



Provincial Communicable Disease Guidelines for K-12 School Settings

Updated August 25, 2022



Introduction

The COVID-19 pandemic impacted, and continues to impact students, staff and families in many ways, with some longer-term impacts of the pandemic yet to be realized. As we enter the 2022-23 school year, school boards, independent school authorities and schools will continue to build on their experiences and the advice of public health experts to determine communicable disease prevention plans. Our shared experience highlights the need to continue to be flexible and responsive to changes in transmission trends, as well as provides the opportunity to incorporate our learnings into approaches for sustainable communicable disease prevention moving forward.

COVID-19 will continue to circulate in our population, and as long as cases occur within our communities, K-12 students and staff members will continue to be affected. However, [BCCDC notes](#) that transmission within K-12 school settings accounts for a minority of COVID-19 cases, even amongst students and staff. Moreover, with high immunization rates in BC and treatment options for people at higher risk of serious disease, public health advises that COVID-19 can be managed as are other serious respiratory infections in the community. As such, the guidance in this document supports reducing the risk of transmission of communicable diseases, including COVID-19 and will be modified as needed. [BCCDC](#) is the primary source of information about COVID-19 in BC.

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 communicating the importance of everyone doing a health check. More information is available on pg. 11.

This document was developed by the Ministry of Education and Child Care in collaboration with the BC Centre for Disease Control, Indigenous rightsholders and education partners – including teachers, parents, and school leaders. It outlines guidance for K-12 settings for use by boards of education, independent school authorities and schools in communicable disease prevention planning.

This document brings together the previously issued Provincial COVID-19 Communicable Disease Guidelines for K-12 Settings, the COVID-19 Protocols for School & District Administrators and Staff: Management of School-Associated Activity and the K-12 Recovery Plan and is aligned with [BC Centre for Disease Control | Ministry of Health Public Health Communicable Disease Guidance for K-12 Schools](#).

Child care providers operating on schools grounds can also use this guidance along with [Supporting Child Wellness: Public Health Guidance for Communicable Disease \(including COVID-19\) Management in Child Care Settings](#) to inform communicable disease prevention planning.

Contents

Introduction.....	1
Section 1: Recovery	3
Section 2: Communicable Disease Prevention Guidance.....	5
Communicable Disease Prevention Plans	6
Environmental Practices	7
CLEANING AND DISINFECTING	7
GENERAL VENTILATION AND AIR CIRCULATION	8
HAND HYGIENE	9
RESPIRATORY ETIQUETTE.....	10
Administrative Practices	11
HEALTH AWARENESS.....	11
ILLNESS PRACTICES / WHAT TO DO WHEN SICK	11
SUPPORTING STUDENTS WITH DISABILITIES/DIVERSE ABILITIES AND/OR RECEIVING HEALTH SERVICES...	13
VISITOR ACCESS/COMMUNITY USE	14
CURRICULUM, PROGRAMS & ACTIVITIES.....	14
Personal Practices	16
Section 3: Administrator Protocols for Managing Communicable Disease Activity at School	18
Section 4: Key Contacts, Additional Resources & Links.....	19

Section 1: Recovery

KEY PRINCIPLES

The COVID-19 pandemic impacted, and continues to impact students, staff and families in many ways, with some longer-term impacts of the pandemic yet to be realized. The following principles will continue to guide the K-12 sector throughout the 2022-23 school year:

- Communicable disease prevention measures will continue to be aligned with public health guidance to support student and staff wellness.
- Using an inclusive and trauma-informed lens, with a focus on mental health and wellness.
- Focusing supports to address unique student and staff needs, recognizing the pandemic has impacted individuals and communities differently.
- Consulting and working with First Nations, Métis, and Inuit peoples to address the unique educational and learning needs of their communities.
- Engaging and collaborating with parents/caregivers, staff, unions and community partners to develop local solutions when needed.
- As required by [WorkSafeBC](#), all boards of education, independent school authorities & schools must ensure the health of their workers by ensuring that steps are taken to reduce the risk to workers from communicable diseases.
- The Provincial Health Officer or local Medical Health Officers may issue temporary provincial, regional or local recommendations or orders of additional prevention measures during times of increased communicable disease risk.

INDIGENOUS STUDENTS (First Nations, Métis and Inuit)

First Nations Students Living on Reserve

First Nations may take increased safety measures during the pandemic recovery phase. This may mean that some First Nations learners will not be able to attend in-person classes.

First Nations have the authority to declare states of emergency and have responsibility for the education of their citizens. In the spirit of Reconciliation and consistent with the [Declaration on the Rights of Indigenous Peoples Act](#), boards of education and independent schools (*excluding First Nations independent schools*) are expected to engage with First Nations communities who have First Nation students living in community (*on-reserve*) enrolled in the school district/school as soon as possible to discuss school plans for the 2022/23 school year. This will help to identify potential accommodations needed to support students who may not be able to attend in-person classes.

Indigenous Student Success and Achievement

Boards of education and independent school authorities are expected to continue to support equitable outcomes and opportunities for all Indigenous learners by maintaining Indigenous student supports and collaboration with Indigenous communities and education partners. Boards/authorities are expected to

collaborate with local First Nations, Métis Chartered communities and Indigenous communities on any changes/updates to the delivery of any programs including Indigenous language and culture services. The COVID-19 pandemic has had a disproportionate impact on Indigenous communities. Boards/authorities should identify Indigenous students whose educational outcomes may have been negatively impacted during the pandemic and make accommodations to ensure these students are supported. The needs of Indigenous students who require additional supports should be planned for and prioritized in partnership with parents/caregivers and communities.

Boards of education are also expected to engage with First Nations to identify the transportation needs of First Nation students living on reserve. Collaboration between boards and First Nations is necessary to ensure there are equitable and safe transportation opportunities for students.

Additional considerations for boards/authorities include:

- Collaboration between teachers and Indigenous support staff on the development of Indigenous students' learning plans, including ensuring the integration of language and culture into these plans.
- Awareness and sensitivity regarding the complex and devastating history that pandemics have had on many Indigenous communities.
- Understanding that some Indigenous families and communities may continue to take increased safety measures, which may mean that some students will not attend in-person instruction in September.

Communication

Boards/authorities have an obligation to inform and communicate with the First Nations they serve regarding learning plans for Nominal Roll students, Enhancement Agreement goals and Equity Action Plans, Local Education Agreements and Joint Transportation Plans.

Boards/authorities are expected to inform and communicate with the local Métis Chartered communities regarding the learning plans, Enhancement Agreement goals and Equity Action Plans for Métis students.

TRAUMA-INFORMED PRACTICE

Trauma-informed practice is a compassionate lens of understanding that is helpful to all children, youth and adults, especially those who have experienced traumatic events including the emotional and traumatic impact of a pandemic. Trauma-informed practice includes:

- Providing inclusive and compassionate learning environments
- Understanding coping strategies
- Supporting independence
- Helping to minimize additional stress or trauma by addressing individual needs of students and staff

Some students may have experienced elements of trauma during the pandemic. Educators and support staff should be aware of changes in student behavior, including trauma-related behaviors which may include fear; hyperactivity; aggression; body aches and pain; depression; self-harming behaviors; excessive shyness; or withdrawal. To support educators and staff in identifying and responding to the needs of students who have experienced trauma, the Ministry has created [trauma-informed practice resources](#) that are available on the [erase \(Expect Respect and a Safe Education\) website](#).

Section 2: Communicable Disease Prevention Guidance

This section:

- outlines the recommended measures K-12 schools should have in place to reduce the risk of transmission of communicable disease, as determined by the BC Centre for Disease Control and Ministry of Health (public health).
 - Public health guidance is included in boxes outlined below, as well as is available in the [Public Health Communicable Disease Guidance for K-12 Schools](#).
- 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:

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

VACCINES

BCCDC Guidance

Vaccines are important tools to protect against many serious communicable diseases. Vaccination protects from serious illness due to COVID-19 and is the most effective way to reduce the impact of COVID-19 on our communities. All COVID-19 vaccines approved for use in Canada protect against serious complications, including from the omicron variant. It is important to get all recommended vaccine doses to get the most effective protection against serious cases of COVID-19. People 6 months and older are eligible for COVID-19 vaccines. More information about COVID-19 vaccines is available from the [BCCDC website](#). Students and staff are also encouraged to ensure they are up to date on [all recommended vaccines for other communicable diseases, including COVID-19 vaccines](#).

Schools are encouraged to share evidence-based information and promote opportunities to be vaccinated in partnership with public health and local Medical Health Officers. More information on COVID-19 vaccination and the workplace is available on the [WorkSafeBC website](#). Evidence-based immunization information and tools for B.C. residents are available from [BCCDC](#) and [ImmunizeBC](#) websites.

The [Support Services for Schools Order](#) and the [Inter-Ministerial Protocols for the Provision of Support Services to Schools](#) (p.12-13) require boards of education and participating independent school authorities to provide a

designated space in each school for public health nurses or other qualified health personnel to carry out their duties (including immunizations).

WorkSafeBC – Communicable Disease Prevention

School boards and independent school authorities must follow WorkSafeBC [communicable disease prevention guidance](#) and must provide communication, training and orientation to ensure the health and safety of their workers. WorkSafeBC communicable disease prevention guidance is aligned with the guidance provided by BCCDC. Please see their website for specific requirements and additional information.

Communicable Disease Prevention Plans

Communicable disease prevention plans focus on reducing the risk of transmission of communicable diseases (including COVID-19). Schools are expected to document 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 be always 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 this guidance is updated, and/or 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 evacuation planning, 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 DISINFECTING

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.

Since the start of the pandemic, schools have implemented enhanced cleaning practices as part of efforts to minimize the spread of communicable disease. This has resulted in new skills and approaches, and a greater appreciation of the role of cleaning and disinfection in supporting student and staff well-being and the enjoyment of school facilities. As schools build on this experience to determine what their ongoing, regular cleaning and disinfection practices will be, they are encouraged to maintain and incorporate enhanced practices whenever feasible, as part of sustainable communicable disease management.

- **Products & Procedures**

- For **cleaning**, use water and detergent (e.g., liquid dishwashing soap), or common, commercially available products, along with good cleaning practices. For hard-to-reach areas, use a brush and rinse thoroughly prior to disinfecting.
- For **disinfection**, use common, commercially available disinfectants listed on Health Canada's [hard-surface disinfectants for use against coronavirus \(COVID-19\)](#).
- Follow these procedures when cleaning and disinfecting:
 - Always wash hands before and after handling shared objects.
 - 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.
 - A dishwasher can be used to clean and sanitize dishwasher-safe items if the sanitize setting is used with adequately hot water.

- **General Cleaning**

- Regular practices should include general cleaning of the premises.

- **Frequently Touched Surfaces**

- Cleaning and disinfection of frequently touched surfaces should occur at least once in a 24-hour period and when visibly dirty.
- 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 counters (e.g., library circulation desk), and may change from day to day based on utilization.

- 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 rugs (e.g., in Kindergarten and StrongStart classes) can also be used.

Cleaning and disinfection activities should focus on spaces that have been utilized by staff or students. Many schools and districts have implemented procedures such as securing unoccupied spaces or adding sign-in sheets posted next to room entrances to help custodial staff focus their efforts on spaces that have been used.

- **Cleaning & Disinfecting Bodily Fluids**

- Follow these procedures, in conjunction with school/district policies, when cleaning and disinfecting bodily fluids (e.g., runny nose, vomit, stool, urine):
 - Wear disposable gloves when cleaning blood or body fluids.
 - Wash hands before wearing and after removing gloves.
 - Follow regular health and safety procedures and regularly used PPE (e.g., gloves, protective or woven sleeves) for blood and bodily fluids (e.g., toileting, spitting, biting).

LAUNDRY

Schools can use regular laundering practices.

GENERAL VENTILATION AND AIR CIRCULATION

BCCDC Guidance

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 the OHS Regulation](#)), and that they are working properly.

Open windows when the weather permits if it doesn't impact the functioning of ventilation systems. Taking students outside more often is no longer necessary for communicable disease prevention.

It is important to think of HVAC systems holistically, factoring in both outdoor air supply and filtration. The combination of outdoor air supply and filtration can significantly influence indoor air quality.

School districts and independent school authorities should regularly maintain HVAC systems for proper operation. Schools should consider guidance for school ventilation systems offered by [ASHRAE](#). This includes considering:

- Schools with recycled/recirculated air systems should consider upgrading filters to finer grain filters such as MERV 13 (if possible)
- increasing air exchanges by adjusting the HVAC system
- managing air distribution through building automation control systems
- 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 [Heat Event Response Planning](#) and [Wildfire Smoke](#), 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 [effective hand sanitizer](#) 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:

- Facilitate regular opportunities for hand hygiene:
 - This can include using portable hand-washing sites and/or alcohol-based hand sanitizer dispensers containing at least 60% alcohol
 - Schools should use [commercial hand sanitizer products that have met Health Canada's requirements and are authorized for sale in Canada](#)
- Ensure hand hygiene supplies are always well stocked including soap, paper towels (or air drier) and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol.
- If hands are visibly soiled, alcohol-based hand sanitizer 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.

RESPIRATORY ETIQUETTE

BCCDC Guidance

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

- 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.

Administrative Practices

HEALTH AWARENESS

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 everyone doing a health check.

A health check means a person regularly checking to ensure they (or their child) are not experiencing symptoms of illness (including but not limited to [COVID-19 symptoms](#)) that would limit their ability to participate fully in regular activities before coming to school to prevent spread of communicable diseases, such as COVID-19, within school settings.

Schools do not need to monitor students or staff for symptoms of illness.

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).

ILLNESS PRACTICES / WHAT TO DO WHEN SICK

What To Do When Sick

Staff, students, or other persons who are exhibiting new symptoms of illness (including symptoms of [COVID-19](#) or gastrointestinal illness) should stay home and follow the BCCDC guidance outlined below:

If the person is experiencing COVID-19 symptoms

BCCDC Guidance

The [When to Get Tested for COVID-19 resource](#) or the [B.C. Self-Assessment Tool](#) provides more information on whether you should get a test for COVID-19. Those unsure or concerned about their symptoms should connect with a health care provider or call 8-1-1.

Staff, children, or other persons in the school setting who test positive for COVID-19 should follow the guidance on the [BCCDC website](#) as to how long they should self-isolate. They can return to school when they no longer need to self-isolate as long as symptoms have improved, and they are well enough to participate in regular activities. Schools should not require a health care provider note (e.g., a doctor's note) to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practice.

If the person is experiencing other symptoms, isn't recommended to take a COVID-19 test (most people) or tests negative for COVID-19

BCCDC Guidance

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 enough to where they feel well enough to return to regular activities and their fever has resolved without the use of fever-reducing medication (e.g., ibuprofen, acetaminophen). Information specific to COVID-19 is available from [BCCDC](#).

Students, staff, and other adults should follow public health guidance, BCCDC guidance, and/or the recommendation of their health care provider when they are sick.

What To Do When Sick at 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. 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.

School administrators should also establish procedures for students and staff who become sick while at school/work.

- Continue to have non-medical masks on hand for those who have forgotten theirs but would like to wear one (for both the person who is sick and for those who may be assisting them).
- Make arrangements for the student/staff to go home as soon as possible (e.g., contact student's parent/caregiver for pick-up).
- Some students or staff may not be able to be picked up immediately. As such, schools should have a space available where the student or staff can wait comfortably and are separated from others
 - Younger children must be supervised when separated. Supervising staff can wear a non-medical mask, and should avoid touching bodily fluids as much as possible and practice diligent hand hygiene.
- Staff responsible for facility cleaning should clean and disinfect the surfaces/equipment which the person's bodily fluids may have been in contact with while they were ill (e.g., their desk in a classroom, the bathroom stall they used, etc.) prior to the surfaces/equipment being used by others. Cleaning/disinfecting the entire room the person was in (a "terminal" clean) is not required in these circumstances.
- Request that the individual stay home until symptoms have improved and they feel well enough to participate in all school-related activities.

SUPPORTING STUDENTS WITH DISABILITIES/DIVERSE ABILITIES AND/OR RECEIVING HEALTH SERVICES

Expectations

Schools are expected to implement health and safety measures that promote inclusion of students with disabilities/diverse abilities.

In-class instruction may not be suitable for some children (or families) with severe immune compromise or medical complexity, which should be determined on a case-by-case basis with a medical care provider. Schools should follow regular practices for those needing alternative learning arrangements due to immune compromise or medical complexity to ensure access to learning and supports.

Guidelines for Staff and/or Those Working with Students with Disabilities/Diverse Abilities, Complex Behaviors, Medical Complexities, or Receiving Delegated Care Where Physical Contact May Be Required

BCCDC Guidance

Staff and those providing services to students with medical complexity, immune suppression, receiving direct or delegated care, or with disabilities and diverse abilities who are in close proximity to a student should follow routine infection control practices and care plans for the child, if applicable.

Those providing health services in schools may receive guidance related to PPE from their regulatory college or employer. Health service providers are encouraged to work with their employer to confirm what PPE is recommended for the services they provide in school settings.

Parents and caregivers of children who are considered at higher risk of severe illness due to communicable disease (including COVID-19) are encouraged to consult with their health care provider to determine their child's level of risk. Students are not required to wear a mask or face covering when receiving services, though may continue to base on their or their parent/caregiver's personal choice.

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

Schools can use classroom and learning environment configurations and activities that best meet learner needs and preferred educational approaches.

BUSES

BCCDC Guidance

For school buses, schools can follow normal seating and onloading/offloading practices.

- Buses used for transporting students should be cleaned and disinfected in line with the cleaning and disinfection practices outlined above.
- Bus drivers and students should be encouraged to practice [hand hygiene](#) and [respiratory etiquette](#).
- Bus drivers, teachers and students in Kindergarten to Grade 12 may choose to wear masks or face coverings when they are on the bus.

VISITOR ACCESS/COMMUNITY USE

BCCDC Guidance

Schools can follow normal practices for welcoming visitors and the community use of schools.

Visitors, including community groups using the school, should follow applicable communicable disease prevention measures outlined in this document.

CURRICULUM, PROGRAMS & ACTIVITIES

Schools should implement communicable disease prevention practices (e.g., cleaning and disinfecting, hand hygiene, respiratory etiquette) specific to the activity.

Field Trips

When planning field trips, staff should follow existing policies and procedures as well as the guidance in this document. Schools should consider guidance provided for overnight camps from [BCCDC](#) and the [BC Camps Association](#) when planning overnight trips that include group accommodation.

Kindergarten Program & Entry

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.) and carpets and rugs (e.g., for circle time activities) can be used.

Music/Physical & Health Education (PHE) / Outdoor / Food & Culinary / Theatre, Film & Dance / other Shared Equipment Programs

Students should be encouraged to practice proper hand hygiene 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.

School Libraries / Learning Commons

Regular book browsing and circulation processes can occur as per routine practice.

Trades in Training / Work Experience Programs

Students enrolled in individual training/work experience programs should follow the communicable disease prevention plan required by the workplace/facility. Classes (or other similar groupings of students) participating in training/work experience programs together should follow the more stringent measures (if applicable) between the school and the workplace/facility's communicable disease prevention plans.

Personal Practices

HEALTH AWARENESS

Everyone at school should practice health awareness, including staying home when sick.

MASKS & FACE COVERINGS

BCCDC Guidance

The decision to wear a mask beyond when it is recommended by public health is a personal one, based on individual preference. Some students and staff may choose to continue to wear a non-medical mask or face covering throughout the day or for certain activities. The choice of staff and students to choose whether they practice additional personal prevention measures should be respected. Information on non-medical masks is available from [BCCDC](#).

The decision to wear a mask or face covering is a personal choice for staff, students, and visitors. Some people may choose to continue to wear a mask because they are more comfortable wearing a mask or because they, or someone in their family, may be at higher risk and want to take extra precautions. Some may choose to continue to wear them throughout the school day, or only during specific activities. A person's choice should be supported and respected. This should include:

- Promoting the school environment as supportive for wearing masks through mask-specific messaging at assemblies and in announcements, signs, and written communications. Include that some people wear masks to reduce their risk of communicable disease, and it is important to be kind and respectful of other's choices.
 - Include evidence-based, trusted information on masks from [BCCDC](#).
- Continued school-wide efforts to create safe and inclusive learning environments, free from discrimination, bullying and harassment.
 - Set, communicate and consistently reinforce clear expectations that any bullying or other disrespectful behaviour or conduct related to personal mask use choice is unacceptable. Address behaviour in line with protocols and practices for addressing disrespectful behaviour (e.g., student codes of conduct).

Masks are one layer of protection used to prevent the spread of communicable disease. To be most effective, wearing a mask should be combined with other important protective measures such as getting all the recommended doses of vaccine, staying home when sick, and regularly practicing hand hygiene. Masks are most effective when fitted, worn and handled correctly.

HAND HYGIENE

Staff, students and visitors should be encouraged to practice frequent hand hygiene. To learn about how to perform hand hygiene, please refer to the BCCDC's [hand hygiene poster](#).

RESPIRATORY ETIQUETTE

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

- 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.

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).

SHARING FOOD, BEVERAGES & OTHER ITEMS THAT TOUCH THE MOUTH

Staff and students should be encouraged to not share items that come in contact with the mouth (e.g., food, drinks, unwashed utensils, cigarettes, vaping devices).

Shared-use items that touch the mouth should be cleaned and disinfected between use by different individuals (e.g., water bottles, instrument mouth pieces).

Section 3: Administrator Protocols for Managing Communicable Disease Activity at School

BCCDC Guidance

Most communicable diseases experienced by students and staff within school settings may be managed by the individual/family and through routine preventative measures, such as staying home from school until well enough to participate in regular activities. Resources are available to support management of routine communicable diseases, including [HealthLink BC](#), the [BCCDC Guide to Common Childhood Diseases](#), the [Sneezes and Diseases website](#), and other school health resources hosted on health authority webpages ([Vancouver Coastal Health](#); [Fraser Health](#); [Interior Health](#); [Island Health](#); [Northern Health](#)).

Public health may become directly involved if certain reportable diseases, such as measles, are identified where there are effective interventions available to prevent further spread and protect against severe disease. Additional time-limited public health measures may also be implemented at the discretion of the local Medical Health Officer or the Provincial Health Officer in response to broader risk of communicable disease transmission in the community.

School or district administrators can contact public health if they have concerns about communicable disease transmission within the school setting and require additional support.

[Communications and Protecting Personal Privacy](#)

Medical Health Officers play the lead role in determining if, when and how to communicate information regarding increased communicable disease activity within a school.

Public health has encouraged schools to routinely communicate to their school community the need to follow any recommended public health measures, practice health awareness, and to stay home when sick.

To protect personal privacy and to support accuracy, schools should exercise caution in providing communicable disease notifications beyond when they are recommended by public health.

[Functional Closures](#)

A functional closure of a school is the temporary closure of a school determined by a school district or independent school authority due to a lack of staff to provide the required level of teaching, supervision, support, and/or custodial to ensure the health and safety of students. This would likely be due to a high number of staff or certain employees away who are required for a school to function, and the inability to temporarily replace them. School districts (or independent schools) should notify their Medical Health Officer and the Ministry of Education and Child Care (educ.covid@gov.bc.ca) when they are considering or implementing a functional closure.

[Public Health Closure](#)

A public health closure is the temporary closing of a school ordered by a Medical Health Officer when they determine it is necessary to prevent the excessive transmission of a communicable disease.

Section 4: Key Contacts, Additional Resources & Links

- Board of education questions regarding collective agreements or employment related matters can be directed to the [BC Public School Employers' Association](#).
- Medical Health Officer Contact Information by Health Authority (*general inquiries*):
 - [Island Health](#) **T: 1 800 204 6166**
 - [Fraser Health](#) **T: (604) 918-7532**
 - [Northern Health](#) **T: (250) 565-2000** **E: healthyschools@northernhealth.ca**
 - [Interior Health](#) **T: (250) 469-7070 (ext. 12791)**
 - [Vancouver Coastal Health](#) **T: (604) 527-4893**
- [Special Educational Services: A Manual of Policy, Practices and Guidelines](#) (point of reference providing legislation, policy and guidelines to support the delivery of inclusive education supports and services).
- [Resources for parents/caregivers of children with disabilities and diverse abilities](#).
- [Provincial Outreach Programs](#) are available to support boards/authorities through professional learning, resources, consultation and training during recovery.
- [Indigenous Education in British Columbia](#)
- [Indigenous Education Teaching Tools and Resources](#)
- [BC Tripartite Education Agreement \(BCTEA\)](#)
- [Métis Nation BC Chartered Communities](#)
- [WorkSafeBC Communicable disease prevention \(G-P2-21\)](#)
- [WorkSafeBC Communicable disease prevention: A guide for non-healthcare employers](#)
- [WorkSafeBC Managing the mental health effects of COVID-19 in the workplace: A guide for employers](#)
- [WorkSafeBC Addressing the mental health effects of COVID-19 in the workplace: A guide for workers](#)
- [Building Compassionate Communities in a New Normal - webinar](#)
- [Linda O'Neill – Trauma Informed in the Classroom](#)
- [MCFD: Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families](#)
- [North American Centre for Threat Assessment & Trauma Response: Education as a Special Consideration](#)
- [Office of the Provincial Health Officer](#)
- [Recommendations for Access to Library Learning Commons Resources to Meet COVID-19 Requirements](#).