

# Public Health Guidance for Return to **School** 2022

January 2022

## Introduction

This document outlines health and safety measures recommended for the Newfoundland and Labrador English School District (NLESD), Conseil Scolaire Francophone (CSFP), private, independent, and Indigenous school boards for 2022.

The Omicron outbreak has changed our response to COVID-19. In previous outbreaks with other variants, our goal was to decrease the number of active cases to zero. Omicron is very contagious, so we need to adjust our strategy. We must now focus on protecting vulnerable people, and keeping case counts at a manageable level for the health system to respond.

We have the benefit of a protected population. While vaccination may not prevent all Omicron infections, COVID-19 vaccines are very effective in preventing severe COVID-19 disease. Newfoundland and Labrador has the highest vaccination rates in Canada, including the highest rate of COVID-19 vaccination in children aged 5-11. Over 93 per cent of children and youth aged 12-19 are fully vaccinated, and over 76 per cent of children aged 5-11 are vaccinated with one dose (as of January 20, 2022). Soon, children will be eligible to receive a second dose of COVID-19 vaccine. This will provide them with stronger and longer lasting protection against severe COVID-19 disease.

The overall goals of the pandemic response are to reduce severe disease and death due to COVID-19, while minimizing societal disruption. In keeping with these goals, public health recommendations aim to keep schools open and maximize in-person learning, while reducing the risk of COVID-19 to students and staff. Public Health may recommend additional measures beyond this guidance at the community or regional-level based on epidemiology and other factors.



# Risk of COVID-19 to Children vs. Risk of School Closures

Emerging evidence across Canada and other countries tells us that school closures have negative impacts on children. Evidence also shows that school closures are less effective at reducing the spread of COVID-19 compared to other public health measures (Ontario COVID-19 Science Advisory Table, 2022).

Most children infected with Omicron have mild disease and recover on their own. The risk of hospitalization is low in children aged 5-19 compared to other age groups. Vaccination further reduces severe disease and hospitalizations.

The harms of school closures cannot be understated. We are concerned about social isolation from online learning and increased mental health concerns in children and youth. Some children rely on schools to access specialized services and supports, food, and physical activity. School closures may have a greater impact on vulnerable populations, such as low-income families, single-parent households, and people with pre-COVID mental health conditions or disabilities.

Studies from British Columbia show that the number of cases in schools are reflective of the spread of COVID-19 in the community and there are few transmissions in school (Bark et al., 2021; Choi et al., 2021). Public health measures in schools will reduce the risk of transmission. Based on what we know about Omicron, updated public health measures for schools are outlined below.

## Public Health Measures

### Personal Public Health Measures

Students and staff should follow these core public health measures to protect themselves against COVID-19:

#### Practice good hygiene

- Wash your hands often. Use soap and water for at least 20 seconds. Use a [Health Canada approved hand sanitizer](#) if you do not have soap and water.
- Avoid touching your face.
- Practice proper cough and sneeze etiquette. Cough and sneeze into your sleeve or a tissue (immediately dispose of after use).

#### Stay home when sick

- Stay at home and away from others if you are sick, unless it is to get medical attention.
- Complete [rapid tests](#) if you are sick. If you have no tests, complete the online [COVID-19 Assessment and Referral tool](#) or, if you do not have internet access, contact 811.
- Avoid contact with sick people.

## Physical distancing

- Maintain a 2 metre distance from other people wherever possible. School desks should be distanced as much as possible.

## Cleaning and Disinfection

Cleaning and disinfection of frequently touched surfaces is recommended at least once per day. This includes doorknobs, light switches, toilet handles, tables, desks, chairs, and keyboards used by multiple students.

It is not necessary to quarantine paper products (e.g., books, school work, tests).

## Ventilation

Adequate classroom ventilation and/or the use of air purification and filtration systems is an important measure to prevent spread of COVID-19 and other respiratory viruses. Continue to ensure all mechanical heating, ventilation and air conditioning (HVAC) systems are working properly. Ensure air purification and filtration systems are turned on and operating. Schools should follow the established Natural Ventilation Policy.

## Masking

Wearing a mask plays a role in reducing the transmission of COVID-19. In 2022, the following guidance applies to K-12 schools:

- All staff and students must wear a mask at all times in common areas and while in the classroom (unless there are significant communication impediments).
- All students and bus drivers must wear a mask on school buses (unless there are significant communication impediments).

### Exemptions:

- Masks are not required when actively eating or drinking, or during physical activity.
- Masks are not required for students who are unable to tolerate it (e.g., due to medical conditions).

Masks with three layers are recommended. This could be a three-layer cloth mask or three-ply disposable non-medical mask. Whichever mask you choose should be comfortable and completely cover your mouth and nose with no gaps.

- [Learn more about masks for children](#)

Staff should also wear a mask with three layers. To prevent transmission, staff should try to limit time spent with other staff while not wearing a mask (e.g., eating together in staff rooms).

## Cohorts

Reducing the number of in-person, close interactions people have with others helps to prevent the spread of COVID-19. This is accomplished in K-12 school settings in part through cohorts.

A cohort is a group of students and staff who remain together throughout the school year.

Cohorts reduce the number of in-person, close interactions while allowing most students to receive in-person learning in a close to normal school environment. School administrators will determine the composition of cohorts. In general, Public Health recommends that for grades and schools that can, cohorts should be composed of a class of students. If schools are unable to cohort students, maintaining physical distancing is recommended. While 2 metres is optimal, if this cannot be achieved, students should be spaced apart as much as possible.

Cohorting is recommended to the greatest extent possible. Cohorts may be combined outdoors, but group sizes should be limited. Cohorts may have to be combined indoors in some circumstances, but should remain separated as much as possible.

## Screening

Staff and students should assess themselves daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease using the [School Screening Questionnaire](#). Follow the instructions you are given. Visitors, contractors and others who intend to visit a school should complete screening before their visit.

## Rapid Testing

To facilitate the transition to in-person learning, students, teachers and staff in all K-12 schools have COVID-19 rapid self-test kits to use at home.

Every student, teacher and staff member will receive a rapid test self-test kit containing five self-tests:

- Two of these tests are for the return to classes;
- Two are for symptomatic testing once classes resume;
- You will have one test remaining, which you can use if you get an invalid result on one of your tests, or you can save it for future use.

Students and staff who recently recovered from COVID-19 should not use a rapid test for 21 days after they started having symptoms, or if they did not have symptoms, 21 days after their positive test date. Students and staff who develop symptoms in this period must self-isolate until symptoms have improved with no fever for at least 24 hours (without the use of fever-reducing medication).

Further guidance on the rapid testing program is on the [provincial COVID-19 website](#). There is no requirement to report rapid test results to your school or Public Health.

## Vaccination

Everyone aged five and older is encouraged to get two doses of COVID-19 vaccine for long-term protection against severe COVID-19 disease and for those eligible, a booster dose.

## Case and Contact Management

Due to recent changes to contact tracing in the community, cases and contacts will be managed differently in schools. Public Health and school administrators will not complete contact tracing in schools.

You can view positive test results in the [COVID-19 Results Portal](#). If a staff member or student tests positive, they should review the [guidance for positive cases](#) and immediately notify their contacts.

- Household contacts are people who live together, sexual partners, and couples who do not live together.
- Non-household contacts are people who have been within 2 metres of someone who has COVID-19 for at least 15 minutes without wearing a mask.

If there is a positive case in school, generally, contacts in those settings (e.g., the classroom cohort) would not be considered close contacts due to the health and safety measures in place in school. However, specific individuals may be identified as close contacts based on close interactions with the case either in or outside of school.

Students and staff who are close contacts should follow public health guidance based on their situation. Self-isolation and testing will be different for household and non-household contacts. Instructions for close contacts are in the [Close Contacts Flowchart](#) and the [Self-Isolation Assessment Tool](#).

## School Activities

- Schools should offer outdoor activities wherever possible. Classes/cohorts can be combined outdoors, but group sizes should be limited.
- Activities and field trips, including sport and recreation activities, should align with public health recommendations. If the club/activity is essential to the well-being of children and cannot be conducted virtually, groups should be small, consistent, and maintain public health measures such as physical distancing and masking.
- Music classes should proceed with mask use and physical distancing.
- Food services, such as meal programs, cafeterias, etc., can continue.
- Buses can operate at full capacity.

## References

Bark, D., Dhillon N., St-Jean, M., Kinniburgh, B., McKee, G., & Choi, A. (2021). SARS-CoV-2 transmission in kindergarten to grade 12 schools in the Vancouver Coastal Health region: a descriptive epidemiologic study. *CMAJ* 9(3), E810-17. <https://doi.org/10.9778/cmajo.20210106>

Choi, A., Mâsse, L.C., Bardwell, S., Zhao, Y., Xu, Y.X.Z., Markarian, A., Coombs, D., Watts., A., Macdonald, A., Dhillon, N., Irvine, M., O'Reilly, C., Lavoie, P.M., & Goldfarb, D. (2021). Symptomatic and asymptomatic transmission of SARS-CoV-2 in K-12 schools, British Columbia, April to June 2021. medRxiv 2021.11.15.21266284. <https://doi.org/10.9778/cmajo.20210106>

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