

COVID-19
INFORMATION

Newfoundland and Labrador Public Health Guidance for K-12 Schools

Last updated April 7, 2021



Schools support children in developing their potential and acquiring the knowledge, skills and abilities they need for lifelong success. In-person learning, as part of a child's education, provides the opportunity for peer engagement which supports social and emotional development and overall wellness. It also provides many children access to programs and services that are integral to their overall health and well-being.

It is recommended that schools implement as many public health infection prevention and exposure control measures as possible as described in this document. Based on the epidemiology of COVID-19 in Newfoundland and Labrador at the time, K-12 schools reopened in the fall of 2020. This document has been updated using current epidemiology of COVID-19 and the potential circulation of variants of concern.

The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease (see Figure 1 below) describes measures that should be taken to reduce the transmission of COVID-19 in schools. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

Figure 1: The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease

More Effective



Less Effective

Public Health Measures

Includes orders from the Provincial Chief Medical Officer of Health, testing, contact tracing, staying home if unwell.

Environmental Measures

Includes being outdoors, physical barriers and visual cues for traffic flow, and more frequent cleaning and disinfection.

Administrative Measures

Includes changes in scheduling and work practices, health and wellness policies, and placing students and staff in cohorts.

Personal Measures

Includes staying home when sick, maintaining physical distance/minimizing physical contact and hand hygiene.

Personal Protective Equipment and Masks

Public Health Measures are actions taken across society at the population level to limit the spread of COVID-19 and reduce the impact of COVID-19. These measures include prohibiting mass gatherings, requiring travellers to self-isolate or quarantine upon arrival in Newfoundland and Labrador, effective case finding and contact tracing, and emphasizing the need for people to stay home when they are sick.

Environmental Measures are changes to the physical environment that reduce the risk of exposure. Examples include being in outdoor spaces, using visual cues for maintaining physical distance or directing traffic flow in hallways, erecting physical barriers, where appropriate, and frequent cleaning and disinfection.

Administrative Measures are measures enabled through the implementation of policies, procedures, training and education that reduce the risk of exposure. Examples of these include health and wellness policies, cohorts, modified schedules and supporting the ability of individuals to maintain physical distance.

Personal Measures are actions individuals can take to protect themselves and others. Examples include maintaining physical distance, minimizing physical contact, washing your hands frequently, coughing into your elbow and staying home if you are sick.

Personal Protective Equipment (PPE) is that which is worn to protect the wearer from infection. PPE is not effective as a stand-alone preventive measure. It should be suited to the task and worn and disposed of properly. **Non-medical masks** are face masks that are not medical grade and can be made of cloth or other material. Medical, non-medical masks and eye protection (i.e. goggles or face shields) reduce the spread of COVID-19 by preventing the spread of droplets from the wearer.

COVID-19 and Children

- Children under one year of age, and those who are immunocompromised or have pre-existing pulmonary conditions are at a higher risk of more severe illness from COVID-19.
- Children who are at higher risk of severe illness from COVID-19 can still receive in-person instruction. Parents and caregivers are encouraged to consult with their health care provider to determine their child's level of risk.
- Children typically have much milder symptoms of COVID-19, if any. They often present with low-grade fever and a dry cough; however, other COVID-19 symptoms can occur.

COVID-19 and Adults

While COVID-19 impacts adults more than children, some adults are at an increased risk for more severe outcomes, including individuals:

- aged 60 and over;
- with compromised immune systems; or
- with underlying medical conditions.

Most adults infected with COVID-19 will have mild to moderate symptoms that do not require care outside of the home.

COVID-19 and Schools

Widespread school closures worldwide at the onset of the pandemic helped prevent the spread of COVID-19.

- In documented cases, there was typically minimal spread beyond the index case, though isolated outbreaks have been reported.
- Schools and childcare facility closures have significant negative mental health and socioeconomic impacts on vulnerable children.
- The potential harms of COVID-19 for children must be balanced with the potential harms of ongoing school closures. Prevention measures and strategies to reduce COVID-19 transmission involving children should be proportionate with the assessed level of risk.
- Schools are considered a controlled environment by public health. They have a consistent grouping of people, policies regarding illness and disease prevention for students and staff, and the ability to implement effective personal practices that are followed by most people in the setting (e.g. hand hygiene, respiratory etiquette, use of PPE, physical distancing, etc.).

This information is based on the best evidence currently available from the Public Health Agency of Canada and other sources. It will be updated as new information becomes available.

Public Health Measures

Case Finding, Contact Tracing and Outbreak Management

Testing of anyone with cold, influenza or COVID-19 like symptoms, even mild ones, helps identify cases early in the course of their disease. When a person is confirmed as positive for COVID-19, public health officials will investigate to determine where they may have become exposed to COVID-19, if they are part of a cluster of cases or an outbreak, who their close contacts are, and if those contacts are at risk for infection.

If a staff person or student in a school is confirmed by public health as positive for COVID-19, public health will work with school administration to determine what actions should be taken, including if any staff or students who have been in contact with that person need to self-isolate, and if other staff and students' families should be notified. Specific public health measures are implemented in facilities where an outbreak occurs to prevent further transmission of COVID-19 and keep others safe.

Public health will provide direction if there are concerns regarding a case in school. Schools should not provide notification to staff or students' families if a staff member or student becomes ill at home or at school, including if they display symptoms of COVID-19, unless directed to by public health.

Self-Isolation

Students and staff with cold, influenza, or COVID-19 like symptoms should stay home, self-isolate, and complete the online COVID-19 [self-assessment and referral tool](#), contact 811, or be assessed by a health care provider. Testing is recommended for anyone with symptoms suggestive of COVID-19, even mild ones. Daily screening is recommended for staff and students (See Appendix A).

Self-isolation is also advised for those who are considered a close contact of a confirmed case. Public health staff identify and notify close contacts of a confirmed case, and inform them of what actions should be taken. Public health also ensures those required to self-isolate have appropriate supports in place.

All students and staff who have travelled outside of the Province or outside the communities along the Labrador-Quebec border (Labrador City, Wabush, Fermont, the Labrador Straits area and Blanc Sablon) are required to self-isolate for 14 days after return to the province.

Environmental Measures

Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. Schools should be cleaned and disinfected with the following in mind:

- General cleaning and disinfecting of the premises at least once every 24 hours. (See www.gov.nl.ca/covid-19/files/factsheet-covid-19-environmental-cleaning-NL.pdf)
- Cleaning and disinfecting of frequently-touched surfaces at least twice every 24 hours including door knobs, light switches, toilet handles, tables, desks, chairs, keyboards and toys used by multiple students.
- Cleaning and disinfecting any commonly touched surface that is visibly dirty.
- Use common, commercially available detergents and disinfectant products and closely follow the instructions on the label.
- See Health Canada's list of hard-surface disinfectants for use against coronavirus (COVID-19) for specific brands and disinfectant products: www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html.
- Diluted bleach may also be used as an effective disinfectant solution: www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19.html.
- Limit frequently-touched items that are not easily cleaned.
- Empty garbage containers daily.
- Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine).
- Wash hands before putting on gloves and after removing gloves.

There are no additional cleaning and disinfecting procedures required beyond those that are normally implemented and those noted in this document. This includes when different cohorts use the same space (e.g., a classroom, gym, arts room, home economics or science lab, etc.).

There is limited evidence regarding the potential transmission of COVID-19 virus via textbooks, paper or other paper-based products. Schools can consider a protocol that provides a window of 24 hours between use of a book by different people. Laminated products should be cleaned and disinfected daily, if they are touched by multiple people.

Traffic Flow

Use floor markings and posters to address traffic flow throughout the school. This may include one-way hallways and designated entrance and exit doors. It is important not to reduce the number of exits and ensure that fire codes are adhered to.

Physical Barriers

Barriers can be installed in places where physical distance cannot regularly be maintained and a person is interacting with numerous individuals outside of a cohort. This may include areas like a front desk reception where visitors check in or a cafeteria where food is distributed.

Increase Ventilation

Move activities outdoors, when possible (for example, lunch, physical activity), and consider moving classrooms outside when space and weather permit. Open windows when possible and if weather permits.

Where applicable, ensure that the ventilation system operates properly and increase air exchanges by adjusting the HVAC system.

Administrative Measures

Reducing the number of in-person, close interactions an individual has in a day with different people, helps to prevent the spread of COVID-19. This can be accomplished in K-12 school settings through two different but complementary approaches: cohorts and physical distancing.

Cohorts

A cohort is a group of students and staff who remain together throughout the school year. Cohorting a group of students and staff is highly recommended. Cohorts reduce the number of in-person, close interactions a person has in school without requiring physical distancing to consistently be practiced, allowing most students to receive in-person learning in a close-to-normal school environment.

- School administrators should determine the composition of the cohorts, but in general will be a class of students. The composition of the cohort should remain consistent for all activities that occur in school including, but not limited to, learning and breaks (lunch, recess, classroom changes, etc.).
- Teachers should move between cohorts as opposed to cohorts changing classes, unless it is for specialized instruction such as physical education, music, art, and laboratories. Cohorts must remain separated from each other while moving through the school.
- Within the cohort, minimized physical contact should be encouraged. The composition of a cohort should be changed as minimally as possible, except where required to support optimal school functioning. This may include learning, operational or student health and safety considerations.
- Designated seating arrangements are encouraged within cohorts, where practical. This will assist public health should contact tracing need to occur.
- Two metre distancing should be maintained between cohorts.
- School administrators should keep up-to-date lists of all members of a cohort to share with public health should contact tracing need to occur.

If schools are unable to cohort students, a two-metre physical distancing of students should be maintained whenever possible. While two metres of physical distance is ideal, the benefits of in-class instruction outweigh the potential risk associated with reduced physical distancing where two metres is not possible. In those instances, the reduced physical distancing should be as close to 2 metres as possible.

Interacting with Cohorts

Schools should minimize the number of adults (staff and others) who interact between different cohorts as much as practically possible, while supporting learning and a positive, healthy and safe environment.

During break times (e.g., recess, lunch), students may want to socialize with peers in different cohorts. This should be done while maintaining the physical distancing of cohorts from one another. Different cohorts can be in the same space provided they can maintain two metres of physical distancing. This is best accomplished in outdoor spaces, as the risk of transmission is lower outdoors. Older children may be able to interact with those from other cohorts if they are able to consistently maintain physical distancing.

Unless they are part of the same cohort, staff and other adults should maintain physical distance from each other at all times, includes during break times. Meetings should be held virtually, as a default.

School Gatherings

Gatherings should occur within the class cohort and not exceed the maximum gathering size established by the Chief Medical Officer of Health. Schools should seek virtual alternatives for larger gatherings and assemblies.

Physical Distancing

Physical distancing remains one of the most effective things an individual can do to reduce the spread of COVID-19 and is encouraged within the school setting, to the greatest extent possible.

All students should be informed about how physical distancing will occur within the school setting, including keeping class cohorts separated by two metres, signage on walls and floors, and one-way directional flow through the school, if possible.

For all ages, reinforce general practices to maintain physical distancing, such as replacing physical actions like high fives, fist bumps and hugs with friendly verbal greetings.

Other Strategies

The following strategies should be implemented, wherever possible, in the K-12 school setting:

- Follow current public health guidelines.
- Children should receive education on hand hygiene, cough and sneeze etiquette, and the importance of not touching their faces. This should be done in non-judgmental and age appropriate ways throughout the school year.
- Avoid close greetings (e.g., hugs, handshakes).
- Encourage students and staff not to touch their faces.
- Spread people out as much as is practical to do so.
- Consider different classroom and learning environment configurations to allow distance between students and between students and adults (e.g., different desk and table formations).
- Arrange desks/tables so students are not facing each other and use designated seating arrangements.
- Consider strategies that prevent crowding at pick-up and drop-off times (e.g., staggered drop-off and pick-up times for cohorts).
- Stagger recess/snack and lunch times to provide a greater amount of space for everyone.
- Take students outside more often for learning and unstructured time.
- Playgrounds are safe environments. Ensure appropriate hand hygiene practices before and after outdoor play.
- Incorporate more individual activities or activities that encourage greater space between students and staff.

- Manage flow of people in common areas, including hallways, to minimize crowding and allow for ease of people passing through.
- The number of parents, caregivers, volunteers and other non-staff adults (e.g., visitors) entering the school should be limited to those supporting activities that are of benefit to student learning and wellbeing.
- All visitors should confirm they have completed the requirements of a daily health screening before entering.
- Schools should keep a list of the date, names and contact information for all visitors who enter the school.

Student Transportation on Buses

Buses should be cleaned and disinfected according to Newfoundland and Labrador guidelines: www.gov.nl.ca/covid-19/files/factsheet-covid-19-environmental-cleaning-NL.pdf. Transport Canada provides additional information here: www2.tc.gc.ca/en/services/road/federal-guidance-school-bus-operations-during-covid-19-pandemic.html.

Schools will need to work closely with their local transportation company in the implementation of transportation-related risk mitigation measures. School administrators/transportation companies are encouraged to find creative and adaptive ways to mitigate transportation risk that align with public health advice and are respectful of children/youth, staff and volunteers.

Mitigation measures could include, but are not limited to:

- Encourage alternative modes of transportation for children/youth who have other options (for example, walking, parent/guardian drop off).
- Prohibit individuals who have symptoms of COVID-19 or have had exposure to COVID-19 in the last 14 days from boarding the school bus.
- Students should clean their hands before they leave home to take the bus, when they leave school prior to taking the bus, and when they get home.
- Drivers should perform hand hygiene before boarding the bus for the first run and after getting off the bus.
- Maintain two metres between the driver and the children/youth, where possible. Consider a physical barrier for the driver (for example, plexiglass), where possible.
- If a physical barrier is not feasible, the driver must use a non-medical mask (NMM) or face shield while students board and exit the bus.
- All passengers on the bus are required to wear NMMs. However, no student is required to wear a NMM if they cannot tolerate it.
- Open windows, if feasible.
- Conduct frequent environmental cleaning of high touch surfaces with approved disinfectant products.

- Maintain a maximum of two children to a seat.
- Assign seating to ensure children/youth sit with the same children each day while avoiding stigmatizing or discriminatory arrangements.
- Consider adding buddies or bus monitors to assist younger children with adhering to risk mitigation measures.
- Schools/school districts should keep up-to-date passenger lists to share with public health should contact tracing need to occur.

It is important to consider how these mitigation measures may affect children/youth with disabilities who use alternate modes of transport, including the accommodations or assistance that may be required in applying the measures.

Cafeterias and Food Services

There are special considerations for cafeterias and food services. As there are a wide variety of food programs and cafeterias in schools across Newfoundland and Labrador, the following list is not prescriptive and risk mitigation should be tailored to each school's particular context.

- Limit the number of individuals permitted in cafeterias at any given time.
- Cohorts may use cafeterias at designated times. If the space is large enough to accommodate more than one cohort with the appropriate physical distancing between cohorts, then more than one cohort may be present at a time. Protocols must be in place to ensure that the cohorts remain separated at all times.
- If cohorting is not possible, students should be encouraged to maintain a two metre distance from others while in the cafeteria and capacity should be a maximum 50 per cent of normal, provided physical distancing is maintained.
- Consider having students eat meals in classrooms or outdoors as opposed to congregating in a cafeteria.
- Increase accessible signage and floor markings in cafeterias to remind students/staff to practice physical distancing and have unidirectional flow of foot traffic in narrow aisles/stairways.
- Increase the number of accessible hand sanitizer stations within the cafeteria.
- Discontinue self-serve models (e.g., remove shared food/condiments/utensil stations) and increase staff-serving options. Buffets are not permitted.
- Reduce touching of food by individually wrapping or packing food when on display.
- Adopt touchless payment options when possible (with exceptions for those who have to pay by cash).
- Cafeteria staff must wear a NMM when preparing and serving food.

Music Programs

- There are special considerations for music programs. Please refer to the Guidance for Group Singing and Wind Instrument Playing for more information.

Personal Measures

Stay Home When Sick

- Any student, staff or other person within the school who has symptoms of COVID-19 **OR** who has travelled outside the Province or outside the communities along the Labrador-Quebec border (Labrador City, Wabush, Fermont, the Labrador Straits area and Blanc Sablon) in the last 14 days **OR** was identified as a close contact of a confirmed case or outbreak **must stay home, self-isolate, and follow the advice of public health.**
- Parents and caregivers must assess/screen their child, daily, for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before sending them to school.
- If a child has any new or worsening symptoms, they must not go to school.
- Staff and other adults must assess/screen themselves, daily, for symptoms of common cold, influenza, COVID-19 or exposure to COVID-19, prior to entering the school.
- If staff or any adult has any new or worsening symptoms, they must not enter the school.
- Any student, staff, or other person within the school who has cold, influenza, or COVID-19-like symptoms (see screening tool Appendix A) should complete the COVID-19 [self-assessment and referral tool](#) , contact 811 or be assessed by a health care practitioner.
- If a student's or staff's household member is experiencing COVID-19 symptoms and/or is being tested for COVID-19, they must isolate until test results are obtained.
- Students and staff who experience seasonal allergies or other COVID-19-like symptoms, which are related to an existing condition, can continue to attend school, as normal, when they are experiencing these symptoms. If they experience any change in symptoms they should complete the COVID-19 Self-Assessment or seek assessment by a health care provider.
- Those who test positive for COVID-19 are required to self-isolate for a minimum of 10 days from the onset of symptoms, or until 24 hours after symptoms resolve, whichever takes longer. Public Health will provide direction on when those individuals can return to school.
- Those who have symptoms of COVID-19, test negative, and have no known exposure criteria (travel outside the Province or Labrador-Quebec border communities or close contact of a confirmed case or from an area with an active outbreak), must stay home for 24 hours after their symptoms resolve.
- Those who test negative and have had an exposure criterion (travel outside the Province or Labrador-Quebec border communities or close contact of a confirmed case or from an area with an active outbreak), are still required to self-isolate for 14 days from the exposure date. Public Health will provide direction on when those individuals can return to school.

School Administrators must:

- Ensure school staff and other adults entering the school 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.
- Clearly communicate with parents and caregivers about their responsibility to assess their children daily before sending them to school.
- Consider having parents and caregivers provide a copy of a completed daily health screening form that confirms they understand how to complete the form and that it must be completed daily. An example is included as Appendix A.
- Establish procedures for those who become sick while at school to be sent home as soon as possible (see Appendix B).

An information sheet on what to do if a student or staff member becomes ill at school is included as Appendix B.

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 from objects, surfaces, food and people. Everyone should practice diligent hand hygiene. Parents and staff can teach and reinforce these practices among 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.
- Temperature does not change the effectiveness of washing hands with plain soap and water, though warm water is preferred for personal comfort.
- If sinks are not available (e.g., students and staff are outdoors), use Health Canada approved hand sanitizer (these often contain at least 60 per cent alcohol).
- See the List of Hand Sanitizers Authorized by Health Canada: www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html for products that have met Health Canada's requirements and are authorized for sale in Canada.
- If hands are visibly soiled, hand sanitizer may not be effective at eliminating microbes. Soap and water are preferred when hands are visibly dirty. If it is not available, use an alcohol-based hand wipe followed by hand sanitizer.
- To learn about how to perform hand hygiene, please refer to the Newfoundland and Labrador Handwashing poster found at: www.gov.nl.ca/covid-19/files/NEW-WASH-HAND-OL-8.5X11.pdf.

Strategies to ensure diligent hand hygiene:

- Facilitate regular opportunities for staff and students to practice hand hygiene.
- Use portable hand-washing sites or hand sanitizer dispensers, where sinks are not available.
- Students and staff should perform hand hygiene upon entering the school and any classroom.
- Promote the importance of diligent hand hygiene to staff and students regularly.
- Use posters and other methods of promotion.
- Ensure hand washing supplies are well stocked at all times including soap, paper towels and where appropriate, hand sanitizer.
- Staff should assist younger students with hand hygiene as needed.

An information sheet on when students and staff should practice hand hygiene is found in Appendix C.

Respiratory Etiquette

- Cough or sneeze into their elbow or a tissue. Throw away used tissues and immediately perform hand hygiene.
- Refrain from touching their eyes, nose or mouth with unwashed hands.
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.
- Parents and staff can teach and reinforce these practices among students.

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- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.
- Parents and staff can teach and reinforce these practices among students.

Personal Protective Equipment

Mask Wearing in Schools

The Public Health Agency of Canada (August 7, 2020) advises that NMMs can play a role in reducing the transmission of COVID-19. In considering the use of NMMs for schools in Newfoundland and Labrador, the Chief Medical Officer of Health considered the following factors: the prevalence of COVID-19 in the community, including the presence of variants of concern; screening to prevent symptomatic children and staff from entering the schools; transmission of SARS-CoV-2 in children; physical distancing; class cohorting; and education of children on hand hygiene and respiratory etiquette.

Based on the current epidemiology of COVID-19 and the potential for circulation of variants of concern, all staff are required to wear a level 1 medical mask and recommended that they wear eye protection at all times when in contact with students and/or staff, when in indoor spaces.

Recommendations for Non-Medical Masks

This situation will be closely monitored and if there is a change in epidemiology or evidence regarding COVID-19, recommendations related to wearing non-medical masks may change.

It is important to treat people who wear masks with respect.

NMMs are required in the following situations; however, no child will be required to wear a mask if they do not tolerate it:

- Students in grades 4-12 at all times except when eating or drinking.
- NMMs are required on school buses;
- When a child cannot maintain physical distancing for extended periods of time and in close proximity to a person outside of their regular class cohort.

NMMs are recommended in the following situations:

- Students in grades K-3 if they can be worn consistently in accordance with NMMs guidelines.
- When performing physical activity, if students can tolerate it.
- When participating in group singing, in accordance with the Guidance for Group Singing and Wind Instrument Playing.

Things to remember when using NMM on children:

- NMMs should be sized and worn correctly. Failing to do so may present a risk rather than a benefit.
- NMMs should be changed after they become wet or soiled.
- NMMs should be washed after a day's use.
- Parents and guardians should be reminded of appropriate use and cleaning, back-up and storage of NMMs.
- NMMs can become an unintended hazard (for example, physical injury if caught on playground equipment).

The ability of a child to wear a NMM will be dependent on age, maturity, physical ability and comprehension.

References

Public Health Agency of Canada:

www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/guidance-schools-childcare-programs.html

Accessed August 12, 2020

BC CDC PH guidance:

www.bccdc.ca/Health-Info-Site/Documents/COVID_public_guidance/Guidance-k-12-schools.pdf

Accessed August 12, 2020

Toronto Sick Kids:

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

Accessed August 12, 2020

Appendix A: Screening Questionnaire

Staff persons and students must use this QUESTIONNAIRE daily to decide if they should attend School.

Parents should complete the screening on behalf of their school-aged child.

Appendix B: What to Do if a Student or Staff Member Develops Symptoms

If a Student Develops Any Symptoms of Illness	If a Staff Member Develops Any Symptoms of Illness
<p>Parents or caregivers must keep the student at home IF STUDENT DEVELOPS SYMPTOMS AT SCHOOL:</p> <p>Staff must take the following steps:</p> <ul style="list-style-type: none"> • Immediately separate the symptomatic student from others in a supervised area. • Contact the student’s parent or caregiver to pick them up as soon as possible. • Where possible, maintain a 2 metre distance from the ill student. Staff should wear a mask. • Provide the student with a non-medical mask to cover their coughs or sneezes. Throw away any used tissues as soon as possible and perform hand hygiene. • Avoid touching the student’s body fluids (e.g., mucous, saliva). If unavoidable, practice diligent hand hygiene. • Once the student is picked up, practice diligent hand hygiene. • Staff responsible for facility cleaning must clean and disinfect the space where the student was separated and any areas recently used by them (e.g., classroom, bathroom, common areas). • Parents or caregivers must pick up their child as soon as possible if they are notified their child is ill. • Some students may not be able to be picked up immediately. As such, consider having a space available where the student or staff member can wait comfortably, separated from others. 	<p>Staff member must stay home</p> <p>IF A STAFF MEMBER DEVELOPS SYMPTOMS AT WORK:</p> <p>Staff member should go home as soon as possible.</p> <p>If unable to leave immediately:</p> <ul style="list-style-type: none"> • Symptomatic staff should separate themselves into an area away from others. • Maintain a distance of 2 metres from others. • Use a non-medical mask to cover their nose and mouth while they wait to be picked up. • Staff responsible for facility cleaning must clean and disinfect the space where the staff member was separated and any areas used by them (e.g., classroom, bathroom, common areas).
<p>The threshold for reporting student and/or staff illness to public health should be determined in consultation with Regional Public Health Officials.</p>	
<p>Anyone experiencing symptoms of illness should not return to school until:</p> <ul style="list-style-type: none"> • they have completed the Newfoundland and Labrador self-assessment tool or have been assessed by a health care provider to exclude COVID-19 or other infectious diseases; AND • their symptoms have resolved. 	

Appendix C: When to Perform Hand Hygiene at School

When Students Should Perform Hand Hygiene:	When Staff Should Perform Hand Hygiene:
<ul style="list-style-type: none">• When they arrive at school.• Before and after any breaks (e.g., recess, lunch).• Before and after eating and drinking (excluding drinks kept at a student's desk or locker).• Before and after using an indoor learning space used by multiple cohorts (e.g., the gym, music room, science lab, etc.).• After using the toilet.• After sneezing or coughing into hands.• Whenever hands are visibly dirty.	<ul style="list-style-type: none">• When they arrive at school.• Before and after any breaks (e.g., recess, lunch).• Before and after eating and drinking.• Before and after handling food or assisting students with eating.• Before and after giving medication to a student or self.• After using the toilet.• After contact with body fluids (e.g., runny noses, spit, vomit, blood).• After cleaning tasks.• After removing gloves.• After handling garbage.• Whenever hands are visibly dirty.

Appendix D: COVID-19 Surveillance Conditions and Considerations for School Scenario Changes

The Department of Education and Early Childhood Development [K-12 Education Re-entry Plan](#) identified three separate scenarios for the 2020-21 school year:

Scenario 1

In-school classes resume (near normal with health measures)

The risk of COVID-19 transmission is very low.

Scenario 2

In-school classes partially resume (with additional health measures)

The risk of COVID-19 transmission is low to moderate.

Scenario 3

At-home learning continues (in-school classes are suspended/cancelled)

There is moderate to widespread transmission of COVID-19.

One of the core responsibilities of the public health response to COVID-19 is monitoring the disease activity; this is public health surveillance. While public health uses many criteria and indicators to inform the response to COVID-19, several indicators specifically tell us whether we need to modify the delivery of K-12 education. Public health considers the number of positive cases of COVID-19 as well as the effective reproductive number (R_t). An R_t less than one indicates epidemic control. Special attention is given to cases that do not have a known source of COVID-19 infection (non-epi linked cases); an increase in these cases in the community can be an indicator of more widespread community transmission.

Another important indicator is public health capacity, as it indicates if we have timely case detection and isolation as well as efficient contact tracing and quarantine of close contacts. Outbreaks in closed facilities are monitored closely, as these can be a source of spread to the broader community. There are public health measures in place (travel restrictions and self-isolation requirements) to lessen the risk of importation of travel related cases.

The following table demonstrates what conditions may trigger a shift between these three scenarios. These indicators may not be considered individually, but when taken together, could indicate the need to move to a different scenario. They are also considered in light of the local context, so what might

trigger a move to a different scenario in one community, might not in another community. Decisions to change scenarios for a school or school community will be made after consultation with regional public health authorities. Depending on epidemiology these indicators can be applied at local or provincial level.

These indicators are based on current best evidence and epidemiology and are subject to change as both evolve.

Table 1: COVID-19 Surveillance Conditions and Considerations for School Scenario Changes

Indicator	Scenario 1	Scenario 2	Scenario 3
Effective reproductive number	$R_t < 1$	R_t close to 1	$R_t > 1$
Positive cases	Low	Increasing number of cases	Higher numbers of cases due to community transmission
Non-epi-linked cases	Zero or very few	Low	Increasing non-epi-linked cases
Public health capacity	Sufficient capacity to detect, isolate, contact trace and quarantine quickly	Slower public health response time	Capacity is stretched to respond to cases
Outbreak risks managed	Zero or very few controlled outbreaks with no community spread	Spread contained to quarantined close contacts of cases	Spread beyond close contacts of cases
Management of imported cases	Imported cases identified and isolated appropriately	Spread contained to quarantined close contacts of cases	Spread beyond close contacts of cases