

The First Virtual Healthy Schools and Communities Principal Meeting – Questions and Answers

Physical Education/Outdoor Activity

With the cooler weather upon us, here are some important considerations related to indoor/outdoor physical education classes and recess:

- Providing children with opportunities to play and socialize improves overall well-being, supporting social, emotional, physical and intellectual development.
- Health and physical education classes should be outdoors when possible and adapted to support current public health recommendations.
- While close contact may be unavoidable between members of a cohort, general Infection Prevention and Control (IPAC) measures (for example, handwashing, respiratory etiquette, and physical distancing) should still be maintained where possible.
- Health and physical education classes can be held in the gymnasium only if physical distancing can be maintained and shared use of equipment is limited with cleaning and disinfecting after use by each cohort.
- The use of shared objects and storage (for example, sports equipment, lockers/cubbies, etc.) should be limited where possible. If they must be shared:
 - objects should be kept within the same cohort where possible;
 - clean and disinfect between use by different cohorts; and
 - students are advised to perform hand hygiene before and after use.
- Please visit ophea.net for additional resources such as:
 - [COVID-19 Considerations for Physical Activity](#)
 - [COVID-19 Considerations for Physical Education](#)
 - [A Safe Return to School Includes H&PE](#) (Blog)

Q. With the cold weather coming, students who are arriving on buses will have to wait out in the elements. HCDSB has a policy that students have to be brought into the building if the weather is -20 or more. However, we are not allowed to have students in the building until 15 minutes prior to the bell for supervision. Which protocol/policy do we follow? There are over 500+ bused students at our schools some arriving 20 minutes prior to the bell.

A. Please follow your school board policy. Please see the section above for considerations related to spending time outdoors.

Resource for French schools

Q. Do we have a new French speaking nurses assigned to our schools? Is there anything available in french for our French first language schools? Will these resources be translated in French for the

French School board's schools in the Halton region? Is a francophone nurse working with our schools?

- A. Our resources are stretched during this pandemic, and our first priority is to ensure that the cases and outbreaks are managed effectively for all settings in Halton. We have a bilingual nurse who, if capacity allows, could be assigned to supporting your school if there is an Outbreak declared. We took your concerns about resources for COVID in French, to the Ministry of Health and Ministry of Education. Staff there are forming a task force to address this issue centrally. Andrew Locker is the contact at EDU and this is a priority for them.

Community events

Q. We are being asked about community events like fundraising and food drives. Are there guidelines specific to events like these?

- A. There are no specific guidelines for fundraising and food drive events. Holding virtual events is recommended for fundraising. For a food drive event, we would recommend that food is dropped off and distributed in a contactless method. We recommend following infection protection and control measures including masking, hand hygiene and physical distancing. On our website you will find a [Guidance for Handling Materials Fact Sheet](#). This document outlines considerations for accepting various material goods from the community.

Screening tool

Q. Screening tool for school employees suggest staff stay home if alerted by "covid alert" on the phones. Is this still accurate?

- A. Public Health encourages the use of the COVID Alert App. If you receive an exposure notification from the COVID-19 app, you are to follow direction provided from the app, including information that can be found here covid-19.ontario.ca/exposed. If you receive an app alert and you also receive a call from Public Health, please follow directions from Public Health. Staff and students should also continue to follow the guidance provided by the daily screening tool.

Travel

Q. If a parent travels outside Canada, and will be in the same home as the child/student when returning, what does that mean for the student who attends school? Will the student also have to isolate for 14 days from the time the parent returns home?

- A. The *Quarantine Act* requires any person entering Canada by air, sea or land to immediately self-isolate for a mandatory 14 days whether or not they have symptoms of COVID-19. Individuals living in the same household can attend school/work. As every situation is different, Public Health may advise differently. If you have further questions, visit halton.ca or call 311.

Personal Protective Equipment (PPE)

Q. What PPE are staff required to wear?

- A. Medical masks and eye protection (for example, face shield) will be provided by the Ministry of Education (MOE) for all teachers and other staff of school boards. At this time the Ministry of Education will not be

providing private/independent schools with PPE and cloth masks. The MOE has directed that all school-based staff will be required to wear masks, with reasonable exceptions for medical conditions. If physical distancing cannot be maintained, measures to protect an educator include: hand hygiene, medical mask (as per guidance from Ministry of Education), and eye protection, for example, shield/goggles (as per guidance from Ministry of Labour).

Q. Are reading glasses considered eye protection?

A. Personal eye glasses are not an appropriate substitution for eye protection (goggles or face shield).

Testing

Q. We have had several teachers who have been at home waiting for days, and in some cases a full week before they get test results. At present, I have someone still at home who got tested last Thursday. Can we identify teachers and educational support workers as "essential" when it comes to testing priority to reduce the number of supply teachers and/or "non cohort" people moving in and out of a room to supervise students? It's hard to maintain a "bubble" when we have a teacher or an EA out for so long.

A. Testing is the responsibility of local hospitals. It is not the role of Public Health. Isolation while awaiting test results is a key public health measure to contain the spread of COVID-19. This strategy has resulted in a very low number of outbreaks within our school settings in Halton region.

Q. Can you ask parents with proof of negative test results?

A. Medical notes or proof of negative tests should not be required for staff or students to return to school.

Cohorts

Q. Small cohorts within the kindergarten classes are becoming challenging when students requiring to self-regulate and possibly require a different setting. We hear some boards are following different expectations of cohorts in kindergarten. Who determines the protocols?

A. Your school board would determine this protocol.

Restrooms

Q. What about staff and students sharing washrooms? Any recommendations beyond regular sanitization?

A. In addition to regular cleaning and disinfecting the following strategies may be considered:

- Post signage informing students/staff of the maximum occupancy and limit capacity at any one time to the extent that is practical/feasible to facilitate physical distancing.
- Close off stalls/urinals/sinks to facilitate physical distancing if needed.
- Provide visual cues (such as wayfinding signage) to assist with flow of movement.
- Identify designated washrooms and schedule regular washroom breaks for each cohort. If cohorting is not possible, consider that additional individuals using the washroom may increase exposure risk.
- If possible and practical (for example, privacy, safety), keep the main doors to washrooms open to reduce touch points after hands have been washed.
- In washrooms with hand dryers, have paper towels available for turning off water faucets and no-touch garbage cans available for disposal. Post signage to demonstrate proper hand hygiene.

Risk

Q. What makes staff high vs. low risk?

A. Due to varying degrees of risk posed by different exposures, contacts can be categorized into three levels of risk exposure and corresponding requirements for self-isolation:

- High-risk exposure
- Low-risk exposure
- No exposure

As every situation is unique, Public Health will determine the risk level of contacts as part of their case investigation. There are many things we take into consideration while doing our risk assessment, which is consistent across Ontario. For example, we explore if the confirmed or probable case:

- was symptomatic, pre-symptomatic, or asymptomatic;
- was at school during the time they were considered infectious;
- is a student or staff member; and
- knows the source of their infection (if they do, it is unlikely they got it at the school but if they do not, then we have to consider the school as a potential acquisition risk).

We also explore:

- the age group/grade;
- developmental stage;
- ability to wear appropriate personal protective equipment;
- the type of activities the person was involved in while at school; and
- the current IPAC practices at the school and of staff member and students, including:
 - physical distancing
 - desk spacing
 - masking
 - cohorting

The most important piece of information is if the individual was at school during the time they were considered infectious. All of the other information is taken together to help Public Health staff determine if a contact is high-risk or low-risk. Close contacts with high-risk exposure are asked to self-isolate and seek testing, while contacts with a low-risk exposure are informed about the exposure and directed to self-monitor for symptoms.

As staff are required to wear medical grade mask and practice physical distancing, their risk-level after an exposure is often low.

Return to school

Q. When can a child return to school after experiencing COVID-19 symptoms?

A. Please see the [Return to School and Child Care Protocol for Individuals with COVID-19 Symptoms](#).

Note: Medical notes or proof of negative tests should not be required for staff or students to return to school.

Children who, as a result of completing the [Provincial COVID-19 School and Child Care Screening Tool](#), have been directed to self-isolate for 24 hours due to experiencing only **one** of the symptoms below, may return to school and/or child care after 24 hours if symptoms are improving and are not subject to the [Class Order](#).

- Sore throat or difficulty swallowing
- Runny or stuffy/congested nose

- Headache that is unusual or long lasting
- Nausea, vomiting and/or diarrhea
- Extreme tiredness that is unusual or muscle aches

Children who, as a result of completing the [Provincial COVID-19 School and Child Care Screening Tool](#), have been directed to self-isolate and seek assessment from a health care provider are subject to the [class order](#) and **must self-isolate for 10 days** unless the healthcare provider determines that the symptom are not related to COVID-19 or they receive a negative COVID-19 test result.

- Q. With the most recent updates, when a child is ill, if parents do not seek medical attention, the child can return to school when fever is gone and symptoms are improving. They no longer have to isolate for 10 days. Does this put us all at risk?**
- A. Children who, as a result of completing the [Provincial COVID-19 School and Child Care Screening Tool](#), have been directed to self-isolate and seek assessment from a health care provider are subject to the [class order](#) and **must self-isolate for 10 days** unless the healthcare provider determines that the symptom(s) are not related to COVID-19 or they receive a negative COVID-19 test result.
- Q. If one child in a household is experiencing symptom(s) of COVID-19, are their sibling(s) also required to stay home and self-isolate?**
- A. Siblings and other household contacts of symptomatic children need to self-monitor while the symptomatic child is awaiting test results. This means that they can attend school or work as long as they do not have any symptoms.

Outbreaks

Q. What is considered an outbreak in a school?

- A. An outbreak would be declared in a school once it has been determined that there are two positive cases with an epidemiological link (for example, two students have become infected with COVID-19 at school either from each other or a common source). Each case will need to be assessed and it would need to be determined that transmission occurred in the school before confirming it as an outbreak since it is possible that students/staff could have been infected outside the school setting.

Information flow and privacy

- Q. How does information about positive cases flow between public health units? We have staff that live in one area and work in another, and sometimes get conflicting advice about what to do. We are also concerned about how quickly we might hear if there is a positive case connected to the school that gets reported to a different public health units.**
- A. Health Units work closely together to manage COVID-19 cases and contacts as people may live and work in different regions. In Halton, individuals/schools are contacted within 24 hours of receiving notification of a positive case. Guidance is provided across Ontario as per the COVID-19 Guidance: School Outbreak Management document.
- Q. Could you review guidelines for privacy and confidentiality and review the rationale behind not sharing the name with Principals and how public health ensures that they have all the contact tracing information they need to conduct their investigation if the Principal doesn't know who the student is.**

- A. At the onset of an investigation, Halton Region case investigators will be speaking with the most responsible person at the school. Public Health will share personal information if it is required to complete contact tracing. Often times it is not required. During the investigation, all conversations with the school principal or most responsible person in the classroom, before/after school program, or transportation site, reinforce that the case(s) information must be kept confidential. If the school or most responsible person discloses details about the case to other individuals, they may be held legally liable.

Immunization program

Q. Many kids did not get follow up vaccines last year (2nd doses) due to pandemic closure. Are they eligible for those community vaccine programs even though they are not in grade 7 any longer?

- A. Yes. As per the Ontario Publicly Funded Schedule, grade 8 students in this school year (Grade 7 in 2019-2020) are eligible to receive school-based vaccines (HPV, HB, Menactra). There are currently no planned community clinics in Halton; however, plans are under way to offer catch up clinics for all students who attend a school in Halton who are currently in Grade 7 and 8.

Halton Region Public Health COVID-19 resources

Here are some resources to support your school as you implement plans, adjust, and adapt to ensure a successful, healthy and safe school year.

- [Halton Region - COVID-19 webpage](#)
- [School Years Program webpage](#) – COVID-19 guidance for school administrators
- [COVID-19 School Information webpage](#) – for parents