

## INTRODUCTION

Seventh-day Adventist schools have continued to build on the experiences and the advice of public health experts to determine our communicable disease prevention plan. The SDABC Communicable Disease Prevention Plan focuses on reducing the risk of transmission of communicable diseases, including COVID-19.

This document was created/updated based on:

- Provincial Communicable Disease Guidelines for K-12 Settings-(September 2023)
- [BC Centre for Disease Control | Ministry of Health Public Health Communicable Disease Guidance for K-12 Schools](#) (September 13, 2023)
- [Supporting Child Wellness: Public Health Guidance for Communicable Disease \(including COVID-19\) Management in Child Care Settings](#) (September 13, 2023)

**NOTE: Much of the following document includes direct quotes from one or more of the above links.**

**Employees, parents, and school visitors are to review this document and follow these operational guidelines when in any SDABC building in order to ensure the health & safety of self and others; everyone must do their part to help reduce the spread of communicable diseases.**

The following is divided according to the following:

1. Prevention Management
2. Communicable Disease Prevention Guidance
3. Communicable Disease Prevention Plans
4. Environmental Practices
5. Administrative Practices
6. Personal Practices
7. Administrator Protocols for Managing Communicable Disease Activity at School
8. Key Contacts, Additional Resources, & Links

## 1. PREVENTION MANAGEMENT

### KEY PRINCIPLES

The following principles should be applied to communicable disease prevention and management in schools:

- Aligning communicable disease prevention measures with public health guidance to support student and staff wellness.
- Using an inclusive and trauma-informed lens, with a focus on mental health and wellness.
- Focusing supports to address unique student and staff needs, recognizing the different impacts that communicable diseases may have on individuals and communities.
- Consulting and working with First Nations, Métis, and Inuit peoples to address the unique educational and learning needs of their communities.
- Engaging and collaborating with parents/caregivers, staff, unions and community partners to develop local solutions when needed.
- As required by WorkSafeBC, all boards of education, independent school authorities and schools must ensure the health of their workers by ensuring steps are taken to reduce the risk to workers from communicable diseases.
- The Provincial Health Officer or local Medical Health Officers may issue temporary provincial, regional or local recommendations or orders of additional prevention measures during times of increased communicable disease risk.

### 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 inperson 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 and independent school authorities 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/authorities 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.

#### 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.

## 2. COMMUNICABLE DISEASE PREVENTION GUIDANCE

### 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, and local health authorities with 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.

### Vaccines

#### BCCDC Guidance

Vaccines are important tools to protect against serious outcomes of many communicable diseases, such as COVID-19 and influenza. Students and staff are encouraged to ensure they are up to date on all recommended vaccines for communicable diseases.

Schools are encouraged to share evidence-based information and promote opportunities to be vaccinated in partnership with public health and the local medical health officer. 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 BC Residents are available from BCCDC and ImmunizeBC websites.

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

### WorkSafeBC – Communicable Disease Prevention

School boards and independent school authorities must follow WorkSafeBC guidance and must provide communication, training, and orientation to ensure the health and safety of their workers. WorkSafeBC communicable disease prevention guidance is aligned with the guidance provided by BCCDC. Please see their website for specific requirements and additional information.

## 3. COMMUNICABLE DISEASE PREVENTION PLANS

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 on school/school district websites, on a bulletin board at the school, etc.).

The prevention measures outlined below should always be in place. During times of increased communicable disease risk, public health may recommend additional prevention measures for schools to implement. Communicable disease prevention plans should be updated when temporary additional measures are in place.

School districts, independent school authorities and schools should review their communicable disease prevention plans when these guidelines are updated, on an annual basis or as circumstances require and should do so with their Site Committees and Joint Health and Safety Committees. Reviews should address areas where there are identified gaps in implementation.

### **Emergency and Evacuation Drills**

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

## **4. ENVIRONMENTAL PRACTICES**

### **Cleaning and Disinfecting**

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.

#### *Products & Procedures for Cleaning and Disinfecting*

- 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 and 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 should 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 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 & Disinfecting Bodily Fluids*

**Staff** are to follow these procedures, in conjunction with SDABC 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 procedures and regularly used PPE (e.g., gloves, protective or woven sleeves) for blood and bodily fluids (e.g., toileting, spitting, biting).

#### *Laundry*

Schools can use regular laundering practices.

#### **General Ventilation and Air Circulation**

**Administrators** are to 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. Open windows when the weather permits if it doesn't impact the functioning of 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.

- Schools 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 should consider upgrading filters to finer grain filters such as MERV 13 (if 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.
- When using air conditioners and fans in ventilated spaces, air should be moved from high places to lower places instead of blowing air directly from one person's breathing zone to another's. Avoid horizontal cross breezes.
- Natural ventilation (operable windows, etc.) and portable HEPA filter units are acceptable in regularly occupied classrooms that do not have mechanical ventilation systems.

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

#### **Hand Hygiene**

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.

- Schools should facilitate regular opportunities for students to wash their hands. (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.
- 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.
- Staff and students can refer to the BCCDC's [hand hygiene poster](#) to learn about how to perform hand hygiene.
- **Custodians** should ensure hand hygiene supplies are always well stocked including soap, paper towels (or air drier) and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol.

### Respiratory Etiquette

**Parents** and **staff** should 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, or unwashed utensil.

## 5. ADMINISTRATIVE PRACTICES

### Health Awareness and What to Do When Sick

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.

A health check means a person regularly checking before coming to school to ensure they (or their child) are not experiencing symptoms of illness that would limit their ability to participate fully in regular activities. before coming to school to prevent spread of communicable diseases within the school settings. Schools do not need to monitor students or staff for symptoms of illness.

**School administrators** should ensure that everyone entering a school is aware and routinely reminded of their responsibility to practice health awareness, including that they should not come to school if they are sick.

### What To Do When Sick

**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 professional. 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 enough to where one feels 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 ensure that everyone entering a school is aware and routinely reminded of their responsibility to practice health awareness, including that they should not come to school if they are sick. This can be supported through communications (e.g., emails/letters to parents and staff), orientation activities (e.g., meetings, videos) and other reminders (e.g., signage on doors).

### **What to Do When Sick at School or Work**

Schools do NOT require a health care provider note (i.e., a doctor's note) to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practice.

If a **staff member, student, or other person** develops symptoms of illness at school and is unable to participate in regular activities, they will be supported to go home until their symptoms have improved or otherwise advised by a healthcare provider. Appropriate infection control precautions are to be taken while the person is preparing to leave the school premises, including use of appropriate hand hygiene and cleaning/disinfection of surfaces soiled with bodily fluids. The ill person may use a mask if they are experiencing respiratory symptoms.

**School administrators** are expected to establish procedures for students and staff who become sick while at school/work, including.

- 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 member to go home as soon as possible (e.g., contact student's parent/caregiver for pick-up).
- For students or staff members that are unable to be picked up immediately, have a space available where the student or staff can wait comfortably and are separated from others. NOTE: Younger children must be supervised when separated. Supervising staff can wear a non-medical mask and 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.

### **Supporting Students with Disabilities/Diverse Abilities and/or Receiving Health Services**

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** are expected to implement health and safety measures that promote inclusion of students with disabilities/diverse abilities.

- In-class instruction may not be suitable for some children (or families) with 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 are to have non-medical masks on hand for those who have forgotten theirs but would like to wear one.

### **Space Arrangement**

Schools can use classroom and learning environment configurations and activities that best meet learner needs and preferred educational approaches.

### **Transportations – Buses**

For school buses, schools can follow normal seating and onloading/offloading practices.

- Buses used for transporting students should be cleaned and disinfected in line with the cleaning and disinfection practices outlined in this document.
- **Bus drivers** and **students** should practice hand hygiene and respiratory etiquette.

### **Visitor Access/Community Use**

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

- All visitors, including community groups using the school, should follow applicable communicable disease presentation measures, including staying at home when sick.

### **Curriculum, Programs & Activities**

Schools should implement communicable disease prevention practices (e.g., cleaning and disinfecting, hand hygiene, respiratory etiquette) specific to the activity.

### **Field Trips**

When planning field trips, **staff** 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.

## **6. PERSONAL PRACTICES**

### **Health Awareness**

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

### **Masks and Face Coverings**

The decision to wear a mask beyond when it is required by public health 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 is to 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).

#### **Personal Space**

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

#### **Food Safety**

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, etc.). Shared-use items that touch the mouth should be cleaned and disinfected between use by different individuals (e.g., water bottles, instrument mouth pieces).

## **7. ADMINISTRATOR PROTOCOLS FOR MANAGING COMMUNICABLE DISEASE ACTIVITY AT SCHOOL**

Most communicable diseases experienced by students and staff within school settings may 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.

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 local Medical Health Officer or the Provincial Health Officer in response to broader risk of communicable disease transmission in the community.

NOTE: **School 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 are to exercise caution in providing communicable disease notifications beyond when and what is recommended by public health.

#### **Functional Closures**

A functional closure of a school is the temporary closure of a school determined by the Superintendent's Office 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. The **Superintendent** should notify their Medical Health Officer and the Ministry of Education and Child Care ([erase@gov.bc.ca](mailto: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.

**8. KEY CONTACTS, ADDITIONAL RESOURCES & LINKS**

- Office of the Provincial Health Officer [Office of the Provincial Health Officer - Province of British Columbia](#)
- Medical Health Officer Contact Information by Health Authority (general inquiries):
  - o Island Health T: 1 800 204 6166
  - o Fraser Health T: (604) 918-7532
  - o Northern Health T: (250) 565-2000 E: [healthyschools@northernhealth.ca](mailto:healthyschools@northernhealth.ca)
  - o Interior Health T: (250) 469-7070 (ext. 12791)
  - o Vancouver Coastal Health T: (604) 527-4893
  - o First Nation Health Authority T: (604) 693-6500
- Special Educational 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 [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. [Provincial Outreach Programs](#)
- Indigenous Education in British Columbia [Indigenous Education in British Columbia - Province of British Columbia](#)
- Indigenous Education Teaching Tools and Resources [Indigenous education resources | Building Student Success - B.C. Curriculum](#)
- BC Tripartite Education Agreement (BCTEA) [BC Tripartite Education Agreement \(BCTEA\) – First Nations Education Steering Committee FNESC](#)
- Métis Nation BC Chartered Communities [Chartered Communities | MNBC](#)
- WorkSafeBC Communicable disease prevention (G-P2-21) [WorkSafeBC](#)
- WorkSafeBC Communicable disease prevention: A guide for employers [Communicable disease prevention: A guide for employers | WorkSafeBC](#)
- WorkSafeBC Communicable disease prevention webpage [Communicable disease prevention - WorkSafeBC](#)
- Building Compassionate Communities in a New Normal – webinar [Building Compassionate Communities in a New Normal](#)
- Linda O’Neill – Trauma Informed in the Classroom [Trauma Informed](#)
- MCFD: Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families [trauma-informed\\_practice\\_guide.pdf](#)