

## District COVID-19 Safety Plan for Schools

The District is committed to providing a safe and healthy workplace for all staff and students. A combination of control measures, including staying home when ill, physical distancing, minimized physical contact, hand hygiene and frequent cleaning and disinfection, will be used to minimize exposure to pandemic viruses. These work procedures will protect staff and students within the District, and it is important that all staff follow the procedures outlined in this plan and provided to staff in order to prevent or reduce exposure to pandemic viruses, including COVID-19.

### 1. Risk Identification and Assessment

- The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face.
- The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near.
- The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

#### **Surface Transmission Assessment**

The District has identified general areas in schools where surfaces and other materials are touched often by staff and students, including toys, tech devices and high touch points throughout the building. The District's Enhanced Cleaning and Disinfecting Checklist identifies these areas and the frequency of cleaning/disinfecting that is required each day.

#### **Physical Distancing Assessment**

The Provincial Health Officer (PHO) recognizes that schools will require flexibility when it comes to providing school care and learning opportunities. This means that there can be more than 50 students and staff in a school at any given time if they are not all in one area at the same time and are actively engaged in physical distancing *to the extent possible*.

Physical distancing is challenging in a K-12 educational setting. At the same time, it is important that we do what we can to try to assist children and staff understand the importance of minimizing the frequency of physical contact with one another. As such, the recommendations and safe work procedures for minimizing physical contact have been adopted from the BCCDC COVID-19 Guidance for K-12 Schools and included in the District Childcare Guidelines for ESW – COVID

It has been recognized that maintaining physical distancing when working with students with complex needs can be more challenging, especially with younger students. As such, additional safe work procedures have been provided in the District Supplementary Childcare Guidelines for ESW (COVID) – Children with Complex Needs

The District has also identified general areas where staff and/or students may gather (hallways, gyms, meeting rooms, libraries, washrooms, staff rooms, photocopy rooms, classrooms) and have implemented control measures to minimize access and/or occupancies in these areas. The District has also addressed physical distancing involving parents/caregivers and members of the general public.

## 2. Control Measures and Protocols in Place to Reduce Risk

### Personal Measures

- All students and staff who have symptoms of COVID-19 OR travelled outside Canada in the last 14 days OR are identified as a close contact of a confirmed case or outbreak are directed to stay home and self-isolate, including children of essential service workers who are ill.
- Parents and caregivers are asked to assess their child daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before sending them to school.
- Students and staff are checked daily for symptoms of common cold, influenza, or COVID-19 prior to entering the school
- Procedures for students and staff who become ill at work are in place
- Those unsure of if they should self-isolate are directed to use the [BC COVID-19 Self-Assessment Tool](#) and/or advised to contact 8-1-1 or the local public health unit to seek further input or to contact a family physician or nurse practitioner to be assessed for COVID-19 and other infectious respiratory diseases

### Hand Hygiene

The following are in place at all schools:

- Proper hand washing instructions and posters
- Where sinks are not available, alcohol-based hand rub containing at least 60% alcohol is provided
- Hand hygiene stations are set up at the school entrance
- Staff and students are regularly reminded about the importance of diligent hand hygiene.
- Additional hand hygiene opportunities into added to the daily schedule.

### Respiratory Etiquette

Staff have been provided the following direction:

- Cough and sneeze into their elbow, sleeve, or a tissue. Throw away used tissues and immediately perform hand hygiene.
- Refrain from touching their eyes, nose, or mouth with unwashed hands.
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Cloth or homemade masks are not recommended, particularly for children.

### Personal Protective Equipment

Staff have been provided the following information:

- Personal protective equipment (PPE), such as masks and gloves are not needed, beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course of work. They should only be used when all other controls fail (*e.g. only used when other control methods cannot reduce the risk to a low enough level*).
- Managing students with complex behaviours, on a delegated care plan or experiencing a health emergency may require staff to be in close physical proximity with the student. No additional personal protective equipment is required for reducing COVID-19

## Physical Distancing and Minimizing Physical Contact Measures

The following physical distancing strategies have been provided in the K-12 schools:

- Avoiding close greetings (e.g., hugs, handshakes).
- Spreading people out into different areas (different classroom and learning environment configurations to allow distance between students and adults using different desk and table formations).
- Organizing students into smaller groups that stay together throughout the day.
- Striving to minimize the number of different teacher(s) and educational assistant(s) that interact with groups of students throughout the day (i.e. minimize the amount of mixing between students and different staff in the setting).
- Staggering pick-up and drop-off times.
- Staggering recess/snack, lunch, and class transition times to provide a greater amount of space for everyone.
- Taking students outside more often.
- Organizing learning activities outside including snack time, place-based learning, and unstructured time.
- Taking activities that involve movement, including those for physical health and education, outside.
- Sports have been limited, taking into consideration personal measures.
- Encouraging appropriate hand hygiene
- Incorporating more individual activities or activities that have more space between students and staff.
  - For younger students, adapting group activities to minimize physical contact and reduce shared items.
  - For adolescent students, minimizing group activities and avoid activities that require physical contact.
- Managing flow of people in common areas, including hallways.
- Parents and Caregivers and other non-staff adults entering the school
- Canceling assemblies and other school-wide events or holding them virtually to avoid a large number of people gathered in one space.
- Cleaning/disinfecting buses used for transporting students according the guidance provided in the BCCDC's Cleaning and Disinfectants for Public Settings document.
- Encouraging private vehicle use where possible to decrease transportation density.
- Having students sit in their own seat and separated side to side and front to back

### School Administrators will be responsible for the following:

- Identifying the need for additional measures for physical distancing and implementing protocols
- Implementing clear protocols for employees, students, and others entering and exiting schools as well as school outdoor activities and student pick-up and drop-off.
- Implementing clear protocols for bringing materials (*e.g. bags, school supplies*) into and out of schools.
- Implementing clear protocols for safe and healthy handling of all food items, such as labelling of beverage and food containers, clear communication to students not to contact or share items, and other parameters deemed appropriate.
- Not allowing school to host community related events unless determined essential by the Board
- Working with local municipalities to develop a common approach to re-opening any playgrounds that have closed following PHO advice that playgrounds area safe environment.
- Ensuring employees and students are not sharing personal items (*e.g. electronic devices, writing instruments, etc.*).

## **Cleaning and Disinfection**

Regular cleaning and disinfection is in place to prevent the transmission of COVID-19 from contaminated objects and surfaces. Schools are being cleaned and disinfected in accordance with the [BCCDC's Cleaning and Disinfectants for Public Settings document](#). The District's Enhanced Cleaning and Disinfecting Checklist is as follows:

### **Day custodians will engage in enhanced hand touch cleaning at a minimum of twice per day:**

- Main Entrance and all interior doors – every hour.
- Push plates and push areas above the door handles and crash bars both sides – twice a shift
- Handrails and elevators – twice a shift
  - Staircase handrails.
  - Guardrails; and
  - Elevator push buttons.
- Drinking fountains – every hour
  - Handles, knobs and push buttons of drinking fountains and water bottle fillers.
- Washrooms – every 45 minutes to 1 hour.
  - Faucet and countertop.
  - Toilet and urinal flush buttons and handles.
  - Toilet stall locking mechanisms, pulls and areas around both sides.
  - Soap dispensers; and
  - Hand dryers and paper towel dispensers.
- Reception area – every hour.
  - Countertops / desktops.
  - Light switches.
  - Cabinet handles.
  - Copiers printers touch screen and lid handles and edges; and
  - Telephones.
- Staffroom – 3 times per day (after breaks)
  - Door handles and light switches.
  - Cabinet handles.
  - Faucets.
  - Appliance handles.
  - Countertops, tables, and area immediately underneath; and
  - Chairs (top, back and armrest).

### **Evening custodians will engage in enhanced hand touch cleaning and disinfecting of all surfaces once a day:**

- Classrooms
  - Door handles and light switches.
  - Cabinet handles.
  - Teacher's chair (top, back and armrest).
  - Student chairs and stools (top back).
  - Desks and tabletops and immediately under the sides.
  - Countertops; and
  - Telephone.

- Washrooms (full clean)
  - Sinks, faucets, and countertops.
  - Toilets and urinals including flush buttons and handles.
  - Toilet stall locking mechanisms, pulls and areas around both sides.
  - Soap dispensers.
  - Hand dryers and paper towel dispensers; and
  - Clean and damp mop floors
- Drinking fountains
  - Handles, knobs and push buttons of drinking fountains and water bottle fillers.
- Main office and reception area
  - Countertops / desktops.
  - Door handles and light switches.
  - Cabinet handles.
  - Copiers printers touch screen and lid handles and edges; and
  - Telephones.
- Libraries and computer labs
  - Door handles and light switches.
  - Cabinet handles:
  - Countertops and desktops.
  - Computer keyboard, mouse, monitor push button and touch screens.
  - Copier printer touch screen and lid handles and edges; and
  - Telephone.
- Staffroom
  - Door handles and light switches.
  - Cabinet handles.
  - Faucets.
  - Appliance handles.
  - Countertops, tables, and area immediately underneath; and
  - Chairs (top, back and armrest).
  - Garbage, recycling and organic
  - Dispose of daily in all rooms and common areas; and
  - Wipe all lids
- In addition to daily enhanced cleaning and disinfecting of all facilities by custodial staff, SD35 will be using an application process that enables us to penetrate 100 % of all exposed and hidden surface areas to prevent cross contamination, literally wrapping around every touch point with hospital grade disinfectant.
  - All facilities will be disinfecting with this system once per week.
  - Transportation – buses will be disinfected once per day.

## Transportation Protocol

### Code of Conduct Rules for Students

The rules have been updated to ensure that students will not be able to ride the bus if:

- They are experiencing symptoms of COVID 19
- Anyone in the student's home is experiencing symptoms of COVID 19
- Anyone in the home has come into contact with someone with COVID 19
- They have recently travelled outside Canada

### PPE for Drivers/Monitors

- Face shields will be provided to Drivers during loading/unloading of students at each stop. This is to be in the open position while driving to ensure clear visibility while driving
- All safety requirements set out by Fraser Health Authority will be met at all times

### Procedure for Loading/Unloading of Students

- A student must be at the top of the stairwell, before the next student boards
- Students are to use assigned seating only. Siblings can sit together.
- Students loading are to go directly to the back to an available seat, working their way forward to fill seats as to avoid passing other students on bus.
- Student will be unloading from the front first, in consecutive order toward the rear most seating where possible.

### Physical Distancing

- The seating arrangement on Busses will be one seat per student maximum with exception of students from the same household where seating is limited.
- Seats where students can sit will be identified by a sticker or marker.

### Cleaning of Busses

- Drivers are to wipe down all handles and handrails in between runs with disinfectant wipes provided
- The disinfectant wipes will be in a soft sealed bag to ensure compliance with CVSE standards
- Custodial department to disinfect the busses at the end of each day

### 3. District Protocols in Place for COVID -19

- Staff are to follow all risk reduction strategies including staying home if they sick, practice good hand hygiene by washing their hands with soap and water regularly and coughing or sneezing into their elbow or a tissue
- Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms.
- Staff and students are monitored for health daily; if they have signs or symptoms of COVID 19, they are not permitted to enter the School
- Procedures and protocols are in place for when a student or staff member become ill at work
- COVID specific procedures have been developed and implemented for First Aid Attendants (Appendix A)
- A Working at Home agreement (including home safety and working alone) has been implemented
- Parent/Visitor access to schools has been limited or restricted
- Illness/Injury reporting protocols are to continue as usual
- Violence in the Workplace reporting protocols are to continue as usual

### 4. Communication and Training

- Administrators are to communicate the information provided in this COVID-19 Safety Plan, the District Childcare Guidelines, the Reopening Guidelines for Schools, and your site specific COVID Safety Plan (if applicable) with all staff prior to restarting on June 1<sup>st</sup>, 2020. NOTE: If there are site specific tasks or processes that present a risk to a staff member that has not been identified in the District Guidelines or District COVID -19 Safety Plan, Administrators will be required to conduct a risk assessment (with their JHSC) of those tasks or processes to determine if additional control measures need to be implemented.
- Schools are to post signs at entrances indicating who is restricted from entering
- Staff and students are to follow hand hygiene protocols and cough and sneeze etiquette; proper hand washing signs should be posted in washrooms and near hand washing sinks

### 5. Workplace Monitoring

Schools and District sites must report illness rates of 10% of the total population (staff and students) and include symptoms when known to their Assistant Superintendent. The District will then pass on this information to the Fraser Health Authority if warranted. Elementary classrooms within excess of 10% of absences due to similar symptoms should report the class to their Assistant Superintendent as well. The Manager of Facilities Services will coordinate targeted cleaning of affected rooms if criteria for surface contact cleaning has been met. Facilities Services will ensure staff on site will have sufficient and appropriate product and instructions to perform targeted cleaning of common surface contact points.

The District will continue to update schools with any new information for K-12 Schools provided by the Ministry of Education, BCCDC, Provincial Health Officer, WorksafeBC and/or the Local Health Authority. Administrators will be responsible for notifying the District (Assistant Superintendent) of any new or changing conditions related to COVID-19.

### 6. Additional training that may be required

Administrators will be responsible for ensuring TOCs, new hires, casual employees and staff returning from an extended absence have been trained in the District risk reduction strategies and are informed of the content provided in this COVID-19 Safety Plan, the District Childcare Guidelines, the Reopening Guidelines for schools and your site specific COVID Safety Plan (if applicable).

## OFAA protocols during the COVID-19 pandemic

### A guide for employers and occupational first aid attendants

During the COVID-19 pandemic, occupational first aid attendants (OFAAs) continue to provide treatment to workers as necessary. Because of the possibility of community infection, you may need to modify your standard protocols for first aid treatment to reduce the potential for transmission. This document provides additional precautions you may take to include public health directives such as physical distancing, hand hygiene, and disinfection in your procedures.

1. When you receive a call for first aid, if possible, gather the following information:
  - What are the circumstances surrounding the call for assistance?
  - Are critical interventions likely required? If so, call 911 or have an emergency transport vehicle (ETV) prepared.
  - Are there any obvious signs of COVID-19? If so, send the patient home or to a hospital.
2. If no critical interventions are required, if possible and appropriate, interview the patient from a distance. Ask the following questions:
  - Is anyone sick or in self-isolation in your household?
  - Have you been in contact with anyone who has been sick?
3. When you arrive at the patient's location, assess the situation:
  - Does the patient have a minor injury that the patient can self-treat while you provide direction and supplies?
  - If yes, direct the patient to self-treat per your OFA protocols (see the self-treatment scenario below).
4. If the patient can't self-treat, don the appropriate level of personal protective equipment (PPE) for the situation. PPE could include the following items:
  - Face shield or surgical-type mask
  - Pocket mask
  - Gloves
  - Coveralls (disposable or washable)
  - Apron or lab coat
  - Glasses or goggles
5. After treatment, sanitize all equipment with either soap and water or 70% isopropyl alcohol. Remove and wash any PPE that is not disposable, as well as any exposed clothing. Wash your hands thoroughly. If critical interventions are required and there is no way of determining background information, don appropriate PPE and limit access to the patient to the number of people required to deal with the critical intervention. It is important to limit the exposure of others.

Because the global supply of PPE is scarce, you may need to consider other options. There are various types of masks, face shields, and respirators that you can consider.



### Scenario: Self-treatment with direction

A first aid attendant receives a call stating a worker has injured her hand. The attendant collects as much information about the severity of the injury as possible. The injury is deemed to be minor with no other concerns, so the attendant goes to the worker, but stays 2 metres (about 6 feet) away. On arrival, the attendant asks:

- Is anyone sick or in self-isolation in your household?
- Are you able to administer first aid to yourself if I tell you what to do and how to do it?

After the first aid attendant has conducted the interview, the attendant visually assesses the patient and the wound from a distance and asks the patient about underlying conditions relating to the injury.

The attendant then places the required first aid supplies on a surface 2 metres from the patient. The attendant steps back and directs the patient to pick up and apply the supplies. The first aid attendant then verbally conducts a modified secondary survey and documents the findings.

### Scenario: OFA Level 1 and Level 2 with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately ensures that 911 is called. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the attendant approaches the patient and conducts a primary survey to determine what, if any,

critical interventions are required. The attendant positions the patient in the three-quarter-prone position to ensure that the airway is open and clear and no further interventions are needed. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 metres away. The attendant monitors the patient until the ambulance arrives.

### Scenario: OFA Level 3 — employer ETV for transport with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately arranges for the ETV to be ready. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the attendant approaches the patient and ensures an open airway. Once the airway is open and clear, the attendant stabilizes the patient's head with an inanimate object (to free the attendant's hands) and inserts an oropharyngeal airway (OPA) to protect and maintain the airway. The attendant then conducts a primary survey to determine what, if any, further critical interventions are required. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 metres away.

Helpers will be needed to assist the first aid attendant in lifting the patient into the basket and ETV. Use any PPE or other measures available to provide a barrier between the helpers and the patient, including covering the patient with a blanket. Once the patient is loaded, ensure the helpers remove their PPE and wash their hands with soap and water.