

Alberta Guidance for Schools and Child Care Programs:

2019 Novel Coronavirus (COVID-19)

March 13, 2020

This guidance has been adapted with permission from the British Columbia Office of the Provincial Health Officer.

Table of Contents

Introduction	4
General Information	4
Recommendations for Administrators	5
Psychosocial Considerations	10
Further Information	11
Appendix A- ISC-FNIHB Environmental Public Health Services Contacts	12
Appendix B- AHS Zone Public Health Contacts	13
Appendix C- Disinfection products active against coronaviruses.....	14
References	15

Introduction

The guidance provided in this document will support the school system and childcare administrators to reduce opportunities for transmission of COVID-19 in schools and childcare settings. This guidance is based on current available scientific evidence and expert opinion and is subject to change as new information on COVID-19 becomes available. For up to date information regarding the situation in Alberta, visit [COVID-19 Info for Albertans](https://www.alberta.ca/coronavirus-info-for-albertans.aspx) (<https://www.alberta.ca/coronavirus-info-for-albertans.aspx>). This guidance is based on national guidance for schools and child care programs (Public Health Agency of Canada, 2020), and other school-related jurisdictional guidance (BC Centre for Disease Control, 2020).

There are measures that schools and child care settings in Alberta can take to reduce the risk of transmission of respiratory illnesses, including COVID-19.

Although this information is relevant to all schools and child care centres, it is recognized that First Nation schools on reserve is a federal responsibility, information shared with First Nation schools is for information only. For public health information, COVID-19 questions or for reporting purposes, First Nation school and child care administrators should contact their local Health Centre or Indigenous Services Canada-First Nations or Inuit Health Branch Environmental Public Health Services (ISC-FNIHB) office (See Appendix A), in accordance with normal practice.

Medical Officers of Health (MOHs) and their designates are available to support schools and child care settings throughout the province. Their role is to undertake communicable disease risk assessments and provide guidance on risk management. If you have concerns, need specific guidance, or have questions about how to apply the measures in this document, please contact Public Health in your Zone for assistance (see **Appendix B**).

Schools refer to public, separate, francophone, charter schools, independent (private) school authorities, independent (private) Early Childhood Services (ECS), online/distance education, and First Nations education authorities. School-based activities which may be impacted by the advice in this guidance include sports, music and field trips into the community or to other schools, care provided outside of regular school hours (e.g. before and after care), professional development/activity days and school break day camps.

Child care settings refer to both licensed and unlicensed child care programs providing care and education to children from infants and toddlers to preschool age, as well as providing before and after school care for school age children. Child care programs are located in a variety of settings, including family homes, centre-based care and schools.

General Information

Symptoms associated with COVID-19 are similar to many common respiratory illnesses that may be circulating through schools/child care settings. The two most important ways to prevent and control respiratory viruses, including COVID-19, in schools and child care settings are:

- For students/children and staff who are ill with respiratory illness symptoms (fever, cough, fatigue, and/or muscle aches) to stay home from school/child care, and
- The consistent practice of good respiratory etiquette and hand hygiene.

Students with a confirmed case of COVID-19 must receive clearance from public health officials before returning to school; students with a non COVID-19 or unknown respiratory illness should not return to school until 14 days after symptom onset.

Recommendations for Administrators

Enforce Strict Hand Hygiene and Respiratory Etiquette

Hand hygiene with plain soap and warm water is preferred in schools and child care settings as the mechanical action of hand washing is effective at removing visible soil as well as microbes. In instances where hand washing sinks are not available, supervised use of alcohol-based hand sanitizers containing at least 60% alcohol may be considered. If hands are visibly soiled, alcohol based hand sanitizers may not be effective at eliminating respiratory viruses.

Students/children and adults in the child care setting should clean their hands:

- before leaving home and on arrival at school
- after using the toilet
- after breaks and sporting activities
- before food preparation
- before eating any food, including snacks
- after contact with saliva or nasal secretions
- after diapering a child
- before using shared materials such as arts and craft supplies
- before leaving school and on arrival at home

Respiratory etiquette in school/child care settings includes covering the mouth and nose during coughing or sneezing with a tissue or a flexed elbow and disposing of used tissues in a plastic-lined waste container, followed by hand hygiene.

There should be sufficient hand washing stations (sinks and/or alcohol-based hand sanitizer) to enable students/children to easily clean their hands as required. Staff should increase monitoring of hand washing supplies and refill as necessary. Schools and child care settings should also ensure that:

- Sufficient tissue supplies and no-touch, plastic-lined waste receptacles are placed to support respiratory etiquette recommendations.
- Young children are supervised and assisted in hand hygiene at teacher/caregiver discretion, to ensure hand washing is done thoroughly.
- Administration and staff are reminded that Material Safety Data Sheets and product labels provide additional information regarding placement, storage and warnings associated with alcohol based hand sanitizers.

The Use of Masks in School/Child Care Settings Is Not Recommended

Masks may help people with symptoms reduce their risk of spreading the virus through droplets produced when coughing or sneezing. **However, children/staff who have symptoms should be kept away /stay at home from school/child care rather than relying on masks.**

Masks are not necessary for people who are not experiencing symptoms (WHO, 2020). Children may find masks irritating, and this may increase touching of the face and eyes, which increases the risk of infection.

Maintain Cleaning and Disinfecting Policies

Regular cleaning and disinfecting of objects and high-touch surfaces (e.g. door handles, water fountain push buttons) will help prevent the transmission of viruses. This can be done using existing school/child care setting cleaning and disinfection protocols, as long as the disinfectant product is effective against coronaviruses, particularly the COVID-19 virus (see “Disinfection” below). Disinfection is most effective on a clean surface; surfaces should be cleaned first, as necessary, before applying the disinfectant.

Cleaning is 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 a cleaning cloth. *Cleaning for COVID-19 virus is the same as for other common viruses.* In general, cleaning should be done whenever surfaces are visibly soiled.

Disinfection is the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body. Most schools/child care settings will have existing policies to disinfect high-touch surfaces at least once per day; if not, these should be developed. Consider more frequent disinfection whenever respiratory illnesses are circulating in the school/child care setting. As well, additional disinfection should occur in any settings occupied by a student/child who is symptomatic and at risk of COVID-19 (see “Managing a child with possible COVID-19” below).

See **Appendix C** for specific guidance on disinfection products that are effective against coronaviruses.

Consider cleaning and disinfecting practices in the following specific circumstances encountered in schools/child care settings:

- *Musical instruments*: Students/children should have their own mouthpieces for instruments. Mouthpieces should be cleaned and disinfected as per standard practices recommended for the instrument.
- *Toys*: Schools/child care settings should have toys that are easily cleaned and disinfected (e.g. avoid plush toys). Consider increasing frequency of cleaning and disinfection, especially if symptomatic students/children have been playing with the toys. Immediately remove toys that have been contaminated until they have been cleaned and disinfected.
- *Water fountains*: The mouthpieces of drinking fountains are not a major source of virus transmission and require only regular cleaning according to manufacturer recommendations (Pacific Institute, 2017).
 - Water fountain knobs and push buttons should be considered high-touch surfaces, and regularly cleaned and disinfected. Consideration can be given to having students/children fill water bottles rather than having them drink directly from the mouthpiece of the fountain.

School/child care administrators are encouraged to review existing activities and practices within their settings to help determine where and when enhancements or increased cleaning frequencies may be needed.

Reinforce Food and Container Sharing Policies

It will be important to reinforce “no food sharing” policies in school/child care settings. Though in general, these policies are put in place in an effort to reduce potential exposures to allergens, the practice of not sharing food in the school/child care setting will support the efforts of reducing virus transmission between students/children. Students and children should also be supported not to share utensils, dishes, and water bottles/drink containers.

Keep Parents/Caregivers Informed About Measures the School/Child Care Setting Is Taking

Parents/caregivers will be a major source of comfort and reassurance to their children. It will be important for the school/child care setting to keep parents/caregivers informed of what they are doing to protect students/children including how they are preventing the spread of respiratory infections. Messages and strategies should reflect the diverse linguistic, literacy and cultural characteristics and needs of the community.

If there are cases of COVID-19 identified within school settings, the Zone MOH will work directly with the school/child care facility to provide follow-up recommendations and messaging for staff, parents/caregivers and students. It is important for the school/child care facility to ensure that they collaborate with the Zone

MOH prior to sending any messaging to ensure accuracy.

Support Individuals/Families Who Are Self-Monitoring or Self-Isolating

Some students/children may be asked to **self-isolate** (stay at home) for 14 days if they are at higher risk of developing the disease (for example, due to close contact with a case). Others at lower risk of developing the disease may be asked to **self-monitor** daily for 14 days for symptoms, and alert public health officials if they do develop symptoms. Individuals who are self-monitoring are allowed to attend and work in school and participate in regular activities. The website [COVID-19 Info for Albertans](https://www.alberta.ca/coronavirus-info-for-albertans.aspx) (<https://www.alberta.ca/coronavirus-info-for-albertans.aspx>) contains up to date information 'For Schools' on which categories of students have been asked to self-isolate. **Asymptomatic contacts that are self-isolating do not pose a risk to others and no additional messaging to parents, students or staff is required in these instances.**

If students/children or staff have been advised by public health officials to self-monitor for symptoms or self-isolate at home, the school community should make efforts to support families to ensure:

- Sick leave policies are in place and school attendance is flexible. It is important to discourage the use of perfect attendance awards and incentives (CDC Interim Guidance for Child Care Programs and K-12 Schools, 2020).
- Families are treated with respect, fairness and compassion with a focus on dignity and privacy protection.
- Steps are taken to reduce the potential for stigma and discrimination (e.g., through outreach, information sharing and school/board level education) (CDC Interim Guidance for Travel-associated or Community Settings, 2020).
- If students are self-isolating at home and they are well enough to participate in homework, measures are in place to provide meaningful homework. This will support students so they do not fall behind in their studies and they can maintain a sense of meaning/belonging.
- Children who are unwell may need extensions of deadlines, alternative measures to reduce burdens or exemptions in some cases.
- When students/children/staff have completed a 14-day period of self-isolation without developing COVID-19, they can return to full activities in their school/child care setting and do not need special monitoring or other procedures.
- Individuals who are self-monitoring are allowed to attend and work in school and participate in regular activities.
- Disclosure of self-monitoring status is voluntary. If families disclose that students, children or staff are self-monitoring for symptoms, ensure measures are in place to recognize symptoms while in school/child care and to separate sick students, children or staff from others if symptoms develop (see "Manage students/children with possible COVID-19" below).
- Students/children who have had a COVID-19 infection will receive individualized guidance from public health officials as to when they are non-infectious and can return to school/child care setting. They will not require special monitoring or procedures beyond that point. Administrators should not require a doctor's note to return to the school/child care setting.

Manage Students/Children with Respiratory Symptoms

Parents/guardians of students/children should be informed that there is zero tolerance for children with any respiratory symptoms attending school or child care centres. Teachers/child care providers should be asked to closely monitor their classrooms, and if any student is having respiratory symptoms such as cough or symptoms of a mild cold, the steps below should be followed. The same steps should be followed if a staff member begins to experience respiratory symptoms.

- If a student, child or staff develops respiratory symptoms while at school/child care, they should be removed from the school environment.
- Schools/child care programs promptly separate the student/child or staff with symptoms of COVID-19 (e.g. fever, cough, sore throat, shortness of breath, fatigue, headache, muscle aches, and including symptoms that may seem like a mild cold) in an area separate from others, with adequate supervision until they can go home.
- To help prevent transmission, **the most important steps are to reinforce strict respiratory etiquette and hand hygiene practices and to have the ill student/child or staff stay two meters away from others.** If possible, the student should be placed in a separate room from other students/children with a closed door. Any rooms they have been in while symptomatic should be cleaned and disinfected before others enter them (see **Appendix C**).
- Masks provide a level of protection when worn by a symptomatic person. It is acknowledged that it is neither practical nor feasible to have schools procure masks at this time, therefore adhere to strict respiratory etiquette, hand hygiene and cleaning and disinfection.
- Schools/child care programs should notify parents/guardians if their child begins to experience respiratory symptoms while at school/child care, and arrange for immediate pick up.
- Students/children who begin to show respiratory symptoms while at school or child care should be picked up by their parent/guardian and avoid travel on public transport such as school buses or trains. If no alternative is possible, it is recommended that the student/child sits on a seat by themselves (two metre separation) and wears an appropriately sized surgical mask, if available.
- Clean and disinfect any rooms the student/child was in while symptomatic. There is no need to take any further special precautions or to close the school/child care setting.
- Students/children or staff who develop respiratory symptoms should be kept home for 14 days after the start of the symptoms.
- If students/children are tested for COVID-19, those who test negative will be advised individually about return to school/child care settings.

Since younger children may not always be able or willing to identify or disclose symptoms, they should be closely monitored by staff for symptoms.

It is important for school/school authority and child care administrators to understand the usual absenteeism patterns of their school/child care centre (CDC Interim Guidance in Travel-associated or Community Settings, 2020). As per routine monitoring and surveillance in schools and child care settings, notify AHS Public Health of unusual situations, such as when absenteeism of students/children or staff is greater than would be expected, or if a student/child who is self-monitoring for symptoms of COVID-19 becomes symptomatic while at school/child care.

Actions for Schools with a Confirmed Case of COVID-19 in their Community and/or School

If there are cases of COVID-19 in the local community, schools may need to take additional steps in response to prevent spread in the school. The Medical Officer of Health or other public health official will share additional information as needed with schools or child care administrators to support the appropriate response. Administrators are encouraged to continue to work closely with local public health officials to determine the best course of action for their child care programs or schools.

Child care and school/school authority administrators should work in close collaboration and coordination with public health officials to make decisions about facility closure or cancellation of large events. Schools are not expected to make decisions about closure or cancelling events on their own. This is generally done under the direction of their local public health officials in collaboration with the sites that are impacted. School and child care administrators can determine what events may need to be cancelled and seek specific public health guidance in advance about precautionary measures for these events.

If an ill student or staff member attended school prior to being confirmed as a COVID-19 case:

- AHS or ISC-FNIHB public health officials, depending on the location, would conduct contact tracing of the case and in consultation with the MOH, inform decisions about appropriate public health measures for staff and/or children/students that were at risk of exposure, including instructions about self-isolation (staying at home) or self-monitoring. Local health officials will work directly with the school/school authority administration to determine the best course of action and this may or may not include a school closure.
- Local health officials may recommend temporary school dismissals if a student or staff member attended school prior to being confirmed as a COVID-19 case. Public Health recommendations for the scope (e.g., a single school, a full district) and duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and information about cases in the affected community.
- Schools should work with the local Public Health department and other relevant leadership to communicate information about the possible COVID-19 exposure appropriately. In such a circumstance, it is critical to maintain confidentiality of the child/student or staff member.
- If a child/student or staff member has been identified with a case of COVID-19, school administrators will receive guidance from Public Health about when students and staff should return to schools and what additional steps are needed for the school community. In addition, children/students and staff who are well but are taking care of, or sharing a home with, someone with COVID-19 will receive instructions from public health officials as to when they can return to school/child care and other follow-up instructions (e.g., enhanced cleaning, disinfection and hygiene practices).

If schools are closed, schools can consider the following steps:

- Temporarily cancel extracurricular group activities and large events (see Mass Gathering section).
- Discourage students and staff from gathering or socializing anywhere.
- Ensure continuity of education.
 - Review continuity plans, including plans for the continuity of teaching and learning. Implement e-learning plans, including digital and distance learning options as feasible and appropriate.
- Consider alternatives for providing essential medical and social services for students.

Mass gatherings

Until further notice, the following events should be cancelled:

- Events with more than 50 attendees that involve international participants, critical infrastructure staff, seniors, or other high-risk populations, such as immune-compromised.
- Large events with more than 250 attendees, including sporting events, conferences and community events.

School and child care administrators should take steps to ensure that no more than 250 people are in the same room at any given time.

For the latest updates on Mass Gathering restrictions, refer to the tab “Public health restrictions on mass gatherings” at [COVID-19 Info for Albertans](#).

Psychosocial Considerations

A new virus such as the COVID-19 can create anxiety and be difficult for students/children to understand, especially if someone in their school or family is sick, or they see or hear troubling messages on the radio, internet or television. It is normal for students/children to feel worried or nervous and have questions. All staff in schools/child care settings can support students by doing the following:

Reassure students/children about their personal safety and health. Telling students/children that it is okay to be concerned is comforting. Reassure them they are safe and there are many things they can do to stay healthy:

- Hand washing: Wash hands often with soap and warm water for at least 20 seconds, or use an alcohol based hand sanitizer, especially after coughing or sneezing.
- Cough/sneeze etiquette: Cough and sneeze into arm or tissue.
- Stay home when sick: Students/children should tell parents if not feeling well, and together, make a plan to stay home from school.
- Keep clean: Keep hands away from face and mouth.
- Stay healthy: Stay healthy by eating healthy foods, keeping physically active, getting enough sleep.

Listen to students/children and provide age-appropriate information. Let them know they can talk about their feelings and ask questions. Answer questions honestly but make sure that the information is suitable for their age level. If you don't know the answers to their questions it's okay to say so and together look for resources that can answer their questions. Remember students/children are often listening when you talk to others about COVID-19. Administrators and staff should be mindful of how students/children share information in less supervised settings (e.g., before and after school, lunch and snack times, recess and on the bus). It may be in these settings where students/children can become misinformed. It will be important for administrators and staff to correct this misinformation when they are made aware of it.

Maintain familiar activities and routines at schools and child care programs as it can reinforce the sense of security of students/children.

Monitor for discrimination and/or bullying surrounding COVID-19, in particular towards those who may have been exposed to the virus and are self-isolating at home, or self-monitoring for symptoms. School/child care programs should make all efforts to ensure that misinformation is clarified and anti-discrimination/bullying protocols are adhered to.

Further Information

Up-to-date information on the evolving situation of COVID-19 in Alberta and Canada is available on the following websites:

Alberta Health ([COVID-19 Info for Albertans](#))

<https://www.alberta.ca/coronavirus-info-for-albertans.aspx>

Alberta Health Services ([novel coronavirus \(COVID-19\)](#))

<https://www.albertahealthservices.ca/topics/Page16944.aspx>

Public Health Agency of Canada ([Covid-19: Being Prepared](#))

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/being-prepared.html>

Appendix A: Indigenous Services Canada – First Nations and Inuit Health Branch ENVIRONMENTAL PUBLIC HEALTH SERVICES Contacts (Regular and After Hours)

ISC-First Nations and Inuit Health Branch Environmental Public Health Services	REGULAR HOURS Business hours - 8:00 am – 4:00 pm		AFTER HOURS
Edmonton Office	Environmental Public Health	780-495-4409	780-719-8782
Tsuut'ina Office	Environmental Public Health	403-299-3939	

Appendix B: AHS Zone Public Health Contacts (Regular and After Hours)

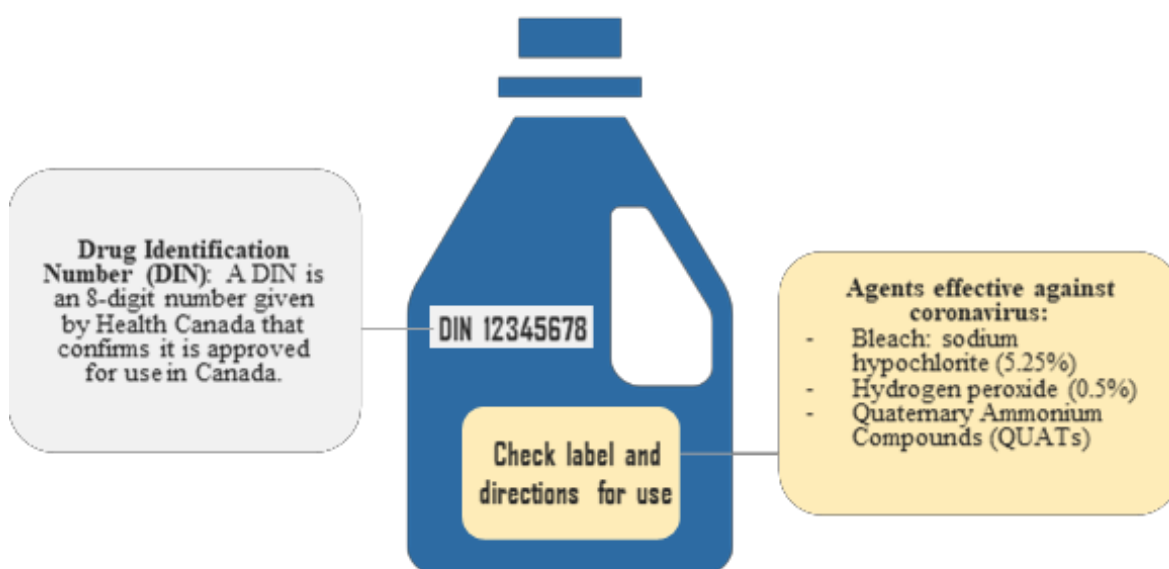
AHS Zone (Link to Zone MOH)	REGULAR HOURS Business hours may vary slightly from Zone to Zone, and are typically 8:30 am – 4:30 pm			AFTER HOURS
Zone 1 South	Communicable Disease Control	CDC Intake	587-220-5753	(403) 388-6111 Chinook Regional Hospital Switchboard
	Environmental Public Health	EPH CDC Lead	403-388-6689	1-844-388-6691
Zone 2 Calgary	Communicable Disease Control	CDC Intake	403-955-6750	(403) 264-5615 MOH On-Call
	Environmental Public Health	EPH Disease Control	403-943-2400	
Zone 3 Central	Communicable Disease Control	CDC Intake	403-356-6420	(403) 391-8027 CDC On-Call
	Environmental Public Health	24 Hour Intake	1-866-654-7890	
Zone 4 Edmonton	Communicable Disease Control	CDC Intake Pager	780-445-7226	(780) 433-3940 MOH On-Call
	Environmental Public Health	EPH		
Zone 5 North	Communicable Disease Control	CDC Intake	1-855-513-7530	1-800-732-8981 Public Health On-Call
	Environmental Public Health	EPH		

Appendix C- Disinfection Products Effective Against Coronaviruses

For frequently touched surfaces and areas that are likely to become contaminated, the below list of products provides examples of common effective disinfectants. Often janitorial product suppliers carry all these as well as other effective products. You should confirm with your supplier that the product is effective against the COVID-19 virus, one of many coronaviruses. *Always follow the manufacturer's instructions.*

Important notes:

- Ensure disinfectant product has a Drug Identification Number (DIN) on its label.
- Follow product instructions for dilution, contact time and safe use.
- All soiled surfaces should be cleaned before disinfecting (unless otherwise stated on the product).



List of disinfecting agents and their working concentrations known to be effective against coronaviruses (Dellanno *et al.*, 2009; Alberta's IPC Guidelines- when available; European Interim Guidance for Environmental Cleaning, 2020)

Agent and Concentration	Uses
1. Chlorine: Unscented household bleach – sodium hypochlorite (5.25%) 1:9 (5000 ppm solution) 100 ml bleach to 900 ml water	Used for disinfecting general surfaces, e.g., hand railings, grab handles, door knobs, cupboard handles. Can also be used for disinfecting surfaces contaminated with blood/bodily fluids, but only after cleaning with soap and water first.
2. Disinfectant with a Drug Identification Number AND a Virucidal Claim. Follow manufacturer's instructions	Used for disinfecting general surfaces e.g., hand railings, grab handles, door knobs, cupboard handles. Can also be used for disinfecting surfaces contaminated with blood/bodily fluids, but only after cleaning with soap and water first.
3. Accelerated Hydrogen Peroxide 0.5%	Used for disinfecting general surfaces (e.g. counters, hand rails, door knobs).
4. Quaternary Ammonium Compounds (QUATs)	Used for disinfecting of general surfaces (e.g., floors, walls, furnishings).

Alberta Health does not endorse or promote any specific brands of disinfectant products.

References

WHO Coronavirus disease (COVID-19) advice for the public: When and how to use masks. [Accessed on 9 March 2020]. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

Public Health Agency of Canada. Public health guidance for schools (K-12) and child care programs (COVID19). [Accessed on 9 March 2020]. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/guidance-schools-childcare-programs.html>.

Public Health Agency of Canada. Community-based measures to mitigate the spread of coronavirus disease (COVID-19) in Canada. [Accessed on 12 March 2020]. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html>.

British Columbia Office of the Provincial Health Officer. 2019 Novel coronavirus (COVID-19) B.C public health guidance for schools and childcare programs. [Accessed on 9 March 2020]. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_schools_childcare_guidelines.pdf.

Pacific Institute. February 2017. Drinking Fountains and Public Health Improving National Water Infrastructure to Rebuild Trust and Ensure Access. https://pacinst.org/wp-content/uploads/2017/02/Drinking_Fountains_and_Public_Health_Feb_2017-1.pdf

CDC. Interim Guidance for Childcare Programs and K-12 Schools. [Accessed on 9 March 2020]. <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>

CDC. Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings. [Accessed on 9 March 2020]. <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

Dellanno, Christine, Quinn Vega, and Diane Boesenberg. "The antiviral action of common household disinfectants and antiseptics against murine hepatitis virus, a potential surrogate for SARS coronavirus." *American journal of infection control* 37.8 (2009): 649-652.

European Centre for Disease Prevention and Control. Interim guidance for environmental cleaning in non-healthcare facilities exposed to 2019-nCoV. ECDC: Stockholm; 2020. [Accessed 9 March 2020]. <https://www.ecdc.europa.eu/sites/default/files/documents/novel-coronavirus-guidance-environmental-cleaning-non-healthcare-facilities.pdf>