

COVID-19 VACCINE UPDATE #62 FROM HALTON REGION PUBLIC HEALTH

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TO: Halton Physicians, Nurse Practitioners, Emergency Departments, other Healthcare Providers

FROM: Dr. Joanna Oda, Associate Medical Officer of Health

DATE: August 31, 2021

RE: COVID-19 Vaccine Update #62: third dose referrals starting, medical exemption to vaccination

QUICK FACTS

- Referral form is now [available](#) (as of August 31, 2021) for third doses of COVID-19 vaccine for people with indicated health conditions who cannot receive the third dose through their specialist or primary care provider.
- A [resource guide](#) has been prepared to support implementation of COVID-19 Vaccination Policies in Health Settings under Directive #6, which includes guidance on medical exemptions to COVID-19 vaccination.
- A reminder that the Chief Medical Officer of Health recently issued a [memo](#) explaining that it's okay to open a vial for individual vaccinations for people who may be vaccine hesitant or unlikely to return for a follow up appointment. Still try to use as much vaccine as possible.
- You're invited to a [Health Care Professional Town Hall \(Back to school with COVID-19\)](#) hosted by Halton Region Public Health on Thursday, September 2 from 5-6 p.m. to learn about COVID-19 updates impacting your practice and your patients. [Please submit your questions when registering.](#)

THIRD DOSE REFERRALS

- Primary care and speciality practices are key to ongoing vaccine distribution, including third doses, as they can reach many priority populations and are trusted by their patients.
- If you have not yet done so, you can onboard your practice now to provide COVID-19 vaccines; please see the attached checklist and Memorandum of Understanding or email doctors@halton.ca to start the process.
- If you are unable to provide vaccine to eligible patients, a [referral form](#) is now available online for third doses for people with indicated health conditions:
 - Transplant recipients (including solid organ transplant and hematopoietic stem cell transplants);
 - Individuals receiving treatment with an anti-CD20 agent (e.g. rituximab, ocrelizumab, ofatumumab);
 - Individuals receiving active treatment (chemotherapy, targeted therapies, immunotherapy) for malignant hematologic disorders (e.g. Acute myeloid leukemia, chronic myeloid leukemia, acute lymphoblastic leukemia, chronic lymphocytic leukemia).
- Patients must bring the completed form to their third dose appointment.
- The referral form is accepted at Public Health clinics; pharmacists offering COVID-19 vaccination may also accept the referral for third doses.

Please report all suspected/confirmed cases of [Diseases of Public Health Significance](#) to Public Health immediately by calling 311, 905-825-6000 or toll free at 1-866-442-5866.

PLEASE PROVIDE A COPY TO ALL PHYSICIANS IN YOUR OFFICE AND/OR POST IN EMERGENCY DEPARTMENTS AND PHYSICIAN LOUNGES. IF YOU HAVE ANY ISSUES WITH THIS ATTACHMENT, PLEASE EMAIL DOCTORS@HALTON.CA.

- There is a minimum 8-week interval between the second dose and the third dose for this group.
- Residents of long-term care homes, high-risk retirement homes and First Nations elder care lodges are also eligible for third doses at a 20-week interval from the second dose. Public Health is working directly with these facilities to administer third doses.
- These are the only groups eligible for a third dose at this time.

COVID-19 VACCINATION MEDICAL EXEMPTIONS

- There are [very few medical exemptions](#) to COVID-19 vaccination.
- Two contraindications would qualify patients for a medical exemption:
 - Allergy to a component of the vaccine as confirmed by an allergist/immunologist. Potential allergens include:
 - Moderna and Pfizer-BioNTech – polyethylene glycol
 - Moderna – tromethamine
 - AstraZeneca - polysorbate-80
 - Janssen - polysorbate-80
 - Please consult the product leaflet or information contained within the product monograph available through [Health Canada's Drug Product Database](#).
 - Myocarditis/pericarditis after a first dose of an mRNA vaccine
 - As a precautionary measure, the second dose in the mRNA COVID-19 vaccination series should be deferred in individuals who experience myocarditis or pericarditis following the first dose of an mRNA COVID-19 vaccine until more information is available. NACI will continue to monitor the evidence and update recommendations as needed.
- Since contraindications to mRNA vaccines (Moderna and Pfizer-BioNTech) are different to those for viral vector vaccines (AstraZeneca and Janssen), most clients with a contraindication to one platform of vaccines should still be eligible for the other, and should be offered vaccine accordingly (i.e. individuals with anaphylaxis post-mRNA vaccine may be offered a viral vector vaccine and individuals with anaphylaxis post-viral vector vaccine may be offered an mRNA vaccine).
- Currently there are no standard COVID-19 vaccination exemption forms or affidavits for both medical and non-medical reasons.

ADDITIONAL RESOURCES

- Ministry of Health guidance regarding [COVID-19 Vaccination Recommendations for Special Populations](#).

COVID-19 Vaccine Readiness Checklist for Primary Care

Knowledge & Training	
Willingness to sign a MOU with Halton Region.	<input type="checkbox"/>
Willingness to learn and use COVax system to track vaccine administration & inventory.	<input type="checkbox"/>
Willingness to adhere to COVID-19 vaccine storage, handling, and administration.	<input type="checkbox"/>
Cold Chain & Vaccine Management	
<p>Dedicated vaccine fridge with sufficient space to store a small supply of COVID-19 vaccine.</p> <ul style="list-style-type: none"> Purpose-built or kitchen-style fridges are preferred. Bar-style fridges may be permitted (determined by public health inspection). Vaccine fridge must pass inspection by public health before the first shipment of vaccine is received. 	<input type="checkbox"/>
Accurate and up-to-date Temperature Log Book with refrigerator temperatures between +2°C and +8°C.	<input type="checkbox"/>
Demonstrated adherence to vaccine storage and handling requirements.	<input type="checkbox"/>
<p>Up-to-date contingency plan in the event of a cold chain failure</p> <ul style="list-style-type: none"> Ensure a plan is in place for moving vaccines into another monitored fridge should vaccines need to be stored for more than 4 hours. 	<input type="checkbox"/>
<p>Availability of a designated staff member who is knowledgeable about vaccine storage and handling to receive vaccine shipment and ensure that vaccines are moved into the refrigerator immediately upon receipt.</p> <ul style="list-style-type: none"> Staff must be on site to receive shipment, orders cannot be picked up directly from 1151 Bronte Rd. Consider having one or two designated staff as backup. 	<input type="checkbox"/>
Willingness to adhere to public health vaccine protocols for administration and management (i.e. post-vaccination wait time, not combining residual doses, reporting adverse reactions to health unit).	<input type="checkbox"/>

Willingness to complete a vaccine inventory spreadsheet and submit it to pharmacists@halton.ca on each day when vaccine is administered.	<input type="checkbox"/>
Supplies	
Availability of PPE supplies (masks, eyewear, gloves, hand sanitizer, etc.).	<input type="checkbox"/>
Availability of supplies for vaccine administration (bandages, alcohol swabs, cotton, sharps containers, etc.). <ul style="list-style-type: none"> Syringes and needles will be provided where possible. 	<input type="checkbox"/>
Availability of supplies for vaccine storage (trays, labels, etc.).	<input type="checkbox"/>
Office Space & Scheduling	
Ability to identify patients who are eligible to receive the vaccine, as directed by Halton Region Public Health.	<input type="checkbox"/>
Establish a system to call and schedule patients for a vaccination appointment (patients will also need to be added to COVax). Consider the following when scheduling appointments: <ul style="list-style-type: none"> Each vial of the Moderna COVID-19 vaccine contains 14-15 doses and must be administered within 24 hours of first puncturing the vial. Each vial of Pfizer-BioNTech vaccine contains 6 doses. All doses must be used within 6 hours of reconstitution. Will need to prepare a backup list of patients who meet eligibility criteria in event that extra doses are available. Sufficient space for patient flow and observation (check-in, waiting area, vaccination area, aftercare area, check-out). 	<input type="checkbox"/>
Ensure a process for collecting informed consent is followed.	<input type="checkbox"/>
Staff Support	
Availability of healthcare providers to administer vaccines and provide aftercare.	<input type="checkbox"/>
Availability of staff to assist with scheduling and vaccine inventory. <ul style="list-style-type: none"> Having designated administrative staff trained for COVax is recommended. 	<input type="checkbox"/>
IT Infrastructure	

COVax accounts for administrative staff and healthcare providers involved in the vaccination process.	<input type="checkbox"/>
Stable and reliable Wi-Fi/internet access.	<input type="checkbox"/>
A computer/tablet and cell phone will be required for two-factor authentication when accessing COVax.	<input type="checkbox"/>
Ability to provide a phone number that links Halton Region Public Health directly to your office in case of need for urgent coordination.	<input type="checkbox"/>

Additional Resources:

[MOH COVID-19 Vaccine-Related Information and Planning Resources](#)

Halton Region Public Health

Recommendations for Schools 2021-2022

Version 1

This resource is intended to support the safe operations of schools and improve their overall preparedness and management of COVID-19. This resource includes local public Health guidance that has emerged from consultations with the school system. It includes considerations for the development of policies and procedures, adherence to infection prevention and control practices, and appropriate response planning to ensure the health and safety of school staff, students, parents/guardians and essential visitors.

This supplementary resource is to be used in conjunction with Ministry of Education, Ministry of Health, and Public Health directives, guidelines, and recommendations including:

- [COVID-19: Health and safety measures at schools](#)
- [COVID-19: Health, safety and operational guidance for schools \(2021-2022\)](#)
- [COVID-19 Guidance: school case, contact and outbreak management](#)
- [Public Health Ontario \(PHO\) - Schools and Related Settings](#)

All items in this resource should be considered and discussed, but may not always be appropriate or applicable for your setting or school.

For additional information, please refer to [Halton Region](#) website.

Adapted with Permission from Wellington-Dufferin-Guelph Public Health

Updated: August 30, 2021

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A. SCHOOL/SCHOOL BOARD RECOMMENDATIONS

A 1.0 GENERAL MEASURES/POLICIES	
1.1	<p>COVID-19 related policies/procedures/protocols are developed and include:</p> <ul style="list-style-type: none"> • Screening/Exclusion • Daily attendance records • Drop-off and pick-up • Cohorting and staffing • Physical distancing • Enhanced cleaning and disinfection • Use of PPE • Protocol is in place if a student, parent/guardian, visitor or staff experiences symptoms and/or is exposed to COVID- 19 (e.g., School Board 2020-2021 Reopening Plan) <p>Staff are trained in all policies and procedures and staff completion of training is documented.</p>
1.2	A copy of the COVID-19 related policies and procedures and School Board 2021-2022 Reopening Plan is accessible to all staff, parents/guardians and emergency contacts.
1.3	Given the stringent screening, students and staff may spend many more days away from school. Consider how to manage additional student and staff absenteeism.
1.4	Schools are required to follow all existing worker health and safety requirements, as outlined in the <i>Occupational Health and Safety Act</i> (OHSA) and its regulations.
1.5	Remote learning remains an option for parents. School Boards are required to provide learning remotely and adhere to the requirements outlined in Policy/Program Memorandum 164 .
A 2.0 COMMUNICATION	
2.1	<p>Parents/guardians should receive and be made aware of the enhanced COVID-19 related measures, expectations and guidelines:</p> <ul style="list-style-type: none"> • School protocols • Instructions for screening/exclusion • Drop-off/pick-up procedures • Information on physical distancing and hand hygiene • Protocols for symptomatic student/staff
2.2	Encourage the use of video and telephone calls with parents/guardians in place of in-person meetings.

2.3	<p>Signs are posted at entrances to the school to remind students, staff, parents/guardians and visitors about COVID-19 protocols (e.g., screening information, Do Not Enter signage, hand hygiene, physical distancing).</p> <p>Resources:</p> <ul style="list-style-type: none"> • Halton - Protect yourself and others poster • Halton - STOP - Sanitize First! poster
2.4	<p>Parents/guardians have provided an emergency contact that is able to pick up student whenever needed. Emergency contact is aware of all COVID-19 measures for physical distancing, hand hygiene and self-monitoring.</p>
2.5	<p>Some staff and students may be at a higher risk of adverse outcomes from COVID-19. The people at risk for severe outcomes are those who are over 70, or who have chronic diseases like diabetes, high blood pressure, heart disease or cancer. These individuals should work with their healthcare provider to make an informed decision about attending school.</p>
2.6	<p>Consider the following when communicating with your school community:</p> <ul style="list-style-type: none"> • Creation of a COVID-19 advisory section on your school website. • School boards and schools may be asked to post information if there is a confirmed COVID-19 case that involves a student or a staff member in a school setting. • In the interests of privacy, information provided to school communities will not identify the student or staff member that has received a positive COVID-19 test. • Notice of any closures of classes, cohorts or schools will be posted on school and school board COVID-19 advisory sections.
A 3.0 SCREENING	
3.1	<p>Educate staff, students, parents/guardians and visitors on the signs and symptoms of COVID-19.</p> <p>A self-assessment must be completed by all individuals prior to entering the school. The COVID-19 Screening Tool should be used every day of the week, including weekends and holidays. If the screen is positive, then the child(ren) must not attend school until all required steps have been completed as recommended by the screening tool.</p> <p>Note: Schools must communicate to parents/ guardians that they are responsible for completing the daily screening for their child(ren) prior to leaving for school.</p> <p>Resources:</p> <ul style="list-style-type: none"> • PHO - COVID-19 Reference document for symptoms • Ontario COVID-19 School and Child Care Screening

3.2	<p>All staff, students, parents/guardians and visitors must complete a <u>daily</u> self-assessment screen for COVID-19 symptoms BEFORE arriving at school using the Ontario COVID-19 School and Child Care Screening.</p> <p>The COVID-19 Screening Tool is to be completed every day of the week, including weekends and holidays.</p> <p>If the screen is positive, the individual must not attend or visit school until all required steps are taken as recommended by the screening tool.</p>
3.3	<p>Any individual experiencing COVID-19 symptoms as identified in the screening tool must not attend school and should follow the guidance provided in the screening tool. This may include seeking appropriate medical attention and/or getting tested for COVID-19.</p> <p>Please see Section 13.0 - Management of Symptomatic Persons for more information.</p>
3.4	<p>Hand hygiene stations with alcohol based hand rub (ABHR minimum 60%) must be available at all school entrances along with COVID-19 information/signage (e.g., screening information, hand hygiene, physical distancing).</p> <p>Resources:</p> <ul style="list-style-type: none"> • PHO - How to clean hands with soap or ABHR • Halton - STOP - Sanitize First! poster
3.5	<p>On-Site Screening Protocols</p> <p>The ministry may direct school boards and schools to perform daily on-site confirmation of self-screening of students, staff and visitors, such as during a period of potential higher transmission (for example, after a holiday period) or during a high case load period in the community.</p> <p>School boards are expected to have a process in place to implement on-site confirmation of self-screening of individuals prior to or upon their arrival at school, if directed to do so. The school or school board will identify the form deemed appropriate and accessible by the school or school board (for example, proof of completed paper copy of screener, mobile application indicating a “pass”).</p>
A 4.0 DROP-OFF AND PICK-UP	
4.1	<p>Identify locations and times for drop-off/pick-up and staffing requirements to support and monitor physical distancing during student’s arrivals/departures via private transportation and active travel (e.g., walking, wheeling).</p>
4.2	<p>Create signage or landmarks to make drop-off and pick-up locations easy to identify.</p>
4.3	<p>Drop-off/pick-up procedures should support physical distancing and cohorting using strategies that may include:</p> <ul style="list-style-type: none"> • Only one designated parent/guardian drop-off/pick-up • Separate cohort entrances (if applicable and possible)

	<ul style="list-style-type: none"> • Outdoor drop-off/pick-up (unless there is a need for parent/guardian to enter the school) • Staggering entry or limiting the number of people in entry areas • Physical distancing ground markings • Maximizing the use of all possible entrances and exits to support the beginning and end of the school days • Creating designated routes for students to get to and from classrooms • Providing visual cues or 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 (for example, guides for creating “one-way routes” in hallways) <p>Hand sanitizer should be available in school entrances and exits and in classrooms.</p>
A 5.0 COHORTING AND STAFFING	
5.1	<p>Elementary school students in kindergarten through Grade 8 will remain in one cohort and this cohort must be maintained for the school year. Cohorted classes will stay together and with one teacher, where possible. Students may be placed into small groups (for example special education support, English-language learning) with students from other cohorts with appropriate physical distancing in place.</p> <p>Some school boards may implement modified scheduling for secondary school students.</p>
5.2	<p>All members of a cohort (students/staff) practice physical distancing (including between members of the same cohort) and infection prevention and control practices when possible e.g. screening, hand hygiene and respiratory etiquette, enhanced cleaning and masking.</p>
5.3	<p>Cohorts should remain in the same classroom/space as much as possible.</p> <p>If a different teacher is required, staff should come to the classroom to prevent student movement to other rooms. Measures to protect this educator include: physical distancing, hand hygiene, medical mask (as per guidance from Ministry of Education), and eye protection e.g. shield/goggles (as per guidance from Ministry of Labour).</p>
5.4	<p>Ensure a plan is in place to prevent mixing of cohorts in washrooms/change rooms.</p>
5.5	<p>Students should remain in cohorts while outside during recess and breaks.</p> <p>While it is not possible to maintain student/staff cohorts in all situations the recommendation would be to maintain cohorts in as many areas /activities as possible while allowing students to participate in activities that were not permitted earlier in the pandemic.</p>

A 6.0 PHYSICAL DISTANCING	
6.1	<p>Provide as much distance as possible between students, between students and staff, between staff members, and visitors to the school.</p> <p>Physical distancing measures are to be supplemented with other public health measures supported by health and safety strategies, such as screening, adapted school environment, cohorting, hand hygiene, enhanced cleaning and masking.</p>
6.2	<p>Maintain physical distancing between cohorts at all times and within cohorts as much as possible, in both indoor and outdoor learning and play spaces.</p>
6.3	<p>Physical distancing strategies are incorporated in the school:</p> <ul style="list-style-type: none"> • Increase physical distance of chairs and tables/desks in all rooms (including cafeteria, library, staff areas) • Consider having classes outside if weather permits • Arrange student desks with as much distancing as possible and facing in the same direction • Consider using table top barriers e.g. Plexiglass between students when working at shared spaces • Create designated routes for students/staff to get to and from classrooms • Use markings on floors and walls to promote physical distancing, including for lines/queues (e.g., tape on floors, signs on walls) • When different cohorts interact in shared indoor spaces, masking and physical distancing should be maintained between cohorts. • Move activities outside to allow for more space • Stagger periods of student movement around school and discourage students congregating in hallways • Stagger student/staff lunch/break times, recess times and use of communal spaces (e.g., library, gym, cafeteria, staff room) • Washrooms: Ensure signage is posted informing students of the maximum occupancy. Limit capacity at any one time to the extent that is practical/feasible to facilitate physical distancing. Strategies could include identifying designated washrooms and scheduling regular washroom breaks for each cohort. Visual cues can be used to assist with flow of movement. • Change rooms: Signage is posted informing students of the maximum occupancy to facilitate physical distancing. <p>Resources:</p> <ul style="list-style-type: none"> • Halton - Physical Distancing Poster • Halton - Physical Distancing Video
6.4	<p>Close communal spaces where strategies to support physical distancing cannot be implemented.</p>

6.5	Assign staff to dedicated work areas where possible and discourage sharing desks, phones, tools, equipment, etc. If not possible, ensure a plan is developed for cleaning and disinfecting of these spaces between users.
6.6	Set capacity limits for staff rooms and consider establishing virtual staff rooms (e.g. for staff meetings, breaks, socializing) to avoid staff congregating. Post signage re: capacity limits outside the rooms.
6.7	School assemblies or other student/school gatherings that bring cohorts together are not recommended indoors or outdoors.
6.8	Limit the number of students/staff/visitors gathering in common areas and limit number in an elevator to allow for physical distancing. Consider signage for these areas.
6.9	In shared outdoor spaces, at least two meters or preferably more should be maintained between cohorts and any other individuals outside of the cohort. While close contact may be unavoidable between members of a cohort, general IPAC measures e.g., handwashing, respiratory etiquette, and physical distancing, should still be maintained where possible. Shared materials outdoors are permitted, with appropriate hand hygiene and respiratory etiquette.
A 7.0 SHARED ITEMS AND PROGRAMMING	
7.1	Limit student personal belongings brought to school to include essential items only (e.g., backpack, clothing, sun protection, water bottles, food). Personal items should be labeled and stored separately in cubbies/designated areas or lockers. Cubbies/ lockers should be assigned for individual use. If students do share these spaces, they should be cleaned between users. If staff touch any student personal belongings, they should wash hands or use ABHR before and after touching.
7.2	Reviews of inventory should be carried out 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, playdough, area rugs, fabric upholstered seating). Ensure all supplies, toys and equipment used in the classroom are made of materials that can be cleaned and disinfected or are single use and are disposed of at the end of the day (e.g., craft supplies).
7.3	The use of shared materials is permitted. The risk associated with transmission with shared objects is low. The focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment, particularly when regular cleaning of shared objects is not feasible.

7.4	<p>Use of gymnasiums and weight rooms:</p> <p>Elementary and secondary health and physical education classes, including high and low-contact activities, are allowed indoors and outdoors. Cohorting is to be maintained for elementary students during physical activity and sports.</p> <p>Masking is encouraged for indoor sports where they can be worn safely based on the activity.</p>
7.5	<p>Clubs and other activities are allowed. Students can socialize with other cohorts indoors and outdoors with physical distancing between cohorts.</p> <p>Consider whether certain extracurricular activities can be conducted virtually.</p>
7.6	<p>Play structures/playground equipment can only be used by one cohort at a time.</p> <p>Sanitizing outdoor structures on playgrounds is not required.</p> <p>Students need to practice hand hygiene after coming inside following use of a play structure.</p>
7.7	<p>For all structured and unstructured play (including: recess, playground use, PE classes, extracurricular sports/activities):</p> <ul style="list-style-type: none"> • Students/staff must practice proper hand hygiene before and after play/use of equipment • Clean and disinfect shared equipment between cohort/group use • Activities should take place outdoors where possible • Students must not share personal items (e.g., water bottles, towels)
7.8	<p>Music programs are allowed indoors. Singing and playing wind instruments is allowed indoors with adequate ventilation and physical distancing of two meters or more between individuals. Masking during singing is also encouraged.</p> <p>Boards may refer to the Ontario Music Educators' Association resource for suggestions on teaching music in line with current public health recommendations.</p>

7.9	<p>For school-based food, clothing, and toy drives, best practices to prevent the spread of COVID-19 when collecting, handling, storing and distributing items include staying 2 metres apart from others, wearing a non-medical mask for students or PPE for staff (as per policy from local Board of Education and/or Ministry of Education), screening of staff and students and self-isolation of sick individuals, proper hand hygiene, and appropriate environmental cleaning.</p> <p>Individuals receiving donated items should be advised on how to prevent the spread of COVID-19 from household products:</p> <ul style="list-style-type: none"> • There is no evidence of COVID-19 transmission from food packaging or clothing (fomite transmission), but hand hygiene best practices should be followed before and after handling donated items. • Clothing should be laundered according to the manufacturer's instructions, using the warmest appropriate water setting and allowed to dry completely. • Toys with non-porous surfaces should be cleaned with a Health Canada approved disinfectant, and soft surface toys should be laundered if possible or cleaned using soap and water, or with cleaners appropriate for use on these surfaces.
7.10	<p>Storage of personal items, including backpacks, coats and boots:</p> <p>While the risk for fomite transmission (e.g. via touching shared surfaces or inanimate objects such as jackets and coats) is assumed to be possible, current evidence suggests that the predominant mode of transmission of COVID-19 is via respiratory droplets during close unprotected contact, and there is little empiric evidence demonstrating actual disease acquisition via fomites.</p> <p>The key for the school setting is physical distancing (even where masking is practiced) and preventing the children from proceeding to the coat racks/lockers/cubbies all at once, e.g., avoiding crowding; use of alternate spaces (hallways, within classrooms) for putting on and taking off outwear; staggered schedules for access. Frequent hand hygiene should be practiced, particularly after changing in and out of coats and boots.</p>
A 8.0 EATING AND DRINKING	
8.1	<p>All staff and students perform proper hand hygiene before and after eating.</p> <p>Stagger student/staff lunch times to accommodate for hand washing or ABHR use at communal stations (e.g., washrooms) and in shared spaces (e.g., cafeterias). See section 9 - Hand Hygiene and Respiratory Etiquette</p> <p>Consideration needs to be given regarding proper mask storage while eating and drinking. See Section A 11.0 PERSONAL PROTECTIVE EQUIPMENT (PPE) 11.6 for more information.</p>
8.2	<p>Students should eat with their cohort indoors or outdoors. A minimum distance of two metres must be maintained between cohorts and as much distancing as possible within a</p>

	cohort.
8.3	Encourage staff to eat in classroom and limit numbers in staff room. Staff must maintain at least two metres distance when consuming food/drinks.
8.4	Increase physical distance of chairs and tables in cafeterias and staff lunchroom. Capacity limits for cafeterias should be established to allow two meters distancing between tables and only limited number of chairs per table.
8.5	Water fountains/dispensers are only to be used for filling drink bottles and are not to be used to drink from; signage is posted to this effect.
8.6	Ensure students have their own individual meal or snack. Each student is encouraged to bring their own drink bottle that is labeled, kept with them during the day and not shared.
8.7	Use of shared microwaves/kitchen space is permitted. Practice hand hygiene before and after using microwave.
8.8	Nutrition/third party food programs and non-instructional food events (such as a pizza day) are permitted to operate, provided that food handlers use adequate food handling and safety practices.
8.9	For guidance related to instructional-based use of food, classroom celebrations, school-wide celebrations/holiday meals, and third-party services: Guidance for use of food in schools during COVID-19 (under review)
A 9.0 HAND HYGIENE AND RESPIRATORY ETIQUETTE	
9.1	<p>Schools should train students and staff on appropriate hand hygiene and respiratory etiquette, including the use of alcohol-based hand rub (ABHR), and reinforce its use.</p> <p>Age-appropriate posters or signage should be placed around the school.</p> <p>Encourage proper and frequent hand hygiene practices by staff and students:</p> <ul style="list-style-type: none"> • Soap and water for at least 20 seconds • Upon entering and before exiting the building • At regular time intervals throughout day • Before/after eating food • After using washroom • Before/after outdoor play • Before/after playtime with shared equipment/toys

	<p>Soap and water are preferred as the most effective method and least likely to cause harm if accidentally ingested. For any dirt, blood, body fluids (urine/feces), it is preferred that hands be washed with soap and water.</p> <p>Alcohol based hand rub (ABHR) can be used by children. It is most effective when hands are not visibly soiled.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Halton - How to Wash Your Hands poster • Halton - STOP - Sanitize First! poster • Halton - Wash Your Hands poster • PHO - How to wash hands and use ABHR poster • PHO - How to Hand Wash video • PHO - How to Hand Rub video
9.2	<p>Alcohol based hand rub (ABHR) with a minimum 60% alcohol concentration must be available 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.</p> <p>Safe placement of the alcohol based hand rub (ABHR) to avoid consumption is important, especially for young children.</p> <p>All staff, students and visitors conduct proper hand hygiene upon entering the school.</p>
9.3	<p>Staff provide scheduled breaks for students to wash their hands and supervision/assistance for student hand hygiene practices when necessary.</p> <p>Support or modifications should be provided to allow students with special needs to regularly perform hand hygiene as independently as possible.</p>
9.4	<p>Staff and students should be provided with targeted, age appropriate education in proper respiratory etiquette.</p> <p>Staff and students should practice proper respiratory etiquette. Use education posters at the entrance and in areas where they are likely to be seen.</p> <p>Respiratory etiquette includes:</p> <ul style="list-style-type: none"> • Covering nose and mouth during coughing and sneezing with a tissue or sneezing or coughing into your sleeve or elbow • Disposing of used tissues into the garbage immediately after use • Practicing proper hand hygiene immediately after coughing or sneezing or touching one's face <p>Resources:</p> <ul style="list-style-type: none"> • Halton - Cover your Cough or Sneeze poster • PHO - Respiratory etiquette poster - Cover Your Cough
9.5	<p>Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) are to be provided.</p>

9.6	<p>Faucets that are hands-free or shut off automatically help to prevent recontamination of hands after handwashing. In situations where hands-free taps are not available, Public Health recommends the use of paper hand towels instead of hand dryers in order to prevent recontamination of hands when turning off taps.</p> <p>Paper hand towels are preferable to hand dryers.</p>
9.7	<p>If possible and practical (e.g., privacy, safety), the main doors to washrooms are kept open to reduce touch points after hands have been washed.</p>
A 10.0 ENHANCED CLEANING AND DISINFECTION	
10.1	<p>School boards should develop a program for cleaning and disinfecting 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.</p>
10.2	<p>Only use cleaners and disinfectants that are approved by Health Canada, with a Drug Identification Number (DIN) and follow the manufacturer's instructions for safe use.</p>
10.3	<p>Train staff on enhanced cleaning and disinfecting procedures.</p> <p>Cleaning and disinfecting products are provided and accessible to staff.</p>
10.4	<p>Shared rooms/spaces must be cleaned and disinfected before and after using the space.</p>
10.5	<p>Focus should be on masking and regular hand hygiene to reduce the risk of infection related to high touch surfaces.</p> <p>Cleaning plus disinfection twice daily is suggested at a minimum, however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage. This includes washrooms (for example, toilet fixtures, faucets), eating areas (for example, tables, sinks, countertops), doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, and sports equipment.</p> <p>Resources:</p> <ul style="list-style-type: none"> • PHAC - Cleaning and Disinfecting Public Spaces • PHO - Cleaning and Disinfecting for Public Settings
A 11.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)	
11.1	<p>Risk assessment is conducted to determine PPE required for each task and role.</p>

11.2	<p>Personal protective equipment (PPE) including both medical masks (surgical/procedural) and eye protection (for example, face shield or goggles and some, but not all, safety glasses) is required for education staff working in close contact with students who are not wearing masks.</p> <p>See Appendix A: PPE Recommendations for a chart outlining type of PPE that is recommended for various staff roles.</p>
11.3	<p>Staff complete/review the Public Health Ontario PPE training resources.</p>
11.4	<p>Medical masks and eye protection (i.e. face shield) will be provided by the Ministry of Education (MOE) for all teachers and other staff of publicly funded school boards.</p> <p>The MOE has directed that all school-based staff will be required to wear medical masks indoors with reasonable exceptions for medical conditions.</p> <p>Staff are not required to wear medical masks outdoors unless they are in close contact with someone not wearing a mask.</p> <p>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 e.g. shield/goggles (as per guidance from Ministry of Labour).</p> <p>In Ontario, private schools operate as independent businesses or non-profit organizations and receive no public funding or financial assistance from the government. If private schools need to access personal protective equipment (PPE), they can visit the following website: Workplace PPE Personal Protective Equipment Supplier Directory.</p>
11.5	<p>Students in JK/SK to 12 are required to wear non-medical or cloth masks while in school, including in hallways, during classes, as well as on school vehicles.</p> <p>Masks may be temporarily removed indoors to consume food or drink, with a minimum distance of two metres maintained between cohorts and as much distancing as possible within a cohort</p> <p>Students may wear their own non-medical masks. Reasonable exceptions on the requirement to wear masks will apply. Exemption documentation is not required.</p> <p>Parents are responsible for providing and maintaining cleanliness of the mask.</p> <p>Schools should ensure that a supply of appropriately sized non-medical 3-ply masks are available for students who forget or lose their mask, who do not have masks, or if their mask becomes soiled or wet during the school day. Equity of access for all students required and encouraged to wear masks at school should be ensured.</p>
11.6	<p>Any visitors to a school are required to wear a medical mask while on school premises.</p>
11.7	<p>A mask is not a replacement for proven infection control methods such as hand hygiene, respiratory etiquette and physical distancing.</p> <p>Individuals are responsible for the safe use and cleanliness of their mask and its proper disposal:</p>

	<ul style="list-style-type: none"> • A medical mask or non-medical disposable mask must be discarded when it becomes visibly soiled, damp or damaged. • Non-medical cloth masks should be changed if visibly soiled, damp or damaged or difficult to breathe through • Masks should be stored in a clean bag or container between uses • The best storage option is a labeled paper bag or envelope as these materials do not retain moisture which could allow bacteria to grow on the mask. If a paper bag or envelope is used, discard at the end of each day. • Alternatively, use a labeled cleanable container with a lid or a sealable plastic bag. If a reusable container with a lid is used, clean and disinfect it at the end of each day. • Lanyards, fanny packs and pockets may be used for mask storage. <p>A face bracket under a mask is not recommended as there is currently insufficient evidence regarding its potential impact on the performance of the mask. Note that the addition of the bracket under the mask may increase risk due to the potential for an individual to touch their mask/face more frequently.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Halton - Use of Non-Medical Masks or Face Coverings in Schools • Halton - Mask video • Ontario - Face covering poster
11.8	<p>If an individual, including students, staff, contractors, visitors, parents, guardians, becomes ill while at school, including before and after school care affiliated with the school, it is recommended that:</p> <ul style="list-style-type: none"> • the staff person caring for the individual must wear PPE from the kit including a medical mask, eye protection, gloves and gown and maintain as much physical distance as possible. Hand hygiene and respiratory etiquette should be practiced while the ill individual is waiting to be picked up. • if tolerated, the ill individual should also wear a medical mask.
11.9	<p>A policy is in place on safe mask breaks (e.g., when eating, outdoors if physical distancing is maintained).</p>

11.10	<p>Eye protection is required for education staff working in close contact with students who are not wearing masks.</p> <p>Eye protection options include: safety goggles, face shields, safety glasses and visors attached to masks.</p> <p>Goggles: Provide the most reliable eye protection from splashes, sprays and respiratory droplets with the snug fit around the eyes. Comes with an adjustable band to allow a firmly secured fit.</p> <p>Face shield: Must cover the front and sides of the face and extend to the chin to reduce the possibility of splash, spray or respiratory droplets from going around the edges of the shield. It does NOT filter respiratory droplets – droplets can escape around the sides of the face shield. They DO NOT replace the need for a medical mask.</p> <p>Safety glasses: Does NOT provide the same level of protection from splashes, sprays and respiratory droplets as goggles or face shields. Ensure there is a snug fit with no gaps between the glasses and your face. This is to provide a barrier to prevent splashes/sprays from the front, the sides and the top of the eyes when your head is lowered.</p> <p>All eye protection should be cleaned and disinfected between each use. When manufacturer instructions for cleaning and disinfection are not available, follow these steps:</p> <ol style="list-style-type: none"> 1. Clean hands. 2. Wipe the inside (the less soiled part), followed by the outside (the more soiled part) of the eye protection using a disinfecting wipe or disinfecting solution. 3. Ensure all surfaces remain wet for the disinfectant contact time (e.g. 1-3 minutes). 4. Rinse with tap water and allow to dry on a clean surface such as on a clean paper towel. 5. Clean hands. 6. When dry, store in a clean, dry container labelled with your name and store in a designated area. <p>The number of times disposable face shields/eye protection could potentially be reprocessed is unknown; therefore, face shields/eye protection should be closely examined prior to each reuse to ensure the integrity of the foam pad, elastic strap, and clarity of the visor/goggle.</p> <p>For more information on eye protection options please review:</p> <p>Halton - COVID-19 Eye Protection Guidance: Schools and Child Care Centres</p>
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11.11	<p>Management of fogging of eyewear, including face shields and goggles when wearing a mask:</p> <p>There are some commercial products on the market (e.g., safety glass wipes and anti-fog spray) that claim to reduce fogging of eyewear. Ill-fitting masks may contribute to fogging of eye glasses. Ensure a secure fit over the nose and across the cheeks. Masks with a bendable metal strip inside the mask work best at providing the secure fit. Medical tape may be applied to skin to secure the mask over the nose. Glasses should rest on top of the mask.</p>
11.12	<p>N95 respirator masks are only recommended in a school setting if staff are providing care for a student during an aerosol generating medical procedure (AGMP) or required to be in the same room. If possible, conduct the AGMP in a separate room away from other students and staff.</p> <p>An N95 is a specialized type of PPE that protects the wearer against very small airborne particles. It is only necessary under very specific circumstances (e.g. suction a tracheostomy). Mask fit-testing is required to ensure the best fit.</p> <p>Staff performing an AGMP in a school setting must wear full PPE including eye protection, gown and gloves, in addition to an N95 mask.</p>
A 12.0 VENTILATION	
12.1	<p>School boards will continue to ensure adequate ventilation measures are in place in all classrooms. This includes:</p> <ul style="list-style-type: none"> • keeping windows open • increasing fresh air intake • operating HVAC systems for longer hours <p>For schools or parts of schools without mechanical ventilation, school boards are expected to place standalone high efficiency particulate air (HEPA) filter units in all classrooms and learning environments, including classrooms, gyms, libraries, lunchrooms, child care spaces, administrative spaces and portables with no or poor mechanical ventilation, before students return to class. These units ensure particle filtration of air and improve air exchange. These units must be sized for the classroom or learning environment that is being used. In larger classrooms and learning environments, more than one HEPA unit may be required.</p> <p>For schools with mechanical ventilation, school boards are expected to place a standalone HEPA filter unit in every occupied full-day kindergarten classroom as an additional health and safety measure to recognize that junior and senior kindergarten students may not be masked in the classroom. Note: Halton Region recommends that all students in JK/SK to 12 wear non-medical or cloth masks while in school, including in hallways, during classes, as well as on school vehicles. (See Section A 11.0 PERSONAL PROTECTIVE EQUIPMENT (PPE) 11.5 for more information)</p>

12.2	<p>If portable HEPA filtration units are used, a schedule has been established for changing the filters and any other required maintenance as per manufacturer's directions.</p> <p>The Use of Portable Air Cleaners and Transmission of COVID-19 fact sheet is intended to be a technical resource on the use of a portable air cleaner where it is considered as a supportive measure to improve indoor air quality.</p>
12.3	<p>Minimize use of other air current generating devices (e.g., bladed and bladeless fans, portable air conditioners)</p> <p>Air from portable fans and/or air conditioners should be directed upwards (i.e., it is not blowing at head level/breathing height).</p> <p>Portable fans and/or air conditioners should be regularly cleaned and maintained according to manufacturer's directions.</p> <p>If using these devices and further guidance is needed, please consult with an air flow expert.</p> <p>Resource</p> <ul style="list-style-type: none"> • PHO - Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19 • PHO – Daily Camp Operations COVID-19 Preparedness and Prevention for Day Camps
A 13.0 MANAGEMENT OF SYMPTOMATIC PERSONS	
13.1	<p>Staff are to monitor self and students for signs/symptoms of COVID-19 while at school, including before and after school care affiliated with the school.</p> <ul style="list-style-type: none"> • Staff are provided with information on signs and symptoms of COVID-19 in children • Students should be made aware, in age-appropriate and non-stigmatizing language, how to identify symptoms of COVID-19 • Staff should encourage students to speak to staff if they are feeling unwell <p>Resources:</p> <ul style="list-style-type: none"> • Ontario - COVID-19 Reference Document for Symptoms • Ontario COVID-19 School and Child Care Screening
13.2	<p>Individuals with signs/symptoms of COVID-19:</p> <p>Individuals are to complete the daily Provincial COVID-19 School and Child Care Screening Tool and follow the direction provided.</p> <p>Halton Region Public Health does not notify individuals of negative test results. If an individual tests positive for COVID-19, Halton Region Public Health will notify the individual and the school. See 13.9 below.</p>

	<p>Medical notes or proof of negative tests should not be required for staff or students to return to school.</p> <p>Resources:</p> <ul style="list-style-type: none"> • PHO - How to Self-isolate • COVID-19 Assessment Centres • Ontario - Operational guidance: COVID-19 management in schools • Ontario COVID-19 School and Child Care Screening
13.3	<p>Individuals with signs/symptoms of COVID-19 while at school, including before and after school care affiliated with the school:</p> <p>Students should be immediately separated from others, provided a medical mask, and supervised in a designated room/space. Consider potential additional spaces that could be used to support self-isolation if multiple ill individuals present at the same time, as needed to enable at least 2 metres distance between individuals at all times.</p> <p>Their parent/guardian should be contacted to pick them up immediately. Ill students should not take school or public transportation.</p> <p>School protocol should include procedures for picking up students with signs/symptoms of COVID-19.</p> <p>Advise the ill individual and/or their parent or guardian to complete the Ontario COVID-19 School and Child Care Screening and have the ill individual follow the direction provided from the results of the above screening. This may include seeking medical advice, including the recommendation of testing for COVID-19 as appropriate or as advised by their medical provider.</p> <p>Any staff or visitors with signs/symptoms of COVID-19 must go home immediately. If they cannot return home immediately, they must be isolated in a designated room/space until their departure.</p> <p>Any staff or visitors with sign/symptoms of COVID-19 should avoid using public transportation.</p> <p>In general, schools should not report all instances of ill individuals in the school setting to Halton Region Public Health as these are frequent occurrences and typically students have non-specific symptoms. However, as required by section 28 of the Health Protection and Promotion Act, school principals are required to report to the medical officer of health if they are of the opinion that a pupil has or may have a communicable disease.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Ontario - Operational guidance: COVID-19 management in schools • Ontario COVID-19 School and Child Care Screening

13.4	<p>Schools should maintain a personal protective equipment (PPE) kit specifically for managing students or others who become ill during school hours. The kit should contain ABHR, gloves, medical masks, eye protection, and a gown.</p> <p>Instructions on proper use of PPE should be available on the outside of the kit.</p> <p>Tissues should be provided along with guidance on proper disposal of the tissues.</p> <p>A thermometer should be available and a temperature check is recommended if ill individual complains of fever. The thermometer must be covered with single-use protective covers (discarded after each use) or cleaned and disinfected after each use.</p>
13.5	<p>Designated staff member providing care to a student, staff member or visitor with signs/symptoms of COVID-19 must wear PPE from the kit including a medical mask, eye protection, gloves and gown and maintain as much physical distance as possible. Hand hygiene and respiratory etiquette should be practiced while the ill individual is waiting to be picked up.</p>
13.6	<p>A medical mask is worn by the person with signs/symptoms of COVID-19 (if tolerated).</p>
13.7	<p>Clean and disinfect the designated room/space, and any items touched by the symptomatic individual as soon as reasonably possible after ill individual leaves.</p> <p>Identify contaminated areas and items within the school used by any individual with signs/symptoms of COVID-19 and conduct cleaning and disinfection of these items (refer to 10.0).</p>
13.8	<p>Place any soiled personal items in a securely tied plastic bag and send home with the student's parent/guardian. Soiled items must not be rinsed and/or washed at school.</p>
13.9	<p>Any confirmed cases of COVID-19 within the school must be reported Halton Region Public Health by calling 311 or submitting the COVID-19 Reporting Tool to support case management and contact tracing.</p> <p>Public health will determine any additional steps required, including but not limited to the declaration of an outbreak and closure of classes or schools.</p>
13.10	<p>Contact Assessment & Management of Case(s) in the School</p> <p>As each situation is unique, the school will work closely with Halton Region Public Health on exclusion and isolation requirements for close contacts and other individuals from the same cohort.</p> <p>In the event of a confirmed or probable case of COVID-19, Halton Region Public Health will notify the school as soon as possible to provide further information on contact tracing and outbreak management. A letter will be provided to notify staff and parents/ guardians of the COVID-19 exposure.</p> <p>An outbreak in a school is defined as two or more lab-confirmed COVID-19 cases in students and/or staff in a school with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in</p>

	<p>the school (including transportation and before or after school care).</p> <p>For more information on outbreak management, please refer to Appendix B: School Outbreak Management: Halton Region Public Health Support for Schools with COVID-19 Case or Outbreak</p> <p>Resources:</p> <ul style="list-style-type: none"> • Halton - Your Health Information Privacy • Ontario - COVID-19 Guidance: School Outbreak Management • PHO - Cleaning and Disinfection for Public Settings
13.11	<p>Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of illness.</p> <p>If the staff member's illness is determined to be work-related, in accordance with the <i>Occupational Health and Safety Act</i> (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:</p> <ul style="list-style-type: none"> • Ministry of Labour, Training and Skills Development; • Joint health and safety committee (or health and safety representative); and • Trade union, if any.
A 14.0 RECORDS MANAGEMENT	
14.1	<p>Daily attendance and records of anyone entering the school setting must be maintained and kept on-site (includes staff, students, parents/guardians and visitors). Each record must include:</p> <ul style="list-style-type: none"> • Name • Contact information (phone number or email) • Time of arrival and departure <p>Note: Contact information should also include afterhours, evenings and weekends.</p>

14.2	<p>In the event that schools are made aware of a positive diagnosis of COVID-19 for staff or students, it is essential that key information pertaining to staff and students be available upon request by Halton Region Public Health for the purposes of contact tracing.</p> <p>This information needs to be accessible by school administrators on short notice, both during and outside of school hours, when requested by public health. Schools and school boards are expected to establish a system with Halton Region Public Health to ensure that these records can be accessed at all times.</p> <p>The following information should be available for the last 30 days including:</p> <ul style="list-style-type: none"> • attendance records • class cohort lists • before-and-after school child care lists • transportation lists and seating charts • up to date contact information for parents, staff and students • special assignments/programs/activities (for example, Education Community Partnership program (formerly Care Treatment Custody Corrections), Special Education) • records of visitors
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B. BUSSING TRANSPORTATION RECOMMENDATIONS

B 1.0 GENERAL MEASURES	
1.1	<p>School bus drivers and parents/guardians of student riders are aware of COVID-19 related protocols and enhanced measures.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Health and Safety Guidance During COVID-19 for Student Transportation Employers
1.2	<p>School board and transportation consortia develop COVID-19 related communication protocol. Must include:</p> <ul style="list-style-type: none"> • Bus driver notifying employer and school if they screen positive using the daily COVID-19 self-assessment tool • Bus driver notifying school of any instances of a symptomatic child while riding bus • School notifying transportation provider if student develops symptoms while at school and will not be riding bus home
B 2.0 SCREENING	

2.1	<p>All bus drivers complete a <u>daily</u> self-assessment screen for COVID-19 BEFORE arriving at work. Drivers are to use the COVID-19 Screening Tool every day of the week, including weekends, and follow the direction provided.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Ontario COVID-19 School and Child Care Screening • COVID-19 Assessment Centres
2.2	<p>Students must complete a <u>daily</u> self-assessment screen for COVID-19 BEFORE using bussing transportation. Students are to use the COVID-19 Screening Tool every day of the week, including weekends, and follow the direction provided.</p>
2.3	<p>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. In such instances, the school must notify the transportation provider.</p>
B 3.0 CAPACITY	
3.1	<p>School vehicles can operate at full capacity. Vehicles for elementary students should reduce capacity where possible. The seat directly behind the driver in school buses should remain empty to maintain physical distancing between the driver and students. This distancing measure may not be applicable to other vehicle types such as vans or cars. Where school vehicles are able to operate at less than full capacity, students should be seated in a manner that maximizes physical distancing.</p> <p>Active forms of travel (for example, walking and cycling) are encouraged to ease pressure on transportation demand.</p> <p>Windows should be opened when feasible to increase ventilation.</p>
3.2	<p>Students should be assigned seats and a record of the seating plan should be kept to assist with contact tracing in the case of a student or driver contracting COVID-19. Students who live in the same household or are in the same classroom cohort should be seated together where possible.</p>
B 4.0 ENHANCED CLEANING AND DISINFECTION	
4.1	<p>Alcohol-based hand rub (ABHR) is available at the entrance of the school bus (ABHR minimum 60%).</p> <p>Bus driver should prompt students to use ABHR prior to boarding.</p>

4.2	<p>School vehicles should follow an enhanced cleaning protocol of disinfecting high-touch surfaces (for example, handrails, seatbacks) at least twice daily.</p> <p>Student transportation service providers should also consider the health and safety guidance during COVID-19 for student transportation employers released by the Public Services Health and Safety Association.</p> <p>Resources:</p> <ul style="list-style-type: none"> • PHAC - Cleaning and Disinfecting Public Spaces • PHO - Cleaning and Disinfecting for Public Settings
B 5.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)	
5.1	<p>The use of non-medical masks for students JK/SK to 12 is required on school vehicles.</p> <p>Exceptions should be made for students with medical conditions or special needs that prevent masking.</p>
5.2	<p>School bus drivers, monitors, and aides are provided with medical masks and appropriate eye protection (e.g., goggles, face shields), particularly for use during student boarding and exiting when physical distancing may not be possible.</p> <p>Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with students, such as during boarding and exiting.</p>
5.3	<p>Please refer to Section A 11.0 Personal Protective Equipment (PPE) 11.10 for eye protection options, cleaning and additional information.</p>
5.4	<p>Management of fogging of eyewear, including face shields and goggles when wearing a mask:</p> <p>There are some commercial products on the market (e.g., safety glass wipes and anti-fog spray) that claim to reduce fogging of eyewear. Ill-fitting masks may contribute to fogging of eye glasses. Ensure a secure fit over the nose and across the cheeks. Masks with a bendable metal strip inside the mask work best at providing the secure fit. Some people applied medical tape (tape meant to be applied to skin) to secure the mask over the nose. The glasses should rest on top of the mask.</p> <p>Bus drivers should follow relevant workplace guidance on safe operation of vehicles from their employers and the MLTSD.</p>

C. OTHER CONSIDERATIONS

C 1.0 EQUITY CONSIDERATIONS	
1.1	<p>Establish guidance and supports for children and families disproportionately impacted by chosen reopening model due to social, economic, ability and other challenges and barriers.</p> <p>Resource:</p> <ul style="list-style-type: none"> Vulnerable Populations and COVID-19
1.2	Tailor COVID-19 prevention and response measures appropriately for students with medical and/or behavioural complexities as appropriate.
1.3	Medical notes and proof of a negative test are not required for an individual to return to school.
1.4	<p>International Students:</p> <p>Learn more about Kindergarten to Grade 12 international students.</p> <p>Federal Guidance on travel exemptions and restrictions for international students can be found here.</p>
C 2.0 OTHER PUBLIC HEALTH CONSIDERATIONS	
2.1	Consider the physical and mental health impacts of COVID-19 on children, family and staff.
2.2	<p>Boards may wish to identify key contacts within the community who can provide supports to families where required, such as:</p> <ul style="list-style-type: none"> transportation companies local COVID-19 assessment centers municipal social services and children's services department local hospitals any other key contacts in the school community

D. APPENDICES:

Appendix A: PPE Recommendations.

The following chart outlines the PPE recommendations for use in a school environment.

Role/Situation	Type of PPE
Classroom staff in JK/SK-Grade 12	<ul style="list-style-type: none"> • Must wear medical masks (surgical/procedural) at all times. • Eye protection (for example, face shield or goggles and some, but not all, safety glasses) is required when working in close contact with students who are not wearing masks.
Other school staff e.g. office administration, Principal, Vice Principal, CYC, SW	<ul style="list-style-type: none"> • Medical mask • Practice physical distancing • Eye protection (for example, face shield or goggles and some, but not all, safety glasses) is required when in close contact with students who are not wearing masks. • Where a student is receiving hands-on-care (and physical distancing cannot be maintained) and staff may be exposed to a student's body fluids such when providing care to an ill child, staff must also wear gown and gloves
Supervision staff (e.g. for various cohorts, before/after school supervision) and Occasional teachers	<ul style="list-style-type: none"> • Practice physical distancing • Medical mask • Eye protection (for example, face shield or goggles and some, but not all, safety glasses) is required when in close contact with students who are not wearing masks.
School staff providing care for a sick child (suspect case of COVID-19)	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield) • Gown • Gloves
School staff cleaning up bodily fluids with the risk of splashing/soiling of clothing	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Medical mask

	<ul style="list-style-type: none"> • Eye protection (goggles or face shield) • Gown • Gloves
Staff performing an Aerosol Generating Medical Procedure (AGMP) or required to be in the same room when an AGMP is being performed.	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • N95 respirators (fit tested) • Eye protection (goggles or face shield) • Gown • Gloves
Symptomatic student (suspect case of COVID-19)	<ul style="list-style-type: none"> • Medical mask (if tolerated)
Custodial and caretaker staff (no direct care or close contact with students or other staff)	<ul style="list-style-type: none"> • Medical mask • Gloves, as required (as per manufacturer's instructions)
Cook, food handler	<ul style="list-style-type: none"> • Practice physical distancing as much as possible • Medical mask
Visitors	<ul style="list-style-type: none"> • Practice physical distancing • Medical mask
Maintenance staff	<ul style="list-style-type: none"> • Practice physical distancing as much as possible • Medical mask
Bus driver	<ul style="list-style-type: none"> • Practice physical distancing • Medical masks and eye protection (i.e. face shields) will be provided by the Ministry of Education for school bus drivers, school bus monitors and student aides. Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with students, such as during boarding and exiting.

Notes:

- Face Shields are not an appropriate substitution for masks, but may be used in addition to masks for eye protection. Face shields must be assigned to one user.
- Personal eye glasses are not an appropriate substitution for eye protection (goggles or face shield).

Before using PPE, staff should be familiar with how to safely put it on and take it off. [Public Health Ontario training videos](#) are available.

Appendix B: School Outbreak Management Halton Region Public Health Support for Schools with COVID-19 Case or Outbreak

Management of a confirmed COVID-19 case in your school community

Public Health will:

- Provide timely notification to the school COVID-19 contact within 24 hours of a confirmed case of COVID-19.
 - During the school day, Public Health will contact the school directly to speak with the school COVID-19 contact person.
 - After hours, Public Health will notify designated school COVID-19 contact.
- Investigate and manage reports of cases and contacts connected to confirmed case of COVID-19.
 - Investigate clusters of cases associated with school locations:
 - School transportation.
 - In-person attendance.
 - Before/after school programs located at the school.
 - Additional facilities connected with the school.
 - Review the Infection Prevention and Control (IPAC) and outbreak control measures with the school.
 - Advise school to refer to reference documents:
 - [COVID-19 Guidance: School Outbreak Management](#)
 - [Operational Guidance: COVID-19 Management in Schools](#)
 - Provide school with letter to notify staff and parents/guardians of the COVID-19 exposure.
- Review and determine any testing recommendations for the school as needed.
 - [COVID-19 Provincial Testing Guidance](#)
- Halton Region Public Health has responsibility in determining when an individual or cohorts are dismissed, when schools are closed and when individuals or cohorts can return to school. Halton Region Public Health may give direction to principals to dismiss individuals or cohorts for self-isolation while awaiting results of the local public health investigation.
 - Once a cohort has been determined to be dismissed, Halton Region Public Health will provide the school with letter(s) to notify the staff/students, parents or guardians with directions on isolation and when they may return back to school.
- Complete follow up with the school to determine if any new students or staff have developed symptoms and facilitate testing as needed.
- Support school to address any other questions/concerns related to the confirmed COVID-19 case.

The School will:

- Ensure confidentiality of student/staff is maintained

- Boards must report suspected cases to Halton Region Public Health to support case management and contact tracing.
- Immediately contact Public Health by calling 311 to report any confirmed or probable case of COVID-19 that has been reported to the school administrator by a student/staff person.
- Ensure COVID-19 school outbreak and IPAC measures are in place [COVID-19 Guidance: School Outbreak Management](#).
- Ensure student and sibling(s) portfolio information (class lists, seating charts, transportation details) remain up-to-date.
- Ensure/co-ordinate environmental cleaning and/or disinfecting of the space and items used by student/staff
 - [Environmental Cleaning in non-health care settings](#).
- Monitor school population for new/additional illnesses and [signs and symptoms](#).
- Distribute communications provided by public health to school community:
 - Parent/staff letter.

Management of more than 1 confirmed COVID-19 case in your school community
Public Health will:

- Provide timely notification to the school COVID-19 contact within 24 hours of a confirmed case of COVID-19.
 - During the school day we will contact the school directly and speak to the school COVID-19 contact person.
 - After hours Public Health will notify designated school COVID-19 contact.
- Investigate and manage reports of cases and contacts connected to confirmed case of COVID-19.
 - Investigate clusters of cases associated with school locations:
 - School transportation.
 - In-person attendance.
 - Before/after school programs located at the school.
 - Additional facilities connected with the school.
 - Review the Infection Prevention and Control (IPAC) and outbreak control measures with the school.
 - Advise school to refer to reference documents:
 - [COVID-19 Guidance: School Outbreak Management](#).
 - [Operational Guidance: COVID-19 Management in Schools](#).
- Public Health will conduct a risk assessment and consult with the Medical Officer of Health to determine if an outbreak needs to be declared.
 - Public Health will increase or decrease outbreak measures based on risk assessment and define if the outbreak exists within a cohort or the whole school.

- Public Health will make recommendations on isolation of cohort(s), and the potential need for full or partial school depending on if the outbreak is declared and its circumstances
- Public Health will declare an outbreak if required and:
 - Provide the school with an outbreak number.
 - Provide the school with an outbreak declaration letter.
 - Provide the school with letter(s) to notify staff and parents/guardians of the COVID-19 exposure.
 - Coordinate public communication, including media, regarding school outbreaks with the school/BOE partners and the MOH.
- Review and determine any testing recommendations for the school if needed.
 - [COVID-19 Provincial Testing Guidance](#).
- Complete follow up with school during outbreak:
 - Confirm that COVID-19 school OB and IPAC control measures remain in place.
 - Determine if any new students or staff have developed symptoms and facilitate testing.
 - Assess and determine status of outbreak (need to be expanded or prolonged).
 - Support school to address any other questions/concerns related to the outbreak.
- Declare an outbreak over:
 - Notification by phone that the school outbreak has been declared over.
 - Provide the school with an outbreak declared over letter notify staff/students, parents, and guardians that the school outbreak has been declared over.