

# COVID-19 & REOPENING SCHOOLS

## Frequently Asked Questions

Guidance given by Public Health reflects a general scenario and is based on current data and local numbers. This information is subject to change as new information or evidence about COVID-19 emerges locally and provincially. This document will be updated if any of the contained information needs to be revised, and an updated document will be shared with local school board partners.

If you have any further questions related to COVID-19 and school reopening, please contact 1-800-461-1818 or [schools@porcupinehu.on.ca](mailto:schools@porcupinehu.on.ca).

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## Screening

*\*Screening tools will be attached once available, as well as reference to the outbreak and case management document.*

### 1. What is the process for screening and why is it important?

All staff teachers and students must complete the daily screening questionnaires provided to them before leaving for school every morning. Ensuring individuals with potential symptoms of COVID-19 are not attending school is one of the most important measures to reduce the risk of COVID cases and spread. If anyone fails their self-screening they are to follow the protocols in place.

## Hand Hygiene

### 2. How often and when should hands be washed?

The need to hand wash is based on actions, not a number. Moments where hands need to be washed include: at the beginning of the day; before and after eating; before and after gym; after using the washroom; after coughing and sneezing into hands or using a tissue; and after outdoor time. Staff and students will likely be washing their hands at least hourly if not more, based on their activities during the day.

A recommendation from SickKids is to have regularly scheduled hand washing breaks in addition to the regular moments above. As this may increase traffic in the washrooms, handwashing should be done in the classroom, if possible, at available sinks or using alcohol-based hand rub (ABHR).

### 3. What temperature should the water be?

Warm water or room temperature water is ideal, the water just needs to be comfortable for handwashing. Soaps and the friction of rubbing them together are important steps, as well as proper drying with a paper towel or hand dryer. For more information and a video on how to properly wash your hands, visit [phu.fyi/covid-health](http://phu.fyi/covid-health)

### 4. Should hand hygiene be done immediately upon entering the school, before leaving home or can it be done in the washroom at school?

Increased frequency and efficient hand hygiene is highly recommended. Hand sanitizer should be available in school entrances, exits and in classrooms. To minimize traffic in the washroom, consider hand hygiene options in as many areas as possible, such as entrance and exit points to school, classroom sinks, cafeteria, gym, other resource rooms, staff rooms, and classrooms. This can be achieved with alcohol-based hand rub with a minimum of 60% alcohol (ABHR). Hand washing is recommended upon entering the school, and frequently throughout the day for staff, teachers, students and visitors.

## 5. Is non-alcohol-based hand sanitizer acceptable to use in schools?

According to the Centers for Disease Control (CDC), non-alcohol-based hand sanitizers are not recommended as they do not work equally well on all types of germs and they do not kill germs, but reduce their levels on the skin. Hand sanitizer is recommended to contain no less than 60% alcohol. Consult the Health Canada website for an up-to-date list of approved hand sanitizers.

## Physical Distancing/Cohorts

### 6. Does physical distancing need to be maintained within each cohort?

Physical distancing should be promoted and facilitated as much as possible in each cohort at all times. Different cohorts need to physically distance from each other. If staff are teaching more than one cohort, they need to maintain a physical distance from the cohorts. While 2 m is the recommendation for physical distancing, arranging classrooms, activities, flow and workspaces to allow for as much distancing as possible remains important. Staff also need to physically distance from each other including during breaktime, classroom and meetings.

### 7. Can a teacher or practitioner interact with more than one cohort/class? If so, are there elements to consider?

Yes, they can, however Personal Protective Equipment (PPE) needs to be worn to protect the staff and the cohort with opportunities sought to maximize physical distancing. PPE in this instance would be a medical mask. Records should be kept to clearly document where staff have been working, which cohort they are in contact with, including dates and time. This information is important to help facilitate the timely investigation and follow-up of any positive cases with the Porcupine Health Unit.

### 8. Are students allowed to sit at tables together in the classroom?

When children are in the classroom, efforts should be made to arrange the classroom furniture to leave as much space as possible between students. Physical distancing should be practiced and optimized within a cohort. If weather permits, consideration could be given to having classes outside.

### 9. Can different cohorts be allowed to use the same washroom?

Mixing of cohorts needs to be limited as much as possible. Educate students on the need to physical distance from those in different cohorts. Numbers should be limited in each washroom with a sign indicating the numbers of people permitted in the washroom at one time, based on the size of washroom and number of stalls. There is no need to wash hands before, but it is important that hands are washed afterwards. Increased cleaning and disinfection of the washroom is necessary. Washrooms need to be cleaned and disinfected at least twice a day.

## 10. What is the recommendation for secondary students who usually leave school during their free time or lunch?

Students could still be permitted to leave. It would be important to emphasize physical distancing and encourage wearing a face covering when interacting with peers outside their family, social circle or cohort. Also, students should be reminded about mandatory face coverings when entering public buildings such as restaurants, convenience stores and grocery stores. In addition, whether on- or off-site for lunch or free time, all students should wash their hands on re-entry to school.

## 11. What are the protocols/recommendations around the movement of students within the school when needed (e.g., to recess, to access the gym)?

Movement within the school needs to be done in a way that permits physical distancing between cohorts. Staggering recess times, and times when classes are accessing outdoors or other parts of the school. Have class changes in larger areas, instead of in the hall. Time should be scheduled to allow for disinfection of gym equipment between cohorts, this would cut down on cross traffic entering and exiting the gym. For example, if a class is waiting to go outside, have the class go outside while the first class is still there, the two classes need to be under control and able to physical distance from each other in the larger space to allow for the first class to leave.

## Personal Protective Equipment (PPE)

### 12. What masks and when are masks recommended in the school setting?

All school staff are required to wear masks. Exceptions to the requirement to wear masks will be put in place by schools and school boards ([www.ontario.ca/page/guide-reopening-ontarios-schools](http://www.ontario.ca/page/guide-reopening-ontarios-schools)).

Medical masks and eye protection (face shield or goggles) must be worn by staff that are supervising a student who is symptomatic pending pick-up. The staff or student who is symptomatic also needs to be wearing a level 1 mask. In situations where direct contact is required with a student, regardless of symptoms, for positioning and assistance with eating or toileting: medical masks, eye protection and gloves should be provided.

Medical masks (Level 1) should also be worn when cleaning up a spill of blood or body fluid and there is a risk of splashes, in addition to other PPE as appropriate, such as eye protection, gown and gloves.

Students in Grades 4 to 12 will be required to wear a non-medical or homemade (cloth) mask indoors in school. This includes in hallways and during classes. Students from kindergarten to Grade 3 will be encouraged to wear masks but at this time, it is not required for indoor spaces.

Masks should be changed when they are damp, dirty or damaged. It is not recommended to reuse medical masks; disposed of then when crumpled, moist or visually contaminated. It is also important to note that mask use does not negate the need to ensure distancing, screening, hand hygiene and other measures.

More information on how to wear and care for your masks is available on the [PHU COVID-19 Masks](#) web page.

### **13. When is eye protection recommended in the school setting?**

Eye protection (face shield/goggles) need to be available to be worn by a staff member when supervising a child who is symptomatic and is waiting to be picked up. If a staff member feels like they are in a situation where splashes to the face are to occur and direct contact is required (even in students without symptoms), eye protection is to be available to them to wear (for example, toileting accidents, educating students with certain special needs). In situations where physical distancing cannot be maintained or direct contact is required with a student for positioning and assistance with eating or toileting, gloves should also be provided.

### **14. When are gloves recommended in the school setting?**

Gloves should be worn by staff who are involved in personal care of a student or cleaning up spills of blood or body fluid. Wearing gloves is not a substitute for hand hygiene.

### **15. When are gowns recommended in the school setting?**

Gowns need to be available to be worn by a staff member when supervising a student that is symptomatic and is waiting to be picked up. Level 1 gowns are acceptable. If a staff member feels like they are in a situation where their clothing is at risk of being contaminated by blood or body fluid, a gown should be made available to them to wear (for example, toileting accidents, or educating students with certain special needs).

### **16. Are shoe covers recommended in a school setting?**

Shoe covers would only be needed by staff who are cleaning up a large spill of blood or body fluid, where their foot wear is likely to become contaminated by the spill.

## **Cleaning and Disinfection**

### **17. How often should we clean the students' desks?**

Students' desks and tabletops are considered high touch surfaces; they should be cleaned and disinfected twice daily at a minimum, or more frequently depending on the extent of soilage, and between each cohort. There are other high touch surfaces that should be cleaned and disinfected at least twice a day, more frequently if visibly soiled, and between cohorts, include but are not limited to doorknobs, push buttons, light switches, toilet and faucet handles, electronic devices, handrails, and students' chairs.

### **18. How often should floors be cleaned?**

Floors should be cleaned a minimum of once per day and usually at the end of the day, and in response to any potential spills, including body fluids such as vomit or blood. It is very unlikely for COVID-19 to spread on the floor.

## 19. Are there any requirements for disinfecting products?

For cleaning and disinfection of public places, use only disinfectants with a drug identification number (DIN). A DIN is an eight-digit number that is assigned by Health Canada and confirms that the use of the product is approved in Canada. For more information on cleaning and disinfection, see attached or the [Health Canada](#) website. It is important to read the manufacturer's instructions for use to determine what surfaces it is compatible with and the contact time that needs to be followed ([PHO Factsheet Cleaning and Disinfecting for Public Settings](#)). Consideration should also be given for using a product that has "safe food" properties since students may be eating at their desks.

## 20. Any protocols to clean up body fluids (blood, vomit, saliva)?

The staff should be wearing appropriate PPE when cleaning up body fluid spills. If it is a small spill, gloves are recommended. If it was a spill where the staff could get sprayed, then a gown, gloves, mask and eye protection and possibly shoe covers are recommended.

Immediately cover spillage with dry disposable paper towels.

Ensure surfaces contaminated by feces or vomit are immediately cleaned with soap and water to remove organic material and then disinfected with a suitable disinfectant (e.g., accelerated hydrogen peroxide) making sure to follow manufacturer's guidelines for contact time.

## 21. Are fogging or misting machines acceptable for disinfecting classrooms?

The safety and effectiveness of fogging for disinfection for COVID-19 have not been demonstrated, based on previous assessments made in health care facilities. For fogging applications in these settings, potential worker exposure to disinfectants and subsequent adverse health effects, and lack of research supporting this practice in these settings, are concerns that may limit this method of disinfection. The World Health Organization (WHO) does not recommend fogging machines because it was found that spraying environmental surfaces may not be effective in removing surface contamination and may miss surfaces shielded by objects (for example, folded fabrics, surfaces with intricate designs or surfaces with visible debris).

## 22. Is it okay for kids to handle strong disinfectants if they need to disinfect?

For cleaning and disinfection of public places, only disinfectants with a drug identification number (DIN) must be used. A DIN is an eight-digit number that is assigned by Health Canada and confirms that the use of the product is approved in Canada. For more information on cleaning and disinfection, see attached.

Currently, we are unable to make recommendations on the cleaning and disinfection of desks and other surfaces by students. Some questions to consider:

- Can the student read and follow the manufacturer's instructions?
- Does the student have the personal protective equipment (PPE) recommended by the manufacturer?
- Do you have a policy for cleaning and disinfecting by students?
- Are staff and students aware of first aid measures?

## Classroom Items

### 23. Does each student need their own box of facial tissues? Can they have a general box per class?

It is not necessary for each student to have their own box; one box per class is acceptable. Hand hygiene needs to be performed after using a tissue.

### 24. Are lockers able to be used?

Access to lockers should be scheduled so different cohorts would not be able to access lockers at the same time, to limit time spent at lockers, and restrict sharing with others. It would be ideal to have them grouped by cohort and have each cohort's locker group spread out by at least 2 m (6 ft.).

### 25. What items are students able to bring to school and take home from school?

Items from home (e.g., toys) should be discouraged, except for lunch bags, backpacks, sun protection, water bottles and clothing. Other items like homework and school work and textbooks can move between home and school. These items should all be assigned to one student and not shared.

### 26. Can books be shared by students?

Items like books that cannot be easily cleaned and disinfected should be *batched*. Batched items can be rotated on a weekly basis and quarantined for a week before use again.

## Symptoms & Isolation\*

*\*As all sections and recommendations are subject to adaptations based on best evidence and changes in guidance, this section will be edited as needed to reflect the case/cluster/outbreak management protocol, once released. Public health will lead any case investigation with school boards and schools, coordinate with health care system partners as needed, and will communicate any changes in guidance with school boards.*

### 27. When should a student or staff be isolated and sent home? What about those with seasonal allergies or chronic conditions with symptoms on the self-assessment?

Children often exhibit mild or atypical symptoms of COVID-19 or they may be asymptomatic. It is important if a staff or student has any symptoms listed on the screening tool, they immediately put on a medical grade mask, isolate, go home and arrange to be tested for COVID-19. Best judgement should be used for those with seasonal allergies or symptoms that may be caused by another pre-determined reason.

### 28. What is the recommendation for isolation rooms/areas for students waiting to be picked up?

A medical mask (Level 1) and eye protection (goggles or face shield) needs to be worn by staff supervising students who are symptomatic pending pick-up. Staff or students who are symptomatic also need to be wearing a medical mask, assuming they are able to do so safely. This area should be a separate room with distancing of 2 m from others, and separate from other students, although in some schools this is difficult. Choose a space that is near the entrance or exit, can be disinfected easily, and is away from heavier traffic. PPE kits with a gown, gloves, eye protection and mask should be available in the isolation room should staff

require them. In addition, the workspace (for staff), and desk (for students) of anyone symptomatic should be cleaned and disinfected immediately, in addition to the isolation room, upon departure of the individual with symptoms.

**29. What process should schools follow to assist in contact tracing?**

Record keeping, and contact information, for both staff and students will be extremely important in the investigation, follow-up and contact tracing of any cases in schools. Records of students and educators that are in each cohort should be kept for contact tracing purposes.

**30. Will the Health Unit provide documentation if a child or staff member tests positive for COVID, but feels ready to return to school/work?**

If a person in the school community (staff or student) tests positive for COVID-19, they will be isolated from school for a minimum of 14 days, beginning from their symptom start date or test date depending on whether they are symptomatic or asymptomatic. The Health Unit will follow protocols in the Ministry outbreak guidance documents and advise cases and contacts when they are able to discontinue any isolation protocols.

## School Buses

**31. What are the recommendations for physical distancing on school buses? Should students be seated in every second bench to maintain a 2 metre distance, posing challenges by drastically reducing bus capacity? Or should students be seated one student per bench?**

To the greatest extent possible, support for physical distancing of 2 m between riders should be implemented, including planning for one student per seat (unless students are in the same household); and having students from the same classroom cohort sit in the same area, where possible. Children from the same household can be permitted to sit together and are not required to physically distance. Assigned seating and maintaining records for buses are other important items that support any potential case investigation and contact tracing.

Another item to consider is having a supply of medical masks available if a child becomes ill during the bus ride. Provide the child with a mask and seat them at the front. Advise the school upon arrival.

**32. Are masks recommended on school buses?**

Recognizing the challenges of distancing on buses, and the need to have different cohorts on the same bus, it is strongly recommended that all students on the bus wear a mask with appropriate exemptions, including young children under the age of two years, or children under the age of five years (either by birth age or mental development) who refuse to wear a face covering and cannot be persuaded to do so. The Porcupine Health Unit supports School Boards in mandating mask use on buses for school transportation

### 33. What other options are available to optimize distancing on school buses?

Guidelines are intended to provide best practices and advice that may be applied, where possible, and in appropriate situations. One option for schools to maximize physical distancing recommendations may be to review transportation eligibility policies (e.g., walking distances and courtesy transportation) to reserve available transportation capacity for students who cannot otherwise get to school. Parents and/or guardians can be encouraged to use private transport and trying to drop the student 1-2 blocks away and walking from there. This will minimize traffic congestion near the school. Other options include active forms of travel to alleviate the pressure on shared transportation. The Porcupine Health Unit can assist with promotion, as there are resources and programs for schools and parents to support active transportation to school.

## Student Nutrition Programs

### 34. What are the Health Unit's recommendations for offering "grab and go" style school nutrition programs (SNP)? Specifically what recommendations are there about: cleaning and sanitizing bins/coolers and how often; physical distancing; how foods can be safely prepared/packaged in the inspected kitchen; recommendations on using coolers to keep food safe; self-serve options; and whether classroom bin programs are acceptable?

Food will need to be prepared in an inspected kitchen within the school. These kitchens meet the requirements of Ontario Regulation 493/17 and are visited by public health inspectors to ensure they are in compliance with safe food handling practices.

Physical distancing of students needs to occur when accessing food. All food should be pre-packaged or served using serving utensils to students by a staff member/volunteer wearing a face covering and physically distancing from students. If the food was able to be served safely, it would be ideal to have the SNP delivered within classrooms to allow for easier physical distancing between students and less mixing of cohorts.

Alternatively, individual portions can be packaged and set out for students to grab. This should be monitored by a staff or volunteer to ensure proper hand hygiene and physical distancing.

If coolers are to be used for keeping food cold in the classroom, use ice packs. Potentially hazardous foods should not be kept on ice packs in a cooler for the whole school day. Using coolers allows for the food to be in the class for an extended time, until the staff member was able to return the bin to the congregate fridge.

All surfaces, containers, bins and coolers for food need to be disinfected prior to and after each use.

Students should have access to handwashing or hand sanitizer before and after eating.

Whatever scenario is used for delivery of the SNP, pay attention to the main controls that are in place for COVID-19 (physical distancing, hand hygiene, cleaning and disinfecting) and the need to keep food safe.

## Other

### 35. What is the Health Unit's advice for supporting staff/students who are medically fragile (with certain medical conditions)?

Some staff and students may be at a higher risk of adverse outcomes from COVID-19 (e.g., those with underlying medical conditions). These individuals may attend school as per usual, however they should work with their healthcare provider to make an informed decision.

Parents of children who have medical and/or behaviour complexities can choose not to send their children to school based on the risk to the child's health. In this case, they would learn remotely with virtual learning opportunities. If the parents choose to send their child to school, they may also choose to have their child to wear a face covering or mask. This choice needs to be supported by providing smaller class sizes, other environmental and classroom supports (like teacher aides) especially for students who may need assistance with toileting, hand hygiene and respiratory etiquette.

Schools can support medically fragile students by being diligent about communicating to the school community about screening students daily and staying home when they exhibit any symptoms that are related to COVID-19. Immediately isolating symptomatic children when they become sick at school further protects students with underlying health conditions that may choose to attend school in person. All the other control measures in place can also help to protect these students.