## Introduction

The Provincial Communicable Disease Guidelines for K12 Settings (the Guidelines) are intended to support school districts, independent school authorities and First Nations Schools to reduce the risk of transmission of communicable diseasesin K-12. This document was developed by the Ministry of Education and Child Care in collaboration with the BC Centre for Disease Control (BCCDC), Indigenous rightsholders and education partners – including teachers, parents, and school leaders– to reduce

# Contents

x Provides additional implementation guidance to support schools in developing and reviewing their communicable disease prevention plans.

## SUPPORTIVE SCHOOL ENVIRONMENTS

Schools can be supportive environments for communicable disease prevention by:

- x Having staff model personal practices (e.g., hand hygiene, respiratory etiquette), and assist younger students as needed.
- x Sharing reliable information, including from the BC Centre for Disease Control, Office of the Provincial Health Officer, and local health authorities and First Nations Health Authority to parents, families and caregivers.
- x Promoting personal practices in the school (e.g., posters).
- x Ensuring individual choices for personal practices (e.g., choosing towear a mask or face covering) are supported and treated with respect, recognizing varying personal comfort levels.

## **VACCINES**

### **BCCDC** Guidance

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## Communicable Disease Prevention Plans

Communicable disease prevention plans focus on reducing the risk of transmission of communicable diseases. Schools are expected todocument and make their plans readily available (e.g., post on school/school district websites, on a bulletin board at the school, etc.).

The prevention measures outlined below should always be in place. During times of increased communicable disease risk, public health may recommend additional prevention measures for schools to implement. Communicable disease prevention plans should be updated when temporary additional measures are in place.

School districts, independent school authorities and schools should review their communicable disease prevention plans when these guidelines are updated, on an annual basis or as circumstances require and should do so with their Site Committees and Joint Health and Safety Committees. Reviews should address areas where there are identified gaps in implementation.

### **EMERGENCY AND EVACUATION DRILLS**

Emergency and evacuationplanning, and drills should consider communicable disease prevention plans. In the event of an actual emergency, communicable disease prevention measures can be suspended to ensure for a timely, efficient, and safe response.

## **Environmental Practices**

## **CLEANING AND DISINFECTION**

#### **BCCDC** Guidance

Regular cleaning and disinfection can help prevent the spread of communicable diseases. Cleaning of frequently touched surfaces should occur in line with regular practices and when visibly dirty.

As part of sustainable communicable disease management, schools are encouraged to maintain and incorporate enhanced cleaning and disinfecting practices, whenever feasible.

## x General Cleaning

o Regular practices should include general cleaning of the premises.

#### x Products and Procedures

o For cleaning, use water and detergent (e.g., liquid dishwashing soap), or common, commercially available products, along with good cleaning practices. For hard-to-

- f Items and surfaces that a person has placed in their mouths or that have been in contact with bodily fluids should be cleaned as soon as possible and between uses by different people.
- f A dishwasher can be used to clean and sanitize dishwashersafe items if the sanitize setting is used with adequately hot water. Regular practices should include general cleaning of the premises.

## x Frequently Touched Surfacesand Shared Use Items

- o Cleaning and disinfection of frequently touched surfaces should occur at least once in a 24-hour period and when visibly dirty.
- o Frequently touched surfaces are items touched by larger numbers of students and staff They can include doorknobs, light switches, hand railings, water fountains and toilet handles, as well as shared equipment (e.g., computer keyboards, PE/sports and music equipment), appliances (e.g., microwaves) and service counterse(.g., library circulation desk), and may change from day to day based on utilization.
- o Frequently touched items like toys or manipulatives that may not be able to be cleaned often (e.g.,fabrics) or at all (e.g.,sand, foam, playdough, etc.) can be used. Carpets and rugse(.g.,in Kindergarten and StrongStart classes) can also be used.
- o Proper hand hygiene should be practiced before and after shared equipment use. Equipment that touches the mouth (e.g., instrument mouth pieces, water bottles, utensils) or has been in contact with bodily fluids should not be shared unless cleaned and disinfected in between uses.

Cleaning and disinfection activities should focus on spaces that have been utilized by staff or students.

## x Cleaning and Disinfecting Bodily Fluids

o Follow these procedures, in conjunction with school/district policies, when cleaning and disinfecting bodily fluids (e.g., runny nose, vomit, stool, urine):

- x Increasing air exchanges by adjusting the HVAC system
- x Managing air distribution through building automation control systems.
- x Where possible, opening windows if weather permits and HVAC system function will not be negatively impacted.

School district and site-based plans should include provisions for when a school/worksite's ventilation system is temporarily compromised (e.g., partial power outage, ventilation break down).

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.

Natural ventilation (operable windows, etc.) and portable HEPA filter units can be considered in regularly occupied classrooms that do not have mechanical ventilation systems.

Use of portable air conditioners and fans in unventilated spaces with doors and windows closed should be avoided, except when necessary (e.g., during high or excessive heat events). Schools are encouraged to use BCCDC resources, including on <u>Heat Event Response Planningnd/or Wildfire Smoke</u>, in planning for excessive heat events, and to consult their local health authority for guidance as needed.

## HAND HYGIENE

#### **BCCDC** Guidance

Rigorous hand washing with plain soap and water or using an <u>effective hand sanitizer</u> reduces the spread of illness. Everyone should practice diligent hand hygiene and schools should facilitate regular opportunities for students and staff to wash their hands.

To learn about how to perform hand hygiene, please refer to the BCCDC's hand hygiene poster

#### Schools should:

- x Facilitate regular opportunities for hand hygiene:
  - o This can include using portable hand-washing sites and/or alcohol-based hand sanitizer dispensers containing at least 60% alcohol
    - f Schools should use<u>commercial hand sanitizer products that have met Health Canada's</u> requirements and are authorized for sale in Canada
- x Ensure hand hygiene supplies are always well stocked including soap, paper towels (or airadrier) and .

## RESPIRATORY ETIQUETTE

#### **BCCDC** Guidance

Parents and staff can teach and reinforce good respiratory etiquette practices among students, including:

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

## **Administrative Practices**

## HEALTH AWARENES AND WHAT TO DO WHEN SICK

#### **BCCDC** Guidance

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 and unable to participate fully in routine activities. School administrators can support this practice by communicating the importance of not attending school if sick and unable to participate fully in routine activities.

A health check means a person regularly checking to ensure they (or their child) are not experiencing symptoms of illness that would limit their ability to participate fully in regular activities before coming to school to prevent spread of communicable diseases within the school settings. Schools do not need to monitor students or staff for symptoms of illness.

Staff, students, or other persons in the school setting who are exhibiting symptoms of illness, such as respiratory illness, should stay home until they are well enough to participate in regular activities or otherwise advised by a healthcare provider. Those experiencing certain illnesses, such as gastrointestinalliness caused by norovirus, may be advised to stay home for longer. Staff, children, or other persons can attend school if their symptoms are consistent with a previously diagnosed health condition (e.g., seasonal allergies) or symptoms have improved, and they feel well enough to return to regular activities. If you are unsure or concerned about your symptoms, connect with your health care provider or call 8-1-1.

School administrators should ensure that everyone entering a school is aware and routinely reminded of their responsibility to practice health awareness, including that they should not come to school if they are sick. This can be supported through communications (e.g., emails/letters to parents and staff), orientation activities (e.g., meetings, videos) and other reminders (e.g., signage on doors).

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.

## WHAT TO DO WHEN ISACT SCHOOL/WORK

### **BCCDC** Guidance

If a staff member, student, or other person develops symptoms of illness at school and is unable to participate in regular activities, they should be supported to go home until their symptoms have improved or otherwise advised by a healthcare provider. Appropriate infection control precautions should be taken while the person is preparing to leave the school premises, including use of appropriate hand hygiene and cleaning/disinfection of surfaces soiled with bodily fluids. They may use a mask if they are experiencing respiratory symptoms.

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Those providing health services that require being in close proximity to a student should follow the student's individual care plan (if one is in place) and their standard risk assessment methods to determine what PPE is needed for communicable disease prevention (e.g., gloves for toileting).

Schools should continue to have non-medical masks on hand for those who have forgotten theirs but would like to wear one.

## SPACE ARRANGEMENT

## **BCCDC** Guidance

In learning environments, schools can use classroom and learning environment configurations and a1.9 (o)9-hv.4 (a)

## PERSONAL SPACE

Staff and students should be encouraged to respect others' personal space (the distance from which a person feels comfortable being next to another person).

### **FOOD SAFETY**

#### **BCCDC** Guidance

Schools that provide food services under the <u>Food Premises Regulationshould</u> adhere to the required measures (e.g. a FOODSAFE trained staff member a food safety plan, etc.) For special events or sites requiring food permits, please consult your local health authority environmental health officer.

Staff, students, or other persons in the school setting should follow routine food safety practices, including diligent hand hygiene. More information (d)1.8 (-9 <</MC0.1 (a)-2((24 558.3 BT /Span <</)-10 Td ( )Tj EMd)1

3/4 MCFD: Healing Families, Helping Systems: A Traumanformed Practice Guide for Working with Children, Youth and Families