

Preparing for School Reopening During COVID-19: A 5 Stage Process and Other Considerations



Nokiiwin
TRIBAL COUNCIL

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Introduction

The COVID19 pandemic has created unprecedented change and upheaval in all aspects of our society. No person has been left untouched by these events. Due to the widespread availability of unfiltered information through media and social media, children are likely to have had more access to information – true, sensationalized or untrue – than during any previous global crisis. While there are some commonalities, everyone (students, families, staff, education administrators, community members) will have had unique experiences during the pandemic. It can be anticipated that people will also experience a diverse variety of responses as we move towards a return to normal routines, such as work and school. Difficult feelings of fear, stress, anxiety, and trauma may coexist with more positive responses such as excitement or relief. Respect and acknowledgement of all these feelings and responses is paramount in moving forward in a positive way. As such, communities planning the reopening of schools must proceed with care and caution.

School reopening is an important step in re-establishing routines and education processes. It is a major undertaking and is not simply an “education concern” or a “health concern”, but rather a community concern. The establishment of an Advisory Circle made up of community leaders in areas such as health, mental health, governance and community safety, will support and guide education leaders as they prepare to return to education delivery.

Children will need support as they transition back to school. Some primary concerns may include fear of doing things wrong (e.g., not social distancing properly) or getting COVID, stress related to new routines and difficulty engaging in new ways of learning. Children may have experienced trauma during COVID as well. Some potential sources of trauma may include loss of a friend or family member, isolation from social groups, lack of access to safety systems or safe adults, physical or emotional abuse, or lack of food security. Support people/systems, such as mental health workers, must be put in place to support the mental health and well-being of students and staff. Teachers, education assistants and education administrators are NOT mental health experts. It is extremely important that they have access to this specialized knowledge and support.

A workshop entitled “Preparing for School Reopening during a Pandemic was presented at Nokiiwin Tribal Council’s Education Conference (July 22-26, 2020). The workshop was designed to be a guide for Nokiiwin’s member communities as they plan to reopen their community elementary schools. The development of this handbook arose from this presentation and contains information from that workshop as well as other resources that will help communities in their planning.

Community Overview

Who We Are?

Some of Nookiiwin Tribal Council's member communities (Biinjitiwaabik Zaaging Anishinaabek, Netmizaaggamig Nishnaabeg) have children attending elementary schools located within the community. Their older children and the children in Nookiiwin's other member communities access the provincial school system.

Where Are We Coming From?

After COVID-19 was declared a global pandemic, all schools were closed very quickly to ensure the safety of children and community members.

From March to June, 2020, online and paper package learning materials were provided for students to continue their education. These resources were utilized with mixed results. Materials provided by provincial schools were accessed with mixed results. Some families experienced challenges with technology, including lack of computers or iPads and/or poor internet access. Some children struggled to learn the online learning platform and had difficulty engaging with it.

Where Are We Now?

There has been minimal contact between students/families and education staff for several months and we are now heading into the usual summer education break. The province is directing schools to have a three part plan for reopening in September. Various agencies are starting to release recommendations and guidelines for safe reopening.

Where are we going?

Education administrators, along with community leaders in the related fields of health, mental health and well-being, community safety, child welfare, and governance will need to work together to create a multi-faceted plan for school reopening in the fall. As the pandemic is ongoing, these plans will need to focus on minimizing health risks while ensuring that children have opportunities to continue their education. This planning is unprecedented in our lifetimes and will require careful planning, guidance from professional groups and attention to the local COVID situation and risk.

Creating Your Plan

The purpose of this document is to provide a road map or guide to the journey of school reopening. It includes a 5 stage process for reopening that considers the physical and practical aspects of mitigating risk, as well as the mental health and well-being concerns for students, education staff and the broader community.

Only the people in each community will be able to determine the best path for reopening their school and providing education services for their children. This handbook is designed to be a guide for communities as they engage in the planning process. Useful references and resources are included in the appendices. Please note that these may become dated and need to be updated prior to starting the planning process. The COVID situation is changing almost daily, and it is very important to create a flexible plan that can be implemented under a variety of circumstances. Communities are being encouraged to start planning now and adapt as necessary closer to September, when the situation becomes clearer.

Five Stage School/Community Process for School Reopening

Overview

The five stage process outlined below will help communities prepare for school reopening during the pandemic. This process has been adapted from information in the resource, “Guidelines for Re-Entry into School Setting during the Pandemic; School Version”, created by the North American Centre for Threat Assessment and Trauma Response, as well as other sources. The goals of this process are:

- To design a comprehensive, flexible return to school plan;
- To create a safe and supported environment for students;
- To maintain a calm, confident staff and community.

The five stages are as follows:

- Stage 1. Assemble Advisory Circle, collect resources, develop three phase plan
- Stage 2. Staff Preparedness and School Safety
- Stage 3. Family/Community Consultation
- Stage 4. Students Return; School Reopens
- Stage 5. Ongoing Assessment and Adaptation

Please note that communication is the key to a smooth, informed and supported transition. While Stage 3 is a formal communication point with community members, education administrators are encouraged to share their actions at each stage in the model with all interested groups.

Suggested Timeline:

Stage 1. Advisory Circle; Three Phase Plan for School Reopening. *Now to mid August.*

To complete this plan prior to September, it is suggested that Stage 1 be started immediately, so that the Advisory Circle can be assembled as soon as possible and prepare a draft of the Three Phase Plan for Education Delivery by mid-August. This will allow education staff to review, consider and provide feedback on the plan as they complete Stage 2.

Stage 2. Staff Preparedness and School Safety. *Late August for 2 weeks*

This stage is an in-depth review and reconstruction of all school systems and activities to reflect COVID precautions. It also includes the creation of new cleaning protocols and possible associated training. It is anticipated that Stage 2 will likely take two full weeks to complete. If staff return to work on August 24, this would put things on track for school to reopen on September 8. If staff return on August 31, school would reopen a week later on Sept 15.

Stage 3. Family/Community Consultation. *Late August or early September*

This stage involves formal communication with the community about the changes that will occur regarding education. As education staff finalize the draft of the Three Phase Plan for Education Delivery, and it is approved by the Advisory Circle, it should be shared with the community for review and feedback which will then inform the final version of the plan. As well, once the basic plans for scheduling, school routines and hygiene and cleaning practices are in place, these should be communicated to families.

Stage 4. Students Return; School Reopens. *Early to mid September over 1 week*

In the last few days of Stage 2 (when the school is physically prepared for students, and new routines have been established), teachers will schedule meet with each student and one of their primary caregivers. These meetings will occur over several days, and the school will need to be cleaned prior to school reopening. The reopening of the school, using whichever phase of the Three Phase Plan for Education Delivery has been deemed appropriate, will occur after the student/family meetings.

Stage 5. Ongoing Assessment and Adaptation. Ongoing

After the school reopens, all aspects of the education process should be monitored and adapted, as necessary to meet the needs of students and to reflect the needs of the community.

Stage 1. Community Advisory Circle, Resources, and Three Phase Plan for Education Delivery

Goals:

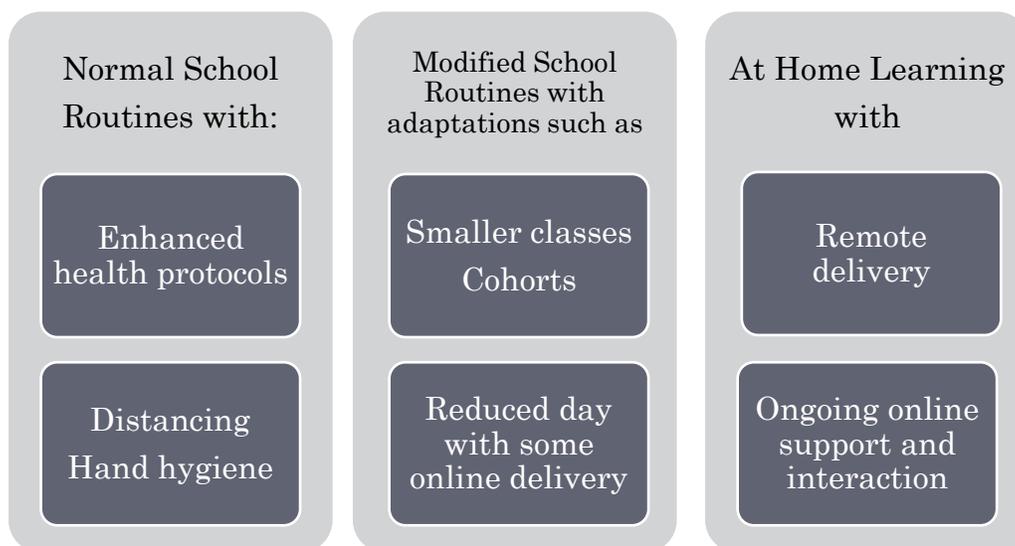
- Engage in initial community communication and assemble the Community Advisory Circle;
- Identify and assemble resources;
- Draft the Three Phase Plan for Education Delivery

School reopening is not simply an “education issue” or a “health issue”, but rather a community concern. The formation of an Advisory Circle with representation from diverse fields is a critical first step in the plan. Education administrators should seek to engage Chief and Council, as well as leaders in the areas of health, mental health and wellness, security, child welfare, and health and safety. School staff should also be invited to participate in this process. In addition to the principal, it would be ideal to have representation from the teaching staff, the education assistants, cleaning staff, and the health and safety committee. An Advisory Circle with diverse representation will be able to provide comprehensive guidance and feedback from a differing perspectives which will be key to the creation, implementation, and ongoing support of a successful school reopening plan.

The creation of the Advisory Circle, as well as the plans to prepare for school reopening should be communicated to the community as well. A sample letter for this communication is included in Appendix A.

The Advisory Circle should be assembled and meet as soon as possible. Their primary goals are to review resources and use them to draft the Three Phase Plan for Education Delivery for the community. This plan may be designed as shown:

Three Phase Plan for Education Delivery



The Three Phase Plan for Education Delivery can be seen as the overview of education delivery for the school year. The specifics of each phase will be determined in consultation with all education staff during Stage 2 of the planning process.

It is also important to consider what situations would cause a shift from one phase to another, how this decision would be made, and how it would be communicated. While it may be difficult to determine exactly what might cause a shift in delivery phase, some examples should be included. For example, a COVID case in the community would likely trigger a shift to online learning, at least until contact tracing and testing could be completed

Stage 2: Staff Preparedness and School Safety

Goals:

- Address staff health and well-being;
- Discuss the Three Phase Plan for Education Delivery;
- Develop modifications to daily activities;
- Address physical school set-up;
- Establish cleaning and hygiene protocols

Stage 2 involves all school staff and will likely take two weeks to complete. As such, this stage will likely start towards the end of August.

Staff Preparedness

When the school staff are assembled for the first time since COVID began, it is of paramount importance to take the time for everyone to share their own experiences with COVID isolation and their current state of well-being. This is also an opportunity for administrators to share mental health resources with staff and to let staff know that their safety and well-being is of utmost importance. The staff team will review the Three Phase Plan for Education Delivery and suggest changes or areas of concern as necessary. It is important that staff know that they will have input into the decisions around safety and that they have access to mental health supports if necessary.

Modifications to School Activities and Routines

Working from the Three Phase Plan, staff should then set about organizing timetabling to consider such things as staggered entry, recesses, lunch breaks and other activities (use of the gym, for example). Staff should also be encouraged to plan lessons and activities that focus on children's mental health and well-being. There should be opportunities for children to discuss their experiences during COVID and express their feelings. Teachers should consider planning activities that can be held outdoors and that encourage social interaction and fun, as children settle back into learning routines. Special education staff will work with classroom teachers to plan for the specific needs of students with unique needs.

Education administrators should work with teachers and families to determine the needs of each family related to online learning. This will allow time to work with families to sort out their equipment and internet service needs so that every student has a clear plan for online learning. This will allow teachers to practice online learning with their students before it is a requirement for any reason.

Education administrators will establish mental health supports for staff and students. This may be done in consultation with members of the Advisory Circle, who may be able to offer expertise in this area.

School Safety/Cleaning Protocols

All school staff, including custodial staff, will be involved in plans for school safety. Physical layout of hallways, classrooms and other shared spaces should be considered. Distancing cues should be constructed and installed. Cues may include spots on the floor, directional arrows and signage reminding students to distance from each other. Shared spaces, such as the gym, should be considered and planned for. Classroom equipment should be individualized as much as possible and cleaning protocols should be established for shared equipment, such as pencil sharpeners or gym equipment.

Site cleaning practices and protocols must be established. Resources, such as the BC Considerations for Re-opening BC First Nation Schools (Appendix C), and Ontario's Guide for School Reopening (Appendix D) may be helpful in establishing these protocols.

Individual hygiene practices, including frequency of hand washing/sanitizing and washroom management should be determined. The use of masks must also be considered. While the use of masks by children is not currently recommended, some may wish to and this should be respected. Teachers and other adults may be required to wear masks or face shields when distancing from children is not possible, and may wish to wear them in other circumstances as well, which again should be respected.

Bussing details, including extra runs for physical distancing as well as bus cleaning protocols and driver safety must be established in cooperation with education administrators and bus service providers.

Stage 3: Family/Community Communication

Goals:

- Communicate plans and systems;
- Answer questions and accept feedback;
- Harmonize adults into a support system for children

Some communication with the community should be initiated at Stage 1 so that community members are aware of the steps that are being taken to prepare for school reopening. Formal communication to the community regarding the 3 Phase Plan for Education Delivery, as well as the safety protocols and scheduling changes, should be conveyed to the community as soon as a draft is available (likely around the middle of Stage 2). This information must be shared with all students and caregivers, and should be made available to all community members as well.

Safety protocols, such as physical distancing, hygiene practices, and timetabling, should be explained. The importance of caregivers in initial daily screening for COVID symptoms prior to the child leaving for school should also be clearly defined. Mental health and well-being initiatives should also be discussed.

Each community will determine how to best communicate this information to their members. The communication materials should include a clear way for people to ask questions or provide feedback.

Families of students with special needs should be contacted individually to discuss specific accommodations for these students' needs.

The goal of this communication is to calm fears and harmonize all adults (school staff, community professionals, and families) into a single system committed to supporting the children.

Stage 4: Students Return and School Reopens

Goals:

- Check in on students well-being;
- Orient students to new plan and systems;
- Welcome students back to the school

The purpose of this stage is to reintroduce students and their caregivers to the physical layout of the school and new school routines. It is also an opportunity for teachers to establish or re-establish relationships with their students and to check in with them as to their well-being and feelings about returning to school.

Students Return

At the beginning of Stage 4, several days should be set aside to schedule times for each student and one caregiver to visit the school and have a check-in meeting with the classroom teacher. This is an opportunity for the teacher to establish rapport and communication with the families but it is also a chance to check in with students regarding their experiences during COVID and their feelings about returning to school. A questionnaire which teachers may use to guide this conversation is included in Appendix B. These meetings are also an opportunity for teachers to orient students to new routines (school entry, hand sanitizing, movement in hallways, different classroom layouts) and to review the importance of caregiver screening prior to sending children to school each day. A checklist of things to look for, as well as a thermometer, could be distributed at this time.

As these meetings are ongoing, teachers may need to refer concerns or questions to the principal or education administrator. At the end of these student-teacher visits, it is important to give all staff a chance to reconvene and discuss any concerns that may affect the broader school population.

School Reopens

Education administrators must determine which phase of the 3 Part Education Delivery Plan will be implemented when school reopens. It might be prudent to consider using the modified plan to begin for two reasons: 1) to ensure that any problems with that plan are worked out quickly and 2) to practice an abundance of caution and allow everyone time to ensure that safety practices are adequate.

During the first few weeks of school, it will be important to focus class time on fun, well-being, building social supports and developing and honouring resilience. Ideally, activities can be planned outside and Elders and Knowledge Holders may be invited to facilitate teachings and strengthen resilience of the children.

If the modified plan is implemented, it will be important for teachers and students to practice online learning during any time not in class. For example if the modified plan includes two days of school, Wednesday closure and then two more days of school, teachers will use Wednesday for online learning and the days before and after to support and follow up with students to help them become more competent online learners.

During this time, it will also be important to build in time for staff to assess, discuss, troubleshoot and make changes as necessary to new routines. It will also be important for education administrators to keep up communication outside the school, both with the Advisory Circle and with members of the community.

Stage 5. Ongoing Assessment and Adaptation

Goals:

- Continue to assess, adapt and improve school systems, attendance and learning;
- Monitor risks and respond;
- Continued communication

Once education is being delivered, it will be important to monitor, assess and adapt as necessary, and to continue communication between staff, the Advisory Circle and the community. Education administrators should arrange for education staff to discuss/report regularly (weekly at first). They should meet with the Advisory Circle regularly to report/discuss any concerns and generate regular community updates.

The Advisory Circle and education administrators will monitor changes to community risk regarding COVID and direct changes in the use of the 3 Phase Plan as required. Teachers should be directed to be prepared to shift between service plans with 24 hours notice (or less).

Conclusion

We are, of course, in unprecedented times. One strength in Nokiiwin's member communities is that the school populations are small, which will likely eliminate the need for cohorting and allow for safety planning without major disruption. The key to crisis planning is to model calm, and this will be possible with comprehensive, flexible planning, clear communication and the cooperation of concerned and supportive school staff and community members.

Appendix A

Sample Community Communication Letter

A example letter is included below, which may be used to inform community members that Education Administrators, along with other community leaders, are undertaking the planning process to prepare for school reopening during COVID. The communication should inform people of the timelines for the process and identify a contact person so they can easily share information or concerns.

Planning for School Reopening in September 2020

Date:

Dear Community Members,

Since COVID-19 was declared a global pandemic, our community school has been closed and education has taken place online. The education staff understand that this transition was very challenging and greatly appreciate the efforts that children and families have put into online learning. Now that some COVID restrictions are being lifted, it is time to start planning for school reopening in September 2020.

Education administrators as well as community leaders in health, mental health, governance and community safety are working together to produce a Three Phase Plan that includes:

- a) Normal School with health and distancing precautions
- b) Modified School with changes to daily schedules and some online learning
- c) Full Online Learning

These three phases are necessary as we currently don't know how COVID will be affecting the community in September and beyond. Education delivery may need to change depending on the risks of COVID in the community.

It is our hope that school will be back to "normal" as much as possible in the fall. The education plan will be shared with the community in mid-August and education staff will work out the details of school safety and preparedness prior to school start.

We are committed to working together with families and the wider community to meet the challenges of COVID and support our children as they return to school. We would be happy to hear your questions, suggestion or concerns. Please contact the Education Manager.

Miigwetch,

Appendix B

Guiding Questions for Teacher/Student Meetings

This questionnaire is adapted from information in the document. “Guidelines for Re-Entry into the School Setting During the Pandemic”, published by: North American Center for Threat Assessment and Trauma Response, May 2020. A copy of this document was included in your conference kit and can be found online at:

<https://www.nactatr.com/news/files/01GuideRe-Entry.pdf>

Guiding Questions for Teacher/Student Welcome Interviews

Please note that these questions are meant to help teachers understand how things changed for the student during COVID. The teacher may choose which questions are appropriate and ask them in language that is appropriate for the student. It should also be noted that each student's responses may be shaped by their inability to identify change or fear/shame in admitting to these changes. Teachers are encouraged to proceed with sensitivity.

Ask the child and their caregiver to consider the ways that COVID has changed their lives in the following areas:

1. Routines:

- No change
- Mild – change in only one area (e.g. school, work, social life, hobbies)
- Moderate – change in two areas
- Severe – change in three or more areas

2. Access to extended family and other social supports:

- No change
- Mild – Continued visits with social distancing and/or other forms of regular contact
- Moderate – Loss of contact with a few people but not all supports
- Severe – Loss of many contacts and supports; isolation and loneliness

3. Food Access:

- Increase – due to COVID-related support programs
- No change
- Mild – enough food but difficulty getting to store or finding needed items
- Moderate – occasional times without enough food or healthy foods
- Severe – frequently without enough food or healthy food

4. Access to health and mental health care

- No change
- Mild – appointments moved to telehealth
- Moderate – appointments delayed or cancelled and/or delays in getting medications

- Severe – Unable to access needed care resulting in health risk and/or impact

5. Stress caused by COVID:

- None
- Mild – occasional worries, anxiety or anger/frustration about the COVID situation
- Moderate – frequent worries and symptoms such as anger/impatience/frustration or occasional trouble sleeping
- Severe – persistent worries and stress-related symptoms such as anxiety, anger/sadness, nausea or vomiting, trouble sleeping or bed wetting, for example

6. Family Stress:

- None
- Mild – occasional short tempers; no physical violence
- Moderate – frequently short-tempered; occasional physical fights
- Severe – frequent short-tempered behaviour with physical violence between adults and children

7. Contact with COVID:

- No direct contact within family or friends
- Mild – No personal or direct family contact. Distant friends or family members had COVID and recovered
- Moderate – close family or friend had COVID and recovered
- Severe – personal or direct family member had COVID – recovered or did not recover

Other information. Any other ways that COVID has impacted your life:

Appendix C

Resource

Considerations for Reopening BC First Nation Schools

This is a First Nations – specific document from the First Nations Education Steering Committee in British Columbia. It was released on May 27 as schools in BC were opening up. The web address for updates or further information is:

<http://www.fnesc.ca/wp/wp-content/uploads/2020/05/27MAY2020-PUBLICATION-Considerations-for-School-Opening-2020-05-27.pdf>

Considerations for Re-Opening BC First Nation Schools May 27, 2020

Based on the advice of the Provincial Health Officer, on March 17, 2020, the BC Ministry of Education announced the suspension of in-class instruction in public and independent K-12 schools. On May 15, 2020, the Ministry announced that K-12 public and independent schools will resume in-class instruction on a part-time basis beginning June 1st.

The First Nations Education Steering Committee (FNESC) and First Nations Schools Association (FNSA) fully respect the authority of First Nations to make decisions in the best interest of their schools and communities. Understandably, many First Nations have decided to maintain the suspension of in-class instruction. For those First Nations considering a partial or complete reopening of school, FNESC and FNSA have compiled a number of resources and relevant considerations, recognizing that the safety and well-being of students, staff, families, and communities is the highest priority.

Our intention is not to recommend when and how First Nation schools should resume in-class activity. Rather, the purpose of this document is to support First Nations in planning to address the complex realities of delivering in-class education during the COVID-19 pandemic.

The following information is adapted from the new BC Ministry of Education Resource, Provincial COVID-19 Health and Safety Guidelines for K-12 Settings, which was informed by the guidelines of the BC Centre for Disease Control (BCCDC) and WorkSafe BC. We appreciate that not all of the advice will be suitable for all First Nation schools and that certain points may require further adaptation to suit local situations.

We will update this document as new information and guidance becomes available from the Provincial Health Officer or Ministry of Education. You can find this resource and others on FNESC's COVID-19 information page, which includes links to additional health and hygiene resources as well as suggestions for continuous learning.

PUBLIC HEALTH MEASURES

The Provincial Health Officer's Order for Mass Gatherings continues to prohibit gatherings and events of more than 50 people, however, this Order does not apply to regular school activities. As such, there can be more than 50 students and staff in a school at any given time if they are not all in one area and if they are engaged in physical distancing to the greatest extent possible. However, large assemblies of staff and students should not be held.

Should children, youth, and staff have common cold, influenza, or COVID-19-like symptoms they must stay at home and be assessed by their health care provider and tested for COVID-19. If a person is found to be a confirmed case of COVID-19, thorough contact tracing and management by the appropriate health authority will be needed.

ENVIRONMENTAL MEASURES

Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces, as described in the BCCDC’s Cleaning and Disinfectants for Public Settings document.

This includes:

- Clean and disinfect the premises at least once a day.
- Clean and disinfect frequently-touched shared surfaces at least twice a day. (e.g. door knobs, light switches, toilet handles, tables, desks, chairs, electronic devices, keyboards and toys).
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and disinfectant products and follow the instructions on the label. • Limit items that are not easily cleaned (e.g. fabric or soft items).
- Empty garbage containers daily.
- Wear disposable gloves when cleaning blood or body fluids (e.g. runny nose, vomit, stool, urine)
- Wash hands before wearing and after removing gloves.

The Ministry of Education has indicated that there is no evidence that the COVID-19 virus is transmitted via textbooks, paper, or other paper-based products. As such, there is no need to limit the distribution of books or paper based educational resources to students because of COVID-19.

Additional Considerations

Recognizing facilities across the education system vary, consistent with BCCDC guidelines, First Nation schools may also choose to include the following in their health and safety plan to reduce the risk of transmission:

- Providing paper hand towels rather than hand dryers.
- Disabling water fountains.
- Provision of cleaning products for common devices and materials used for the delivery of education (e.g. photocopiers, supply rooms, etc.).

ADMINISTRATIVE MEASURES

Physical Distancing and Minimizing Physical Contact

Physical distancing (e.g. maintaining a distance of 2 metres between individuals) is challenging in a K-12 school setting, particularly with younger students. As such, it is reasonable to establish different expectations for varying age levels and activities. For example, younger students should be supported to have minimized physical contact with one another, while older students and adults should seek to maintain a safe physical distance whenever possible.

The following physical distancing strategies should be implemented where possible in the K-12 school setting:

- Avoid close greetings (e.g. hugs, handshakes). Regularly remind students about keeping their hands to themselves.
- Spread people out into different areas:
 - o Consider different classroom and learning environment configurations to allow distance between students and adults (e.g. different desk and table formations).
- Organize students into smaller groups that stay together throughout the day.
- Strive to minimize the number of different teacher(s) and educational assistant(s) that interact with groups of students throughout the day (e.g. minimize the amount of mixing between student and different staff in the setting).
- Stagger pick-up and drop-off times (including bussing).
- Stagger recess/snack, lunch, and class transition times to provide a greater amount of space for everyone.
- Take students outside more often.
 - o Organize learning activities outside including snack time, place-based learning, and unstructured time.
 - o Take activities that involve movement, including those for physical health and education, outside.
 - o Reassure students and parents that playgrounds are a safe environment, and encourage appropriate personal hygiene practices before, during, and after outdoor play.
- Incorporate more individual activities or activities that encourage more space between students and staff.
 - o For younger students, adapt group activities to minimize physical contact and reduce shared items.
 - o For adolescent students, minimize group activities and avoid activities that require physical contact.
- Manage flow of people in common areas, including hallways.
- Parents and caregivers and other non-staff adults entering the school should be minimized as much as is practical to do so. They should also be reminded to practice diligent hand hygiene and maintain physical distance when they are in the school.
- Assemblies and other school-wide events should be held virtually to prevent a large number of people from gathering in one space.

Student Transportation on Buses

Consider cleaning and disinfecting buses and vans used for transporting students according to the guidance provided in the BCCDC's Cleaning and Disinfectants for Public Settings document. Additional measures should be taken, including:

- Encourage private (e.g. parents or caregivers) vehicle use where possible to decrease transportation.
- Consider installing a physical barrier between the driver and passengers (e.g. plexiglass).
- Have students sit in their own seat.
 - Students should be separated side-to-side and front to back.
 - Students from the same household can share seats if space is limited.

PERSONAL MEASURES

Stay Home When Sick

The following personal measures are very important for preventing the spread of COVID-19.

- All students and staff who have symptoms of COVID-19 OR travelled outside Canada in the last 14 days OR were identified as a close contact of a confirmed case or outbreak should stay home and self-isolate, including children of essential service workers who are ill.
- Parents and caregivers should assess their child daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before sending them to school.
- Staff should assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to entering the school.
- School Administrators should ensure school staff are aware of their responsibility to assess themselves daily for symptoms of common cold, influenza, COVID-19 or other infectious respiratory disease prior to entering the school.
- School Administrators should develop a local protocol that:
 - Clearly communicates with parents and caregivers their responsibility to assess their children daily before sending them to school.
 - Establishes appropriate conduct and process for school drop-off and pick-up.
 - Establish procedures for students and staff who become sick while at school to be sent home as soon as possible.
- Staff and students who are ill should not be permitted to attend school (note: students and employees should stay home until deemed healthy to return).
- Those unsure of if they or a student should self-isolate should be directed to use the BC COVID-19 Self-Assessment Tool.
 - If concerned, they can be advised to contact 8-1-1 or the local public health unit to seek further input.
 - They can also be advised to contact a family physician or nurse practitioner to be assessed for COVID-19 and other infectious respiratory diseases.

Hand Hygiene

Rigorous hand washing with plain soap and water is the most effective way to reduce the spread of illness. Both students and staff can pick up and spread germs easily, from objects, surfaces, food, and people. Everyone should practice diligent hand hygiene. Parents and staff can teach and reinforce these practices amongst students.

How to practice diligent hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
- If sinks are not available (e.g. students and staff are outdoors), use alcohol-based hand rub containing at least 60% alcohol.
- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating respiratory viruses. Soap and water are preferred when hands are visibly dirty.
- To learn about how to perform hand hygiene, please refer to the BCCDC's hand washing poster.

Strategies to ensure diligent hand hygiene:

- Hand hygiene stations should be set up at the school entrance, so everyone can perform hand hygiene when they enter and throughout the day (e.g. placing alcohol-based hand rub dispensers at the front entrance; put up posters to promote the importance of regular hand washing).
- Regularly remind staff and students about the importance of diligent hand hygiene.
- Incorporate additional hand hygiene opportunities into the daily schedule.
- Ensure hand washing supplies are well stocked at all times including soap, paper towels and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol.
- Staff should assist younger students with hand hygiene as needed.

Respiratory Etiquette

Students and staff should:

- Cough and sneeze into their elbow sleeve 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.

The Ministry of Education has communicated that wearing cloth or homemade masks, particularly for children, is not recommended. Wearing cloth or homemade masks is a personal choice and it is important to treat people who choose to wear one with respect. Parents, caregivers, and staff can teach and reinforce these practices amongst students.

Personal Protective Equipment

According to the Ministry's guidelines, Personal Protective Equipment (PPE), such as masks and gloves, are not needed beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course of work; however, PPE policies are the discretion of individual First Nations and First Nation schools. PPE should only be used when all other controls fail (i.e. only used when other control methods cannot reduce the risk to a low enough level).

Managing students with complex behaviours, on a delegated care plan, or experiencing a health emergency may require staff to be in close physical proximity with the student. No additional PPE are required (for reducing COVID-19 transmission) beyond precautions regularly or previously taken.

Social/Emotional Resources

The FNEESC/FNSA communique, Mental Health and Resiliency Resources (May 1, 2020) includes the following resources for First Nations approaches to nurturing mental health and wellness:

- Coping with COVID-19 <https://www.youtube.com/watch?v=4yd8ZNmF7ek> and The Impact of COVID-19 on Mental Health <https://www.youtube.com/watch?v=swGXDmJOMIM> are two short videos featuring Dr. Nel Wieman, Senior Medical Officer, FNHA.
- Mental Wellness and Cultural Supports Available During the Pandemic summarizes a variety of resources, including telephone and online supports as well as health benefits relating to mental wellness and counselling. 7
- Staying Connected during the Pandemic recommends drawing upon cultural strengths to stay connected while we practice social distancing and includes a list of ideas for spending quality time with children.
- Supporting Children in a Time of Crisis describes how to share age-appropriate information about COVID-19 and offers tips for supporting children's emotional health.

CONCLUSION

FNEESC and FNSA acknowledge the unique challenge the COVID-19 pandemic presents for First Nations and First Nation schools. FNEESC and FNSA respect the authority of individual First Nations to make decisions about school operations, consistent with local priorities.

We hope that this document, which represents the most current guidance related to the re-opening of K-12 settings, will serve as a useful planning reference for schools and communities, understanding that adaptations may be required to suit local contexts. Given the constantly evolving nature of the situation, we encourage you to regularly consult the links and resources included in this document to ensure you have the latest information.

Feedback and questions relating to this resource are welcome and can be directed to info@fnesc.ca. For additional resources, please visit www.fnesc.ca/covid19.

Appendix D

Resource

Ontario's Approach to Reopening Schools for the 2020-21 School Year

Ontario's Approach to Reopening Schools for the 2020-2021 School Year

This text was taken on 2020-06-20 from:

<https://www.ontario.ca/page/approach-reopening-schools-2020-2021-school-year>

Read our approach to reopen schools so students can continue learning, and find out how we're keeping the health, safety and wellbeing of students and staff our top priorities.

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Introduction

The health, safety and well-being of students and staff is a top priority as the government plans to reopen schools for the 2020-21 school year.

Clearly, the government would like to have students back in class this September learning through conventional delivery with school every weekday, with class sizes that reflect current regulations, with regular social interaction and extra-curricular activities.

In planning for the resumption of instruction in the fall, it is critical to balance the risk of direct infection and transmission of COVID-19 in children with the impact of school closures on their physical and mental health. Current evidence and experience support the concept that children can return to school in a carefully structured manner that protects children's health and minimizes risks from a public health perspective.

The government will be requesting guidance from public health or public health units by early August in order to confirm the type of delivery appropriate for the beginning of the school year.

School boards should prepare their plan for the upcoming school year by August 4, should it be needed.

Relationships between schools and local public health units will be crucial to navigate the complex and evolving COVID-19 environment, planning and reopening schools, and addressing other child health issues that emerge.

Specific guidance to support the development of health and safety protocols in the school and student transportation settings is attached in appendices of this document.

Voluntary school attendance

The return to school in the fall of 2020-21 will be voluntary and based on parent choice. For parents who choose not to send their child back to school, school boards should be prepared to offer remote education. This requirement will be in place for as long as public health circumstances require adapted delivery of education.

School organization and timetabling

The current public health circumstances related to COVID-19 will require Ontario school boards to prepare for a range of delivery circumstances for the 2020-21 school year.

In light of the continuing uncertainty about public health risks, school boards will be asked to prepare for:

- normal school day routine with enhanced public health protocols
- modified school day routine based on smaller class sizes, cohorting and alternative day or week delivery, and
- at-home learning with ongoing enhanced remote delivery

The ministry will stay in close communication with school boards through June and July, and to provide further guidance based on the latest public health advice in early August to prepare for school opening.

School boards may need to be nimble and adopt one or more of these forms of delivery through the school year, and be able to move between these forms of delivery depending on public health circumstances.

To the greatest extent possible, boards are encouraged to assign students, teachers and educational assistants and ECEs to class groupings as they would in a conventional school year, so that class groupings can be maintained despite the form of delivery that is in place at any one time.

Modified school-day routine

Should public health conditions allow for the re-opening of schools, it could be under adapted conditions that prioritize student and staff health and safety.

The ministry is drawing on two key aspects of health advice: “distancing” and “cohorting”.

“Distancing” refers to the advice that individuals should avoid close personal contact and maintain 2 meters of separation for any prolonged encounters.

“Cohorting” refers to minimizing the number of students and teachers any individual comes in contact with, and to maintaining consistency in those contacts as much as possible.

Together, these approaches lead to the advice that school boards should adopt adapted delivery models that:

- maintain a limit of 15 students in a typical classroom at one time
- adopt timetabling that would allow, to the greatest extent practical, for students to remain in contact with only their classmates and a single teacher for as much of the school day as possible

This approach has a number of implications:

- maintaining a limit of 15 or fewer students in a classroom will require alternate day or week delivery to a segment of the class at one time
- students not in class for a day or days would need to be assigned curriculum linked work; where possible, students not in class could participate in synchronous learning with their classmates for a period of the school day
- teachers would need to prepare lesson plans that could be delivered through alternate day or week timetables, where part of a student’s timetable would be in school learning and part would be remote learning
- boards would need to consider providing students with a high level of special education needs, for whom remote learning may be challenging, the option of attending school every day
- a range of timetabling models could be developed to support local circumstances
- the need to limit rotating teachers would require adaptation to the delivery of subjects such as French or Anglais, art, music, and physical education
- students and teachers would be encouraged to remain in their classroom and to move as a cohort to entrances, exits, or other spaces within the school

- teachers would be encouraged to establish virtual staff rooms and not congregate before arriving in, or returning to their classrooms
- where a large class size would not permit alternate day delivery even with cohorts of 15, boards would be encouraged to form additional classes led by specialist or untimetabled teachers.

At the secondary level, additional adaptations may be required to minimize the circulation of students and the mixing of students outside of a class cohort.

The ministry anticipates that schools and boards will identify a range of timetabling and delivery approaches that reflect the goals of distancing and cohorting and is willing to review and discuss all reasonable adaptations.

Special education classes

Where schools have smaller classes, such as congregated classrooms for students' special education needs, boards are encouraged to offer regular, everyday timetabling. Where these classes involve close physical contact between teachers, educational assistants and students, guidance is provided in the appended Health and Safety protocol for appropriate use of PPE.

Labs, technical education, co-op and experiential learning

It is recognized that schools and boards provide a wide range of educational experiences, and that many classes and programs are offered in specialized classrooms and in workplaces. Schools and boards are asked to consider how these classes could continue to occur while respecting distancing and cohorting approaches. In some cases, cleaning protocols may need to be aligned with the use of specialized classrooms and equipment.

Where students are engaged in experiential education, such as students in Specialist High Skills Majors (SHSM), Ontario Youth Apprenticeship Program (OYAP) or School-College-Work Initiative (SCWI) programs, schools should take into consideration the work environment that the student will be learning and working in. Virtual and online options for these programs may be available as well as options to continue these programs in workplaces, training and college locations. Where needed, public health guidance should be sought.

Adaptations for the school environment

Other preparations that boards and schools would be asked to undertake include:

- Develop procedures that support general physical distancing, such as spreading students into different areas; using visual cues such as tape on the floor, corridors, bathrooms and outside areas; scheduling recess in small groups and holding physical education or other classes outdoors.
- Limit parents and visitors inside the school.

- Consider using signage/markings to direct students through the steps for entry and exit of the school building.
- Minimize the number of personal belongings (e.g., backpack, clothing, sunscreen, etc.) and, if brought, asking that belongings be labeled and kept in the child's designated area.
- Develop guidance for lunches and lunch room or cafeteria areas, as well as other shared areas of schools, such as libraries and gyms.

Child care and before- and after-school programs

School Boards would be required to work with their Service System Managers, Child Care Operators and Authorized Recreation providers to ensure that child care and before- and after-school programming are available to support children and families.

This would include protection of designated child care centre space for child care centres in schools and an approach to supporting shared spaces, including cleaning protocols.

At-home learning with remote delivery

Should the school closure be extended, or should some parents choose not to send their child back to school, school boards should be prepared to offer remote education. Remote education should be delivered online to the greatest extent possible, including the establishment of minimum expectations for students to have direct synchronous contact with their teacher on a regular basis. Synchronous learning can be used as part of whole class instruction, in smaller groups of students, and/or in a one-on-one context.

Boards should continue to extend arrangements that provide devices and internet connectivity to students who would otherwise not be able to access remote learning and ensure platforms are accessible for persons with disabilities. Boards should also consider standardizing the choice of Learning Management Systems (LMS) and providing training to all educators, to ensure their familiarity and fluency with the LMS, and with board policies on appropriate use, including issues related to cyber security and privacy.

School boards can continue to enrol interested students in TVO's Independent Learning Centre (ILC). Students and families seeking to take ILC courses should be encouraged to connect with their guidance department and/or school principal to discuss next steps.

The primary focus of instruction through remote learning will be on the achievement of overall expectations across all subjects and grades. Students participating in remote learning should be timetabled and provided with a schedule of classes that are teacher-facilitated and support all areas of curriculum, as they normally would in school instruction.

Lessons and assigned work should cover overall curriculum expectations across subjects and grades. The Ministry recommends that, to the greatest extent possible, assessment, evaluation and reporting

activities would proceed as usual, with a focus on the achievement of overall expectations and the primary purpose of assessment and evaluation being to improve student learning.

Where assessment approaches have relied on exams, culminating activities, such as performance tasks, demonstrations, projects, and essays can be used instead to determine students' grades or marks.

Ensuring academic success

While the 2020-21 school year may look and feel different in many ways, the Ministry remains committed to doing everything it can to support students' learning, growth and development. This section discusses options for Refresher Learning, Curriculum and Assessment Adaptations, Support for Students with Special Education Needs, and Celebrations, Sports and Extracurriculars.

Refresher learning

The goal of "Refresher Learning" is to recognize what students have learned from their experience during the school closure period and to ensure students are well supported for their ongoing learning in the next year or course. The Ministry is supportive of various components for Refresher Learning, including:

- Providing resources for educators on how to support student well-being.
- Providing content review for students integrated throughout the school year at key instructional times to ensure students have fundamental building blocks before each new unit.

Some students, such as those with learning disabilities, may require additional time and supports to close the gaps in their learning. Boards could consider planning for early transition visits for students with special education needs and mental health needs to help refamiliarize them with the school environment and establish routines.

Adapted curriculum delivery

The primary focus of instruction will be on the achievement of overall expectations across all subjects and grades. Curriculum delivery may depend on the adapted school environment model that is implemented in each school. Aligned with adaptations made to the school environment, proposed approaches to adapting curriculum delivery could include, for example:

In Elementary:

- One teacher staying with a group of children all day, teaching all areas of the curriculum
- Remote curriculum delivery while students are at home
- Scheduling one period per day where a teacher links a class in school to classmates at home via synchronous learning
- Rotary and specialist teachers joining classrooms via remote or smartboard devices

In Secondary:

- Shortened periods of in-person instruction in the morning with blended online and independent learning in the afternoons.
- A block schedule, with one course taught in a 6-7 week block in-person and one full-semester online course
- Cohorted Grade 9 and 10 compulsory courses in person with elective courses and Grade 11 and 12 courses taught online

Adapted assessment

The Ministry recommends that, to the greatest extent possible, assessment, evaluation and reporting activities proceed as usual, with a focus on the achievement of overall expectations and the primary purpose of assessment and evaluation being to improve student learning.

Report cards, including Progress Reports and the Kindergarten Initial Observation and Communication of Learning should be provided for all students, including those who may plan to only participate through remote learning.

Where assessment approaches have relied on exams, culminating activities, such as performance tasks, demonstrations, projects, and essays can be used instead to determine students' grades or marks.

With regard to EQAO and other assessments, the Ministry is considering adaptations for 2020-21.

Requirements for graduation

Boards must ensure that course options allow students to earn compulsory credits required for the Ontario Secondary School Diploma (OSSD), as well as providing access to types of elective courses that support all postsecondary pathway destinations. To that end, unless otherwise directed by the Ministry based on advice by public health authorities, at this time the Ministry is confirming:

Students would be required to earn 40 hours of community involvement hours to graduate in 2020-21. Students should continue to seek out and accumulate community involvement hours as per PPM 124 and their respective board's policies and procedures, keeping in mind local public health unit recommendations and the possibility of virtual community involvement.

Secondary students would be required to complete the literacy graduation requirement to graduate in the 2020-21 school year

Support for students with special needs

The Ministry recognizes the unique challenges experienced by students with special education needs during this time, and that additional supports will be required to help these students learn and thrive as schools reopen. Guidance to support students with special education needs should include:

- Considering changes in the school environment and/or remote learning needs when reviewing and updating Individual Education Plans (IEPs)
- Considering additional planning and transition time for students with special education needs to support a smoother transition to school
- Safely supporting the return of medically fragile students by consulting with local public health authorities on options for personal protective equipment (PPE), staff training, and potential continued remote learning where return is not possible
- Accommodating the needs of students who require significant personal support, including considering options for personal protective equipment for both staff and students
- Providing guidance relating to assistive technology
- Considering alternate attendance options for students depending on their needs
- Working with partners to develop local protocols for the access of non-school based providers, such as rehabilitation therapists and nursing staff, and supporting remote delivery of these services where in-school delivery is not possible

Celebrations, sports and extracurriculars

COVID-19 has resulted in the cancellation or delay of milestone events to recognize student achievement, such as proms and graduation ceremonies, and will impact the kinds of sports and extracurricular activities that can safely be offered. Recognizing that these events and activities are an integral part of the school experience for many students, boards are advised to reschedule or restage these events when possible (either in-person or through online options), and resume sports and extracurricular activities that can safely continue based on input from local medical officers of health.

Online capacity and technology readiness

To meet the needs of students during this time, Ontario's education system needs to be prepared to fluidly transition between online and in-person modes of learning. Boards will need to give careful consideration to students who are not able to attend school in person based on a variety of reasons, such as parent choice or health considerations.

To increase board preparedness for remote learning, boards should consider:

- Extending arrangements that provided devices and internet connectivity to students who would otherwise not be able to access remote learning.
- Ensuring platforms are accessible for persons with disabilities
- Standardizing the choice of Learning Management Systems (LMS) and providing training to all educators, to ensure their familiarity and fluency with the LMS, and with board policies on appropriate use, including issues related to cyber security and privacy
- Ensuring teachers in elementary and secondary are prepared with subject/course specific content, lessons, activities and assignments in the LMS should there be a need to transition at any time from in-person instruction to remote learning

- Ensuring that teachers and other educators are prepared to offer synchronous learning opportunities to students as a consistent and regular part of their remote learning plan

The Ministry recognizes that students living in areas with low internet connectivity may continue to experience challenges in accessing online learning. The Ministry will continue to work with school boards to extend the availability of devices and connectivity throughout the province, and to identify options for students and staff where internet availability is limited. The ministry would also work with school boards to develop guidance on remote learning for students with special education needs.

Health and safety

Physical health

To support the reopening of schools in Ontario, schools will need to implement protocols to provide for the health and safety of students, staff and families. Guidance is provided based on the advice of public health and the Ministries of Health and Labour Training and Skills Development.

To maximize safety, schools should use a "layered" approach with multiple measures to reduce the risk of COVID-19 spread, including decreasing the number of interactions with others and increasing the safety of interactions. Layering of multiple mitigation measures strengthens the risk mitigation potential overall. Protocols should consider measures related to:

- Modifying behaviours that reduce the spread, including hand hygiene and respiratory etiquette, as well as use of personal protective equipment (PPE) where recommended.
- Maintaining healthy environments, including environmental cleaning, cohorting and physical distancing.
- Maintaining healthy operations, including mitigating risks for students at higher risk of infection, protecting staff and at-risk persons or families, screening and management of individuals with suspected COVID-19, cases and outbreaks.

Please refer to Appendix 1 for further guidance.

Mental health and well-being

Student mental health and well-being should be a core element of the re-entry to school plan. It is foundational in ensuring a return to a welcoming environment that supports learning.

Supports for student mental health and well-being could include the following components:

- Professional learning for system leaders, educators and mental health professionals to support the approach to school re-entry, as well as throughout the school year
- A tiered approach for mental health supports that will capture all students and target intensive help to those who have been most affected by the COVID-19 outbreak

- Collaboration with child and youth mental health agencies to support stronger connections and make the best use of mental health resources and supports across the integrated system of care
- Prior to school starting, School Mental Health Ontario will provide school boards with a professional learning framework and toolkit to support the mental health of all students that can be tailored at the board and school level for different audiences. The professional learning will have a strong focus on building students' social-emotional learning skills so that they can build resilience, manage their stress and build positive relationships.

Cleaning schools

Additional cleaning protocols will need to be implemented. These could include:

- Cleaning and disinfecting frequently touched surfaces and shared resources such as doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, students' chairs and desks/tabletops at least twice a day, as they are most likely to become contaminated.
- Following public health advice regarding the type of cleaning and disinfectant products to use
- Following the manufacturer's instructions including with respect to use of PPE

Staff screening and self-assessment

Self-assessment tools should be made available to staff to ensure awareness of possible symptoms of COVID-19. Staff who suspect they may have symptoms should stay home and seek testing.

Some staff may need to self-identify a health concern or a health concern of a family member who may prefer an assignment that does not regularly bring them into contact with students. School boards should follow their normal human resource practices in these circumstances, with a heightened awareness of the context of COVID-19.

Testing and contact tracing

Schools and school boards should be prepared for the event of a student or staff member having a positive test for COVID-19. Schools should have a protocol based on local public health advice that includes:

- A clear notification protocol to public health in the event of a suspected case and positive test result
- The readiness to provide contact information for other students or staff who would be considered close contacts - schools should be able to quickly provide contact information to public health for class cohorts and school bus cohorts of a student or staff member who receives a positive test result and pay enhanced attention to collecting contact information for students and adaptation to student and staff information systems, so that contact information is readily available
- A close relationship with their local public health units so that the testing centre that contacts would be directed to is easily identifiable

Public health will provide guidance on the range of contacts who should be advised to seek testing.

Communications to parents

The Ministry recognizes that the success of the school reopening plan will depend in part on parents being informed about new protocols and confident that the approach will keep their children safe. To that end, boards should clearly communicate expectations and provide guidelines to parents and students well before in-class instruction resumes, and ongoing throughout the year. Communication strategies could include:

- Prioritizing digital communications, such as fact sheets explaining new protocols and links to helpful information, as well as detailed instructions regarding screening and pick-up/drop-off procedures and protocols if a child or staff person becomes ill.
- Considering alternative delivery models for activities such as parent-teacher conferences and school assemblies.
- Providing clear guidelines and procedures for drop-off and pick-up to support physical distancing.
- Providing information for students related to school hours, physical distancing, hand hygiene, remote learning, and resources to support learning and well-being at home.

Student transportation

As a result of physical distancing expectations, the ministry acknowledges that transportation planning will be challenging due to the reduction in vehicle capacity to accommodate students, which may result in school boards and consortia transporting fewer students. Given local circumstances differ across the province, school boards, in partnership with their local health units, should determine what protocols are required as well as any subsequent impacts to service levels. The ministry encourages school boards, together with their consortia, to refer to Transport Canada's recently issued Federal Guidance for School Bus Operations and to consider the following:

- Encouraging active forms of travel or private transportation by parents and caregivers, where possible, to ease pressure on transportation demand.
- Reviewing transportation eligibility policies (e.g., walk distances, courtesy rider) to focus available transportation capacity on students who would be unable to reach school without it.
- Surveying parent intentions to assess transportation service needs (e.g., through a transportation opt-in process).
- Supporting physical distancing between students on school vehicles by considering planning parameters of one student per seat (unless the students are in the same household) and having students from the same classroom cohort sit in the same area, where possible.
- Where physical distancing is not possible, consider the use of non-medical face coverings or masks for students.
- Reviewing planning parameters such as limiting transfers and the number of students at a bus stop, to reduce exposure.
- Enhancing cleaning protocols for frequently touched surfaces (e.g., handrails, seatbacks) to at least twice daily.

- Making alcohol-based hand sanitizer available on vehicles.
- Assessing whether the use of personal protective equipment (e.g., surgical/procedure mask and eye protection (face shield or goggles)) for school bus drivers, school bus monitors, and student aides is necessary if they are unable to maintain physical distancing when transporting students.
- Supporting accommodations for immunocompromised students, medically vulnerable students, and students with special transportation needs.

Please refer to Appendix 2 for further guidance.

Collaboration with employee representatives

The Ministry recognizes that school re-opening will require continued flexibility on the part of school boards and education staff as they adjust to adapted delivery models. Schools and school boards represent the workplace of almost 200,000 staff. The health and safety of school board staff must be a priority for school boards as employers. The health and safety protocol document offers significant guidance to ensure that schools and boards as workplaces remain safe.

The significant adaptations that may be necessary in the next school year will require careful communication and collaboration with teacher federations, education worker unions and employee representatives. School boards are encouraged to work closely with these partners as they undertake planning for the next school year.

Governance and administration

Board meetings

School boards should plan to continue to convene board meetings in online formats, with provision for public participation.

Board administration

Boards should plan for a gradual return to work for board staff who work in board administration offices, based on local public health guidance for workplaces.

Funding and reporting adaptations

The ministry will continue to assess where funding and reporting arrangements need to be adapted to reflect school boards and public health circumstances.

Enrolment recording and reporting

School boards and the ministry have well established methodologies for counting and reporting enrolment, based on count dates which remain unchanged. Given the need for adapted timetables and

maintaining class cohorts, class size compliance requirements will be based on the pre-registration enrolment to limit class reorganizations (further information below).

The ministry will monitor and work with school boards to avoid any impacts or constraints in reporting enrolment, such as recognizing enrolment for students who choose to participate in online schooling only.

Pre-registration

Given the requirement to carefully assign students to classes, and to cohorts with alternating schedules, the typical ability of schools to accommodate late registrations will not be viable for the coming school year.

School boards maintain robust registration processes throughout the summer, although many students and families do register at the very beginning of the school year. This can lead to walk-in timetabling and irregular class sizes up until the September reorganization compliance date.

For the upcoming school year, the ministry will support firm cut-off dates for school registration, to support boards in achieving a safe and predictable school year start-up. Students and families seeking to register past these cut-off dates will have to wait to be assigned to a school, class and timetable.

Pre-registration would need to be widely communicated to parents for awareness and could require a declaration of whether parents wish in-school instruction or remote learning.

Timelines and other considerations

To support school boards in preparing to re-open, the Ministry suggests that boards formulate their plan for reopening by late July. The Ministry contemplates requesting guidance from public health or public health units, by early August in order to confirm the form of delivery supportable for the beginning of the school year.

The ministry will be reaching out to arrange meetings to discuss board plans with senior board staff in late July, and where necessary, to arrange for key operating requirements to be guided by public health and pediatric health advice.

Appendix 1

Health and safety protocols

COVID-19 guidance: schools

This guidance document provides information only. It is not intended to take the place of medical advice, diagnosis, treatment or legal advice. In the event of any conflict between this guidance document and any orders or directive issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

Please check Ontario's COVID-19 website regularly for information, the COVID-19 Reference Document for Symptoms (PDF), mental health resources, and other information.

In planning for the resumption of in-class instruction in schools, it is critical to balance the risk of direct infection and transmission of COVID-19 in children with the impact of school closure on their physical and mental health. Current evidence and experience support the concept that children can return to school in a carefully structured manner that maximizes children's health and minimizes risks from a public health perspective.

It can be anticipated that children and youth may experience increased stress and anxiety related to the COVID-19 pandemic. In addition to the physical health and safety guidance provided below, it will be critical to provide mental health support services adapted for diverse groups and populations.

To support the reopening of schools for in-class in Ontario, schools should implement protocols to provide for the health and safety of students, families and staff:

Schools are required to follow all existing worker health and safety requirements, as outlined in the Occupational Health and Safety Act (OHSA) and its regulations

Schools must follow any further direction given by the local medical officer of health

Relationships between schools and local public health units will be crucial to navigate the complex and evolving COVID-19 pandemic environment, planning and reopening schools, and addressing other child health issues that emerge

Schools should also engage with First Nation partners/communities to plan and support the safe return of First Nation students on reserve who normally attend provincial schools

To maximize safety, schools should use a "layered" approach with multiple measures to reduce the risk of COVID-19 spread, including decreasing the number of interactions with others and increasing the safety of interactions. Layering of multiple mitigation measures strengthens the risk mitigation potential

overall. The Public Health Agency of Canada has technical guidance on COVID-19 for schools and community settings:

Risk mitigation tool for child and youth settings operating during the COVID-19 pandemic: English French

Risk mitigation tool for outdoor recreation spaces and activities operating during the COVID-19 pandemic: English French

Training/refresher learning of school staff should include health and safety protocols.

Clear, age-appropriate communication about COVID-19 and what to expect when students return to school should be provided to children, youth and parents/caregivers in advance of school reopening.

Parents/caregivers will be a major source of comfort and reassurance to their children.

It will be important for schools to keep parents/caregivers informed of what the school is doing to protect their children, including how they are preventing the spread of respiratory infections and what parents can do at home (e.g. reinforce hand hygiene and respiratory etiquette, physical distancing, environmental cleaning and increased reassurance).

Parents/caregivers will be the ones who will make decisions about keeping their children home if they are sick, and as such, open and frequent communication to parents will be important in ensuring sick children are not sent to school.

Protocols should consider measures in the following areas, as detailed further in this document.

Modifying behaviours that reduce the spread

Staying home when appropriate

Refer to the Ministry of Health's COVID-19 Reference Document for Symptoms (PDF).

In order to prevent the spread of infection, students and staff who have signs/symptoms of COVID-19 should not attend school and should go to their primary care provider or an assessment centre for testing.

Direction will be provided by the local public health unit to those who have had an exposure to a confirmed case of COVID-19 or who have been diagnosed with COVID-19 on when they may return to school.

Hand hygiene and respiratory etiquette

Refer to Public Health Ontario's How to Wash Your Hands (PDF) fact sheet.

Refer to Health Canada's Hard-surface disinfectants and hand sanitizers (COVID-19): List of hand sanitizers authorized by Health Canada, including which sanitizers may be appropriate for different groups of staff and students.

Hand hygiene refers to hand washing or hand sanitizing to remove or kill the virus and is the most effective way to reduce the transmission of organisms.

Respiratory etiquette aims to reduce the risk of transmitting droplets that may contain the virus directly onto other surfaces where they may be picked up by others.

Education: Staff and students should be provided with targeted, age-appropriate education in proper hand hygiene and respiratory etiquette. Local public health units can provide additional guidance. Age-appropriate posters or signage should be placed around the school.

Supplies: Staff and students should have the supplies they need to conduct appropriate hand hygiene and respiratory etiquette and these supplies should be easily accessible.

Alcohol Based Hand Rub (ABHR) with a minimum 60% alcohol concentration (60-90% recommended in community settings) throughout the school (including ideally at the entry point to each classroom) and/or plain liquid soap in dispensers, sinks and paper towels in dispensers.

Soap and water are preferred as it is the most effective method and least likely to cause harm if accidentally ingested

ABHR can be used by children. It is most effective when hands are not visibly soiled

For any dirt, blood, body fluids (urine/feces), it is preferred that hands be washed with soap and water to remove this “organic material”

Safe placement of the ABHR to avoid consumption is important, especially for young children

Tissues and lined, no-touch waste baskets (i.e., foot pedal-operated, hand sensor, open basket).

Support or modifications allowing students with special needs to regularly perform hand hygiene as independently as possible.

Hand hygiene should be conducted by anyone entering the school and incorporated into the daily schedule at regular intervals during the day, above and beyond what is usually recommended (e.g., before eating food, after using the washroom).

Possible options would be to have regular scheduled hand hygiene breaks based on a pre-specified schedule

Students may need assistance or supervision

Personal protective equipment (PPE) and source control

In addition to usual vendors that school boards may use, including those through the Ontario Education Collaborative Marketplace, the Ontario Together Portal has a Workplace PPE Supplier Directory that lists Ontario businesses that provide personal protective equipment.

Refer to Public Health Ontario resources, including related to non-medical masks/face coverings (PDF) and instructions on putting on and taking off of PPE (PDF).

In school settings, the expectation is that staff and students do not come into the school if they are unwell. Close, prolonged contact with others can be avoided if other strategies, such as physical distancing, hand hygiene, respiratory etiquette, and cleaning are implemented and adhered to.

In keeping with public health advice, the school restart plan and adapted delivery models have been designed to allow for physical distancing and cohorting to the best extent possible. As such, in a classroom where a teacher is able to remain in the front of a class, and maintain 2 meters of distance, PPE is not required.

In the school setting, there are groups of employees whose regular job duties mean physical distancing is not possible (e.g. Education Assistants who work with special needs students in close proximity to perform their regular job duties, etc.). In such cases it is expected that PPE will be provided. This may include, for example, a procedural/surgical grade mask and eye protection in the form of goggles or a face shield. If necessary, for example in situations where direct contact is required with a student for positioning and assistance with eating or toileting, gloves will also be provided.

Employees in school and office settings, in custodial and maintenance roles should maintain physical distancing. In performing job duties where physical distancing is not possible (for example, work on boilers that require 2 people in close physical proximity around the boiler, etc.), PPE should be provided

Teachers and other workers may choose to wear non-medical masks on a voluntary basis. If workers choose to wear non-medical masks, they must be reminded that this is not an appropriate substitute for physical distancing in the workplace.

Workers that wear PPE for protection against workplace hazards besides COVID-19 must continue to use that PPE as required. This includes gloves for new cleaning and disinfecting products that workers use because of COVID-19.

Workers must be trained on the care, use and limitations of any PPE that they use.

Recommendations for specific situations in school settings:

When physical distancing of at least 2 metres cannot be maintained between staff and other staff or students: PPE consisting of procedure/surgical mask and eye protection (such as goggles or face shield), e.g., during the course of work of Educational Assistants or specialized staff supporting students with special needs.

When there is potential contact with bodily fluids: disposable gloves, e.g., during the course of work of custodial and caretaker staff.

When cleaning (where no potential contact with bodily fluids): disposable gloves, during the course of work of custodial and caretaker staff, if required.

A 'kit' should be available in case a student, staff or essential visitor becomes ill while at the school for use by the ill individual and staff member attending to them and should contain alcohol-based hand rub, disposable gloves, surgical/procedural masks, eye protection, and a gown. Instructions on proper use of PPE should be available on the outside of the kit.

Face coverings (non-medical masks):

May not be tolerated by everyone based on underlying health behaviour issues or beliefs. Consideration should be given to mitigating any possible physical or psychological injuries that may inadvertently be caused by wearing a face covering (e.g., interfering with the ability to see or speak clearly).

Are not recommended for children, particularly those under the age of two.

Should be changed if visibly soiled, damp or damaged.

If worn or disposed of incorrectly, could lead to increased risk of infection.

It is recognized that parents may choose to send a cloth mask to school for their children to wear. In such cases, parents would be responsible for the safe use/compliance during the school day and ensuring cleanliness of the mask.

Staff and essential visitors may also choose to wear a mask and would be responsible for safe use and cleanliness of the mask and proper disposal.

Maintaining healthy environments

Environmental cleaning

Refer to Public Health Ontario's Environmental Cleaning fact sheet (PDF).

Refer to Health Canada's Hard-surface disinfectants and hand sanitizers (COVID-19) for approved products.

Cleaning products: Products that provide both the cleaning and disinfection action are preferable due to ease of use (e.g., hydrogen peroxide products). Only use cleaning and disinfectant products that have a Drug Identification Number (DIN). These should be used according to the manufacturer's instructions

Cleaning program: School boards should develop a program for cleaning and disinfection of schools, including reviews of:

Existing practices to determine where enhancements might be made, including frequency and timing of cleaning and disinfection, areas to clean and/or disinfect, choice of cleaning products, child safety, staffing, signage, and PPE for cleaning staff

Inventory to determine items to be stored, moved, or removed altogether to reduce handling or the challenges associated with cleaning them (e.g., porous or soft items such as stuffed toys, area rugs, fabric upholstered seating)

High touch surfaces: Cleaning plus disinfection twice daily is suggested at a minimum, however, more frequent cleaning and disinfection may be necessary, depending on use and soiling

Includes washrooms (e.g. toilet fixtures, faucets), eating areas (e.g. tables, sinks, countertops), doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, sports equipment

Outdoor surfaces: While surfaces on playgrounds need routine cleaning with soap and water but not disinfectant, including high touch surfaces made of plastic or metal, cleaning of wooden surfaces is not recommended

Shared objects: Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or the objects should be cleaned between each use

Where an individual is suspected of having COVID-19 at school:

Establish a protocol for identification and communication of suspected/confirmed cases to administration and relevant staff to determine contaminated areas and carry out cleaning and disinfection, including timing, return to use, methods, PPE, waste disposal

Identify areas that may require cleaning plus disinfection (items used by the individual and all surfaces within 2 metres of the ill person) versus cleaning alone (such as a hallway or room where the individual has passed through)

Use disposable cleaning equipment, such as disposable wipes, where possible

Remove all items that cannot be cleaned (paper, books, etc.) and store them in a sealed container for a minimum of 7 days

Cohorting

The purpose of cohorting is to limit the mixing of students, so that if a child or employee develops infection, the number of exposures would be reduced.

Classes must be cohorted, particularly for the younger age groups, so that students stay with the same class group and there is limited to no mixing between classes and years. This model recognizes that for younger children, close interaction, such as playing and socializing, is central to child development.

While close contact may be unavoidable between members of a cohort, general infection prevention and control practices, and, for older students, physical distancing, should still be maintained where possible.

Where possible, the same teacher should remain with the class, or if different teachers are required, having staff come to the classroom so students do not have to change rooms

The use of supplies and equipment should be limited to one cohort at a time, and the supplies and equipment should be cleaned and disinfected between use.

Cohorts that utilize a room/space that is shared by cohorts or has other user groups must ensure the room/space is cleaned and disinfected before and after using the space. Consider posting a cleaning log to track cleaning.

In shared outdoor spaces, 2 metres should be maintained between cohorts and any other individuals outside of the cohort.

Play structures can only be used by one cohort at a time and must be cleaned and disinfected before and after used by each cohort.

Plans should be made to prevent mixing of cohorts in washrooms/changerooms and to frequently clean and disinfect shared surfaces in washrooms/ changerooms.

Physical distancing

Encourage physical distancing of at least 2 metres between students, cohorts, staff and essential visitors. Re-orienting the school physical environment to support physical distancing may reduce the reliance on individual-level behavioural measures that may be impractical, particularly for younger students.

Outside of cohort arrangements, younger children and children with special needs will have a harder time following advice for physical distancing and may require other strategies (e.g. smaller class sizes for younger children). Information should be presented to students in an age- and developmentally appropriate way.

Classrooms

When children are in the classroom, to the greatest extent possible, efforts should be made to arrange the classroom furniture to leave as much space as possible between students.

Smaller class sizes, if feasible, will aid in physical distancing.

If weather permits, consideration could be given to having classes outside.

Adjustments to movement throughout the school

Create designated routes for students to get to and from classrooms, including different and separate entrance points for students in different grades.

Provide visual cues/physical guides, such as tape on floors or sidewalks and signs/posters on walls, to guide appropriate distances in lines/queues and at other times (e.g., guides for creating “one-way routes” in hallways).

Stagger periods of student movement around the school and discourage students congregating in the hallways.

Drop-off/pick-up

Develop procedures that support physical distancing and separate cohorts as best as possible, e.g., staggering times, using signage/markings on the ground to direct students through the entry/exit steps.

Pick-up and drop-off of students should happen outside the school unless it is determined that there is a need for the parent/guradian to enter the setting.

Parents should be educated on the role they play in mitigating the spread of COVID-19 through physical distancing at school - they should be provided with guidance on drop-off and pick-up procedures to discourage congregating at school entrances.

Personal belongings brought to school should be minimized. If brought to school, personal items, e.g. backpack, clothing, sun protection, water bottles, food, etc., should be labeled and stored separately, in cubbies/designated areas or lockers.

Shared spaces

Close communal use spaces such as cafeterias, if possible or stagger their use, ensuring physical distancing, and clean and disinfect between use.

Staff to staff contact

Assign staff to dedicated work areas as much as possible, discourage staff from sharing phones, desks, offices and other tools and equipment.

Consider alternative approaches, such as a virtual staff room.

Large gatherings/assemblies

Large gatherings/assemblies should be cancelled for the immediate future.

Choir practices and band practices pose a higher level of risk and special consideration should be given to how they are held, the room ventilation and the distance between performers. Instruments should not be shared between students.

Outdoor activities

During outdoor activities such as recess, physical distancing should not be required.

Children should perform hand hygiene prior to outdoor play / playground use. There should be a low threshold to close the play structures if there are cases in the school.

Sports and physical education classes should be encouraged and continue, according to available protocols. There should be special consideration as to whether restarting sports with a high degree of physical contact (i.e. rugby, football and wrestling) should be postponed or modified for the present time.

Lunch breaks

To the greatest extent possible, students are encouraged to eat lunch in their classroom with their cohort to ensure chances of contact and transmission are minimized.

Stagger break and lunch times to allow students to wash hands before eating, without creating congestion in washrooms or handwashing stations.

If weather permits, consideration could be given to having lunch breaks outside.

With respect to eating and drinking at school:

Ensure students and staff perform proper hand hygiene before and after eating.

Ensure each student has their own drink bottle that is labeled, kept with them during the day and not shared.

Fill water bottles rather than drinking directly from the mouthpiece of water fountains.

Ensure each student has their own individual meal or snack with no common food items.

Remove self-serving food items.

Clean multi-use utensils after each use.

Reinforce 'no food sharing' policies.

Do not plan activities that involve students in preparing or serving of food.

Ensure physical distancing is maintained while students are eating.

Third party food services, including nutrition programs, must be delivered in a way that any student who wishes to participate can do so. "Grab and Go format" is preferred. All surfaces, bins and containers for food must be disinfected prior to and after each use.

Prohibiting non-essential visitors

Limit parents, volunteers for classrooms, guests and others inside the school.

Use of video and telephone should be used to interact with families, where possible, rather than in person.

Physical infrastructure

It is expected that environmental conditions and airflow influence the transmissibility of COVID-19.

Adequately ventilated classroom environments are expected to be associated with less likelihood of transmission compared with poorly ventilated settings

Avoid recirculation of air, as far as practically possible and ensure clean filters.

In general, ventilating indoor environments with fresh air, whether by increasing the outdoor air ratio of the HVAC system settings as much as possible or by opening windows, and avoiding or reducing recirculation, will dilute the air exhaled by the occupants including any infectious particles. Even if this is not feasible for the whole facility, consider for higher risk areas, e.g., where crowding may be an issue.

Recommended maintenance measures for air handling systems (including inspection and replacement of filters, if applicable) are essential to follow.

There may be instances of bladed and bladeless fan and portable air conditioner use in schools which also generate air currents that could affect respiratory droplets

Minimizing their use as much as possible (e.g., lowest setting), and making adjustments to direct the airflow upwards, away from surfaces and occupants may help gradually mix exhaled respiratory droplets while minimizing turbulence.

These devices also require regular maintenance, e.g., surface cleaning including the blades; following manufacturer's directions for maintenance and removing any moisture or water collected from the portable air conditioners.

Do not open windows and doors if doing so poses a safety or health risk, e.g., risk of falling, triggering asthma symptoms, risk of bees/wasps, to students and staff and ensure that COVID-19 measures do not introduce new occupational hazards to the setting, e.g., do not prop open fire doors to increase ventilation/reduce exposure to frequently touched door handles.

Maintaining healthy operations

Risk mitigation for students at higher risk of infection

Some children may be at higher risk of adverse outcome from COVID-19 infections due to underlying medical conditions such as immunocompromised states or chronic medical conditions such as cardiac and lung disorders.

Children with underlying conditions may attend school as they would per usual. However, it is important for parents to work with their child's healthcare providers so that an informed decision can be made in this regard. This is particularly relevant for children with newly diagnosed illnesses requiring the first-time use of new or augmented immunosuppression.

In the event that such children have a documented exposure to the virus, it is recommended that their care providers be contacted for further management.

Protection of staff and at-risk persons or families

Risk mitigation for teachers and other staff should be similar to those recommended for other public settings, as restrictions are eased and taken into account the appropriate institutional guidance relating to at-risk staff.

Physical distancing of school staff from children and other staff should be emphasized.

In general, masks should not be required for school staff if physical distancing is practiced appropriately. If close contact with others cannot be avoided the option of using a mask may be reasonable. However, if used in the classroom, the teacher should explain the rationale to the children.

Public health guidance should be followed to mitigate risks in situations where children and at-risk siblings or older adults reside within the same home.

Screening/self-assessment

Refer to the COVID-19 Reference Document for Symptoms (PDF) on Ontario's COVID-19 website

It is essential that strict exclusion policies are in place for symptomatic students and staff

Staff and students should be educated not to come to school if they are symptomatic or ill or if someone they have come in close contact with, including within their household, is ill with suspected or positive COVID-19 in the past 14 days.

School boards should consider developing protocols for supporting ongoing learning for students who may be required to remain home for a period, through online or other means.

Student screening: Parents/caregivers should be provided a checklist to perform daily screening of their children before arriving at school.

Staff screening: Self-assessment tools should be made available to staff to ensure awareness of possible symptoms of COVID-19. Staff who suspect they may have symptoms should stay home and seek testing.

Signs should be posted at entrances to the school to remind students, staff, parents/caregivers, and essential visitors with information on protocols.

Teachers and other staff members should be provided with information on signs and symptoms of COVID-19 in children so that appropriate action can be taken if children develop symptoms during the day. Students, in particular, should be monitored for atypical symptoms and signs of COVID-19. Due to the wide range of symptoms for COVID-19 and evolving understanding of the disease, a low threshold for symptoms is advised.

Teach children/youth in age-appropriate and non-stigmatizing language how to identify symptoms of COVID-19 and instruct them to speak to a staff member immediately if they are experiencing symptoms.

Schools must keep daily records of anyone (e.g. students, parents/caregivers, staff and essential visitors) entering the school setting.

Records (e.g., name, contact information, time of arrival/departure, screening completion, etc.) must be kept up to date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

Management of individuals with suspected COVID-19, cases and outbreaks

Refer to the COVID-19 Reference Document for Symptoms (PDF) on Ontario's COVID-19 website as well as Local public health units.

Case and contact management are part of a broader plan to limit exposure to COVID-19 in schools.

A "close contact" is a person with close, prolonged contact with a probable or confirmed case while the individual was ill.

Records (e.g., name, contact information, time of arrival/departure, etc.) must be kept up to date and available to facilitate contact tracing.

School principals are mandated to report infectious diseases under the Health Protection and Promotion Act. Principals inform local public health units (PHUs) and PHUs recommend closure, provide notices, or make other recommendations, e.g., additional testing, self-isolation, cleaning advice.

Suspected cases

Schools must have protocols in place:

With the local PHU around steps to take where COVID-19 is suspected, e.g., identifying close contacts.

To notify parents/caregivers if their child begins to show symptoms of COVID-19 while at school, including the need for immediate pick-up and an area to isolate the student until pick-up.

If a student begins to experience symptoms of COVID-19 while attending school, it is recommended that they be immediately separated from others in a separate room until they can be picked up. In addition, where possible, anyone who is providing care to the individual should maintain a distance of at least 2 metres.

If a staff member develops COVID-19 symptoms, they should return home and self-isolate immediately. If they cannot leave immediately, the staff member should be isolated in a specific place until they are able to leave.

A 'kit' should be available in case a student, staff or essential visitor becomes ill while at the school for use by the ill individual and staff member attending to them; the kit should contain alcohol-based hand rub, gloves, surgical/procedural masks, eye protection, and a gown. Instructions on proper use of PPE should be available on the outside of the kit.

Tissues should be provided to the individual to support proper respiratory etiquette, along with guidance on proper disposal of the tissues.

Environmental cleaning/disinfection is required of the space and items used by the individual.

Testing

Schools should follow current provincial testing guidance.

The local PHU will provide guidance on steps to take where an individual tests positive for COVID-19.

If the staff member's illness is determined to be work-related, in accordance with the Occupational Health and Safety Act (OHSA) and its regulations, the employer must provide a written notice within four days of being advised that a staff member has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the staff member with respect to an occupational illness, including an occupational infection to the:

Ministry of Labour, Training and Skills Development;

Joint health and safety committee (or health and safety representative); and

Trade union, if any.

Contact tracing

When a positive case is identified, PHUs conduct contact identification and follow-up with identified contacts. PHUs will require support from the school, e.g., student attendance records, contact information.

Schools must keep daily records of anyone (e.g. students, parents/caregivers, staff and essential visitors) entering the school setting.

Records (e.g., name, contact information, time of arrival/departure, screening completion, etc.) must be kept up to date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

Contacts are informed that they have been exposed and are provided with public health guidance. Contact tracing should occur within the first 48 hours of a new positive case.

To support successful case and contact management, schools should:

Keep up-to-date contact lists, including support staff and essential visitors

Educate parents around contact tracing strategies

Develop rapid response capability.

Outbreak considerations for schools

Additional guidance to be provided.

Principles:

Rapid response based on well understood roles and responsibilities and defined processes across ministries, local school boards and schools, local public health and other key stakeholders.

A consistent provincial policy approach, with variability as appropriate.

Proactive approach to case and outbreak management, with low thresholds for action.

Early identification of cases to local public health enabled by surveillance activities.

A scaled, adaptable and measured approach to outbreak interventions.

Consideration of case numbers, confidence in cohorting implementation, number of cohorts impacted, local epidemiology and consideration of the needs of vulnerable student populations.

Closures and/or cohort quarantining to allow for case and contact management and investigations, environmental cleaning and/ or to interrupt transmission.

Consistent and coordinated communication to all stakeholders.

Appendix 2

Student transportation guidance

In this guidance document, examples are provided while recognizing that responses to COVID-19 will not be a “one size fits all” model – each school board and consortia will need to take different factors and local circumstances into account and work with their local public health units and school bus operators in considering and developing their own approaches.

This guidance document recognizes that not all recommendations may be feasible or appropriate in every circumstance. Rather, it is intended to set forward best practices and tips that should be considered where feasible and appropriate.

On May 29, 2020, Transport Canada released general federal guidance for student transportation, which includes guidance for bus trips, enhanced cleaning protocols, shields and enclosure systems. The ministry encourages school boards, together with their consortia, to consider the following:

Self-assessment

School bus drivers, monitors, and aides should not report to work if they have symptoms associated with COVID-19 or they think they have been exposed to COVID-19. They should visit Ontario's COVID-19 website to determine if they need a test and where to find an assessment centre.

Students who have symptoms associated with COVID-19 or think they have been exposed to COVID-19 should not be taking student transportation and should stay home. They should visit Ontario's COVID-19 website to determine if they need a test and to find an assessment centre.

If a student develops symptoms while at school, they should not take the school bus home and should be picked up by a parent/guardian or caregiver.

Alternative transportation

Parents/guardians and caregivers are encouraged to use active forms of travel or private transportation, where possible, to ease pressure on transportation demand.

School boards may encourage other modes of travel to school, such as active school travel, by ensuring appropriate infrastructure is in place.

Where student transportation is not provided (either by parent choice or capacity constraints), school boards must inform parents and share what alternatives might be available.

Consider pick-up and drop-off times for private transportation to avoid congestion around schools (e.g., segment by grade(s), cohort).

Physical distancing

Students, parents and caregivers should, where possible, maintain a minimum of 2 metres (6 feet) of distancing between people when waiting at school bus stops.

Maintain physical distancing between students on school vehicles by reducing vehicle capacity. Consider planning parameters of one student per seat and having students of the same classroom cohort sit in the same area where feasible.

Students of the same household may be permitted to share seats.

Physical and visual cues may be used on school vehicles to reinforce health and safety measures (e.g., seat markers on bus to indicate how students may safely observe physical distancing).

Physical distancing may be maintained during loading and unloading through specific measures (e.g., seating arrangement fills bus back-to-front or front-to-back to reduce student interaction).

Cleaning and hygiene

Develop cleaning protocols including the required cleaning equipment, surfaces to be cleaned, and frequency. School boards should reference guidelines from Health Canada and Public Health Ontario (PDF) when developing these protocols.

Frequently touched surfaces (e.g., handrails, seats, seat belts, floors, windows, steering wheel) should be cleaned and disinfected at least twice per day.

Consider making alcohol-based hand sanitizer available on vehicles.

Consider ventilation and air circulation in all school vehicles.

Personal protective equipment and face coverings

Assess whether the use of personal protective equipment (e.g., surgical/procedure mask and eye protection (face shield or goggles)) for school bus drivers, school bus monitors and student aides is necessary if they are unable to maintain physical distancing and separation when transporting students. (See additional guidance provided by Transport Canada for personal protective equipment)

Where physical distancing is not possible, consider the use of non-medical face coverings or masks for students.

Any physical barrier or modification should be compliant with all applicable federal and provincial legislation and not interfere with or affect the safe operation of the vehicle. (See federal guidance document.)

Additional considerations

School boards and consortia may consider surveying parent intentions to assess transportation service needs (e.g., through a transportation opt-in process).

School boards and consortia may consider reviewing transportation eligibility policies (e.g., walk distances, courtesy riders) to focus available transportation capacity on students who would be unable to reach school without it.

For regions in which public transportation is a mode of transportation for eligible students, school boards may provide guidelines for how students may safely use public transportation (e.g., face coverings, physical distancing). School boards and consortia are encouraged to consider the Ministry of Transportation's guidance on public transit as well as guidance from their local public transit agency.

Accommodations for immunocompromised and otherwise medically vulnerable students, and students with special transportation needs (e.g., arrange separate vehicle, assign seating at front of school bus).

School boards and consortia may consider reviewing planning parameters such as limiting transfers and the number of students at a bus stop, to reduce exposure.

School bus drivers, school bus monitors, and student aides should receive appropriate training to ensure that introduced health and safety measures are understood, followed and enforced.

Health and safety measures should be clearly communicated to parents and guardians of students to ensure their comfort with the adapted transportation system and receive their support in having students understand and follow guidelines.

School boards and consortia should develop communication protocols to report suspected or confirmed cases of COVID-19 of school bus drivers, monitors, aides and transported students to their local public health unit.

Appendix E

Resource

COVID-19: Recommendations for School Reopening

This resource was released by the Sick Kids Hospital in Toronto on June 17, 2020. The online information and any updates can be found at:

<https://www.sickkids.ca/PDFs/About-SickKids/81407-COVID19-Recommendations-for-School-Reopening-SickKids.pdf>

COVID-19: Recommendations for School Reopening

Preamble

In considering the resumption of schools during the current phase of the coronavirus disease 2019 (COVID-19) pandemic, it is critical to balance the risk of direct infection and transmission of SARS-CoV-2 (the causative agent of COVID-19) in children with the harms of school closure on their physical and mental health. While school closures may have been reasonable as part of the early pandemic response, current evidence and experience support the concept that children can return to school in a manner that maximizes children's health and minimizes risks from a Public Health perspective.^{1,2} The main objective of this document is to provide support and general guidance for school reopening during the COVID-19 pandemic. We acknowledge that we are not educators of elementary or secondary school children and may not appreciate all the operational and logistical considerations in running a classroom, school or a school board. With this in mind, this document is not intended as an exhaustive school guidance document or implementation strategy, as this is the primary responsibility of the Ministry of Education, with consideration for several key stakeholders (e.g. Ministry of Health, Ministry of Labour, Public Health authorities, teachers, schools, parents and children). It acknowledges the existence of various support documents from other jurisdictions aimed at providing guidance for the safe reopening of schools.^{3,4}

Maximizing Children's Health

Multiple reports from around the world indicate that children account for less than 5-10% of SARS-CoV-2 infections.⁵⁻⁷ In Canada, of 98,605 COVID-19 cases reported as of June 15th, 6,824 (6.90%) were in children aged 0-19 years.⁸ While this may, at least in part, be related to testing practices and early school closure, evidence is mounting that children may be less susceptible to SARS-CoV-2 infection and may be less likely to transmit the virus to others.^{9,10} There is also strong evidence that the majority of children who become infected with SARS-CoV-2 are either asymptomatic or have only mild symptoms, such as cough, fever, and sore throat.^{5,6,11-13} While serious disease requiring hospitalization is known in children, including multisystem inflammatory syndrome in children (MIS-C), this is relatively rare and is generally treatable.¹⁴ Severe disease requiring intensive care admission occurs in a small minority of paediatric cases, particularly among those with certain underlying medical conditions, but the clinical course is much less severe than in adults and deaths are uncommon.^{5,7,15} There have been no paediatric deaths reported in Canada to date. The community based public health measures (national lockdown, school closures, stay at home orders, self-isolation etc.) implemented to mitigate COVID-19 and "flatten the curve" have significant adverse health and welfare consequences for children.

Some of these unintended consequences include decreased vaccination coverage¹⁶, delayed diagnosis and care for non-COVID-19 related medical conditions, and adverse impact on children's behaviour³ and mental health.¹⁷⁻¹⁹ Increased rates of depression, trauma, drug abuse and addiction and even suicide can be anticipated. Several organizations including the American Psychological Association (APA) and World Health Organization have highlighted concerns about the potential impact of lockdown on family discord, exposure to domestic violence, child abuse and neglect.^{20,21} Thus, the impetus to reopening schools is to optimize the health and welfare of children, not for the purposes of allowing parents to get back into the workforce or to facilitate re-opening of the economy. As mentioned, it is critical that we balance the risks of COVID-19 in children, which appear to be minimal, with the harms of school closure which is impacting their physical and mental health. It should be recognized that it will not be possible to remove all risk of infection and disease now that SARS-CoV-2 is well established in many communities. Mitigation of risk, while easing restrictions, will be needed for the foreseeable future.

Minimizing Individual and Public Health Risks

Return to school has generally been associated with increases in cases of community-associated seasonal respiratory viral infections. As a result, it is anticipated that there will likely be an increase in cases of COVID-19 upon the resumption of school and as such, the appropriate measures should be proactively put in place to mitigate the effects of such an increase. This includes the need for readily available testing and contact tracing support, which is critical to avoid outbreaks. Consistency is essential for children and it will be important to ensure that once children return to school, the schools stay open to the extent possible. Furthermore, children rely on structure and schedule for stability, which supports the need for a daily school model.

With this in mind, the following document summarizes our recommendations for school reopening based on the available evidence as well as expert opinion, organized into the categories below:

1. Screening to prevent symptomatic individuals from entering the school
2. Hand hygiene
3. Non-medical and medical face masks for children
4. Physical distancing
5. Cohorting
6. Environmental cleaning
7. Ventilation
8. Mitigation of risk for students at higher risk for severe disease

9. Special Considerations for children and youth with medical and/or behavioural complexities
10. Mental health awareness and support for children
11. Protection of staff and at-risk persons or families
12. Communicating about COVID-19 to children, youth and parents/caregivers

1. Screening to prevent symptomatic individuals from entering the school

In order to prevent the spread of infection, students, teachers and other employees who have signs/symptoms of COVID-19 (according to Ministry of Health and local Public Health guidance) should stay home and decisions about testing and return to school should be guided by Ministry of Health in consultation with local Public Health protocols. In addition, return to school decisions for those who have had an exposure to SARS-CoV-2 should be in accordance with local Public Health recommendations.

Guidance statement(s):

- It is essential that strict exclusion policies are in place for symptomatic students and employees.
- Teachers and principals should be provided with information on signs and symptoms of COVID-19 in children so that appropriate action can be taken if children develop symptoms during the day.
- While student screening by school staff at the school may be appealing, it could result in increased lines and is not practical without significant staggering of start times.
- On site temperature taking is not recommended because fever is not a consistent symptom in children (present in about 50% of cases)²² and would result in lines and delayed school entry.
- We would strongly recommend that parents and caregivers be empowered by placing the responsibility for screening on the parents/caregiver. A checklist should be provided for them to do daily screening before arriving at school to clear for entry.
- Virtual learning or other forms of structured learning should be put in place for children who are required to stay home because they are sick or in isolation due to SARS-CoV-2 infection or exposure. It will be important to continue to work to identify options for students who have limited internet availability or other barriers to online learning.

2. Hand Hygiene

SARS-CoV-2 and other respiratory viruses are almost exclusively spread by respiratory droplet transmission. As a result, and because virus shedding may occur prior to symptom onset or in the absence of symptoms, routine, frequent and proper hand hygiene (soap and water or hand sanitizer) is critical to limit transmission.²³ In fact, proper hand hygiene is one of the most effective strategies to prevent the spread of most respiratory viruses including SARS-CoV-2, particularly during the pre-symptomatic phase of illness.

Guidance statement(s):

- Children should be taught how to clean their hands properly (with age appropriate material) and to try and avoid touching their face, eyes, nose and mouth as much as possible. This should be done in a non-judgemental and positive manner.
- Respiratory etiquette; children who have symptoms of a respiratory tract infection should stay home and children should be reminded to sneeze or cough into their elbow/sleeve.
- There should be age-appropriate signage placed throughout the school to remind children to perform hand hygiene.
- A regular schedule for routine hand hygiene, above and beyond what is usually recommended (before eating food, after using the washroom etc.) is advised. Possible options would be to have regularly scheduled hand hygiene breaks based on a pre-specified schedule (for example, scheduling a minimum of 5 times during the day). For practical reasons and to avoid excess traffic in the hallways, the preferred strategy for these extra hand hygiene moments would be hand sanitizer unless sinks are readily available in the classroom.
- Access to hand hygiene facilities (hand sanitizer dispensers and sinks/soap) is critical with consideration for ensuring accessibility for those with disabilities or other accommodation needs. Ideally, hand sanitizer (60-90% USP grade alcohol, not technical grade alcohol) should be available at the entry point for each classroom.
- Adequate resources and a replenishment process needs to be in place to ensure supplies are available to perform hand hygiene frequently. Liquid soap and hand sanitizer will need to be replenished and tissues available for drying. No-touch waste receptacles should be available for disposal of materials.
- Consider providing disposable disinfectant wipes so that commonly used surfaces can be wiped down by individuals before each use (teachers, older students).

3. Non-Medical and Medical Face Masks for children

Non-medical masks may reduce transmission from individuals who are shedding the virus. However, the extent of this benefit is unknown (especially in children) and would only be potentially beneficial if done properly. In fact, if worn incorrectly, it could lead to increased risk of infection and it is not practical for a child to wear a mask properly for the duration of a school day.²⁴ It is noteworthy that several European countries have had children successfully return to school without face masks.

Guidance statement(s):

- Non-medical and medical face masks are not required or recommended for children returning to school.

The following points were considered in this recommendation:

- There is a lack of evidence that wearing a face mask prevents SARS-CoV-2 transmission in children.
- Children are not typically trained in their use and there is potential for increased risk of infection with improper mask use.
- In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes which could increase the risk of infection.
- It is impractical for a child to wear a mask properly for the duration of the school day. Children would need assistance to follow appropriate procedures for putting on and taking off the mask (i.e. during meal times, snack times). In addition, during these times when the mask is removed, they would need to be stored appropriately to prevent infection spread.
- It is likely that masks will be disposed of improperly throughout the school and potentially lead to increased risk by children playing with them.
- The mask may not be tolerated by certain populations (i.e. children with underlying lung conditions, asthma, allergies) and especially during warm/humid time periods.
- It is recognized that some parents and children may choose to wear masks. This is a personal choice and should not be discouraged. To this end, equitable access to non-medical masks in the school setting is an important consideration.
- While at SickKids and other hospitals, patients have been required to wear a mask. This is a different situation as children can be closely monitored by their parents and hospital staff to ensure appropriate mask use and it is for a brief, defined period of time when there may be close interaction with a significantly immunocompromised population.

4. Physical distancing

The objective of physical distancing is to reduce the likelihood of contact that may lead to transmission and has been a widely used strategy during the pandemic. However, strict physical distancing should not be emphasized to children in the school setting as it is not practical and could cause significant psychological harm. Close interaction, such as playing and socializing is central to child development and should not be discouraged. The following are some recommendations and considerations for children in the school setting.

Guidance statement(s):

Classrooms

- When children are in the classroom, to the extent possible, efforts should be made to arrange the classroom furniture to leave as much space as possible between students.
- Smaller class sizes, if feasible, will aid in physical distancing. However, the daily school schedule routine should not be disrupted to accommodate smaller classes for physical distancing.
- If weather permits, consideration could be given to having classes outside.

Large gatherings/assembly

- Large gatherings/assemblies should be cancelled for the immediate future.
- Choir practices/performance and band practices/performance involving wind instruments may pose a higher level of risk and special consideration should be given to how they are held, the room ventilation and the distance between performers. To the extent possible, instruments should not be shared between students and if sharing is required, the instruments should be disinfected between use.
- Lunch breaks and staggered break and lunch times (or have lunch in classrooms).
- Hand hygiene should be performed prior to and after lunch breaks.
- If weather permits, consideration could be given to having lunch breaks outside.

Outdoor and other activities

- During outdoor activities, such as recess, physical distancing should not be required.
- Children should perform hand hygiene prior to sports activities/outdoor play/playground use.
- Sports and physical education classes should be encouraged and continue according to available protocols. There should be special consideration as to whether re-starting sports with a high degree of physical contact (i.e. rugby, football and wrestling) should be postponed or modified for the present time. Sports equipment (e.g. balls, hockey sticks etc.) should be cleaned at the conclusion of the activity.
- Schools should endeavor to offer as many of their usual clubs and activities as possible.

5. Cohorting

The purpose of cohorting is to limit the mixing of students and staff so that if a child or employee develops infection, the number of exposures would be reduced. However, cohorting should not be done in a manner that compromises daily school attendance or alters the curriculum options available to children.

Guidance statement(s):

- To the extent possible, cohorting classes could be considered for the younger age groups and for children with medical and/or behaviour complexities (see section 9), so that students stay with the same class group and there is less mixing between classes and years. This applies to both indoor as well as selected outdoor activities. However, the daily school schedule should not be disrupted in order to accommodate smaller cohorts.
- Student well-being and mental health should be prioritized, however, such that class or program switching should not be denied on the basis of cohorting.

6. Environmental cleaning

Detailed recommendations are beyond the scope of this document. In brief, SARS-CoV-2 has been detected on a variety of surfaces and it is possible that infection can be transmitted by touching contaminated surfaces and then touching mucous membranes (i.e. mouth, nose, eyes).

Guidance statement(s):

- A regular cleaning schedule should be used with emphasis on high touch surfaces.
- Efforts should be made to reduce the need to touch objects/ doors (no-touch waste containers, prop doors open).
- Reinforce “no sharing” of food, water bottles or cutlery policies.
- All toys and equipment used should be made of materials that can be cleaned and disinfected.

7. Ventilation

Detailed recommendations are beyond the scope of this document. In brief, it is expected that environmental conditions and airflow influence the transmissibility of SARS-CoV-2. Adequately ventilated classroom environments (e.g. open windows with air flow, and improved airflow through ventilation systems) are expected to be associated with less likelihood of transmission compared with poorly ventilated settings.

Guidance statement(s):

- Attention should be paid to improving classroom ventilation (e.g. optimizing ventilation system maintenance and increasing the proportion of outside air brought in through these systems)
- The use of outdoors or environments with improved ventilation should be encouraged (e.g. keeping windows open, weather permitting).

8. Mitigation of risk for students at higher risk for severe disease

Some children may be at higher risk of adverse outcome from COVID-19 due to underlying medical conditions such as immunocompromised states or chronic medical conditions such as cardiac and lung disorders.^{15,28} Children and youth who are medically complex, particularly those with medical technological supports associated with developmental disabilities and/or genetic anomalies, are also in a potentially higher risk category.¹⁵ However, at the present time, there is no convincing evidence to suggest the level of medical risk to these children from SARS-CoV-2 is different from that posed by other respiratory viruses, such as influenza. As a result, given the unintended consequences associated with not attending school, attending school is recommended for the majority of these children. (For more details pertaining specifically to medically and behaviourally complex children and youth, see section 9 below)

Guidance statement(s):

- Children with underlying conditions may attend school as they would per usual. However, it is important for parents to work with their child's health-care providers so that an informed decision can be made. This is particularly relevant for children with newly diagnosed illnesses requiring the first-time use of new or augmented immunosuppression.
- In the event that such children have a documented exposure to the virus, in addition to involvement of the local public health unit, it is recommended that the child's parent/caregiver(s) contact the child's health-care provider for further management.

9. Special Considerations for children and youth with medical and/or behavioural complexities

Return to school will present unique challenges to children and youth with medical and/or behavioural complexities (e.g. a child with cerebral palsy that requires feeding and respiratory supports in the classroom) and their families. Many of these families have had a prolonged period of time in home isolation compounded by a lack of respite and/or homecare supports. Transitioning medically and behaviourally complex children back to

school requires specific focus and will be extremely important as many families are already in crisis mode.

Guidance statement(s):

- Liaise with parents to accommodate a more individualized return to school to ensure smoother transitions.
- Ensure that those families who choose to not send their children to school receive remote learning opportunities and do not lose access to home care and respite supports.
- Ensure that students continue to receive access to therapy and nursing services while in the school. Maximize continuity amongst those providing services and/or use virtual care for service provision, to decrease exposures.
- Provide environmental (e.g. smaller class size) and classroom supports (e.g. teacher aides) for those children who may need assistance with hygiene measures, such as some children with behavioural/developmental disorders.

10. Mental health awareness and support for all children

A proactive approach is important to minimize the mental health impact of the school closures on the return to school. Where foreseeable, schools and school boards should make every effort to address known sources of distress and extend flexibility within existing administrative processes.

For example, many children enrolled in transition years (grades 5/6, 8, 12) during the 2019-2020 school year were required to make decisions regarding special education programs, school registration, or other specific educational programming in the absence of usual sources of information, including school visits or meetings. Every effort should be made to allow program flexibility in this regard during the first months of the school year, in the event that children and parents realize they have made an incorrect program or school choice. It can be anticipated that rigidity would likely lead to increased stress, anxiety, depression and school refusal that could be otherwise avoided.

Similarly, children can be anticipated to return to school at diverse academic levels even within a classroom. It will be critical to provide opportunities for early identification of learning needs and academic support to ensure that children neither become overwhelmed nor bored in the school setting, as these are frequent antecedents to school refusal and mental health problems. For children who may find the new school environment particularly challenging, such as some children with developmental disabilities, extra supports will be needed. Consultation with their parents and families to better understand their individual circumstances and needs is recommended.

It can be anticipated that children and youth may experience increased stress and anxiety related to the COVID-19 pandemic.^{18,29} In addition, children and youth may have mental health conditions, such as anxiety, depression and substance abuse, which may have been exacerbated by social distancing, including school closures, and may experience symptom escalation on return to school.

Guidance statement(s):

- Flexibility in program and/or school enrollment should be provided for children and youth who have transitioned to a new program or school for the 2020/2021 school year.
- Increased in-school educational support should be provided to students and classroom teachers to enable early identification and remediation of learning gaps that some students will have incurred during the school closures.
- Accessible mental health support services adapted for diverse groups and at risk populations should be provided.

11. Protection of staff and at-risk persons or families

While detailed recommendations are beyond the scope of this document, the safety of the school staff is an important consideration. Risk mitigation for teachers and other staff should be similar to those recommended for other public settings.

With regards to children's home environment, it would be appropriate to consider that the risk posed by potentially infected children to other household members likely varies in relation to socioeconomic status, household overcrowding and the presence of children and adults at increased risk of severe COVID-19 at home.

Guidance statement(s):

- Physical distancing of school staff from children and other staff should be emphasized.
- In general, masks should not be required for school staff if physical distancing is possible and is practiced appropriately. This is important as facial expression is an important part of communication which children should not be deprived of.
- If close prolonged contact with others cannot be avoided, wearing a mask is a reasonable option. However, if used in the classroom, the teacher should explain the rationale to the children.
- It is acknowledged that some teachers and other school staff may choose to regularly wear masks. This is a personal choice and should not be discouraged.

- Further guidance should be developed to mitigate risk in home situations where an affected child resides (in the same home) with siblings or older adults with underlying conditions that put them at increased risk for more severe disease.

12. Communicating about COVID-19 to children, youth and parents/caregivers

A detailed communication strategy is beyond the scope of this document. However, it is acknowledged that clear, age-appropriate communication about COVID-19 and what to expect when children and youth return to school should occur in advance of school reopening. In addition, it will be important that regular updates be provided to children and their parents/caregivers throughout the school year.

Guidance statement(s):

- Parents, children, youth and the community at large should be educated that SARS-CoV-2 is likely to persist and circulate like other respiratory viruses.
- They should be made aware that in general, SARS-CoV-2 causes mild disease in the majority of children and young adults and that the best overall strategy for these cohorts and the population at large, taking into account the massive secondary adverse health and well-being implication of the lockdown, is to ease restrictions and return to school.

Summary

This document provides guidance surrounding the reopening of schools as this relates to the measures to mitigate risks. As discussed, the risks of infection and transmission in children, which appear to be minimal, need to be balanced with the harms of school closure which is impacting their physical and mental health. On balance, it is recommended that children return to school and that the messaging around this clearly articulate the rationale for the recommendations outlined in this document in order to help reduce the fear and anxiety in parents, children and school staff. In our view, a daily school model is best as it allows for consistency, stability and equity regardless of the region in which children live. An important factor to consider in this respect is emerging evidence indicating inequalities in the social and economic burden of COVID-19, which may further disadvantage children living in higher burden areas where educational inequality and barriers to online learning may be more pronounced. In addition, we appreciate that the living conditions for children vary across socioeconomic groups and therefore recommend that further work be done to develop guidance and identify supports needed for situations where children reside within the same home as individuals with underlying conditions that put them at increased risk of more severe disease. Finally, it is important to note that these recommendations reflect the evidence available at the present time and may evolve as new evidence emerges and as information is gathered from other jurisdictions that have opened schools already.

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