GUIDANCE FOR SCHOOLS (K-12) AND SCHOOL BUSES

Overview

Routine public health practices can minimize transmission of respiratory infections, including COVID-19, influenza and common colds. These practices include: getting vaccinated, staying home when sick, proper hand hygiene and respiratory etiquette, enhanced cleaning and disinfecting, and maintaining ventilation systems.

The guidance provided in this document is intended to support school and school authority leaders in reducing opportunities for transmission of COVID-19, including the more transmissible Omicron variant, in schools under the 2021-22 School Year 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) maintenance of high levels of sanitation and personal hygiene.

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 that 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.

Schools and school authorities must also follow the requirements set out in the <u>General Operational</u> <u>Guidance</u> and <u>CMOH orders in effect</u> to reduce the risk of transmission of COVID-19, which includes requirements for isolation when sick. Recommended measures for schools include daily screening for symptoms, proper hand hygiene and respiratory etiquette, enhanced cleaning and disinfecting, records management and building maintenance.

Zone Medical Officers of Health (MOHs) and their designates are available to provide guidance on communicable disease risk and 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 A).

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COVID-19 Risk Mitigation

Vaccination	
•	Vaccines provide a significant level of protection against severe outcomes from COVID-19. Two doses of the COVID-19 vaccine plus a booster, when appropriate, have been shown to be highly protective against infection, and most importantly against severe disease. While vaccine uptake in children aged 5 to 11 years old continues to grow, the subsequent protective effects of the vaccine may take time for this age group. It is important that those around them, including parents/guardians, older students and school staff, receive the vaccine in order to reduce community transmission and protect this age group.
General Building Safety	

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	(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. Minimize the sharing of supplies as much as possible.
	C	Disinfectants used must have a Drug Information Number (DIN) and a broad-spectrum virucidal claim OR a virucidal claim against non-enveloped viruses or coronaviruses. Alternatively, 1000 ppm bleach solution can be used.
	(Follow the instructions on the product label to disinfect effectively.
	(More information on cleaning and disinfection can be accessed in the <u>General Operational Guidance</u> . Further recommendations are available in the <u>AHS COVID-19 public health recommendations for</u> environmental cleaning of public facilities.
	á	Water fountains can remain open. Mouthpieces of drinking fountains are not a major source of virus transmission and require regular cleaning according to manufacturer recommendations.
		Jse hand hygiene before and after handling items, including paper ests and assignments.
	F	tems that cannot be cleaned or disinfected between routine use (e.g., paper books, shared electronics, blocks, crayons, etc.) should be stored for 24 hours between uses.
	• /	Additional Alberta Health Services resources:
	(AHS Infection Prevention & Control posters
	(Hand Washing Posters (AHS)
		 Poster 1 Poster 2
	(How to Hand Wash (AHS) poster
	C	How to use alcohol-based hand rub/sanitizer (AHS) poster
Screening	0	Before leaving home, staff (including substitute teachers), children/students, visitors, and volunteers who will access the school or work or education, are encouraged to self-screen for symptoms

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	each day that they enter the school using the applicable checklist for their age group (<u>Child Alberta Health Daily Checklist or Adult Alberta</u> <u>Health Daily Checklist</u>).
	 Parents and children/students should be provided a copy of the screening checklist. This can be a hard copy or a link to the digital copy of the screening checklist.
	• Schools should have copies of the daily checklists available for visitors to the school.
	• Schools should keep records of children's known pre-existing medical 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.
	• Written confirmation by a physician that a student or staff member's symptoms are due to a chronic illness is not necessary.
	 Anyone who reports symptoms should be directed to stay home and use an at-home rapid antigen test if available. For more information refer to the <u>rapid testing at home</u> website.
	 If anyone requires urgent medical attention, they should call 911 for emergency response.
	 <u>Signs</u> must be posted reminding persons not to enter if they have COVID-19 symptoms, even if symptoms resemble a mild cold.
Strategies for reducing crowding	• Schools can consider implementing strategies to reduce crowding between all students/staff in areas inside and outside of the classroom, including hallways, washrooms and common areas. This could include:
	 Staggering start and end times for classes to avoid crowded entrances or exits and hallways.
	 Removing and restaging seating in public areas to reduce crowding.
	 Consider spacing of desks to minimize risk of disease transmission.
	 Consider removing additional items or pieces of equipment that are not in use from classrooms to allow more space to spread out.
	 Considering utilizing virtual options instead of holding large in- person gatherings of students and staff
	 In situations where crowding or large gatherings are occurring, consider options to promote hand hygiene, respiratory etiquette, not

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	attending school when ill and cleaning and disinfecting on a regular basis before and after activities.
Masks	 Masking is no longer required for students in K-12 during curriculum-related activities or when participating in extracurricular school activities. Masking during the school day remains a personal health choice for students and their parents/guardians. Masks should be well-constructed, well-fitted and properly worn. If non-medical masks are worn, they should be constructed of at least three layers: two of breathable tightly woven fabric, such as cotton, and an additional effective middle filter layer, such as non-woven polypropylene. Medical masks can be worn to provide additional protection.
	 Students at higher risk of severe outcomes from COVID-19 are recommended to continue wearing a well-fitting three layer cloth mask or medical mask to reduce their risk of infection.
	 Students who become ill while at school should be provided with a medical mask that can be worn while waiting to go home (See Section on Responding to Illness).
	• Fully vaccinated students or staff recovering from COVID-19 who are completing their day 6-10 mandatory masking period at school must wear a mask at all times and must not share breaks where masks must be removed to consume food or beverages with non-COVID-19 infected individuals. If more than one individual is isolating, it is possible to cohort people with COVID-19 for breaks and lunch.
	 Face shields are not equivalent to non-medical face masks and offer insufficient protection on their own. Other alternatives (e.g., neck gaiters, buffs or bandanas) offer less protection than masks and are therefore not recommended.
	• Face shields may be worn in addition to a mask, at the discretion of the individual. Staff may elect to wear a face shield or eye protection in addition to a mask when completing personal care of students or when staff are in close contact with students (i.e., symptomatic students awaiting pick up by parents/guardians).
	 Schools should consult their designated Occupational Health and Safety department for mask-wearing policies and other personal protective equipment policies for their staff.
	 School administrators/authorities 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

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	 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. Students who prefer to wear a mask while attending school should be supported to do so. 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).
Performance Activity	• Students are permitted to participate in a group performance activity (i.e., singing, dancing, playing instruments, theatre) as part of their education program curriculum or extra-curricular activities. Schools may consider strategies to reduce crowding and improving/increasing ventilation in indoor settings to reduce potential transmission of COVID-19 and other respiratory illnesses.
Physical Activity	• Students are permitted to participate in group physical activity as part of their education program curriculum (i.e., physical education class and sports academy classes may occur) or extra-curricular activities. Schools may consider strategies to reduce crowding and improving/increasing ventilation in indoor settings to reduce potential transmission of COVID-19 and other respiratory illnesses.
Expectations for Visitors and Other Service Providers Entering the School	 Applicable school policies for adult visitors and volunteers, such as hand hygiene and staying home when ill should be followed. When a visitor, volunteer or service provider (including delivery drivers and independent contractors) enters the school they may be asked to use the applicable checklist for their age group (<u>Child Alberta Health Daily Checklist or Adult Alberta Health Daily Checklist</u>) before they enter the school. If a visitor, volunteer or service provider answers YES to any of the questions, the individual must 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 as long as students follow general precautions, such as ensuring hand hygiene and, respiratory etiquette. Schools may consider strategies to reduce crowding and reducing the number of surfaces/utensils shared between students to lessen the potential transmission of COVID-19.

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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. This includes:
	 Sending home students or staff who are sick, where possible.
	 Having a separate area for students and staff who are sick and waiting to go home.
	 Ensuring that students and staff with respiratory illness symptoms wear a medical mask continuously while in school setting.
	 Disinfecting areas and items touched by the sick student or staff member.
	• Staff members caring for an ill student should wear a medical mask and may use a face shield or other eye protections, if available.
	 Anyone with symptoms should isolate immediately, following AH isolation guidance and orders, use an at-home rapid antigen test if available. Refer to rapid testing at home for more information.
	• Fully vaccinated students experiencing fever, cough, shortness of breath or loss of sense of taste/smell must continue to isolate for 5 calendar days from when their symptoms started or until they resolve, whichever is longer. For more information on isolation please visit <u>alberta.ca/isolation</u> .
	• For up to five days following their isolation, all fully vaccinated individuals must wear masks at all times when around others outside of home for up to 5 more calendar days (10 calendar days total). This means they must eat or drink alone, away from others.
	 If it's not possible to give each student in their day 6-10 mandatory masking period a private space to eat in, they can cohort together for meals in the same well-ventilated room. Distancing is recommended and individuals should remain masked at all times when not actively consuming food and drink.
	• If schools find this operationally challenging to accommodate, the consistent use of a 10 calendar day absence prior to return, for both immunized and non-immunized cases, is an acceptable approach.
	• Students who are not fully vaccinated who are a case of COVID-19 or who have a fever, cough, shortness of breath or loss of sense of taste/smell must continue to isolate for 10 calendar days from when their symptoms started or until they are fever free for 24 hours without the use of fever reducing medication and other symptoms are improving, whichever is longer. If they are negative for COVID-19, they must continue to isolate until their symptoms resolve. For more information on isolation please visit <u>alberta.ca/isolation</u> .

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	Please see Appendix B for management of adults and children who are symptomatic and/or tested for COVID-19.
	 Proof of a negative COVID-19 test result is not necessary for a student, teacher or staff member to return to school.
	 It is strongly recommended that household contacts who are NOT fully vaccinated, stay home for 10 calendar days from the date of last household exposure to the COVID-19 case
	 In addition, they should monitor for symptoms for 10 calendar days from the last day of household exposure, and if they develop any symptoms, they should isolate and complete the <u>AHS Self-</u> <u>Assessment tool.</u>
	 If rapid antigen testing kits are available, they can be used on individuals to test for COVID-19. Refer to rapid testing at home for more information.
	 For more information on isolation requirements for people with symptoms, please visit <u>alberta.ca/isolation</u>.
Student Transportation (Including School Buses)	 Parents and children/students should not be in the pick-up area or enter the bus if they have symptoms of COVID-19.
	• A child who becomes symptomatic during the bus trip should be provided a mask if they are not already wearing one. The driver should contact the school to make the appropriate arrangements to pick up the child/student (see Responding to Illness above).
	School bus cleaning and records:
	 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 <u>AHS COVID-19 public health recommendations for environmental</u> <u>cleaning of public facilities.</u>
	 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.
Work Experience	Work experience is permitted.
	 If the work experience placement is in a workplace, the student is expected to follow health rules set out by the workplace which should comply with the <u>General Operational Guidance</u> and any applicable <u>sector-specific guidance</u>.

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International Students/Programs	 International travel programs and international education programs in Alberta must follow current <u>public health orders</u> and local restrictions.
	 Individuals who have traveled from outside of Canada are provided with specific instructions and requirements at the border. They are to follow the Government of Canada <u>Travel</u>, <u>Testing</u>, <u>Quarantine and</u> <u>Borders</u> instructions, including any requirements for exempt travelers related to attending high-risk environments.
	 School administrators/authorities are not expected to be assessing students for following requirements set out by the federal <i>Quarantine</i> <i>Act.</i>
	 Students/families are not required to provide proof of vaccination status for school administrators/authorities.
	 Providing school administrators with proof of a negative test result after arrival in Canada is not required to attend school.
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.

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Appendix A: Environmental Public Health Contacts

Alberta Health Services

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

Indigenous Services Canada – First Nations and Inuit Health Branch

OFFICE	REGULAR BUSINESS HOURS	
	8:00 AM – 4:00 PM	
Edmonton	Environmental Public Health	780-495-4409
Tsuuťina	Environmental Public Health	403-299-3939

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Appendix B: Management of Individuals who are Symptomatic and/or Tested for COVID-19

Symptoms	COVID-19 Test Result:	Management of Individual:
Symptomatic	Positive molecular (e.g. PCR) test or rapid antigen take- home test	 Fully vaccinated staff (i.e. staff who have received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series or one dose in a one dose series [i.e. Janssen vaccine]) or student (2 doses of mRNA vaccine): Isolate for 5 calendar days from the start of symptoms or until they are fever free for 24 hours without the use of fever reducing medication and other symptoms are improving, whichever is longer, if symptoms are not related to a pre-existing condition Following their home isolation period, all fully vaccinated individuals must wear masks at all times when in a public place or otherwise in the company of other persons for up to 5 more calendar days (10 calendar days total). This means they must eat or drink alone, away from others. If it's not possible to give each individual on day 6-10 isolation a private space to eat in, they can cohort together with other COVID-19-infected individuals for meals in the same well-ventilated room. Distancing is recommended and individuals should remain masked at all times when not actively consuming food and drink. If schools find this operationally challenging to accommodate, the consistent use of a 10-day absence prior to return, for both immunized and non-immunized cases, is an acceptable approach.
		whichever is longer, if symptoms are not related to a pre-existing condition.
	Negative molecular (e.g. PCR) test	Fully vaccinated staff (i.e. staff who have received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series or one dose in a one dose series [i.e. Janssen vaccine]) or student (2 doses mRNA

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Symptoms	COVID-19 Test Result:	Management of Individual:
		vaccine) : Stay home until they are fever free for 24 hours without the use of fever reducing medication and other symptoms are improving, before cautiously resuming normal activities.
		Not fully vaccinated: Stay home until they are fever free for 24 hours without the use of fever reducing medication and other symptoms are improving if symptoms are not related to a pre-existing condition, before cautiously resuming normal activities.
	Negative rapid antigen take-home test	NOTE : A negative test result does not rule out infection. Rapid tests can be falsely negative, early in COVID infections. Continue monitoring your symptoms and following public health guidelines.
		Isolate immediately for 24 hours.
		Take a second rapid antigen test not less than 24 hours from initial test:
		 If negative, continue isolating until they are fever free for 24 hours without the use of fever reducing medication and other symptoms are improving before cautiously resuming normal activities. If positive, continue isolation:
		 If positive, continue isolation: Fully vaccinated: Isolate at home for 5 calendar days or until they are fever free for 24 hours without the use of fever reducing medication and other symptoms are improving, whichever is longer. For up to five days following their home-isolation period, they must wear masks at all times when in a public place or otherwise in the company of other persons for up to 5 more calendar days (10 calendar days total). This means they must eat or drink alone, away from others.
		• If it's not possible to give each individual on day 6-10 isolation a private space to eat in, they can cohort together with other COVID-19-infected individuals for meals in the same well-ventilated room. Distancing is recommended and individuals should remain masked at all times when not actively consuming food and drink.
		 If schools find this operationally challenging to accommodate, the consistent use of a 10-day absence prior to return, for

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Symptoms	COVID-19 Test Result:	Management of Individual:
		both immunized and non-immunized cases, is an acceptable approach.
		Not fully vaccinated : 10 calendar days or until symptoms resolve, whichever is longer
	Not tested	Student: If symptoms include fever, cough, shortness of breath or loss of sense of taste/smell, follow instructions for symptomatic positive above.
		Adult: If symptoms include fever, cough, shortness of breath, sore throat, loss of taste/smell or runny nose, follow instructions for symptomatic positive above.
		Student: 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):
		 ONE symptom: stay home, monitor for 24hours. If symptom improves, return when well enough to go (testing not necessary). TWO symptoms OR ONE symptom that persists or worsens: Stay home until fever free for 24 hours without the use of fever reducing medication, and other symptoms are improving.
		Adult: If other symptoms, stay home until fever free for 24 hours without the use of fever reducing medication, and if other symptoms are improving.
Asymptomatic	Positive molecular (e.g. PCR) test	Fully vaccinated staff (i.e. staff who have received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series or one dose in a one dose series [i.e. Janssen vaccine]) or student (2 doses of mRNA vaccine): Isolate for 5 calendar days from the collection date of the swab or from the date when the molecular test was completed.
		• Following their home isolation period, all fully vaccinated individuals must wear masks at all times when in a public place or otherwise in the company of other persons for up to 5 more calendar days (10 calendar days total). This means they must eat or drink alone, away from others.
		 If it's not possible to give each individual on day 6-10 isolation a private space to eat in, they can cohort together with other COVID-19-infected individuals for meals in the same well-

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Symptoms	COVID-19 Test Result:	Management of Individual:
		ventilated room. Distancing is recommended and individuals should remain masked at all times when not actively consuming food and drink.
		 If schools find this operationally challenging to accommodate, the consistent use of a 10 calendar day absence prior to return, for both immunized and non-immunized cases, is an acceptable approach.
		Not fully vaccinated: Isolate at home for 10 calendar days from the collection date of the swab or from the date when the molecular test was completed.
	Positive Rapid antigen take- home test	Individuals can conduct a second test not less than 24 hours after the initial test, and if negative, and still no symptoms, they do not need to continue to isolate. If the result is positive on the repeat test, they should continue to isolate. If at any time, symptoms develop, they must follow isolation instructions for symptomatic individuals.
		Fully vaccinated staff (i.e. staff who have received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series or one dose in a one dose series [i.e. Janssen vaccine]) or student (2 doses of mRNA vaccine): Isolate at home for 5 calendar days from the collection date of the swab or from the date when the rapid take-home test was completed.
		• Following their home isolation period, all fully vaccinated individuals must wear masks at all times when in a public place or otherwise in the company of other persons for up to 5 more calendar days (10 calendar days total). This means they must eat or drink alone, away from others.
		• If it's not possible to give each individual on day 6-10 isolation a private space to eat in, they can cohort together with other COVID-infected individuals for meals in the same well-ventilated room. Distancing is recommended and individuals should remain masked at all times when not actively consuming food and drink.
		 If schools find this operationally challenging to accommodate, the consistent use of a 10 calendar day absence prior to return, for both immunized and non-immunized cases, is an acceptable approach.

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Symptoms	COVID-19 Test Result:	Management of Individual:
		Not fully vaccinated: Isolate at home for 10 calendar days from the collection date of the swab or from the date when the rapid take-home test was completed.
	Negative	No isolation required.