Central Okanagan Public Schools

Communicable Disease Plan

August 28, 2025

Available on www.sd23.bc.ca under *System Wellbeing* and then *Communicable Disease Info*. Also available on the internal Teams channel for the district H&S page – within the OHS Programs folder (Section 14).

Communicable Disease Plan Overview

The Ministry of Education's Provincial COVID-19 Communicable Disease Guidelines for K-12 Settings is the source of information for communicable disease planning in K-12 school settings. These guidelines incorporate guidance from BC Centre for Disease Control (BCCDC) and Public Health. Schools continue to create a supportive school environment, including utilizing a trauma-informed lens when planning school activities. The Ministry of Education guidance document was developed from information in the BCCDC's Public Health Communicable Diseases Guidance for K-12 Schools. In the event of variance between these two primary documents, Central Okanagan Public Schools (COPS) will follow the Ministry of Education document. WorkSafeBC (WSBC) guidelines have also been incorporated into this Plan. All schools/sites adhere to standards, guidelines and protocols from the BC Centre for Disease Control (BCCDC) and WSBC. Site administrators, in consultation with their Joint Occupational Health & Safety Committee (JOHSC), maintain a site based communicable disease procedure. Staff are encouraged to keep up on information available through the BCCDC.

Communicable disease prevention plans focus on reducing the risk of transmission of communicable diseases. Schools are expected to document and make their plans readily available (e.g. post near or within their Visitor and Visting Staff sign-in Booklet).

The district reviews this Communicable Disease Plan on an annual basis, as does each school/site. Schools will review their communicable disease prevention procedure when the guidelines are updated, on an annual basis or as circumstances require - and should do so with their site based Joint Occupational Health and Safety Committees. Reviews should address areas where there are identified gaps in implementation.

COVID-19

On July 26/2024 Provincial Health Officer Dr. Bonnie Henry officially ended the public health emergency and rescinded all orders related to COVID-19 in BC (click here to see the BC Gov't article).

Key symptoms include fever, chills, cough, difficulty breathing, and reduced sense of taste/smell. Other symptoms include sore throat, loss of appetite, extreme fatigue/tiredness, headache, body aches, nausea/vomiting, and diarrhea. Children may show symptoms differently than adults. For example, fatigue may show in children as poor feeding, decreased activity, or changes in behaviour. Symptoms can appear up to 14 days after exposure**.**

BCCDC continues to recommend that persons diagnosed with COVID-19 stay home until their fever has resolved.

Risk Identification

Two primary routes of transmission have been identified for Communicable Diseases such as seasonal influenza and COVID-19. These include contact transmission and droplet transmission:

> Liquid droplets that come out of mouth and nose when a person with a virus breathes, coughs, sneezes, talks, or sings. Droplets come in a wide range of sizes, and they behave differently depending on size. Larger droplets are heavier and usually fall to the ground within two meters. Smaller droplets, also known as aerosols, are lighter and can float in air for longer periods. Smaller droplets can also collect in enclosed spaces when there is a lack of fresh air. Indoor accumulation is greater when more people share the same space. Communicable disease can also spread by touching a contaminated surface and then touching your eyes, nose, and/or mouth.

Administrator Protocols for Managing Communicable Disease Activity at School

BCCDC Guidance

Most communicable diseases experienced by students and staff within school settings can be managed by the individual/family and through routine preventative measures, such as staying home from school until well enough to participate in regular activities. Information resources are available to support management of routine communicable diseases, including HealthLink BC, the BCCDC Guide to Common Childhood Diseases, and other school health resources hosted on health authority webpages (i.e. Interior Health).

Public health works closely with education partners to support the health and wellbeing of students and staff in school settings. Public health may become directly involved if certain reportable diseases, such as measles, are identified where there are effective interventions available to prevent further spread and protect against severe disease. Additional time-limited public health measures may also be implemented at the discretion of the Medical Health Officer or the Provincial Health Officer in response to broader risk of communicable disease transmission in the community.

School or district administrators can contact public health if they have concerns about communicable disease transmission within the school setting and require additional support.

Communications and Protecting Personal Privacy

Medical Health Officers play the lead role in determining if, when and how to communicate information regarding increased communicable disease activity within a school. Schools are encouraged to routinely communicate to their school community the need to practice health awareness, and to stay home when sick. This should include following public health measures, if in place. To protect personal privacy and to support accuracy, schools should exercise caution in providing communicable disease notifications beyond when they are recommended by public health.

Functional Closures

A functional closure of a school is the temporary closure of a school determined by a school district or independent school authority due to a lack of staff to provide the required level of teaching, supervision, support, and/or custodial to ensure the health and safety of students. This would likely be due to a high number of staff or certain employees away who are required for a school to function, and the inability to temporarily replace them. School districts (or independent schools) should notify their Medical Health Officer and the Ministry of Education and Child Care (erase@gov.bc.ca) when they are considering or implementing a functional closure.

Public Health Closure

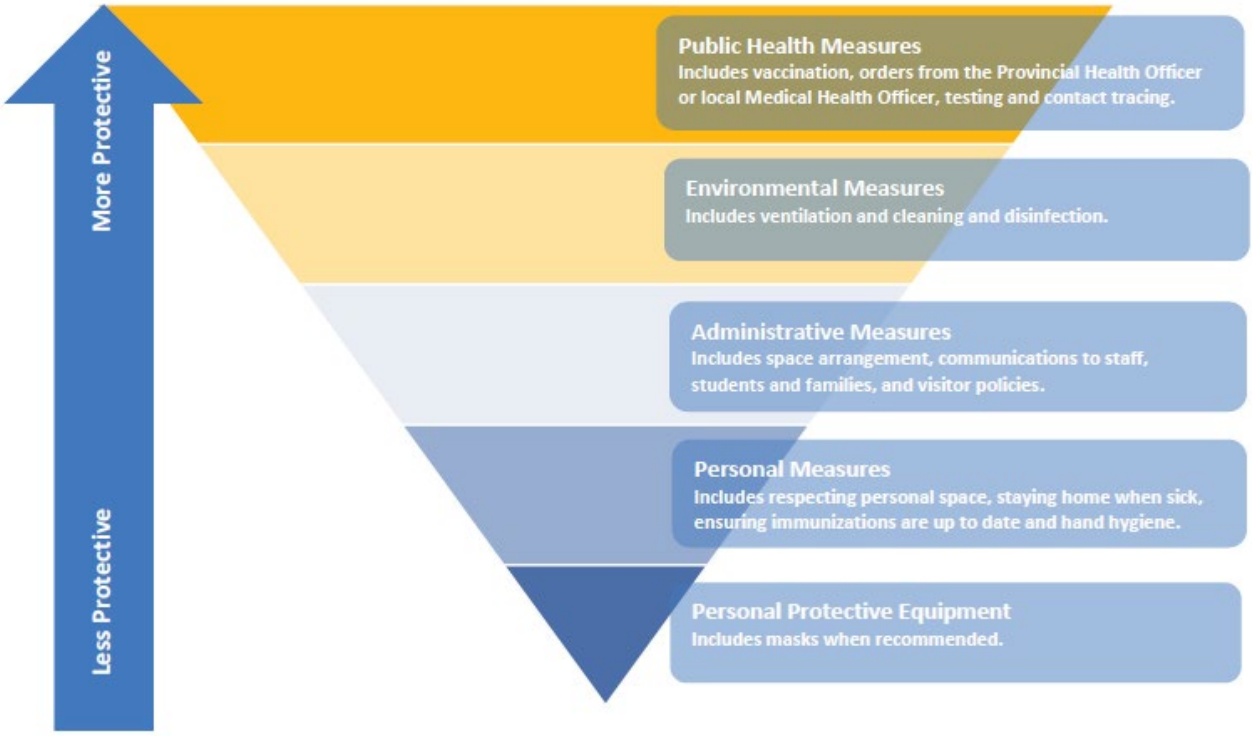
A public health closure is the temporary closing of a school ordered by a Medical Health Officer when they determine it is necessary to prevent the excessive transmission of a communicable disease.

Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures help create safe environments by reducing the spread of communicable disease. These measures are more effective in settings such as schools where there is a relatively consistent grouping of people and multiple control measures implemented, including:

- Robust illness policies for students and staff;
- Reinforcement and adoption of effective personal practices (e.g. hand hygiene, respiratory etiquette);
- Various environmental measures (e.g., enhanced cleaning and disinfecting practices, ensuring HVAC systems are operating properly, etc.).

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



1. **Vaccines** (Public Health measure)

BCCDC Guidance

Vaccines are important tools to protect against serious outcomes of many communicable diseases. Students and staff are encouraged to ensure they are up to date on all recommended vaccines for communicable diseases.

For administrators and staff, more information on vaccination and communicable disease prevention in the workplace is available in the WorkSafeBC website. Evidence-based immunization information and tools for B.C. Residents are available from BCCDC and ImmunizeBC websites.

2. **Following Public Health Orders and Guidance** (Public Health measure)
There are no applicable Public Health Orders at this time. Local, regional, provincial, or federal Public Health recommendations and orders, if they apply to school districts, may be put in place for individual schools, groups of schools, district, local community, or entire region. These recommendations and orders, if they apply to school districts, will be followed by Central Okanagan Public Schools.

For more information on Interior Health (IH) related services see this Public Health Services & Resources Information for School Staff resource – as well as this IH webpage on COVID-19.

3. **Health Awareness and What to Do When Sick** (personal measure)

BCCDC Guidance

School administrators should ensure that staff, other adults entering the school, parents, caregivers, and students are aware that they should not come to school if they are sick and unable to participate fully in routine activities. School administrators can support this practice by communicating the importance of not attending school if sick and unable to participate fully in routine activities.

Staff, students, or other persons in the school setting who are exhibiting symptoms of illness, such as respiratory illness, should stay home until they are well enough to participate in regular activities or otherwise advised by a healthcare provider. Those experiencing certain illnesses, such as gastrointestinal illness caused by norovirus, may be advised to stay home for longer. Staff, children, or other persons can attend school if their symptoms are consistent with a previously diagnosed health condition (e.g., seasonal allergies) or symptoms have improved, and they feel well enough to return to regular activities. If you are unsure or concerned about your symptoms, connect with your health care provider or call 8-1-1.
School administrators should also establish procedures for students and staff who become sick while at school/work.

- Continue to have non-medical masks on hand for those who have forgotten theirs but would like to wear one (for both the person who is sick and for those who may be assisting them).
- Make arrangements for the student/staff to go home as soon as possible (e.g., contact student's parent/caregiver for pick-up).
- Schools should have a space available where the student or staff can wait comfortably for pick-up and are separated from others.

    - Younger children must be supervised when separated. Supervising staff can wear a mask, should avoid touching bodily fluids as much as possible and practice diligent hand hygiene.
- Staff responsible for facility cleaning should clean and disinfect the surfaces/equipment which the person's bodily fluids may have been in contact with while they were ill (e.g., their desk in a classroom, the bathroom stall they used, etc.) prior to the surfaces/equipment being used by others. Cleaning/disinfecting the entire room the person was in (a "terminal" clean) is not required in these circumstances.
- Request that the individual stay home until symptoms have improved and they feel well enough to participate in all school-related activities.

4. Returning After Illness (personal measure)

As above, from BCCDC: Staff, students, or other persons in the school setting who are exhibiting symptoms of illness, such as respiratory illness, should stay home until they are well enough to participate in regular activities or otherwise advised by a healthcare provider. Those experiencing certain illnesses, such as gastrointestinal illness caused by norovirus, may be advised to stay home for longer. Staff, children, or other persons can attend school if their symptoms are consistent with a previously diagnosed health condition (e.g., seasonal allergies) or symptoms have improved, and they feel well enough to return to regular activities. If you are unsure or concerned about your symptoms, connect with your health care provider or call 8-1-1.

5. Communicable Disease Plan Orientation (administrative measure)

All workers must be oriented to this document, as well as the Communicable Disease Procedure for their own location. This orientation should include the location of all related procedures and hygiene supplies.

Visiting staff/members of the public should review the school/site Communicable Disease Procedure, typically located at or near the front office – often next to the SD23 Visitor's/Employee Sigh-in Book.

6. Site Entry Procedures (administrative measure)

Sanitize hands prior to entry. Staff, students, and invited visitors (parents, caregivers, health-care providers, volunteers and other non-staff adults) entering must perform daily self-checks for symptoms of illness prior to entering the site.

BCCDC Guidance

Schools can follow normal practices for welcoming visitors and the community use of schools.

Visitors, including community groups using the school, should follow applicable communicable disease prevention measures outlined in this document, as well as the school/site Communicable Disease Procedure.

7. Hand Hygiene (personal measure)

Everyone at school should practice health awareness (including staying home when sick), hand hygiene and respiratory etiquette.

BCCDC Guidance

Rigorous hand washing with plain soap and water or using an effective hand sanitizer reduces the spread of illness. Everyone should practice diligent hand hygiene and schools should facilitate regular opportunities for students and staff to wash their hands. To learn about how to perform hand hygiene, please refer to the BCCDC's hand hygiene poster.

Schools should:

- Facilitate regular opportunities for hand hygiene:
  - This can include using portable hand-washing sites and/or alcohol-based hand sanitizer dispensers containing at least 60% alcohol.
    - Schools should use commercial hand sanitizer products that have met Health Canada's requirements and are authorized for sale in Canada.
- Ensure hand hygiene supplies are always well stocked including soap, paper towels (or air drier) and where appropriate, alcohol-based hand rub with minimum of 60% alcohol.
- If hands are visibly soiled, alcohol-based hand sanitizer may not be effective at eliminating microbes. Soap and water are preferred when hands are visibly dirty. If it is not available, use an alcohol-based hand wipe followed by alcohol-based hand rub.

8. Respiratory Etiquette (personal measure)

Cough/sneeze etiquette includes:

- Cover your mouth and nose with a tissue when coughing or sneezing. Or cough and sneeze into the bend of your arm, not your hands.
- Use tissues to contain secretions and dispose of used tissues promptly. Wash hands immediately.
- Turn your head away from others when coughing or sneezing.
- Wash hands regularly.

BCCDC Guidance

Parents and staff can teach and reinforce good respiratory etiquette practices among students, including:

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

9. Space Arrangement (administrative measure)

Staff and students should be encouraged to respect others' personal space (the distance from which a person feels comfortable being next to another person).

BCCDC Guidance

In learning environments, schools can use classroom and learning environment configurations and activities that best meet learner needs and preferred educational approaches.

10. Gatherings and Events (administrative measure)

BCCDC Guidance

School extracurricular and social gatherings and events (including those occurring within and between schools), regardless of location, can occur in line with the BCCDC Public Health Communicable Disease Guidance for K12 Schools.

School gatherings and events should have communicable disease prevention measures in place in line with those in place in the school.

11. Cleaning and Disinfecting (environmental measure)

BCCDC Guidance

Regular cleaning and disinfection can help prevent the spread of communicable diseases. Cleaning of frequently touched surfaces should occur in line with regular practices and when visibly dirty.

As part of sustainable communicable disease management, schools are encouraged to maintain and incorporate enhanced cleaning and disinfecting practices, whenever feasible.

General Cleaning

- Regular practices should include general cleaning of the premises.

Products and Procedures

- For **cleaning**, use water and detergent (e.g., liquid dishwashing soap), or common, commercially available products, along with good cleaning practices. For hard-to-reach areas, use a brush and rinse thoroughly prior to disinfecting.
- For **disinfection**, use common, commercially available disinfectants. Health Canada provides information about products with evidence for use against specific communicable diseases that may be useful in selecting products.
- Follow these procedures when cleaning and disinfecting:
  - Always wash hands before and after handling shared objects.
  - Items/surfaces that a person has placed in their mouths or that have been in contact with

bodily fluids should be cleaned as soon as possible and between uses by different people.
    - A dishwasher can be used to clean and sanitize dishwasher-safe items if the sanitize setting is used with adequately hot water. Regular practices include general cleaning of the premises.

Frequently Touched Surfaces and Shared Use Items

- Cleaning and disinfection of frequently touched surfaces should occur at least once in a 24-hour period and when visibly dirty.

- Frequently touched surfaces are items touched by larger numbers of students and staff. They can include doorknobs, light switches, hand railings, water fountains and toilet handles, as well as shared equipment (e.g., computer keyboards, PE/sports and music equipment), appliances (e.g., microwaves) and service counters (e.g., library circulation desk), and may change from day to day based on utilization.

- Frequently touched items like toys or manipulatives that may not be able to be cleaned often (e.g., fabrics) or at all (e.g., sand, foam, playdough, etc.) can be used. Carpets and rugs (e.g., in Kindergarten and StrongStart classes) can also be used.

- Proper hand hygiene should be practiced before and after shared equipment use. Equipment that touches the mouth (e.g., instrument mouth pieces, water bottles, utensils) or has been in contact with bodily fluids should not be shared unless cleaned and disinfected in between uses.

Cleaning and disinfection activities should focus on spaces that have been utilized by staff or students.

Cleaning and Disinfecting Bodily Fluids
Follow these procedures, in conjunction with school/district policies, when cleaning and disinfecting bodily fluids (e.g., runny nose, vomit, stool, urine):

- Wear disposable gloves when cleaning blood or body fluids.
- Wash hands before wearing and after removing gloves.
- Follow regular health and safety procedure and regularly used PPE (e.g., gloves, protective or woven sleeves) for blood and bodily fluids (e.g. toileting, spitting, biting).

13. Ventilation (environmental measure)

BCCDC Guidance

> Continue to ensure all mechanical heating, ventilation and air conditioning (HVAC) systems are designed, operated, and maintained as per standards and specifications for ongoing comfort of workers (Part 4 of the OHS Regulation), and that they are working properly. Windows may be opened when the weather permits if it does not impact the functioning of the ventilation systems.

It is important to think of HVAC systems holistically, factoring in both outdoor air supply and filtration. The combination of outdoor air supply and filtration can significantly influence indoor air quality.

School districts should regularly maintain HVAC systems for proper operation. Schools should consider guidance for school ventilation systems offered by ASHRAE. This includes considering:

- Schools with recycled/recirculated air systems have upgraded filters to finer grain filters such as MERV 13 where possible.
- Increasing air exchanges by adjusting the HVAC system.
- Managing air distribution through building automation control systems.
- Where possible, opening windows if weather permits and HVAC system function will not be negatively impacted.

School district plans include provisions for when a school/worksite's ventilation system is temporarily compromised (e.g., partial power outage, ventilation break down).

Natural ventilation (operable windows, etc.) can be considered in regularly occupied classrooms that do not have mechanical ventilation systems.

Schools are encouraged to use BCCDC resources, including on Heat Event Response Planning and/or Wildfire Smoke, in planning for excessive heat events, and to consult their local health authority for guidance as needed.

14. Masks and Face Coverings (administrative measure)

Wearing masks at school is not required. The decision to wear a mask or face covering is a personal choice. A person's choice is to be supported and respected. Schools continue to have non-medical masks on hand for those who have forgotten theirs but would like to wear one, or who become ill at school. Gloves are not needed for staff beyond those used as part of routine practices for the hazards normally encountered in their regular course of work (e.g. WHMIS requirements).

Medical grade disposable masks: Schools will be provided with a limited supply of medical disposable masks for First Aid rooms/kits and as an option for individuals who show symptoms while at the site. Medical masks will be located in the office and First Aid rooms.

BCCDC Guidance

The decision to wear a mask is a personal one, based on individual preference. Some students and staff may choose to continue to wear a non-medical mask or face covering throughout the day or for certain activities. The choice of staff and students to choose whether they practice additional personal prevention measures should be respected. Information on non-medical masks is available from BCCDC.

Masks are one layer of protection used to prevent the spread of communicable disease. To be most effective, wearing a mask should be combined with other important protective measures such as getting vaccinated, staying home when sick, and regularly practicing hand hygiene. Masks are most effective when fitted, worn and handled correctly.

Schools can support those who choose to wear a mask, including:

• Promoting a supportive school environment for mask wearing through mask-specific messaging, including at assemblies, in announcements, signs, and written communications. Include that some people

wear masks to reduce risk of communicable disease and it is important to be respectful of other's choices. Include evidence-based, trusted information on masks from BCCDC.

• Continue school-wide efforts to create safe and inclusive learning environments free from discrimination, bullying and harassment. Set, communicate and consistently reinforce clear expectations that bullying and disrespectful behaviour and conduct related to personal mask use is unacceptable. Address behaviour in line with protocols and practices (e.g. student code of conduct).

Site-Based Joint Occupational Health and Safety Committee (JOHSC)

JOHSCs have an important function regarding communicable disease. For example:

- familiarize themselves with the district's Communicable Disease Plan;
- be consulted in the development and update of the site Communicable Disease Plan;
- support and assist with implementation/review of the site Communicable Disease Plan;
- provide feedback on the effectiveness of implemented control measures.

Documentation of consultations must occur within the JOHSC minutes.

Supportive School Environments

Schools can be supportive environments for communicable disease prevention by:

- Having staff model personal practices (e.g., hand hygiene, respiratory etiquette), and assist younger students as needed.
- Sharing reliable information, including from the BC Centre for Disease Control, Office of the Provincial Health Officer, Interior Health, and First Nations Health Authority to parents, families and caregivers.
- Promoting personal practices in the school (e.g., posters).
- Ensuring individual choices for personal practices (e.g., choosing to wear a mask or face covering) are supported and treated with respect, recognizing varying personal comfort levels.

The Support Services for Schools Order and the Inter-Ministerial Protocols for the Provision of Support Services to Schools require boards of education to provide a designated space in each school for public health nurses or other qualified health personnel to carry out their duties (including immunizations).

TRAUMA-INFORMED PRACTICE

Trauma-informed practice is a compassionate lens of understanding what is helpful to all children, youth and adults, especially those who have experienced traumatic events. Trauma-informed practice includes:

- Providing inclusive and compassionate learning environments.
- Understanding coping strategies.
- Supporting independence.
- Helping to minimize additional stress or trauma by addressing individual needs of students and staff.

Educators and support staff should be aware of changes in student behaviour, including trauma-related behaviours which may include fear, hyperactivity, aggression, body aches and pain, depression, self-harming behaviours, excessive shyness, or withdrawal. To support educators and staff in identifying and responding to the needs of students who have experienced trauma, the Ministry has created trauma-informed practice resources that are available on the erase (Expect Respect and a Safe Education) website.

Appendix 1 – Curriculum, Programs and Activities

Field Trips/Trades in Training/Work Experience Programs

Students enrolled in individual training/work experience programs should follow the communicable disease prevention plan required by the workplace/facility or the field trip venue. Classes (or other similar groupings of students) participating in training/work experience programs or field trips should follow the more stringent measures (if applicable) between the school and the workplace/facility/field trip destination's communicable disease prevention plans.

Schools should consider general guidance on communicable disease transmission provided by the BCCDC and the BC Camps Association when planning overnight trips that include group accommodation.

Food Safety

BCCDC Guidance

Schools that provide food services under the Food Premises Regulation should adhere to the required measures (e.g. a FOODSAFE trained staff member a food safety plan, etc.) For special events or sites requiring food permits, please consult your local health authority environmental health officer. Staff, students, or other persons in the school setting should follow routine food safety practices, including diligent hand hygiene. More information may be found on the BCCDC Food Safety webpage.

Staff and students should be encouraged to not share items that come in contact with the mouth (e.g., food, drinks, unwashed utensils, cigarettes, vaping devices). Shared-use items that touch the mouth should be cleaned and disinfected between uses by different individuals (e.g., water bottles, instrument mouth pieces).

Homemade Food

There is no prohibition on homemade food. While homemade food is not recommended by H&S, school administration/site management can decide whether homemade food is permissible at their own school/facility. Where homemade is permitted, school administration/management must ensure its use is also consistent with the Guidelines for Food and Beverage Sales in B.C. Schools and Admin Procedure 'Food Services in Schools' (Public). The former has been reformatted by the provincial government and is now found with this BC school food toolkit.

Music

Shared equipment should be cleaned and disinfected as per cleaning and disinfecting guidelines and students should be encouraged to practice proper hand hygiene before and after music equipment use. Equipment that touches the mouth (e.g. instrument mouth pieces) should not be shared unless cleaned and disinfected in between uses.

Physical Education and Outdoor Programs

Students should be encouraged to practice proper hand hygiene before and after using frequently touched pieces of equipment (e.g. before/after a sports game using a shared ball), as well as proper respiratory etiquette. Equipment that touches the mouth (e.g. water bottles) should not be shared unless cleaned and disinfected between uses.

School Sports

Students should be encouraged to practice proper hand hygiene before and after using frequently touched pieces of equipment (e.g. before and after a game using a shared ball), as well as respiratory etiquette. Equipment that touches the mouth (e.g. water bottles) should not be shared unless cleaned and disinfected in between uses.

Emergency and Evacuation Drills

Emergency and evacuation planning, and drills should consider communicable disease prevention plans. In the event of an actual emergency, communicable disease prevention measures can be suspended to ensure for a timely, efficient, and safe response.

School Bus Transportation Procedure

Regular cleaning and disinfection are essential to prevent communicable disease transmission from contaminated objects and surfaces. School buses will be kept in clean condition at all times, as per the District's School Bus Cleaning Schedule.

In the event there is a communicable disease outbreak (e.g. COVID-19) on a bus that transports students, the bus will be disinfected in accordance with the Disinfectants for Public Settings document.

BCCDC Guidance

For school buses, schools should implement the prevention measures included in the BCCDC Public Health Communicable Disease Guidance for K-12 Schools, where applicable.

Buses used for transporting students should have communicable disease prevention measures in place in line with those in place in the school, and/or as applicable.

Appendix 2 - Handwashing

When Students Should Perform Hand Hygiene:	When Staff Should Perform Hand Hygiene:
• When they arrive at school. • Before and after any breaks (e.g., recess, lunch). • Before and after eating and drinking (excluding drinks kept at a student's desk or locker). • Before and after using an indoor learning space used by multiple cohorts (e.g. the gym, music room, science lab, etc.). • After using the toilet. • After sneezing or coughing into hands. • Whenever hands are visibly dirty.	• When they arrive at school. • Before and after any breaks (e.g. recess, lunch). • Before and after eating and drinking. • Before and after handling food or assisting students with eating. • Before and after giving medication to a student or self. • After using the toilet. • After contact with body fluids (i.e., runny noses, spit, vomit, blood). • After cleaning tasks. • After removing gloves. • After handling garbage. • Whenever hands are visibly dirty.

Appendix 3 – Glove Removal

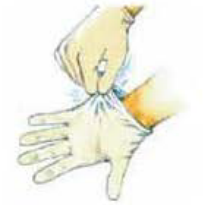
WORK SAFE BC
WORKING TO MAKE A DIFFERENCE
worksafebc.com

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Glove removal procedure

To protect yourself from exposure to contamination, you must take your gloves off safely.

How to remove gloves safely



1. With both hands gloved, grasp the outside of one glove at the top of your wrist.

2. Peel off this first glove, peeling away from your body and from wrist to fingertips, turning the glove inside out.

3. Hold the glove you just removed in your gloved hand.

4. With your ungloved hand, peel off the second glove by inserting your fingers inside the glove at the top of your wrist.

5. Turn the second glove inside out while tilting it away from your body, leaving the first glove inside the second.

6. Dispose of the gloves following safe work procedures. Do not reuse the gloves.

7. Wash your hands thoroughly with soap and water as soon as possible after removing the gloves and before touching any objects or surfaces.

Appendix 4 – Cleaning and Disinfecting

Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

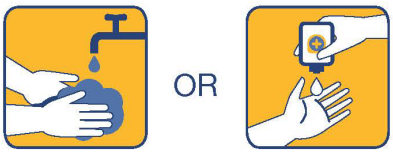
BRITISH COLUMBIA Ministry of Health

CLEANING AND DISINFECTANTS FOR PUBLIC SETTINGS

Good cleaning and disinfection are essential to prevent the spread of COVID-19 in BC.

This document provides advice to public groups, transit, schools, universities, child care and other institutions in BC on cleaning for non-health care settings.

Make sure to wash hands with plain soap and water after cleaning or use an alcohol-based hand sanitizer.



Cleaning: the physical removal of visible soiling (e.g. dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth.

Disinfection: the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

All visibly soiled surfaces should be cleaned before disinfection.

Cleaning for the COVID-19 virus is the same as for other common viruses. Cleaning products and disinfectants that are regularly used in households are strong enough to deactivate coronaviruses and prevent their spread.

Recommendations:

- General cleaning and disinfecting of surfaces should occur at least once a day.
- Clean and disinfect highly touched surfaces at least twice a day and when visibly dirty (e.g. door knobs, light switches, cupboard handles, grab bars, hand rails, tables, phones, bathrooms, keyboards).
- Remove items that cannot be easily cleaned (e.g. plush toys).

Cleaning

For cleaning, water and detergent (e.g. liquid dishwashing soap), or common, commercially available cleaning wipes should be used, along with good physical cleaning practices (i.e. using strong action on surfaces).

Disinfection

For disinfection, common, commercially available disinfectants such as ready-to-use disinfecting wipes and pre-made solutions (no dilution needed) can be used. Use the figure and table below for guidance. Always follow the manufacturer's instructions printed on the bottle.

BRITISH COLUMBIA Ministry of Health | BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries (ex. travel, physical distancing): 1-888-COVID19 (1888-268-4319) or text 604-630-0300

IPC v3.2

Appendix 5 – Supporting students with Disabilities/Diverse Abilities and/or Receiving Health Services

BCCDC Guidance

> Staff and those providing services to students with medical complexity, immune suppression, receiving direct or delegated care, or with disabilities and diverse abilities who are in close proximity to a child should follow routine infection control practices and care plans for the child, if applicable.

Schools implement communicable disease prevention measures that promote inclusion of students with disabilities/diverse abilities. In-class instruction may not be suitable for some children (or families) with a severe immune compromise or medical complexity, which should be determined on a case-by-case basis with a medical care provider. Schools should follow regular practices for those needing alternative learning arrangements due to immune compromise or medical complexity to ensure access to learning and supports. Those providing health services that require being in close proximity to a student should follow the student's individual care plan (if one is in place) and their standard risk assessment methods to determine what PPE is needed for communicable disease prevention (e.g., gloves for toileting). Schools should continue to have non-medical masks on hand for those who have forgotten theirs but would like to wear one.

Appendix 7 - Indigenous Students (First Nations, Métis and Inuit)

First Nations Students Living on Reserve

First Nations have the authority to declare states of emergency and have responsibility for the education of their citizens. In the spirit of Reconciliation and consistent with the Declaration on the Rights of Indigenous Peoples Act, boards of education and independent schools (excluding First Nations independent schools) are expected to engage with First Nations communities who have First Nations learners living in community (on-reserve) enrolled in the school district/school as soon as possible to discuss school plans for upcoming school years. This will help to identify potential accommodations needed to support students who may not attend in-person classes.

First Nations may take increased safety measures to manage communicable diseases in their communities. This may mean that some First Nations learners will not attend in-person classes.

Indigenous Student Success and Achievement

Boards of education are expected to continue to support equitable outcomes and opportunities for all Indigenous learners by maintaining Indigenous student supports and collaboration with local First Nations, Indigenous and education partners. Boards are expected to collaborate with local First Nations, and other Indigenous partners, on any changes/updates to the delivery of any programs including "Indigenous language and culture programs, Indigenous support services, and other approved Indigenous programs." Communicable disease outbreaks and pandemics have disproportionate impact on First Nations and Indigenous communities. Boards/authorities should identify First Nations and Indigenous learners whose educational outcomes may be negatively impacted during periods of increased risk in communities and make 4 accommodations to ensure these students are supported. The needs of First Nations and Indigenous learners who require additional supports should be planned for and prioritized in partnership with parents/caregivers and communities.

As per the BC Tripartite Education Agreement (BCTEA), Boards of Education are also expected to engage with First Nations to identify the transportation needs of First Nations learners living on reserve. Collaboration between boards and First Nations is necessary to ensure there are equitable and safe transportation opportunities for students.

Additional considerations for boards/authorities include:

- Collaboration between educators and Indigenous support staff on the development of Indigenous students' learning plans, including ensuring the integration of language and culture into these plans.
- Awareness and sensitivity regarding the complex and devastating history that pandemics have had on many First Nations and Indigenous communities.
- Understanding that some First Nations families and communities may continue to take increased safety measures, which may mean that some students will not attend in-person instruction during periods of increased risk in communities.

Communication

Boards/authorities have an obligation to work with the First Nations they serve regarding learning plans for Nominal Roll students, Enhancement Agreement goals, Local Education Agreements, Joint Transportation Plans and Equity in Action Plans.

Appendix 8 – Key Contacts, Additional Resources & Links

- Board of education questions regarding collective agreements or employment related matters can be directed to the BC Public School Employers' Association
- Office of the Provincial Health Officer
- Medical Health Officer Contact Information by Health Authority (general inquiries):
  - Interior Health T: (250) 469-7070 (ext. 12791)
  - First Nation Health Authority T: (604) 693-6500
- Inclusive Education Services: A Manual of Policy, Practices and Guidelines (point of reference providing legislation, policy and guidelines to support the delivery of inclusive education supports and services)
- Resources for parents/caregivers of children with disabilities and diverse abilities
- Provincial Outreach Programs are available to support boards/authorities through professional learning, resources, consultation and training during recovery.
- Indigenous Education in British Columbia
- Indigenous Education Teaching Tools and Resources
- BC Tripartite Education Agreement (BCTEA)
- Métis Nation BC Chartered Communities
- WSBC Communicable disease prevention (G-P2-21)
- WSBC Communicable disease prevention: A guide for employers
- WSBC Communicable disease prevention webpage
- Building Compassionate Communities in a New Normal - webinar
- Linda O'Neill – Trauma Informed in the Classroom
- MCFD: Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families