COVID 19: Public Health Guidance for K-12 School Settings
Updated April 3, 2020

Educators, administrators and support staff play a key role in protecting students and their families from, and minimizing the impact of, infection and illness. This is especially important at this time as we work to prevent and minimize the spread of the novel COVID-19 virus.

On advice from the Provincial Health Officer, in-person instruction in K-12 schools was suspended effective March 17, 2020. Beginning March 30, 2020, school districts and independent school authorities were asked to ensure on-going school care and learning opportunities for children of essential service workers.

School districts and independent school authorities should explore remote and online learning options, and in-person instruction within the guidelines established by the BC Centre for Disease Control and the Ministry of Health.

It is anticipated that most children requiring in-person instruction in K-12 school settings will be the children of essential service workers requiring school care, those in remote locations, vulnerable students requiring in person support, and learners with diverse needs.

It is up to individual school districts and independent school authorities through their local planning processes to determine the optimal balance between virtual and face-to-face opportunities for students.

These guidelines are intended to assist school districts and independent school authorities maintain safe and healthy work environments for children and adults in K-12 school settings during the COVID-19 pandemic.

What we know about COVID-19 in children.

- COVID-19 virus has a very low infection rate in children estimated at 1-5% worldwide.
- The majority of cases in children are the result of a household transmission by droplet spread from another family member with symptoms of COVID-19.
- Children who are infected with the virus and develop COVID-19 have milder symptoms if any, and very few become critically ill.
• Children with COVID-19 illness typically have a fever, dry cough and fatigue. Some may also experience nausea, vomiting, abdominal pain and diarrhea.

• Unlike adults the rates of transmission are unknown. There is currently no documented evidence of child-to-adult transmission. There are no documented cases of children bringing an infection into the home, from school or otherwise. This is likely the result of the limited number of cases and the mild symptoms in those children who do have COVID illness.

• There is no conclusive evidence that children who are asymptomatic pose a risk to other children or to adults.

• There is no evidence indicating children of health care workers (HCW) are at increased risk of COVID-19 infection than children of non-HCW. This is likely due to the careful monitoring of HCW for symptoms and follow-up of their household contacts.

• Like adults, children with any common cold, influenza or COVID-19 like symptoms should stay home and isolate for 10 days following onset of symptoms and until symptoms resolve.

• More research is needed to fully characterize infection, transmission, and COVID-19 disease in children.

If you’re ill – stay at home.

Within normal educational settings, children and staff will often have influenza or other respiratory viruses with symptoms similar to COVID-19. For this reason, all children and staff who are ill with fever or infectious respiratory symptoms of any kind need to stay home. This includes children of essential service workers who are ill. If you are at all unsure of your status, the COVID-19 Symptom Self-Assessment Tool is a valuable resource to help assess whether you should be staying home or not.

Encouraging hand hygiene

Both students and staff can pick up germs easily, from anything they touch, and can spread those germs to objects, surfaces, food and people. Thorough hand washing with plain soap and water is still the single most effective way to reduce the spread of illness.

Children forget about proper hand washing so staff and students should practice often and staff should model washing hands properly in a fun and relaxed way. Everyone should wash their hands more often!

When sinks for hand washing are simply not available in close proximity (i.e. if students and staff are participating in activities outside), you may use alcohol-based hand sanitizers (ABHS) containing at least 60% alcohol. Know that this method is not very effective when a child’s hands are quite soiled, when coming in from outside, for example, so be sure to wash hands with soap and water as soon as practically possible. Read labels and wash hands with sanitizer the same way you would wash with soap and water.

Six steps to proper handwashing

1. Wet hands with warm running water.
2. Apply a small amount of liquid soap. Antibacterial soap is not required.
3. 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.
4. Rinse off all soap with running water.
5. Dry hands with a clean, disposable towel.
6. Discard the used towel in the waste container.

**Children should wash their hands...**
- 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, moving to on-site childcare, etc.)
- Before eating and drinking
- After using the toilet
- After playing outside or handling pets
- After sneezing or coughing into hands
- Whenever hands are visibly dirty

**Teachers, administrators and support staff should wash hands...**
- When they arrive at school and before they go home
- Before handling food or assisting children with eating
- Before and after giving or applying medication or ointment to a child or self
- After using the toilet
- After contact with body fluids (i.e., runny noses, spit, vomit, blood)
- After cleaning tasks (staff)
- After removing gloves
- After handling garbage
- Whenever hands are visibly dirty

**Cough/sneeze etiquette:**
- Cough and sneeze into the crease of the elbow or tissue

**Fever or coughing**
If a child or staff member starts showing symptoms of what could be influenza or COVID-19, it is important to:
- Contact the child’s parent or caregiver to come and pick them up right away.
- Have a separate and supervised area where you can promptly separate a child from others until their parent or caregiver can come and pick them up. Staff who display symptoms should go home right away.
- Continue to practice good hand hygiene and respiratory hygiene such as coughing or sneezing into the creases of elbows and throwing tissues out immediately after use.
- Do a thorough cleaning of the space once the child has been picked up and ensure that everyone who may have had contact with the child washes their hands thoroughly.
The use of personal protective equipment

- Personal protective equipment such as masks, gloves, and gowns are not recommended for staff who work in the education sector. It is only recommended for healthcare workers, and those with other non-infectious occupational health exposures.
- There is no benefit from wearing masks in public settings or in schools, however a mask may be given to a person who is experiencing respiratory symptoms such as a sneeze or cough on the advice of a health care provider.
- Masks are not recommended for use by children unless advised to do so by a health care provider. In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes.

Maintain cleaning and disinfecting policies

We don’t yet know how long the virus causing COVID-19 lives on surfaces, but early evidence suggests it can live on objects and surfaces from a few hours to days. Regular cleaning and disinfecting of objects and high-touch surfaces is very important to help to prevent the transmission of viruses from contaminated objects and surfaces.

- Make sure you are well-stocked with hand washing supplies at all times including soap, clean towels, paper towels and where appropriate, hand sanitizer with a minimum of 60% alcohol.
- Use space strategically and consolidate cleaning efforts accordingly. This means considering where students and staff will be present and focusing cleaning efforts on those locations (as opposed to the entire school). This will help maximize cleaning supplies and focus cleaning efforts.
- Increase how often you clean the premises and any toys or items used, and clean and disinfect high-touch surfaces regularly. Stay on top of waste management. Empty garbage containers often.
- Clean high-touch electronic devices such as keyboards, tablets, and smartboards with minimum 60% alcohol (i.e., alcohol prep wipes) making sure your wipe makes contact with the surface for 1 minute for disinfection.
- Use water, household detergents and common disinfectant products as this should be sufficient for cleaning and disinfection in an educational setting.
- The Public Health Agency of Canada has also posted guidance on cleaning and disinfecting public spaces, including recommendations regarding cleaning procedures and protocols.

What about toys and other items?

- Keep enough toys out to encourage individual play. Items that may encourage group play in close proximity or increase the risk of hand-to-hand contact such as playdough should be avoided. Try to limit toys and other items to those that can be easily cleaned.
- 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 based educational resources to students due to concerns about virus transmission.
Physical Distancing Ideas

Many school districts and independent school authorities have asked how the Provincial Health Officer’s order prohibiting mass gatherings of more than 50 people applies in a K-12 school setting. The PHO order is primarily intended to prevent large groups of people from gathering in close quarters with one another at organized events. The order is not intended for schools, businesses, or living spaces.

The PHO recognizes that schools will require flexibility when it comes to providing school care and learning opportunities. This means that there can be more than 50 students and staff in a school at any given time if they are not all in one area at the same time and are actively engaged in physical distancing to the extent possible.

Understandably, physical distancing is challenging in a K-12 educational setting, particularly with younger children. At the same time, it is important that we do what we can to try to assist children and staff understand the importance of minimizing the frequency of physical contact with one another. From a public health perspective, there are no set ratios that prescribe the number of adults and children that can be present in the same space at any given time following ideas should be taken into consideration during planning:

- Avoiding close greetings like hugs or handshakes and remind children to keep their hands to themselves when possible.
- Help younger children learn about physical distancing by creating games. For example, put on some music and have children spread their arms side to side and spin around slowly trying not to touch their friends. Older children can be provided age appropriate reading material and encouraged to self-regulate.
- Take children outside more often, perhaps breaking children into smaller groups to maintain a degree of distance.
- Organize learning activities outside including snack time, play based learning, and play time.
- Integrate cross-curricular learning activities in outdoor settings into your lesson plans, and encourage younger children in play outside.
- Regularly clean and sanitize items that are designed to be shared such as manipulatives and digital devices
- Set up mini environments within the school to reduce number of children in a group, i.e., set up 2 or 3 learning areas for numeracy and literacy activities.
- Consider different classroom configurations to maintain distance between children (e.g. separating desks) or different locations in the school (e.g. different classrooms, gym or library, outside).
- Increase the space between children and staff during activities such as snack/lunch, i.e., move or separate tables, move chairs farther apart.
- When children want to use the same activity or redirect some children to another area.
- Set up distinct areas for children who may have symptoms of illness until they can be picked up and ensure these areas are sanitized regularly.
- Consider staggering snack and lunch time so you can accommodate smaller groups with more space. Discourage any food or drink sharing.
- Consider using educational videos and online programs as a part of learning so children can sit independently and distanced from each other.
Provide reassurance, good listening and maintain routines

Children hear and take in a lot of the talk that is going on around them, especially as they get older.

- Reassure children about their personal safety and health. Tell children that it is okay to be concerned and there is a lot we can do to stay safe and healthy. Make sure the information is suitable for their age level.
- Let them know they can ask questions. Answer questions honestly but make sure that the information is suitable for their age level.
- Maintain familiar activities and routines, as possible, as it can reinforce the sense of security of children. At the same time, build physical distancing strategies into your learning activities.

Keeping parents/caregivers informed

- Keep parents and caregivers informed about what you are doing in your educational setting to take extra precautions, be responsive to children.
- Be clear about your policy that children need to stay home if they are sick.

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Parts of this document have been developed based on the Preventing and Managing Illnesses in Child Care Centres Peel Region [https://www.peelregion.ca/health/infectioncontrol/pdf/ENV-0227.pdf](https://www.peelregion.ca/health/infectioncontrol/pdf/ENV-0227.pdf)