbreak Management

Active testing of people with mild COVID-19 like symptoms (case finding) helps us identify cases early in the course of their disease, determine whether others in close contact with them are at risk for infection (contact tracing), and ensure they get appropriate care and follow-up. Enhancing policies regarding reporting employee and student absenteeism to public health can be helpful in early identification of clusters and outbreaks.

Should a COVID-19 positive person be identified by public health staff, significant efforts are undertaken to determine if they are part of a cluster of cases or part of a local outbreak. Specific public health measures are implemented in facilities where an outbreak occurs to prevent further transmission of COVID-19 and keep others safe in a school or workplace.

Self-isolation and Quarantine

Should children, youth and staff have common-cold, influenza, or COVID-19 like symptoms they should be encouraged to stay home, be assessed by their health care provider and tested for COVID-19. When someone is symptomatic, they should self-isolate and follow directions provided by their health care provider. Self-isolation is also advised for those who are considered a close contact of a confirmed case and are waiting to see if they develop COVID-19 illness.

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

If a person is found to be a confirmed case of COVID-19, public health staff will ensure there is robust contact tracing and management of any clusters or outbreaks. They will also ensure that children, staff and parents have access to health care providers and that appropriate supports are in place.

Environmental Measures

Cleaning and Disinfection

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

This includes:

- General cleaning and disinfecting of the premises should occur at least **once a day**.
- Frequently-touched surfaces should be cleaned and disinfected at least **twice a day**.
 - These include door knobs, light switches, toilet handles, tables, desks, chairs, keyboards and toys.
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and disinfectant products and closely follow the instructions on the label.
- Limit items that are not easily cleaned (e.g., fabric or soft items);
- Empty garbage containers daily.
- Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine). Wash hands before wearing and after removing gloves.

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

Administrative Measures

Physical Distancing and Minimizing Physical Contact

Physical distancing (i.e., maintaining a distance of 2 meters between two or more people) is challenging in a K-12 school setting, particularly with younger students. As such, it is reasonable to establish different expectations for varying age levels and activities. For example, younger students should be supported to have minimized physical contact with one another, while older students and adults should seek to maintain a safe physical distance whenever possible.

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”.
- Spread people out into different areas:
 - Consider different classroom and learning environment configurations to allow distance between students and adults (e.g., different desk and table formations).
- Organize students into smaller groups that stay together throughout the day.
- Strive to minimize the number of different teacher(s) and educational assistant(s) that interact with groups of students throughout the day (i.e. minimize the amount of mixing between students and different staff in the setting).
- Stagger pick-up and drop-off times.
- Stagger recess/snack, lunch and class transition times to provide a greater amount of space for everyone.
- Take students outside more often.

- Organize learning activities outside including snack time, place-based learning and unstructured time.
- Take activities that involve movement, including those for physical health and education, outside. Group sports activities should be organized in a thoughtful way, taking into consideration personal hygiene practices.
- Reassure students and parents that playgrounds are a safe environment, and encourage appropriate hand hygiene practices before, during, after outdoor play.
- Incorporate more individual activities or activities that encourage more space between students and staff.
 - For younger students, adapt group activities to minimize physical contact and reduce shared items.
 - For adolescent students, minimize group activities and avoid activities that require physical contact.
- Manage flow of people in common areas, including hallways.
- Parents and Caregivers and other non-staff adults entering the school should be minimized as much as is practical to do so. They should also be reminded to practice diligent hand hygiene and maintain physical distance when they are in the school.
- Assemblies and other school-wide events should be held virtually to avoid a large number of people gathered in one space.

Student Transportation on Buses

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

Additional measures should be taken, including:

- Encouraging private vehicle use where possible to decrease transportation density.
- Consider installing a physical barrier between the driver and passengers (e.g., plexiglass).
- Have students sit in their own seat:
 - Students should be separated side to side and front to back .
 - Students from the same household can share seats if space is limited.

Personal Measures

Stay Home When Sick

- All students and staff who have symptoms of COVID-19 **OR** travelled outside Canada in the last 14 days **OR** were identified as a close contact of a confirmed case or outbreak must stay home and self-isolate, including children of essential service workers who are ill.
- Parents and caregivers must assess their child daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before sending them to school.
 - A student may still receive in-person instruction if another person in their home has symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease, but they remain asymptomatic.
- Staff must assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to entering the school.
- School Administrators must ensure school staff are aware of their responsibility to assess themselves daily for symptoms of common cold, influenza, COVID-19 or other infectious respiratory disease prior to entering the school.

- School Administrators must:
 - Clearly communicate with parents and caregivers their responsibility to assess their children daily before sending them to school.
 - Alternatively, conduct daily checks for respiratory illness at drop-off by asking parents and caregivers to confirm the child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease.
 - Establish procedures for students and staff who become sick while at school to be sent home as soon as possible.
- Staff and students who are ill, including children of essential service workers, should not be permitted to attend school.
- Those unsure of if they or a student should self-isolate should be directed to use the [BC COVID-19 Self-Assessment Tool](#).
 - If concerned, they can be advised to contact 8-1-1 or the local public health unit to seek further input.
 - They can also be advised to contact a family physician or nurse practitioner to be assessed for COVID-19 and other infectious respiratory diseases.
- There is no role for screening students or staff for symptoms, checking temperatures, or COVID-19 testing. Such activities are reserved for health care professionals.

An info sheet on what to do if a student or staff member becomes ill at work is included as Appendix B.

Hand Hygiene

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

How to practice diligent hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
- If sinks are not available (e.g., students and staff are outdoors), use alcohol-based hand rub containing at least 60% alcohol.
- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating respiratory viruses. Soap and water are preferred when hands are visibly dirty.
- To learn about how to perform hand hygiene, please refer to the BCCDC's [hand washing poster](#).

Strategies to ensure diligent hand hygiene:

- Encourage hand washing with water and soap upon arrival at school. Place hand washing stations in various locations including school entrances, hallways, and classrooms to encourage appropriate hand hygiene throughout the day.
- Consider alcohol-based hand rub dispensers where sinks are not available, and posters to promote the importance of regular hand washing.
- Regularly remind staff and students about the importance of diligent hand hygiene.
- Incorporate additional hand hygiene opportunities into the daily schedule.
- Ensure hand washing supplies are well stocked at all times including soap, paper towels and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol.

- Staff should assist younger students with hand hygiene as needed.

An info sheet on when students and staff should practice hand hygiene is included as Appendix C.

Respiratory Etiquette

Students and staff should:

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

Cloth or homemade mask, particularly by children. There is limited evidence outside of health care settings and only in uncontrolled situations where physical distancing between adults cannot be maintained for extended periods of time (greater than 15 minutes with a person who has probable or lab confirmed COVID-19). Wearing one is a personal choice. It is important to treat people wearing masks with respect.

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

Personal Protective Equipment

Personal protective equipment, such as masks and gloves are not needed, beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course of work. They should only be used when all other controls fail.

- Managing students with complex behaviours, on a delegated care plan or experiencing a health emergency may require staff to be in close physical proximity with the student. ***No additional personal protective equipment beyond normal universal precautions are required.***

There is no evidence to support the use of medical grade, cloth, or homemade masks in schools settings at this time. Wearing one is a personal choice. It is important to treat people wearing masks with respect. More information about COVID-related mask use is available [here](#).

Supporting School Communities

The BC Centre for Disease Control is the source of information about COVID-19. Resources available there can be used to support learning and to respond to questions you may receive from members of your school community. More information is available [here](#).

Appendix A: Summary of School-Based Control Measures



1. STAY HOME WHEN SICK

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



2. HAND HYGIENE

Everyone should wash 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 children out to different areas.

Take them outside more often.

Stagger lunch times. Incorporate individual activities.

Remind children, "Hands to Yourself!"



5. CLEANING AND DISINFECTION

Clean and disinfect frequently touched surfaces at least twice a day.

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

Use common cleaning and disinfectant products.

Appendix B: What to Do if a Student or Staff Member Develops Symptoms at School

<i>If a Student Develops Symptoms of COVID-19</i>	<i>If a Staff Member Develops Symptoms of COVID-19</i>
<p>IF STUDENT DEVELOPS SYMPTOMS AT HOME:</p> <p>Parents or caregivers must keep their child at home.</p> <p>The student must self-isolate for a minimum of 10 days from the onset of symptoms AND until symptoms resolve, whichever is longer.</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 distance of 2 metres from the ill student. If not possible, staff may wear a mask if available and tolerated, or use a tissue to cover their nose and mouth. 4. Provide the student with 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 used by them (e.g., classroom, bathroom, common areas). 8. Contact 811 or the local public health unit to notify them of a potential case and seek further input. <p>Parents or caregivers must pick up their child as soon as possible if they are notified their child is ill.</p>	<p>IF STAFF DEVELOPS SYMPTOMS AT HOME:</p> <p>Staff must be excluded from work and stay home.</p> <p>Staff must self-isolate for a minimum of 10 days from the onset of symptoms AND until symptoms resolve, whichever is longer.</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). 5. If concerned, contact 8-1-1 or the local public health unit to seek further input.
<p>If a student or staff member is assessed by their family physician or nurse practitioner and it is determined that they do NOT have COVID-19, they may return to school once symptoms resolve.</p>	

Appendix C: When to Perform Hand Hygiene at School

When Students Should Perform Hand Hygiene:	When Staff Should Perform Hand Hygiene:
<ul style="list-style-type: none">• When they arrive at school 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.