GUIDANCE FOR SCHOOLS (K-12) AND SCHOOL BUSES – SCENARIO 1

Overview

The guidance provided in this document is intended to support school and school authority leaders in reducing opportunities for transmission of COVID-19 in schools under Scenario 1 of the Re-Entry Plan. This includes:

- a) practices to minimize the risk of transmission of infection among attendees;
- b) procedures for rapid response if an attendee develops symptoms of illness; and
- c) maintain high levels of sanitation and personal hygiene.

Schools/school authorities should establish their own COVID-19 plans; it is recommended these plans are based on this guidance.

Schools refers to public, separate, francophone, charter schools, independent (private) school authorities, independent (private) Early Childhood Services (ECS), online/distance education programs, home education programs and First Nations education authorities, from kindergarten through grade twelve. School-based and curriculum-based activities which may be impacted by this guidance include sports, music and field trips into the community or to other schools, and professional development/activity days.

This information is relevant to all schools in Alberta including those on reserve, recognizing that First Nation schools on reserve are a federal responsibility. For public health information, COVID-19 questions or for reporting purposes, First Nation schools should contact their local Health Centre or Indigenous Services Canada-First Nations and Inuit Health Branch Environmental Public Health Services (ISC-FNIHB) office (see Appendix A), in accordance with normal practice.

Zone Medical Officers of Health (MOHs) and their designates are available to support school authorities throughout the province. Their role is to provide guidance on communicable disease risk as well as risk management. If you have concerns, need specific guidance, or have questions about how to apply the measures in this document, please contact Environmental Public Health in your Zone for assistance (see Appendix B).

School administrators are expected to follow the guidance provided in the Resource Guide for COVID-19 Cases in School Settings when working with situations when a student, teacher, staff member or visitor has symptoms of COVID-19 or tests positive for COVID-19. This guidance outlines the specific roles and responsibilities of school administrators, Alberta Health Services (AHS) and Alberta Health, as well as provides templates for the school administrators to use when notifying parents/guardians of COVID-19 cases at the school.

Any school authority/school connected to a confirmed or probable case of COVID-19 will be contacted by Alberta Health Services (AHS). Public health measures for outbreak management are at the discretion of the Zone Medical Officer of Health; decisions on the need for alternate instructional delivery (e.g., at-home learning) will be made by Government in conjunction with local officials.



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COVID-19 Risk Mitigation

General Building Safety

- HVAC systems should be maintained in accordance with manufacturer operational guidelines. Please refer to the <u>General Operational</u> <u>Guidance</u> for additional information on building ventilation.
- Schools should have procedures that outline hand hygiene requirements:
 - Hand hygiene frequency should be based on activity (e.g., entering/leaving school or classroom, boarding/exiting the bus, changing activities, before and after using shared equipment, before and after eating, putting on/removing a mask, after using washrooms, etc.)
 - Handwashing with soap and water where possible is very effective.
 - Hand sanitizer containing at least 60% alcohol should be placed in convenient locations throughout the school where soap and water may not be available, such as in entrances, exits and near high touch surfaces. If parents have questions about their child using alcohol-based hand sanitizer they should contact their school administration to discuss potential alternatives.
 - Hand sanitizer can cause serious harm if ingested. Keep out of reach of younger children/students, supervise them during use and place hand sanitizer in monitored areas.
- Schools should have procedures that outline cleaning requirements:
 - Increase frequency of cleaning (removing visible dirt) and disinfection (killing germs) of high-touch areas and equipment (e.g., desks, doorknobs, handrails, microwave ovens, vending machines, etc.) inside and outside classrooms.
 - Common area surfaces should be cleaned and disinfected frequently throughout the day.
 - Student contact surfaces (e.g., desks and equipment) should be cleaned and disinfected between each student/user. Limit the sharing of supplies as much as possible.
 - Students should be provided with an area to store personal items.
 Individual assigned lockers may be used.
 - Disinfectants used must have a Drug Information Number (DIN) and a broad-spectrum virucidal claim OR a virucidal clam against nonenveloped viruses or coronaviruses. Alternatively, 1000 ppm bleach solution can be used.
 - o Follow the instructions on the product label to disinfect effectively.



- Further recommendations are available in the <u>AHS COVID-19</u> <u>public health recommendations for environmental cleaning of public</u> facilities.
- Water fountains can remain open. Regular cleaning, according to manufacturer recommendations, should occur.
- Additional Alberta Health Services resources:
 - AHS Infection Prevention & Control posters
 - Hand Washing Posters (AHS)
 - Poster 1
 - Poster 2
 - How to Hand Wash (AHS) poster
 - How to use alcohol-based hand rub/sanitizer (AHS) poster

Screening

- Before leaving home, staff (including substitute teachers), children/students, visitors, and volunteers who will access the school for work or education, should self-screen for symptoms each day that they enter the school using the applicable checklist for their age group (Child Alberta Health Daily Checklist or Adult Alberta Health Daily Checklist).
- Parents and children/students should be provided a copy of the screening tool upon school registration.
- Schools should have copies of the daily checklists available for visitors to the school.
- Although health screening of staff, students and visitors is required, there is no requirement for verification or the collection and retention of formal records.
- Schools should keep records of children's known pre-existing conditions. If a child develops symptoms that could be caused by either COVID-19 or by a known pre-existing condition (e.g., allergies), the child should be tested at least once for COVID-19 to confirm that it is not the source of their symptoms before entering or returning to school. This will be considered the student's baseline health. Written confirmation by a physician that a student or staff member's symptoms are due to a chronic illness is not necessary. Repeat testing is not indicated unless the nature of the symptom changes (e.g., a chronic cough worsens).
- Anyone that reports symptoms must be directed to stay home, seek health care advice as appropriate (e.g., call Health Link 811, or their primary health care practitioner, or 911 for emergency response), and fill out the <u>AHS Online Self-Assessment tool</u> to determine if they should be tested.



	<u>Signs</u> should be posted reminding persons not to enter if they have COVID-19 symptoms, even if symptoms resemble a mild cold.
	There is no expectation for schools to monitor student/staff temperatures every day. Each school was provided with two thermometers at the start of the school year, which can be available for taking temperatures for students who present with symptoms during the school day. The acceptable range when using a forehead scanning thermometer is generally 36.6°C to 38.0°C. Please refer to the manufacturer's instructions for product use.
Cohorting	A cohort is defined as a group of students and/or staff who remain together. The size of the cohort depends on the physical space of the classroom or learning setting. In very small schools (e.g., equivalent to a single class size), the school may be considered one cohort.
	Cohorting decreases the number of close contacts that a case of COVID-19 would have in a school and will assist public health officials in their efforts to trace contacts and contain an outbreak. For the purposes of minimizing exposure, consider limiting capacity of rooms to a number that allows for spacing (i.e., fewer students in a smaller room and more students in a larger room).
	Typically a cohort in a school will be a class. Students in high school may be in multiple classes and therefore may belong to multiple cohorts.
	Keep the same group of students together wherever possible. Consider limiting the number of classroom cohorts that students and teachers belong to.
	Where cohorting is not achievable, increase focus on other measures such as physical spacing, hand hygiene, respiratory etiquette and the use of masks.
	Cohorting should be maintained during activities outside the classroom, such as recess and lunch breaks. The cohort concept encourages individuals who cannot maintain 2 metre physical distance when in group settings to interact with the same people within their own cohort group. If students from two different cohorts wish to socialize, they should remain 2 metres apart.
	Teachers who regularly interact within 2 metres of students in their class are considered part of the cohort. If there was a case of COVID-19 in the classroom cohort, the teacher would therefore be considered a close contact and would be required to quarantine. If teachers interact with more than one group of students without distancing, they are part of multiple cohorts.



- Please note: Quarantine requirements for partially or fully vaccinated persons are different and can be found here.
- If a teacher or staff member does not interact within 2 metres of students in their classes, they would not be considered part of the cohort and would not automatically be considered a close contact if a student became a case of COVID-19.
- Teachers/staff should not be in a cohort with each other, unless it is required for operational purposes (i.e., a teacher and a teacher's assistant who work with the same classroom cohort). If one teacher/staff tests positive for COVID-19 and is in a cohort with other teachers/staff, every teacher/staff in that cohort will be required to quarantine, which may have a significant negative impact on the ability for the school to remain operational for in-person learning.

Maintain Spacing

- Schools should consider controls to promote spacing as much as
 possible between all students/staff in areas inside and outside of the
 classroom, including hallways, washrooms and common areas. This
 may include:
 - Staggering start and end times for classes to avoid crowded entrances or exits and hallways.
 - Posting signs and marking floors with arrows to control the flow of traffic.
 - Removing and restaging seating in public areas to prevent gathering.
 - Considering limiting bathroom occupancy.
- It is still recommended to maintain spacing within a cohort whenever possible to minimize the risk for disease transmission (i.e., spacing between desks). Students are not expected to sit in their desks for the duration of the day.
 - o If 2 metres spacing cannot be arranged between desks/tables, the greatest possible spacing is recommended. Students should be arranged so they are not facing each other (e.g., arranged in rows rather than in small groups of 4 or a semi-circle). This way, if a student coughs or sneezes, they are not likely to cough or sneeze directly on the face of another student.
 - Consider removing additional items or pieces of equipment that are not in use from classrooms to allow more space to spread out.
- Schools should develop procedures for drop-off that support spacing where possible between all persons (except household members).
 Consider strategies to support spacing or utilize other protocols to limit contact between staff/parents/guardians/children/students as much as possible:



	 Designate entrances for classes/groups of students.
	 Spacing markers in crowded areas.
	 Stagger drop off/bus arrival times, coordinated with entry/exit.
	 Encourage parents/guardians to remain outside during drop-off and pick-up.
Masks	Students, teachers, staff and visitors must follow provincial requirements for masks.
	 Masks remain mandatory for students, staff members and visitors on school buses, public transit, taxis and ride-sharing.
	 Exceptions to the mask requirement on school buses are listed in <u>CMOH Order 34-2021</u>.
	 It is recommended, but not required, that all students, staff members and visitors wear masks while in indoor shared areas of school and outside the classroom.
	Masks are not required while students are seated in the classroom during instruction if students are working quietly and desks are arranged so students are not facing each other. If close contact between students, or students and teachers/staff is going to occur as a result of classroom activities, masks are recommended, but not required, for the duration of this activity.
	 Some school boards may have implemented more stringent masking requirements.
	 Individuals wearing masks are still considered to be close contacts if they are exposed to a case of COVID-19.
	 School administrators should develop a plan to ensure that students who are hearing impaired or who rely on facial cues are able to communicate with others in areas where masks are being worn, or have their educational needs met when teachers are wearing masks in the classroom. This may include the use of transparent masks. As with other masks, it is important that transparent masks cover the nose and mouth, as well as fit securely against the face.
	 School staff should monitor for and address any discrimination or bullying associated with a student either wearing or not wearing a mask.
	Parents/guardians should be encouraged to help their children become comfortable with wearing a mask. Masks should not be worn by anyone who is unable to remove the mask without assistance (e.g., due to age, ability or developmental status).



	Schools should consult their designated Occupational Health and Safety department for mask-wearing policies and other personal protective equipment policies for their staff.
Field Trips	 Off-site activities (e.g., field trips for group physical activity, performance activities and recreational activities that are part of the curriculum) are permitted: Individual classroom cohorts should be maintained during transportation to and from any external field trip site, as well as at the location of the field trip site. An organization or facility should only host one classroom cohort at a time, or should take clear steps to separate multiple groups to ensure they do not use shared areas (e.g., lunch rooms). Staff at the off-site activity should maintain physical spacing from the students and staff in the classroom cohort. Hold activities outdoors as much as possible. Schools should develop procedures to address students or staff developing symptoms during the field trip; plans should include a designated area to isolate the ill individual, what extra supplies may be needed (e.g., mask for the child, mask/face shield for the individual attending to the child, etc.), how to notify a parent/guardian and how the ill child will be transported home from the off-site activity. In-school field trips may also occur. All visitors to the school should
Performance Activity	 Students are able to participate in group performance activities (i.e., singing, dancing, playing instruments, theatre).
	 People doing certain performance activities (e.g., singing) are more likely to breathe heavily and produce more respiratory particles. To mitigate this increased risk, some considerations could include: Reducing the size of groups that participate in these activities; Assigning staff and volunteers to one group only for the duration of the activity;
	 Limiting the number of activities in which each student participates; and/or Moving these activities outside wherever possible.
Physical Activity	Students are permitted to participate in group physical activity. Participants should continue to follow the school guidance regarding cohorting, spacing (where possible), hand hygiene and respiratory etiquette, and use of masks when students are not physically active.



•	People doing intense physical activity are more likely to breathe
	heavily and produce more respiratory particles. To mitigate this
	increased risk, some special considerations include:

- Reducing the size of groups that participate in these activities;
- Assigning staff and volunteers to one group only for the duration of the activity;
- Limiting the number of activities in which each student participates, and/or
- Moving these activities outside wherever possible.
- When possible, sports cohorts should be maintained during transportation to and from any external site. Combining cohorts for the purpose of transportation is not recommended (e.g., avoid having two teams or two classes share the same bus).

Expectations for Visitors and Other Service Providers Entering the School

- Visitors and volunteers should follow school policies and guidance.
- Parents/guardians can attend the school if they are required (e.g., parents/guardians may drop off student lunches or other necessary items as required).
- A record of all visitors should be kept.
 - When a visitor or service provider (including delivery drivers and independent contractors) enters the school they should be asked to use the applicable checklist for their age group (<u>Child Alberta Health</u> <u>Daily Checklist or Adult Alberta Health Daily Checklist</u>) before they enter the school.
 - o If a visitor or service provider answers YES to any of the questions, the individual should not be admitted into the school.
 - In the case of a delivery driver answering YES, the driver/school will make alternate delivery arrangements.

Food Services

- Classes that teach food preparation may occur. Students should follow general precautions, such as ensuring hand hygiene, respiratory etiquette, wearing masks, and avoiding handling common or shared serving utensils or cookware.
 - Any food prepared during a class that teaches food preparation should be served by a designated person.
- Activities that involve the sharing of food items between students or staff should not occur (e.g., pot luck, buffet-style service).
- Parents/teachers can provide food/treats for a classroom if there is a
 designated person serving the food and appropriate hand hygiene is
 followed before and after eating. Please follow the school's policy for
 parent-provided food.

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	For cafeterias:
	 Group students in their cohorts for meal breaks. Use alternate processes to reduce the numbers of people dining together at one time.
	 If a school is using a common lunchroom and staggering lunch times, ensure that all surfaces of the tables and chairs (including the underneath edge of the chair seat) are cleaned and disinfected after each use.
	 Adapt other areas to serve as additional dining space to increase spacing among persons in the same room.
	 Dispense cutlery, napkins and other items to students/children, rather than allowing them to pick up their own items.
Responding to Illness	 Schools should have detailed plans for a rapid response if a student, teacher, staff member or visitor becomes symptomatic while at school. For more information on what this should include, see the <u>Resource Guide for COVID-19 Cases in School Settings</u>.
	 Anyone with symptoms should be encouraged to access COVID-19 testing by accessing the <u>AHS Online Testing tool.</u>
	 Please see Appendix D for management of adults and children who are symptomatic and/or tested for COVID-19, as well as management of their close contacts.
	 If a COVID-19 case is identified in the school population, Alberta Health Services Public Health will determine if the case was at school while infectious or acquired infection at school. If so, AHS will notify the superintendent who will assist in contacting the school administration. For additional information on COVID-19 in school settings, including information on alerts, outbreaks and contact tracing
	processes, please refer to the Resource Guide for COVID-19 Cases in School Settings.
	 Proof of a negative COVID-19 test result is not necessary for a student, teacher or staff member to return to school.
	 If school authorities and/or school administrations have questions regarding COVID-19 planning, prevention and response, or have concerns about high rates of absenteeism due to illness, please refer to Appendix C for information on the AHS Coordinated Early Identification and Response Team for Schools.
Student Transportation (Including School	Parents and children/students should not be in the pick-up area or enter the bus if they have symptoms of COVID-19. Bus drivers must wear masks on buses. Other protective massures.
Buses)	 Bus drivers must wear masks on buses. Other protective measures may include:



- o 2 metre physical distance, or
- o A physical barrier.
- Students should be assigned seats and a record of this seating plan should be maintained in order to assist with contact tracing in the event of a student being a case of COVID-19. Students who live in the same household should be seated together.
- Masks are required for students, staff and visitors on school buses, public transit, ride shares and taxis.
- Schools/bus companies should develop procedures for student loading, unloading and transfers that support spacing between all persons (except household members), when possible and may include:
 - Children/students start loading from the back seats to the front of bus.
 - Where feasible, limit the number of students per bench unless from the same household.
 - Students from the same household may share seats.
 - Students start unloading from the front seats to the back of bus.
 - If there are students from two schools on the same bus, it is recommended to keep students from each school separated by 2 metres (3 rows) if possible.
- A child who becomes symptomatic during the bus trip should be provided a mask if they are not already wearing one. The driver will contact the school to make the appropriate arrangements to pick up the child/student (see Responding to Illness above).
- School bus cleaning:
 - Choose a disinfectant that has a Drug Identification Number (DIN) and a broad-spectrum virucidal claim OR a virucidal claim against non-enveloped viruses or coronaviruses and use it according to the manufacturer's instructions. More information is available in the AHS COVID-19 public health recommendations for environmental cleaning of public facilities.
 - Increase frequency of cleaning and disinfection of high-touch surfaces, such as door handles, window areas, rails, steering wheel, mobile devices and GPS prior to each run.
 - It is recommended that vehicle cleaning logs be kept.
- Students and staff should be discouraged from carpooling unless they
 are from the same household. If carpooling is necessary, limit the
 number of people in the vehicle to maintain as much spacing as
 possible consider using masks and practice hand hygiene.



Work Experience	 Work experience is permitted as long as the risk of infection is mitigated for all participants.
	If the work experience placement is in a workplace, the child/student is expected to follow health rules set out by the workplace which should comply with the General Guidance for COVID-19 and Other Respiratory Illnesses .
Ceremonies and Celebratory Events	 Graduation ceremonies are permitted. All participants and attendees should continue to follow the school guidance regarding cohorting, spacing, hand hygiene, respiratory etiquette and use of masks. Outdoor events should be considered over indoor events. Virtual events continue to be a good option.
International Students/Programs	International travel programs and international education programs are subject to <u>federal restrictions</u> .
Compliance	Concerns with individuals not complying with school protocols should be directed to the school principal, the school authority central office or Alberta Education.
	School administrators and school authorities who have concerns, need specific guidance or have questions about how to apply the measures outlined in the guidance document may contact AHS Environmental Public Health in their zone for assistance.
	Concerns identified by AHS should be discussed with the school administration. Concerns that cannot be resolved through this process should be directed to Alberta Health, who may bring forward to Alberta Education as appropriate.



Appendix A: Indigenous Services Canada – First Nations and Inuit Health Branch ENVIRONMENTAL PUBLIC HEALTH SERVICES Contacts

ISC-First Nations and Inuit Health Branch Environmental Public Health Services	REGULAR BUSINESS HOURS 8:00 am - 4:00 pm	
Edmonton Office	Environmental Public Health	780-495-4409
Tsuut'ina Office	Environmental Pub <mark>lic</mark> Health	403-299-3939



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Appendix B: AHS Zone Environmental Public Health Contacts

Portal link: https://ephisahs.albertahealthservices.ca/create-case/

ZONE	CONTACT EMAIL ADDRESS	PHONE NUMBERS FOR MAIN OFFICE
Calgary Zone	calgaryzone.environmentalhealth@ahs.ca	Calgary 403-943-2288
Central Zone	centralzone.environmentalhealth@ahs.ca	Red Deer 403-356-6366
Edmonton Zone	edmontonzone.environmentalhealth@ahs.ca	Edmonton 780-735-1800
North Zone	northzone.environmentalhealth@ahs.ca	Grande Prairie 780-513-7517
South Zone	she.southzoneeph@ahs.ca	Lethbridge 403-388-6689



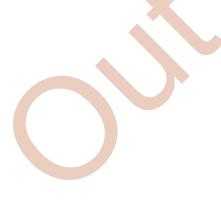
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Appendix C: AHS Coordinated Early Identification and Response Team for Schools Contact Information

The AHS Coordinated Early Identification and Response (CEIR) team is available to school administrators and school authorities who want to reach AHS for guidance or decision making support. If schools do not have an AHS contact who they are currently working with, or are unsure of who to call, the team can be reached at:

ZONE	CONTACT PHONE NUMBER	
All Zones	1-844-343-0971	

Please note: this phone number is only to be used by school administrators and school authorities for guidance or decision making support. This number is not to be distributed to be used by parents/guardians, students or staff. For individual health advice, parents/guardians, students and staff can be directed to call Health Link at 811.



Appendix D: Management of children who are tested for COVID-19

Symptoms	COVID-19 Test Result:	Management of Individual:	Management of Individual's Close Contacts*:
Symptomatic	Positive	Isolate for a minimum 10 days or until symptoms have improved AND no fever for 24 hours, without the use of fever-reducing medications, whichever is longer.	Quarantine for 14 days** from last exposure.
	Negative	Stay home until symptoms resolve.	No quarantine required.
		Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure (even with negative result).	
	Not tested	If symptoms include fever, cough, shortness of breath or loss of sense of taste/smell: Isolate for a minimum for 10 days or until symptoms have improved AND afebrile for 24 hours, without the use of fever-reducing medications, whichever is longer. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since	No quarantine required. Except if symptomatic individual identified as a close contact of a confirmed case: Close contacts of this individual should quarantine for 14 days** from last exposure
		the last exposure. If other symptoms (chills, sore throat/painful swallowing, runny nose/congestion, feeling unwell/fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, muscle/joint aches, headache or conjunctivitis):	to this individual. No quarantine required.
		 ONE symptom: stay home, monitor for 24h. If improves, return when well enough to go (testing not necessary). TWO symptoms OR ONE symptom that persists or worsens: Stay home until symptom(s) resolve (testing recommended but not required). 	
		Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure.	
Asymptomatic	Positive	Isolate for a minimum of 10 days from the collection date of the swab.	Quarantine for 14 days** from last exposure.
	Negative	No isolation required. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure (even with negative result).	No quarantine required.

Management of adults who are tested for COVID-19

Symptoms	COVID-19 Test Result:	Management of Individual:	Management of Individual's Close Contacts*:
Symptomatic	Positive	Isolate for a minimum 10 days or until symptoms have improved AND no fever for 24 hours, without the use of fever-reducing medications, whichever is longer.	Quarantine for 14 days** from last exposure.
	Negative	Stay home until symptoms resolve.	No quarantine required.
		Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure (even with a negative result).	
	Not tested	If symptoms include fever, cough, shortness of breath, sore throat or runny nose: Isolate for a minimum for 10 days or until symptoms have improved AND afebrile for 24 hours, without the use of fever-reducing medications, whichever is longer. Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure.	No quarantine required. Except if symptomatic individual identified as a close contact of a confirmed case: Close contacts of this individual should quarantine for 14 days** from last exposure to this individual.
		If other symptoms, stay home until symptoms resolve.	No quarantine required.
		Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure.	
Asymptomatic	Positive	Isolate for a minimum of 10 days from the collection date of the swab.	Quarantine for 14 days** from last exposure.
	Negative	No isolation required.	No quarantine required.
		Except if identified as a close contact of a confirmed case: Quarantine for 14 days since the last exposure (even with a negative result).	

*Close Contacts: Provide direct care for an individual with COVID-19 or who had similar close physical contact OR had close prolonged contact OR had direct contact with infectious body fluids of an individual with COVID-19 (i.e., coughed or sneezed on). The entire classroom cohort may be considered to be close contacts of the case, based on the AHS Public Health investigation. This is a cautious approach to identifying close contacts in order to minimize the risk of transmission. Teachers/staff are assessed on a case-by-case basis.

^{**}For quarantine requirements for immunized individuals, please visit alberta.ca/isolation