

Public Health Communicable Disease Guidance for K-12 Schools

UPDATED: October 1, 2021

Key Messages

- This document outlines the prevention measures recommended for public, independent, and First Nations K-12 schools in B.C. to reduce the risk of communicable diseases, including COVID-19 in K-12 schools.
- Schools continue to be considered low-risk settings for COVID-19 transmission, particularly in the context of a highly immunized population.
- Vaccines are the most effective way to reduce the risk of COVID-19 in schools. Everyone eligible is strongly encouraged to be fully vaccinated (i.e., receive 2 doses) against COVID-19. School exposures are more likely in communities with lower vaccination uptake/greater community risk.
- Local Medical Health Officers may recommend regional prevention measures during times of increased community risk.

Introduction

This document provides guidance for educators, administrators, and support staff (hereafter referred to as staff) at public, independent and First Nations Kindergarten to Grade 12 (K-12) schools of what infection prevention and exposure control measures should be implemented during the 2021-22 school year to prevent the spread of communicable diseases, including COVID-19. It also outlines how public health expects to manage COVID-19 cases impacting schools, if and when they occur.

[Our experience in B.C.](#) during the 2020-21 school year, which aligned with evidence gathered [nationally and internationally](#), saw schools as lower-risk sites for COVID-19 transmission when infection prevention and exposure control measures (also called prevention measures) were in place. Various surveys, including the COVID-19 [SPEAK survey](#) from BCCDC, have reported that school-aged children have been negatively impacted by the pandemic, including worsened wellbeing, more child stress, less connection with friends, less engagement in extracurricular activities and learning impacts. Enabling children to return to closer-to-normal learning, recreational and social activities is an important pandemic recovery action. Both risks and benefits of preventive measures were considered in the development of this guidance. An evidence summary is included as Appendix A.

With the B.C. population highly immunized, there is significantly greater community protection against COVID-19, including against [variants of concern](#) detected in B.C. Variants spread the same way as the original COVID-19, which means established prevention measures continue to protect against it. As of when this guidance was published, the



Delta variant was the most commonly detected variant in B.C. While the Delta variant appears to spread more easily, emerging evidence shows it presents the greatest risk to unvaccinated adults, with risk increasing with age. Currently, it does not appear that the Delta variant results in a greater risk of serious outcomes for children. Children continue to be at low risk for serious outcomes from COVID-19, including variants of concern detected in B.C.

With greater community protection against COVID-19, schools can return to closer-to-normal operations, with some prevention measures continuing to be in place to keep schools as lower risk settings for communicable disease transmission. While COVID-19 is present in our communities, there will continue to be COVID-19 exposures in schools and cases amongst students and staff. Because cases in schools reflect those in the community, these are more likely to occur in communities with lower vaccination uptake. However, with most people 12 and older immunized and effective prevention measures in place, exposures are less likely to lead to further transmission. Local public health officials (school medical health officers) consistently monitor cases of COVID-19 in schools and the community and will continue to offer support and guidance.

Public health will continue to review emerging evidence and monitor cases and transmission trends of COVID-19 to determine if actions should be taken to prevent or control spread, including updating this guidance.

The Ministry of Health and BC Centre for Disease Control (BCCDC) fully respect the authority of individual First Nations to make decisions about the operation of First Nations schools in the best interests of their students, schools, and communities. This includes their authority to decide if and how to use this guidance to inform planning and if and how to reopen their schools.

The Ministry of Education works with Indigenous rights holders and K-12 education and health partners to build on public health guidance to establish the [Provincial COVID-19 Communicable Disease Guidelines for K-12 School Settings](#). These guidelines must be followed by schools and school districts, including if there are any differences between them and the public health guidance.

The guidance in this document may not be relevant to distributed learning (including learning in non-traditional settings) or homeschooling. Administrators and leaders for those settings are encouraged to use guidance from this document, as well as guidance issued for other sectors as relevant, to reduce the risk of COVID-19 transmission in their unique environments.

BCCDC is the primary source of information about COVID-19 in B.C. Resources on the [BCCDC](#) website can be used to support learning and to respond to questions from school communities.



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Supportive School Environments

Schools can support students to practice personal preventive measures like wearing a non-medical mask when recommended, and regularly practicing hand hygiene and respiratory etiquette by:

- Having staff model these behaviours.
- Sharing reliable information to parents, families, and caregivers. Information and resources are available from BCCDC.
- Promoting them through visual aids like posters.

Schools can also support students to consider and respect others personal space. Personal space is the distance from which a person feels comfortable being next to another person.

Staff and students choosing to practice additional personal prevention measures (e.g., wearing a non-medical mask beyond when it is recommended, wearing a face shield in addition to a non-medical mask, etc.) should be treated with respect.

Schools are encouraged to support student personal practices using positive and inclusive approaches. Schools should avoid punitive measures or enforcement activities that exclude students from fully participating in school or that could result in stigma.

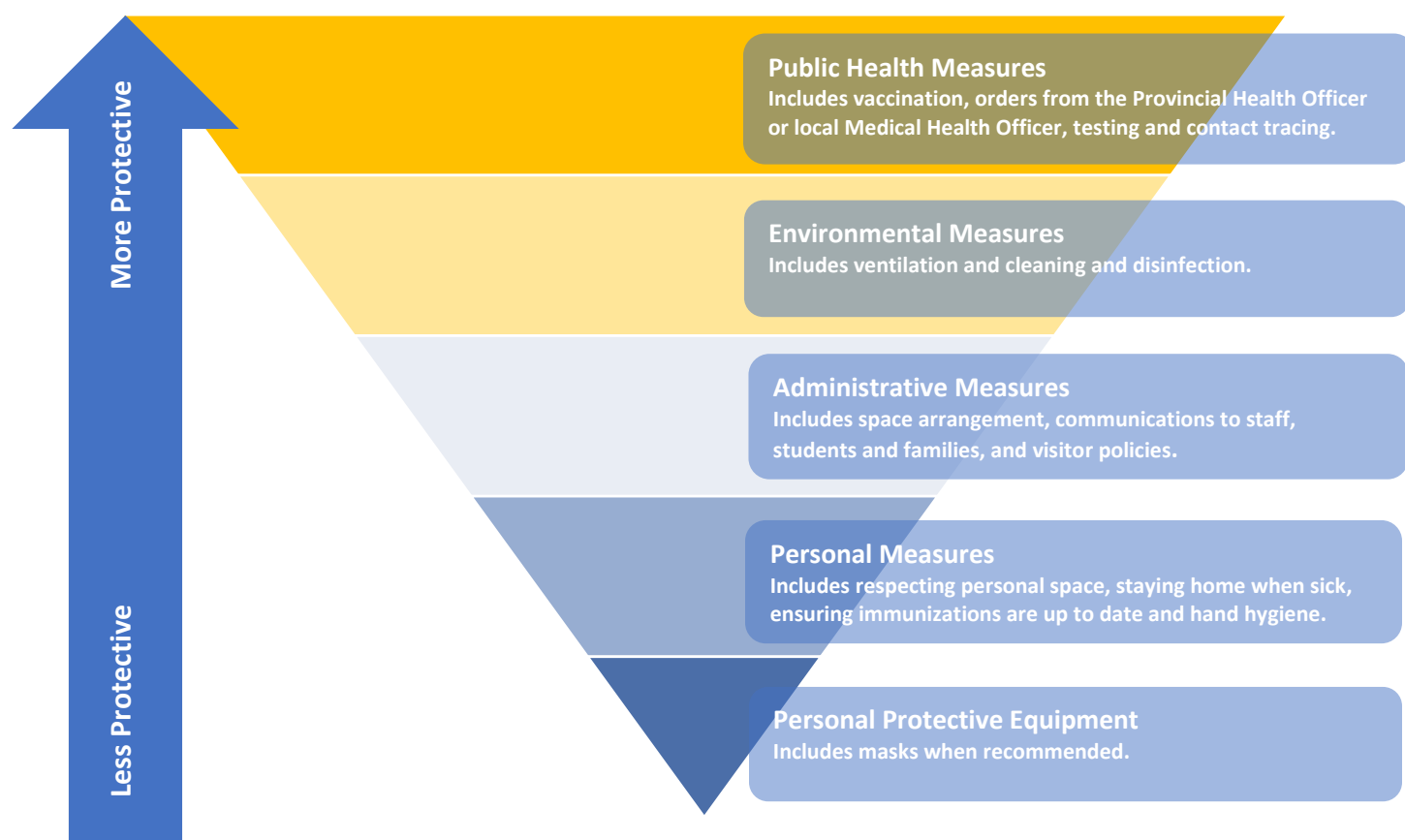


Infection Prevention and Exposure Control Measures (Prevention Measures)

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

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

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



Public Health Measures

Vaccines

Vaccines are the most effective way to reduce the risk of COVID-19 in schools. Everyone eligible is strongly encouraged to be fully vaccinated (i.e., receive 2 doses) against COVID-19 to protect themselves and those around them – including those who are not eligible to be vaccinated. Both doses are needed to get the most effective protection against serious cases of COVID-19 and provide longer-lasting protection.

The vaccines used in B.C. are highly effective against COVID-19, including among variants of concern. Vaccinated people aged 12 and older tend to have milder illness if they get infected and are also less likely spread COVID-19 than unvaccinated people 12 and older. As of August 22nd, 83% of eligible people 12 and older in B.C. had received their first dose of COVID-19 vaccine and 75% had received their second dose. As of August 22nd, approximately 72% of people aged 12-17 had received their first dose of COVID-19 vaccine and 58% had received their second dose. Up to date information on vaccinations coverage is available from [BCCDC](#).

People who are not vaccinated are at higher risk of getting and spreading COVID-19. Most COVID-19 cases, hospitalizations, and deaths are now among unvaccinated adults, and are predominantly occurring in communities with lower general vaccination uptake.

While children under 12 are not currently eligible to be vaccinated, they continue to be less likely to get and spread COVID-19 and have a low risk of serious outcomes if they do get COVID-19. It is strongly recommended that adults interacting with children under 12 be fully vaccinated.

Schools are encouraged to share evidence-based information and promote opportunities to be vaccinated in partnership with public health.

While COVID-19 is present in our communities, there will continue to be COVID-19 exposures in schools and cases amongst students and staff. However, with people 12 and older highly immunized, exposures are unlikely to lead to further transmission. Public health considers vaccination status when investigating school exposures. Staff and students who are not at least 14 days past receiving their second dose (i.e., aren't fully immunized) and are identified as close contacts are more likely to be asked to self-isolate.

Evidence-based immunization information and tools for B.C. residents is available from [BCCDC](#) and [ImmunizeBC](#).



Public Health Case Management

Public health (including the Provincial Health Officer and BC Centre for Disease Control) will continue to offer individual and community guidance and recommendations to manage the risk of COVID-19 in B.C. Public health will continue to monitor cases of COVID-19 and determine if actions should be taken to prevent or control spread.

Schools should continue to maintain daily attendance records for staff, students, and visitors (including itinerant staff, teachers on call, parents/caregivers, and volunteers), and keep accurate class and bus lists to assist with contact tracing if necessary. This includes maintaining attendance records for all school-supported activities, including extracurricular activities and field trips. Daily attendance records should be kept for at least 45 days to assist with contact tracing and retrospective analysis by public health (if needed).

Public health will continue to collaborate with schools and school districts on sharing public health information with staff, students, and families, including providing direction on if and when exposure notifications should be sent.

School Exposures & Notifications

An exposure occurs if a person attends school when they may have been potentially infectious with a communicable disease (e.g. COVID-19) and there is a risk of transmission to others. When a potential exposure at a school is identified, public health will work with the school to understand who may have been exposed and determine what actions should be taken, including identifying if other students or staff have been exposed.

Close contacts are notified and informed of what subsequent actions they should take (e.g., monitor for symptoms, self-isolate, seek testing, etc.) as they may be at risk for communicable diseases, such as COVID-19.

To ensure personal privacy rights are maintained, public health will only disclose a confirmed case of a communicable disease if the person was infectious when they attended school. Public health will only provide the personal information needed to support effective contact tracing.

Public health considers vaccination status when determining what actions close contacts should take. Staff and students who are not fully immunized and are identified as close contacts are more likely to be asked to self-isolate than those who are fully immunized.

Public health will send general notification letters to the broader school community or post the information to Regional Health Authority websites if it is necessary for contact tracing or outbreak management, in line with notification practices for other community and workplace settings. General notifications are typically provided to those who are at greater risk for communicable disease and need to take subsequent actions beyond continuing to follow general public health recommendations.

School administrators or staff should not provide notifications to staff or students' families about potential or confirmed communicable diseases cases (including COVID-19) unless the school administrator is directed to do so by the school medical officer. School Administrators are to follow processes outlined in [COVID-19 Protocols for School and District Administrators: Management of Illness and Confirmed Cases](#).



Schools and districts should contact their local Medical Health Officer if they are considering closing a school due to operational challenges related to increased absenteeism from staff required to self-isolate, self-reported illness of students and staff, or other factors that may impact the ability of a school to stay open.

Outbreaks and Clusters

A cluster refers to two or more confirmed cases of COVID-19 that occur among students and/or staff within a 14-day period, and isolated transmission is suspected or confirmed to have occurred within the school.

An outbreak is when there is sustained, uncontrolled, widespread transmission of COVID-19 within a school, and a Medical Health Officer determines extraordinary public health measures are necessary to stop further transmission in the school or school community.

If a cluster or outbreak occurs, additional measures may be recommended or required by a Medical Health Officer to prevent further transmission of a communicable disease. This may include implementing additional health and safety measures within the school, testing of all potentially exposed individuals or in rare cases, ordering the school to close for a certain amount of time.

Regional Differences and Local Public Health Orders and Recommendations

Medical Health Officers continue to be able to place local public health Orders requiring additional health and safety measures beyond this guidance at their own discretion, based on their authority under provincial legislation. These may be put in place during times of increased community transmission of COVID-19, and within communities with low vaccination uptake. They are based on local epidemiology and are proportional to risk.

Local public health Orders may be placed for whole regions or communities, or for specific businesses or activities within a health authority region. For example, a health authority may issue a regional Gatherings & Events Order that limits indoor gatherings to a specific number of people or to a specific type of activity. Schools within that region would need to ensure extracurricular and social gatherings and events complied with the Order unless schools were specifically excluded.

For schools, the local Medical Health Officer may issue a recommendation for an individual school, a grouping of schools, a school district, for all schools within a health authority region, or some combination thereof, to implement specific additional health and safety measures during times of elevated risk.

Additional measures are likely to be similar to some of those in place during the 2020-21 school year. For example:

- Limits on gatherings and events,
- Spreading people out as much as possible through different space arrangements, including arranging desk/tables to maximize space between students and avoiding seating arrangements where students directly face one another,
- Incorporating more individual activities and activities that encourage greater space between people, and avoiding activities that require close face-to-face contact,



- Limiting visitors,
- Taking activities outdoors when possible (and weather allows), and
- Recommending increased mask use.

Measures identified will be commensurate with risk, take into consideration specific local context, and seek to minimize operational impacts wherever possible. Cohorts/learning groups are not expected to be an additional prevention measures for regional recommendations.

At their independent discretion, the responsible Medical Health Officer will determine if additional measures are necessary based on information relevant to the school(s), district(s) and/or geographic area under consideration, who a local recommendation or Order applies to, what additional health and safety measures should be implemented, and for how long the additional measures should be in place.

School Communicable Disease Checklist

Schools can use the checklist included as [Appendix B](#) to help build their own communicable disease plan.

Environmental Measures

Ventilation and Air Exchange

Continue to ensure all mechanical heating, ventilation and air conditioning (HVAC) systems are designed, operated, and maintained as per standards and specifications for ongoing comfort of workers ([Part 4 of OHS Regulation](#)), and that they are working properly. Open windows when the weather permits, if it doesn't impact the functioning of ventilation systems.

When using air conditioners and fans in ventilated spaces, air should be moved from high places to lower places instead of blowing air directly from one person's breathing zone to another's. Avoid horizontal cross breezes. Use of portable air conditioners and fans in unventilated spaces with doors and windows closed should be avoided, except when necessary during high or excessive heat events. More information on workplace ventilation and air circulation is available from [WorkSafe BC](#).

Communicable disease prevention measures need to be balanced against other risks, like excessive heat events in warmer months or poor air quality from wildfire smoke. Schools are encouraged to use BCCDC resources, including on [Heat Event Response Planning](#) and [Wildfire Smoke](#) to support planning.

While taking students outside more often is no longer recommended for COVID-19 prevention, it is still encouraged due to its overall health benefits.

Cleaning and Disinfection

Frequently-touched surfaces should be cleaned and disinfected at least 1x/day and when visibly dirty. These include items touched by larger numbers of people (e.g., door handles, hand rails, tap faucets, shared gym equipment, etc.).



Surfaces touched by fewer people (e.g., desks used by a few students, lockers, manipulatives) should be cleaned at least 1x/day. Other general cleaning should occur in line with regular practices.

Objects made of materials that are not easily cleaned (e.g., foam, playdough, etc.) or typically cleaned intermittently (e.g., fabrics, soft toys, etc.) can continue to be used. They should be cleaned (if possible) according to regular practices.

Textbooks, paper, other paper-based products, laminated or glossy paper-based products and items with plastic covers do not need to be cleaned and disinfected, or quarantined for any period of time.

Physical Barriers

Physical barriers are no longer recommended for communicable disease prevention.

Administrative Measures

Gatherings & Events

School extracurricular and social gatherings and events (including those occurring within and between schools) should occur in line with those permitted as per relevant local, regional, provincial and federal public health recommendations and Orders.

Gatherings and events requiring international travel (e.g., between Canada and the United States) should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for international travel and community gatherings and events.

Space Arrangement

In learning environments, schools can return to classroom and learning environment configurations and activities that best meet learner needs and preferred educational approaches. Use all available space. Cohorts/learning groups are no longer recommended. They are also not expected to be an additional prevention measure for regional recommendations.

In indoor spaces, people should have enough room to carry out the intended activity without involuntarily physical contact with another person. In indoor common spaces (e.g., hallways, cafeterias, etc.), schools may continue to use floor markings and posters to direct traffic flow.

For indoor activities that bring together multiple classes or other groupings of students in close proximity for a prolonged period of time (e.g., school assemblies, multiple classes doing physical activity in a gym), schools should ensure that people are spread out within the available space. This is expected to be achievable within room capacity limits (where applicable).

For breaks and other unstructured time in indoor settings, there should be enough space available to prevent involuntary physical contact.



Taking students outside more often is still encouraged (when the weather allows) due to its overall health benefits.

Staff-Specific Considerations

[WorkSafe BC guidance for workplaces](#) should be used to determine what measures should be in place within staff-only spaces within a school (e.g., break rooms, individual offices) or for non-school spaces operated by a school district (e.g. board offices, maintenance facilities, etc.).

Staff-only gatherings (e.g., meetings, professional development days, etc.) should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for workplace gatherings and events and any related WorkSafe BC guidance.

Visitors

Schools should continue to ensure visitors follow the school's communicable disease plan, including completing a daily health check and not entering the school if they are sick. Schools should continue to keep a list of the date, names, and contact information of all visitors who enter the school for 45 days following their visit.

Curriculum, Programs and Activities (including Extracurricular Activities)

As previously noted, extracurricular and social gatherings and events (including sports and arts events within and between schools) should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders.

For music and physical education, schools should continue to implement universal communicable disease prevention practices specific to the activity. For example, equipment that touches the mouth (e.g., water bottles, instrument mouth pieces) should not be shared unless cleaned and disinfected in-between use. Hands should be cleaned before and after using frequently touched pieces of equipment (e.g. before and after a sports game using a shared ball).

Local and international field trips should occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for local and/or international travel.

Schools should consider guidance provided for overnight camps from the [BCCDC](#) and the [BC Camps Association](#) when planning overnight trips that include group accommodation.

Transportation

For school buses, schools can return to regular seating and onloading/offloading practices.

Frequently-touched surfaces should be cleaned and disinfected at least 1x/day and when visibly dirty. These include items touched by larger numbers of people (e.g. door handles, hand rails, etc.). Surfaces touched by fewer people (e.g. seats) should be cleaned 1x/day. Other general cleaning should occur in line with regular practices.



Schools should continue to:

- Encourage bus drivers and passengers to practice hand hygiene and before and after trips and to practice respiratory etiquette as needed,
- Spread passengers out if space is available, and
- Open windows when the weather allows.

All staff, other adults and K-12 students should wear masks on school buses, with exceptions outlined in the Personal Protective Equipment section of this document and the additional exception that bus drivers can remove their masks while driving.

For carpooling, schools should share the following guidance with staff and families:

- Continue to spread out as much as possible,
- Travel with the same people whenever possible,
- Set the vehicle's ventilation to bring in fresh outside air, and do not recirculate the air,
- Open the windows when the weather allows,
- Clean hands before and after trips, and
- Clean frequently touched surfaces regularly.

All school-aged children and adults are encouraged to wear masks while carpooling, with exceptions outlined in the Personal Protective Equipment section of this document. Additionally, masks are not suggested if carpooling with members of the same household.

For people taking mass transit (e.g. municipal buses, the SkyTrain, ferries, etc.), hand hygiene should be practiced before and after trips. Riders should follow any other safety guidance (including mask guidance) issued by the relevant transit authority.

Other methods of active transportation (e.g. walking, biking, skateboarding, etc.) should continue to be encouraged wherever possible due to its overall health benefits.

This guidance should be adapted to what is most suitable for modes of transportation not mentioned here.

Food Services

Food services (e.g., meal programs, cafeterias, fundraisers, etc.) can return to regular operational and food safety practices. Effective food safety practices are important for everyone preparing and distributing food. [FOODSAFE Level 1](#) covers important food safety and worker safety information including foodborne illness, receiving and storing food, preparing food, serving food, and cleaning and sanitizing. It is a helpful resource for those seeking education and training on food safety practices.

Students involved in food preparation and distribution should be taught and supported to practice relevant food safety practices, including hand hygiene.



Community Use of Schools

Schools can continue to allow community use of school facilities. Community use should be aligned with related public health guidance, recommendations, and Orders.

Water Stations & Fountains

Limiting the use of water fountains is no longer recommended. Schools should continue to clean and disinfect water fountains as a frequently touched surface and encourage hand hygiene before and after use. Schools should ensure non-drinkable (non-potable) water sources are not used for drinking water, and that these sources are labelled as such ([Part 4 of OHS Regulation](#)). More information is available from WorkSafe BC.

This guidance is in addition to the Ministry of Education policy on [Testing Lead Content in Drinking Water of School Facilities](#). The Ministry of Health has also issued [Guidelines on Evaluating and Mitigating Lead in Drinking Water Supplies, Schools, Daycares and Other Buildings](#).

Personal Items & School Supplies

Students and staff can continue to bring personal items and school supplies to school for their own use.

Personal Measures

Daily Health Check

School administrators should ensure that staff, other adults entering the school, parents, caregivers and students are aware that they should not come to school if they are sick. School administrators can support this practice by regularly communicating the importance of everyone doing a **daily health check**.

A daily health check means a person checking daily to ensure they (or their child) are not experiencing any symptoms of illness (including but not limited to COVID-19 symptoms) before coming to school. Daily health checks can be supported by the BCCDC resource on [when to get tested for COVID-19](#) or the Ministry of Education's [K-12 Health Check](#). Schools do not need to confirm a daily health check has been done or monitor students and staff for symptoms of illness.

Nobody should come to school if they are sick or otherwise directed to self-isolate by public health.



Symptoms Develop at School

If a staff member, student, or other person develops symptoms of illness at school:

1. Move the person to a space that is comfortable, safe, and supervised (if necessary). This can be a separate location (e.g., another room, a common space, or outdoors if weather allows), or in the same space (e.g., a classroom) if the person can consistently be 2-metres away from others.
2. Contact the student's parent or caregiver to pick them up as soon as possible (if applicable).
3. If the ill person requires assistance, where possible, maintain a 2-metre distance. If not possible, staff should wear a mask if available and tolerated.
4. Provide the person with a mask (if available and tolerated) or tissues if they are exhibiting respiratory symptoms (to cover their coughs or sneezes). Masks should not be worn if the person has gastrointestinal symptoms (e.g., is at risk of vomiting). Throw away used tissues as soon as possible and perform hand hygiene.
5. Avoid touching the person's body fluids (e.g., mucous, saliva, vomit). If you do, practice hand hygiene.
6. Practice hand hygiene after the person has left.
7. Staff responsible for facility cleaning should clean and disinfect the surfaces in spaces where the person's body fluids may have been in contact while they were ill (e.g., their desk in a classroom, the bathroom stall they used, etc.).

Some students may arrive at school sick, and/or unable to be picked up immediately, due to many reasons, including a lack of available childcare. Following the steps outlined above helps ensure there is not a significant risk of illness to others, including those who are supporting them while they are ill.

What To Do When Sick

School administrators can encourage staff and families to go to the [BCCDC website](#) to find information about what to do when they are sick with COVID-19 symptoms. Staff, students, and parents/caregivers can also use the [BC Self-Assessment Tool](#) app, call 8-1-1 or their health care provider for guidance. Information on region-specific services (e.g., testing and vaccination sites) is available on [health authority websites](#).

Staff and families can also be encouraged to visit [HealthLink BC](#) or call 8-1-1 for support on what to do when sick with any symptoms of illness, including non-COVID-19 symptoms.

Returning to School After Illness

When a person can return to school after being sick depends on the type of illness they had.

- If they had COVID-19 or another communicable disease, they can return according to the guidance provided to them from public health.
- For other illnesses, generally, the person can return when their symptoms have improved and they feel well enough to participate in all activities at school.

If a person is unsure if they are well enough to attend school, they should call 8-1-1 or their health care provider for guidance.



Schools should 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 practice.

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 a communicable disease (including but not limited to COVID-19), public health will advise the asymptomatic student/staff on next steps.

Hand hygiene

Rigorous hand washing with plain soap and water reduces the spread of illness. Everyone should practice diligent hand hygiene.

How to practice diligent hand hygiene:

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

Strategies to ensure diligent hand hygiene:

- Facilitate regular opportunities for staff and students to practice hand hygiene.
 - Use portable hand-washing sites or alcohol-based hand rub dispensers where sinks are not available.
- Promote the importance of diligent hand hygiene to staff and students regularly.
 - Use posters and other methods of promotion.
 - Consider student-friendly posters on [how to wash your hands](#).
 - Show [handwashing videos](#).
- Ensure hand washing supplies are well stocked at all times including soap, paper towels and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol.
- Staff should assist younger students with hand hygiene as needed.

An information sheet on when students and staff should practice hand hygiene is included as [Appendix C](#).



Respiratory Etiquette

Everyone should:

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

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

Personal Protective Equipment

Non-Medical Masks and Face Coverings

Public health continues to monitor community risk of COVID-19 as we progress toward high levels of vaccine coverage. Schools continue to be considered low risk settings for COVID-19 transmission, particularly in the context of a highly immunized population; however, non-medical masks continue to be recommended. This allows for an added layer of protection as schools transition to new measures. Regional recommendations may also be issued by local medical health officers based on community risk. Mask requirements should, at minimum, adhere with any regional or provincial public health Orders.

All staff, adult volunteers and visitors, and K-12 students in “bricks and mortar” schools should wear a non-medical mask or face covering (a “mask”) at all times while indoors at school, subject to the following exceptions:

- If a person is unable to wear a mask because they don’t tolerate it (for health or behavioural reasons*);
- If a person unable to put on or remove a mask without the assistance of another person;
- If the mask is removed temporarily for the purposes of identifying the person wearing it;
- If the mask is removed temporarily to engage in an educational activity that cannot be performed while wearing a mask (e.g. actively playing a wind instrument, high-intensity physical activity, etc.);
- If a person is eating or drinking;
- If a person is behind a barrier (e.g., a divider, a cubicle, or in a room by themselves);
- While providing a service to a person with a disability or diverse ability where visual cues, facial expressions and/or lip reading/movements are important.

Staff at non-school sites (e.g., administrative offices, maintenance facilities, etc.) should continue to follow guidance from WorkSafe BC.

If an activity cannot be implemented in line with this guidance, it should be adapted or another activity should be selected.

Schools continue to be encouraged to support student mask use through positive and inclusive approaches, and not punitive or enforcement activities that exclude students from fully participating in school or that could result in stigma. Schools are also encouraged to ensure there are opportunities throughout the day for students to remove their masks (like providing opportunities to go outside if weather allows).



No student should be prevented from attending or fully participating in school if they are not wearing a mask.

*Health or behavioural reasons include health impacts experienced during excessive heat events or poor air quality.

Information on non-medical masks is available from [BCCDC](#).

PPE When Providing Student Services

Those providing services to students with medical complexity, immune suppression, receiving delegated care, or with disabilities and diverse abilities that require them to be in close proximity to a student should follow their standard risk assessment methods to determine what PPE is needed for general communicable disease prevention in accordance with routine practices.

Additional PPE

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



Appendix A: Evidence Summary

The information below summarizes high-level evidence gathered since early Spring 2020 about COVID-19, including its impacts on people and K-12 schools in B.C., nationally and internationally. Up-to-date information about COVID-19 is available from [BCCDC](#).

COVID-19 in B.C.

- B.C. currently has variable community prevalence of COVID-19; some parts of the province have relatively low community transmission while other parts have relatively high levels of community transmission. Communities with high levels of transmission are typically those with lower vaccination rates.
 - Since early summer 2021, the rate of COVID-19 cases has increased due to the easing of pandemic restrictions. Most cases, hospitalizations, and deaths were among unvaccinated individuals.
- B.C. has a [highly vaccinated population](#), with the majority of those aged 12 and older having received two doses of a COVID-19 vaccine. As of August 22nd, 83% of eligible people 12 and older in B.C. had received their first dose of COVID-19 vaccine and 75% had received their second dose.
 - Vaccinated individuals tend to have milder illness if they get infected and are also less likely to pass virus on than unvaccinated individuals. Severe outcomes in fully vaccinated individuals are infrequent.
 - Everyone eligible is encouraged to be fully vaccinated (i.e., receive two doses) against COVID-19 to protect themselves and those around them.
- Four [COVID-19 Variants of Concern](#) have been detected in B.C.: Alpha, Beta, Gamma and Delta. Currently, Delta is the most common. The vaccines delivered in B.C. remain highly effective against variants, including the Delta variant, especially against severe outcomes.
 - The Delta variant is currently the predominant variant in B.C. This variant spreads more easily and may lead to more severe disease.

COVID-19 and Schools

Based on [national and international evidence](#) collected between January - July 2021:

- There is little high-quality evidence to suggest that having schools open meaningfully contributes to community transmission.
- The likelihood of a person attending school while infectious with COVID-19 reflects local community prevalence.
- The consistent implementation of prevention measures, particularly in communities with higher transmission and/or lower vaccination uptake, is critically important to limiting the spread of COVID-19.
 - Within clusters and outbreaks, adult to adult transmission appears more common than child to adult or adult to child.
- Widespread asymptomatic transmission is not commonly occurring within schools.
- Evidence continues to be gathered about the impact of staff and student vaccinations on mitigating risk of COVID-19 transmission at school.

During the 2020-21 school year in B.C.:



- COVID-19 cases in schools reflected the number of cases in their communities. Most cases of COVID-19 among students and staff were acquired outside of school, in their community or household.
- Vancouver Coastal Health and Fraser Health led [school transmission studies](#) to understand transmission in school settings:
 - In Vancouver Coastal Health from September 10 – December 18, 2020, out of 699 cases among students (77%) and staff (23%), 55 cases (8% of student and staff cases) were likely acquired in school. When transmission did occur, a case would typically lead to 1 or 2 other cases in the school.
 - In Fraser Health from January 1 – March 7, 2021, out of 2049 cases among students (83%) and staff (17%), 267 cases (13% of student and staff cases) were likely acquired in school. When transmission did occur with a school setting, a case would typically lead to 1 other cases in the school.

Regional school medical officers noted that these results were similar to those seen in all health authority regions, based on case reviews.

- School staff do not seem to be at any greater risk of getting COVID-19 at work compared to other workplaces that include people.
 - In [Vancouver School District](#), despite a high rate of reported exposure to COVID-19 cases, the rate of COVID-19 infections among school staff (detected by sensitive serology testing) was the same as the local community. This suggests school staff did not experience a greater risk from COVID-19 than the general population with the measures implemented during the 2020-21 school year.
- In February, B.C. teachers [reported](#) impacts on their mental health, fewer opportunities to connect with students and the school community, and workload increases.

COVID-19 and Children

- Most children are not at high risk for COVID-19. If they do get COVID-19, most children will have mild symptoms, or they may have no symptoms at all (“asymptomatic”).
- COVID-19 continues to have a [relatively low infection rate](#) among school-aged children (5-18).
 - Research is underway to understand the impact of the Delta variant on children, including differences in how it spreads and if there is increased risk of more severe illness in children who are not yet eligible to be vaccinated (i.e., under age 12).
- As of August 22nd, approximately 72% of people aged 12-17 had received their first dose of COVID-19 vaccine and 58% had received their second dose.
- At this time, no COVID-19 vaccine has been approved for use in children under the age of 12. Clinical trials are currently underway. More information is available from [Health Canada](#).
- Various surveys, including the [COVID-19 SPEAK](#) survey from BCCDC have reported that school-aged children have been negatively impacted by the pandemic, including worsening wellbeing, more child stress, less connection with friends, less engagement in extracurricular activities and learning impacts.



Appendix B: School Communicable Disease Checklist

Complete this checklist with your school's health and safety committee to assess your school's communicable disease plan with the Ministry of Education's COVID-19 Communicable Disease Guidelines for K-12 Settings, which includes detailed guidance on the measures noted below. This checklist should be used in addition to the guidelines to develop and assess your school's communicable disease plan.

Measures below should always be in place.

Public Health Measures		
Attendance & Record Keeping	Practices in place to:	<input type="checkbox"/> Included
	<ul style="list-style-type: none"> maintain daily attendance records for staff, students, and visitors (including teachers on call, itinerant teachers/specialists, district/authority personnel, parents/caregivers, and volunteers), and maintain accurate class and bus lists. Daily attendance records should be kept for at least 45 days.	

Environmental Measures		
Ventilation & Air Exchange	All HVAC systems are operated and maintained as per standards and specifications, and are working properly.	<input type="checkbox"/> Included
	Portable air conditioners and fans are only used in ventilated spaces, with air moved from high to low.	<input type="checkbox"/> Included
	Risk mitigation strategies are identified for excessive heat events or times of poor air quality.	<input type="checkbox"/> Included
Cleaning and Disinfecting	Frequently touched surfaces (those touched by larger numbers of people) are cleaned and disinfected at least 1x/day. Surfaces touched by fewer people are cleaned 1x/day.	<input type="checkbox"/> Included
	Practices are in place to clean and disinfect frequently touched surfaces when they are dirty.	<input type="checkbox"/> Included
	Other general cleaning occurs in line with regular practices.	<input type="checkbox"/> Included
	Practices are in place to clean and disinfect any surfaces a person's body fluids have contacted after they have displayed symptoms of illness.	<input type="checkbox"/> Included



Administrative Measures		
Gatherings & Events	School extracurricular and social gatherings and events (including those occurring within and between schools) are in line with those permitted as per relevant local, regional, Provincial and Federal health recommendations and Orders.	<input type="checkbox"/> Included
Space Arrangement	In indoor spaces, people have enough room to carry out intended activities without involuntary physical contact and all available space is used.	<input type="checkbox"/> Included
	For indoor gatherings, people are spread out within the available space and room capacity limits are not exceeded.	<input type="checkbox"/> Included
	During breaks and other unstructured time in indoor settings, strategies are in place to ensure there is enough space available to prevent involuntary physical contact.	<input type="checkbox"/> Included
Staff Specific Considerations	WorkSafe BC guidance for workplaces is used to determine measures for staff-only spaces within a school and/or for non-school spaces operated by the school district/authority.	<input type="checkbox"/> Included
	Staff-only gatherings (e.g., meetings, professional development days, etc.) occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for workplace gatherings and events and any related WorkSafe BC guidance.	<input type="checkbox"/> Included
Visitors, including Itinerant Staff, Temporary Teachers on Call, Parents and Others	Processes are in place to ensure itinerant staff, teachers on call and visitors are aware of the school's communicable disease plan and their responsibility to follow measures at all times.	<input type="checkbox"/> Included
Curriculum, Programs and Activities	For music and physical education (and other subjects as necessary), prevention practices specific to the activity are implemented (e.g., cleaning mouth pieces and water bottles between use).	<input type="checkbox"/> Included
	Local and international field trips occur in line with those permitted as per relevant local, regional, Provincial, and Federal public health recommendations and Orders for local and/or international travel.	<input type="checkbox"/> Included
Bus Transportation	Frequently touched surfaces are cleaned and disinfected at least 1x/day. Surfaces touched by fewer people are cleaned 1x/day.	<input type="checkbox"/> Included
	Practices are in place to clean and disinfect frequently touched surfaces when they are dirty.	<input type="checkbox"/> Included
	Other general cleaning occurs in line with regular practices.	<input type="checkbox"/> Included
	Practices are in place to encourage bus drivers and passengers to practice hand hygiene before and after trips.	<input type="checkbox"/> Included
	Spread passengers out if empty seats are available.	<input type="checkbox"/> Included
	Windows are opened when the weather allows.	<input type="checkbox"/> Included



	Bus drivers, adult volunteers and visitors, and K-12 students wear masks according to the guidelines or applicable public health orders/recommendations.	<input type="checkbox"/> Included
Food Services	Food services (e.g., meal programs, cafeterias, fundraisers, etc.), are following regular operational and food safety practices.	<input type="checkbox"/> Included
Community Use of Schools	Community use of school facilities is aligned with related public health guidance, recommendations and Orders.	<input type="checkbox"/> Included
Water Fountains	The use of water fountains is not limited.	<input type="checkbox"/> Included

Personal Measures

Daily Health Checks	Staff, parents and students are regularly reminded of their responsibilities to complete a Daily Health Check and are provided with resources on how to complete one (e.g., the K-12 Health Check app).	<input type="checkbox"/> Included
Stay Home When Sick / What To Do When Sick	Staff and students are regularly reminded to stay home when they are sick and are provided with resources on what to do when they are sick (e.g., the BC Self-Assessment Tool app).	<input type="checkbox"/> Included
Symptoms Develop at School	Practices are in place to appropriately respond when a staff member, student, or other person develops symptoms of illness while at school.	<input type="checkbox"/> Included
Returning to School After Illness	Health care provider notes (i.e., a doctor's note) are not required to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practice.	<input type="checkbox"/> Included
Hand Hygiene & Respiratory Etiquette	Hand cleaning facilities are available and accessible throughout the school and are well maintained.	<input type="checkbox"/> Included

Personal Protective Equipment

Masks	Staff, adult volunteers and visitors, and K-12 students in “bricks and mortar” schools wear a non-medical mask or face covering (a “mask”) according to the guidelines or applicable public health orders/recommendations.	<input type="checkbox"/> Included
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	Masks are available for those who have forgotten theirs.	<input type="checkbox"/> Included
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Supportive School Environments		
Personal Prevention Practices	Strategies are in place to routinely support students to practice personal prevention measures like hand hygiene and respiratory etiquette (e.g., signage, included in morning announcements, etc.).	<input type="checkbox"/> Included
Personal Space	Strategies are in place to encourage staff and students to consider and respect others personal space. Personal space is the distance from which a person feels comfortable being next to another person.	<input type="checkbox"/> Included
Positive & Inclusive Approaches	Positive and inclusive approaches identified to support students' personal prevention practices.	<input type="checkbox"/> Included

The information included in this checklist is based on the Ministry of Education COVID-19 Communicable Disease Guidelines for K-12 Settings. As such, there may be differences between the checklist and the information in this guidance document.



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

