ADDENDUM
REGULAR MEETING OF THE
TORONTO CATHOLIC DISTRICT SCHOOL BOARD
PUBLIC SESSION

Joseph Martino, Chair Nancy Crawford, Vice Chair

Thursday, August 19, 2021
7:00 P.M.

Angela Kennedy
Trustee Ward 11

E-mail: Angela.Kennedy@tcdsb.org *Voicemail: 416-512-3411*

To: Regular Board Meeting, August 19, 2021

From: Angela Kennedy, Trustee Ward 11

Subject: Notice of Motion: Vaccination Policy

MOVED BY: Angela Kennedy, Toronto Catholic District School Board

WHEREAS: It is a primary responsibility of the Toronto Catholic District School Board to provide its students and staff with a safe learning and working environment;

WHEREAS: COVID-19 continues to be highly transmissible in our community and it is imperative that the Board of Trustees provide students, staff and all stakeholders and their families with information that will assist in reducing the spread of COVID-19, in all Toronto Catholic District School Board schools and facilities;

WHEREAS: The Ministry of Education issued a return to school direction approved by the Office of the Chief Medical Officer of Health for the purposes of regulations made under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020,* which among other things, directed Ontario School Boards in collaboration with Public Health Units to communicate proactively with the school community about COVID-19 prevention measures.

THEREFORE, BE IT RESOLVED THAT:

1. The Board of Trustees request that staff bring to the Governance and Policy Committee a draft “COVID-19 Vaccination Policy” and present the draft policy to the Board of Trustees as soon as is reasonably possible; and

2. The Board of Trustees further requests that staff and the Governance and Policy Committee develop the policy in expedited consultation with Toronto Public Health, as well as Toronto Catholic District School Board stakeholders and education partners.

Angela Kennedy
Trustee, Ward 11

Markus de Domenico
Trustee Ward 2

E-mail: Markus.deDomenico@tcdsb.org *Voicemail: 416-512-3402*

To: Regular Board Meeting: August 19, 2021

From: Markus de Domenico, Trustee Ward 2

Subject: Notice of Motion – Motion to request the Ministry of Education for provincial menstrual funding.

MOVED BY: Markus de Domenico, Toronto Catholic District School Board

WHEREAS: The TCDSB had unanimously passed a motion during the November 14 Corporate Services Committee Meeting to provide free menstrual products in all TCDSB schools;

WHEREAS: The board has been unable to provide free menstrual products for our secondary and elementary schools, due to the lack of funding;

WHEREAS: The return to school plan released by the Ministry of Education has committed to having students attend in-person every single day, and the need for menstrual products are higher than ever;

WHEREAS: Lack of access due to the economic factors that impact girls and women around the world has worsened with the pandemic, as many families lost jobs and are unable to pay their financial dues;

WHEREAS: The Toronto District School Board sent a letter to Ontario Education Minister Stephen Lecce asking for funding for free menstrual products in all schools in the province; and

WHEREAS: Other school boards, such as Waterloo Region District School Board and York Region District School Board have also expressed their support in the Toronto Youth Cabinet's call for free menstrual products in all Ontario school boards.

BE IT RESOLVED THAT: The Chair of the Board send a letter to the Ministry of Education to request provincial funding in order to provide free menstrual products in all schools within the province.

Markus de Domenico
Trustee, Ward 2

REPORT TO

REGULAR BOARD

RETURN TO SCHOOL 2021-22

"The Lord gives sight to the blind, the Lord lifts up those who are bowed down, the Lord loves the righteous."
Psalm 146:8

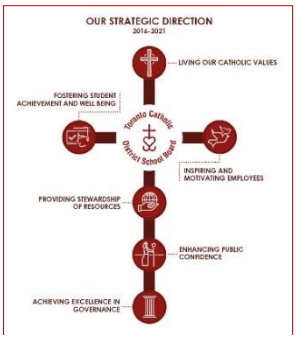
Created, Draft	First Tabling	Review
August 9, 2021	August 19, 2021	Click here to enter a date.

Barbara Leporati, Senior Coordinator, Planning Services
Shawna Campbell, Superintendent of Schools, Area 3 & Early Years Programs
John Wujek, Superintendent of Schools, Area 5
Corrado Maltese, Coordinator, Occupational Health and Safety Department
Shazia Vlahos, Chief of Communications and Government Relations
Martin Farrell, Superintendent, Environmental Support Services
Michael Loberto, Superintendent, Planning and Development Services
Adrian Della Mora, Executive Superintendent of Human Resources

INFORMATION REPORT

Vision:
At Toronto Catholic we transform the world through witness, faith, innovation, and action.

Mission:
The Toronto Catholic District School Board is an inclusive learning community uniting home, parish and school and rooted in the love of Christ.
We educate students to grow in grace and knowledge to lead lives of faith, hope and charity.



Brendan Browne, PhD
Director of Education

D. Boyce
Associate Director of
Facilities, Business and
Community Development

R. Putnam
Chief Financial Officer

A. EXECUTIVE SUMMARY

TCDSB recently completed revisions to the Reopening Action Plan to align with Ministry directives on a safe return to school for the 2021-2022 school year.

Several key events and communications have been released that have guided the revisions to the plan.

May 4, 2021	The Ministry released Memo B07, *"Planning for the 2021-22 School Year"*
July 16-August 6, 2021	Survey conducted to determine parent/guardian preference for in-person or remote learning for 2021-22.
July 31, 2021	The Ontario Science Table released *"School Operation for the 2021-2022 Academic Year in the Context of the COVID-19 Pandemic."*
August 3, 2021	The Ministry released, *"COVID-19: Health, safety and operational guidance for schools 2021-2022"*
August 4, 2021	The Ministry released Memo B14, *"School Ventilation"* announcing additional funding to support ventilation upgrades.
August 13, 2021	The Ministry released updated (Version 2), *"COVID-19: Health, safety and operational guidance for schools 2021-2022"*

Additional resources were consulted to ensure the plan was inclusive and comprehensive. They are as follows:

PPM164 – Requirements for Remote Learning
TCDSB Transition to Distance Learning Plan
Reopening Ontario Act
Operational Guidance for Child Care During COVID-19 Outbreak (V. 7)
Operational Guidance for EarlyON Child and Family Centres (V. 5)
Guidelines for School Boards,Before and After School Program K-6 (V. 4)
School Mental Health Ontario
Faith and Wellness - OECTA

This report provides information regarding plans for a safe reopening of schools in accordance with Ministry and Toronto Public Health guidelines and highlights updates in key areas pertinent to the Return to School Plan.

The cumulative staff time required to prepare this report was 50 hours

B. PURPOSE

To provide the Board with information regarding the TCDSB Reopening Action Plan.

C. BACKGROUND

1. ***School boards have revised plans for school reopening for the 2021-2022 school year in accordance with Ministry and public health guidelines.*** The TCDSB Reopening Action Plan *(Appendix 'A')* provides an overview of the guidelines to offer safe programming in all of its communities. Consultation and review with Toronto Public Health (TPH), various internal stakeholders, principals and other school boards has been instrumental in updates to the plan.

2. ***The Ministry released guidance in May 2021 which allowed school boards to begin planning elements of the curriculum and which also directed remote learning requirements follow the previously released PPM 164 from the last school year.*** PPM 164 also outlines the following: minimum requirements for engaging students during remote learning, minimum requirements for synchronous learning, process for exemption from synchronous learning, protocols for delivering remote learning, access to remote learning devices, standardized suite of synchronous learning platforms and cyber security, privacy, and online safety.

3. ***The Ministry has since released more detailed guidance for school reopening as of August 3, 2021 with an update received on August 13, 2021. "COVID-19: Health, safety and operational guidance for schools 2021-2022"(Appendix 'B') provides guidance*** largely based on a brief released on July 19, 2021, from the Ontario Science Table, *"School Operation for the 2021-2022 Academic Year in the Context of the COVID-19 Pandemic" (Appendix 'C).*

4. ***Key points from the Ministry release include the following, some of which remain the same from the last school year and some of which require modification from the previous year's plan.*** Detail on the TCDSB approach to the Ministry direction is detailed in the evidence section of this report.

Ministry Guidelines – Key points

- Careful, cautious approach – with the aim overtime to be able to lift restrictions based on local health information.
- Encouraging a return to in person learning for both elementary and secondary students.
- Elementary – full return with cohorting and practices currently in place.
- Secondary – The model must allow for students to attend a full day but no more than two courses per day in order to pivot to remote when required. TCDSB will employ a Modified Semester model that satisfies the Ministry requirements.
- Masking to be required for students Gr. 1 to 12 indoors. In the 2020-21 school year, TCDSB extended the mandate for masks to Kindergarten to Gr. 12.
- No masking outdoors unless physical distancing cannot be achieved.
- Extra-curricular activities are to resume with modifications
- Robust Music programs are permitted in most cases - sports (Phys. Ed., extracurriculars) and clubs can resume.
- Daily Screening - all staff and students will continue to be screened everyday
- Cleaning (enhanced cleaning) – will continue the same as last year
- Shared Spaces - Students can use shared spaces, materials (cafeteria, gym, library) with distancing between cohorts.
- Transportation - masking on bus, assigned seating, similar to last year.
- Ventilation - School boards to continue ventilation upgrades. Schools without mechanical ventilation must have stand-alone high efficiency HEPA filters in place in each classroom. Also, all JK/SK rooms are required to have HEPA filters regardless of ventilation type.
- Testing - needs to be accessible to reduce barriers.
- Prompt testing - secondary schools will be provided with test kits to take home. Recognize need for quick turnaround time.
- Vaccinations will not be mandated/requirement. Boards are to continue education, promotion, access to vaccinations.

- Students are not to be advantaged/disadvantaged due to vaccination status.

D. EVIDENCE/RESEARCH/ANALYSIS

Remote Learning

6. ***Data collected from the parent/guardian survey issued between July 16 and August 6 is determining staffing and class arrangements to meet the needs of students participating in remote learning.*** Staff are using the data from the completion of the parent survey to determine the grade combinations and total number of teaching and support staff required for a virtual school.

Students Requiring Technology

7. ***As of July 15, 2021, there are approximately 14,400 Chromebooks and 4,800 iPads currently with students for remote learning.*** Out of the 4,800 iPads, approximately 2,000 are equipped with Internet access to support students that require connectivity for remote learning. These devices remain with students until the pandemic conditions and remote learning needs are re-assessed. There are approximately 5,500 Chromebooks and 560 iPads available for new orders going into the 2021/22 school year.

Health and Safety

8. ***Students and staff will practice proper and frequent hand washing and hand sanitizing.*** TPH continues to encourage frequent hand washing and the use of hand sanitizer where hand washing is challenging. Hand sanitizer will be located at each designated entrance, portables, classrooms and/or key locations throughout the hallways where access to a sink for hand washing is limited.

9. ***The Ministry released "COVID-19 Guidance School Case, Contact and Outbreak Management" (Appendix 'D') on August 11, 2021.*** This guidance document provides information for local public health units (PHUs) investigating cases, outbreaks, and suspected outbreaks associated with elementary or secondary (K-12) school settings. It is intended to supplement existing public health guidance on the Management of Cases and Contacts of COVID-19 in Ontario and COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance. ***TCDSB will consider this documentation along with guidance from Toronto Public Health in the update of staff guidelines in schools.***

Professional Development

10. ***Principals have been provided with access to an information portal*** to ensure that they are properly prepared to administer and adapt to revisions in protocols and learning models for elementary and secondary schools.

11. ***Professional Development for all school-based staff is being planned for the September 2, 7 and 8, 2021 PD Days.*** The Ministry has given direction on topics to be addressed during these three PD days. Central staff will adapt the modules and resources to meet the needs of our school-based staff. School boards should deliver remote learning strategies and educator training related to:
    - student and staff safety;
    - student and parent comfort levels with technology, and the levels of support that may be required;
    - effective use of digital tools;
    - effective pedagogy and assessment;
    - student and staff mental health and well-being;
    - accessibility and differentiated instruction for all students, including students with special education needs.

Elementary – Full Return

12. Elementary school students in Kindergarten through Grade 8 will attend school five days per week, with 300 minutes of instruction per day, remaining in their cohort for the full day. Enhanced health and safety protocols will remain in place in all schools.

Secondary – Full Return (Modified Semester)

13. Students will attend school all day, every day for a total of 300 instructional minutes. All regular classes will be considered a cohort. Students will be members of two cohorts daily, one in the morning and one in the afternoon for week 1 and alternate to two different courses for the second week for a total of 4 courses per semester. Since students take 2 courses daily in a modified semester, students will alternate every week between two courses on their timetable. Traditional maximum numbers of students will be in each class according to our employment agreements.

Remote Registration Survey

14. ***A communication was issued to families on July 16 to receive input regarding intentions to return to in-person or remote learning. Below please find a summary of communications to date:***

    Thursday, May 27, 2021: Notification of upcoming survey issued to parents.

    Monday, July 12: A reminder sent re: the learning model registration beginning Friday, July 16.

    Friday, July 16 (am): Families received the elementary and/or secondary communication including detailed information and a link to our Frequently Asked Questions (FAQs) to inform their learning model selection.

    Friday, July 16 (pm): Families received learning model registration links via direct email for each child. Email used is what families have provided the school. The child's name appeared in the message, so families knew for whom they were completing the registration. ***Families were also provided a confirmation message upon completing the survey with the opportunity to change their response up to the deadline date of August 6th.***

    Friday, July 16 to Friday August 6: Communications staff responded to inquiries from families to support their learning model decision. Communications and Service Desk staff responded to requests from families who said they did not receive a registration link.

    Sunday August 1: A communication was sent to TCDSB families to remind them that learning model registration for the 2021-2022 school year closes on August 6 at 11:59 pm.

    Thursday, August 5: A communication was sent to TCDSB families to remind them that learning model registration for the 2021-2022 school year closes on August 6 at 11:59 pm. Families who did not submit a response were registered for in-person learning. Please note that families received a confirmation email upon completing registration, which included a link enabling them to change the selected learning model for their child(ren) any time before the August 6 deadline.

    Friday, August 6: Learning model registration for 2021-2022 closed.

15. ***In the communication to families associated with their choice for learning models, the following reminders were conveyed. Further, each family was asked to confirm these key messages during the registration process.***

Elementary - remote learning
The child will give up their spot at their home school, be placed at St. Anne's Catholic Academy and participate in remote learning for the entire 2021-22 school year.

Elementary – in-person learning
Families were asked to confirm their understanding that their child will be registered at their home school for the entire 2021-22 school year.

Secondary –remote learning
Students will be registered at their regular secondary school, St. Anne's (senior) will not be an option, learning will take place through virtual connection to in-person classes.

16. ***Preliminary results from the survey as of closing on August 6th are as follows***. Numbers will be adjusted as necessary as schools open and process new registrations.

Elementary
In-person – 55207
Remote – 4084

Secondary
In-person- 24671
Remote - 2576

<u>Ventilation</u>

17. ***In the 2020-2021 school year TCDSB secured and implemented 5,449 portable HEPA air purifier to all schools (non-mechanical, partial mechanical and full mechanical)***, these were distributed to all classrooms (regular, specialty (music, arts etc. JK and SK) portables excluded as they have internal mechanical systems, as well as libraries, main office and staffroom.

18. ***The Ministry provided funding, Memo B14 "School Ventilation", for additional HEPA units to enhance boards' distribution plans for the 2021-22 school year. TCDSB received 1,766 additional units that will be distributed as follows:***
Schools ***without*** mechanical or ***partial*** mechanical ventilation will receive additional units in the following locations:
    - 1 additional HEPA unit to JK/SK
    - 2 HEPA units to per Childcare Room

- 4 HEPA units per Gym
- 1 additional HEPA unit to Library
- 4 HEPA units per Lunchroom (Secondary schools like Neil McNeil/Notre Dame)

Schools with mechanical ventilation:

- Provision of HEPA units to Childcare Spaces

If necessary, ***numbers will be adjusted in non-mechanical ventilation locations such as gyms and libraries to ensure the number of portable HEPA units will reflect the actual need*** of those spaces as outline in the Ministry Guidelines.

19. As per Ministry expectations, staff are creating ***a school ventilation dashboard which will be available on the TCDSB website and will include ventilation systems for each school as well as filtration measures.*** This information will be posted to the TCDSB website as soon as possible.

Additional Safety measures (implemented in 2020-21)

20. ***Portable handwashing stations for all floors without washrooms in schools across the system remain in place for the 2021-22 school year***. The addition of these stations are integral to the operation of the school and encouraging good hand hygiene throughout the school year.

21. ***Installation of Water Bottle Filling Stations*** in order to provide at least two (2) per school is ongoing.

22. ***To encourage cycling to school, installation of over 82 bicycle racks at 60 schools has been completed.*** Every school will have bicycle parking available.

23. The practice of opening windows as much as practicable will continue.

Plexiglass

24. ***Plexiglass shields will not be mandatory.*** The use of plexiglass was an added safety measure purchased by the TCDSB over the previous year, however as the guidance around transmission of COVID-19 has changed significantly, the efficacy of plexiglass appears to be minimal. TPH has advised that they are not including recommendations for plexiglass use in classrooms. ***TCDSB***

staff will continue to consult with TPH and the Ministry of Education to understand where plexiglass should be used. TCDSB has provided the schools with 40,000 plexiglass barriers which can be reallocated within the school at the Principal's discretion.

Transportation

25. ***Arising from a meeting of the Toronto Student Transportation Group (TSTG) Governance Committee, a phased start to student transportation was approved for the 2021-22 school year and includes:***
    Students with special education needs are prioritized and receive bus service beginning the first week of school.
    - ***During week 1 of the school year (September 9-14) only students with special education needs will be provided with student transportation.***
    - ***Beginning September 15th, all other eligible students will be provided with student transportation, unless there is a significant driver shortage or other unforeseen issues related to COVID-19.***

    Students with special needs include those on mini-buses, mini-vans, taxis, and WC accessible vehicles.

26. ***This information has been sent to parents/guardians through the TSTG transportation portal*** and has been posted on the TSTG website, TCDSB website and social media accounts. ***Parents will receive a phone call from TSTG the week before school starts*** confirming their start date (September 9th or September 15th).
    As always, active transportation is recommended when possible.

27. ***A TSTG communication advising families of the phased in start was prepared jointly with TCDSB and TDSB staff and issued to families on August 3, 2021.***

28. ***In addition, the TCDSB will follow the same practice as last school year in terms of accommodating non-eligible requests for empty seat and extenuating circumstances.*** Students will only be placed on buses where there is room and or time and only on buses that are not shared with the TDSB. This review will take place in mid to late October. The TSTG FAQs are included *(Appendix 'E')* for further detail relating to Transportation.

E. IMPLEMENTATION, STRATEGIC COMMUNICATIONS AND STAKEHOLDER ENGAGEMENT PLAN

1. ***A Return to School staff resource guidebook will be provided.*** This guide will provide clear definitions, roles and procedures associated with COVID-19 mitigation, reporting and isolation as communities return for the 2021-22 school year. This booklet is nearing completion
2. ***FAQs continue to be gathered from parent/guardian feedback.*** The board continues to provide updates and frequently asked questions and answers on the board website and social media channels.
3. ***Local planning considerations will take place at the school level in late August in collaboration with school principals.*** Input gained through continued consultation with stakeholders will be considered during this process.

F. CONCLUDING STATEMENT

This report is for the information of the Board.

TCDSB Reopening Action Plan

A Guide to Returning Safely to TCDSB Schools

Transforming the world through witness, faith, innovation & action

Last Updated: **August 11, 2021**

Table of Contents

MESSAGE FROM DIRECTOR OF EDUCATION

As we prepare to return to schools next month, we recognize there may be many questions from families and students alike. The following document is an overview of what to expect – whether your child is learning in-person or remote - and how we will continue to work together to support students and their families. We hope that it will be helpful to you as you plan for your child's return to learning on September 9, 2021.

Our TCDSB Return to School Plan has been developed with the guidance of Toronto Public Health (TPH), the Ministry of Education as well as the province's overall COVID-19 Guidance. The health of every child remains at the center of every guideline, using the best available evidence and advice. Prior to school start, administrative staff and teachers will be trained on updated best practices and protocols to ensure the safety of everyone in a school setting. We know that the return to school will continue to look different again this year, but we remain committed to providing a safe and meaningful learning environment for every student.

While this plan details guidelines and protocols for 2021-2022 school year, it is important to note that protocols may be required to change again as we continue to follow the advice of TPH and the Province. Please also note that these guidelines may be modified to meet the unique needs of individual school settings. Through this ongoing uncertainty, we appreciate your understanding and flexibility to ensure the safety of students, staff, and families.

Thank you for your ongoing support and patience, and we look forward to seeing you in September!

Dr. Brendan Browne
Director of Education

INTRODUCTION

The updated plan for the continued safe reopening of schools and administrative buildings will focus heavily on the health and safety of students and staff. Full support in the resumption of in-person learning will be supported through guidance and training.

On August 3, 2021, the Ministry of Education released ***"COVID-19: Health, safety and operational guidance for schools (2021-2022)"***. This document was based on guidance and information in the July 19, 2021, release from the ***Ontario COVID-19 Science Advisory Table***.

Key Messages from the Ministry of Education based on the Science Brief are as follows:

- In-person learning is essential for the learning and overall well-being of children and youth. Therefore, barring catastrophic circumstances, schools should remain open for in-person learning.
- The level of community COVID-19 burden should inform the degree of school-based measures: the provided framework should be implemented at the regional level by public health units, considering local vaccination coverage rate and metrics of COVID-19 disease severity and to a lesser extent, SARS-CoV-2 transmission rate.
- Permanent measures that support the ongoing operation of schools, irrespective of the COVID-19 pandemic, include vaccination of all eligible individuals, exclusion of sick students and staff, hand hygiene, adequate ventilation, and environmental cleaning.
- Temporary measures (e.g., masking, physical distancing, cohorting) implemented in response to changes in COVID-19 disease burden should take into consideration student age, grade, and vaccination status.
- Re-initiation and maintenance of extracurricular activities (e.g., music, sports, clubs) is an important component of return-to-school plans.

Other reference documents and resources in support of this plan include:

Policy/Program Memorandum No. 164
Memo B07 – Planning for the 2021-2022 School Year
Memo B14 – School Ventilation
TCDSB Transition to Distance Learning Plan
Reopening Ontario Act
Operational Guidance for Child Care During COVID-19 Outbreak (Version 7)
Operational Guidance for EarlyON Child and Family Centres (Version 5)
Guidelines for School Boards – Before and After School Program K-6 (Version 4)
School Mental Health Ontario
Faith and Wellness

The TCDSB will take every precaution, following the guidance of Toronto Public Health and the guidelines of the Ministry of Education, to ensure the health and safety of everyone occupying their facilities. Students are entitled to receive an excellent academic experience supporting mental health and well-being and considering the needs of families.

The TCDSB Reopening Action Plan: A Guide to Returning Safely to TCDSB Schools has been updated to reflect this accumulated guidance. It is important to note that this document is evolving and may require further changes based on new and ongoing information received from Toronto Public Health, the Ministry of Education, staff, families, stakeholders, or community partners as the school year progresses.

The TCDSB Reopening Action Plan is centred on the following:

OUR GUIDING PRINCIPLES	ACTION
Health and Safety for Students and Staff	Prioritizing Health and Safety for all Staff and Students
Equity and Access	Identifying and responding with flexibility to Equity and Access Needs
Student Learning: A Faith Community of Believers	Committing to Continuity of Student Learning: Healthy minds, bodies, and souls
Ongoing Communications and Improving Practices	Listening, observing, and checking practices and situations to always improve the response plan

ENGAGING OUR STAKEHOLDERS

2021-22 Family Learning Model Selection

Communications regarding the selection of in-person or remote learning began in May. Here is an outline of the communication plan:

- **Thursday May 27:** A central communication was shared with families notifying them that from July 16 to August 6 families can select a learning model for their child(ren).
- **Monday, July 12:** A reminder communication was sent to TCDSB families re: the learning model registration beginning Friday, July 16.
- **Friday, July 16 (am):** Families received the elementary and/or secondary communication including detailed information and a link to our Frequently Asked Questions (FAQs) to inform their learning model selection.

- **Friday, July 16 (pm):** Families received learning model registration links via direct email for each child. Families were contacted on the email provided to the school and uploaded into School Messenger. Each email was specific to one child in the family in order to facilitate registration for September.
- **Friday, July 16 to Friday August 6**: Communications staff responded to inquiries from families to support their learning model decision. Communications and Service Desk staff responded to requests from families who said they did not receive a registration link.
- **Thursday, August 5 (11:59 pm):** A communication was sent to TCDSB families to remind them that learning model registration for the 2021-2022 school year closes on August 6 at 11:59 pm. Families who did not submit a response were registered for in-person learning. Please note that families received a confirmation email upon completing registration, which included a link enabling them to change the selected learning model for their child(ren) any time before the August 6 deadline.
- **Friday, August 6:** Learning model registration for 2021-2022 closed.

In the communication to families associated with their choice for learning models, the following reminders were conveyed:

Elementary - remote learning

- The child will give up their spot at their current in-person school, be placed at St. Anne's Catholic Academy, and participate in remote learning for the entire 2021-22 school year
- Work would continue with school administration to ensure the child will have a spot for the 2022-23 school year.

Elementary – in-person learning

- Families were asked to confirm their understanding that their child will be registered at their in-person school for the entire 2021-22 school year.

Secondary –remote learning

- Students will be registered at their brick and mortar secondary school.
- Learning will take place through virtual connection to in-person classes.
- St. Anne's (senior) will not be available for the remote learning model choice for the school year

LEARNING MODELS

During the 2020-21 school year, students were participating in various forms of in-person and remote learning for the entire school year. Several closures of publicly funded school

buildings as part of the plan to control the spread of COVID-19 saw all students learning remotely for extended periods throughout the year.

At the TCDSB, we are planning for a safe return to in-person learning for students and staff for the 2021-22 school year. The Ministry of Education has provided guidance for a full return to in-person learning for elementary students and a modified semester for secondary students. Both Elementary and Secondary Models will operate with enhanced cleaning and health protocols in place until such time as restrictions are eased by the province.

Elementary (Junior Kindergarten to Grade 8) Full Return

All elementary students will attend school 5 days per week, and cohort contacts will be limited. Enhanced cleaning and health and safety protocols will be in place. Some adaptations to program delivery will occur to adhere to Public Health protocols.

Secondary (Grade 9 to Grade 12) MODIFIED SEMESTER

Students will attend school all day, every day, for a total of 300 instructional minutes. Each course that a student takes will be considered a cohort. Students will be members of two cohorts daily, one in the morning and one in the afternoon with two different courses for the following week, for a total of 4 courses per semester. Students will alternate every week between two courses on their timetable. Class sizes will align with our traditional number of students according to our employment agreements.

Student lunch periods will occur during the school day and will last for approximately 40 minutes. Some secondary schools will make local decisions in offering more than one lunch period per day. This decision will be influenced by size of student population, availability of large spaces for eating and other local factors. Other features of lunchtime in TCDSB high schools will include:

- students must eat and stay with class cohort during lunch
- multiple cohorts may occupy large areas during lunch if each cohort remains 2 metres apart
- some students may be required to eat lunch in instructional areas such as classrooms
- if the local school site allows, student may eat their lunches outside on school property
- in compliance with local school policy, students may leave school property for lunch

Students will be responsible for maintaining safety protocols when they have free time on or off the school site.

For further information about Elementary and Secondary models, refer to the Learning Models section of this document.

Additional Details from Ministry Guidelines:

- Parents/guardians will have an option to choose remote learning however in-person (in school building) learning is encouraged.
- Cohorting, which is the practice of keeping students together in self-contained groups through the school day, will be used to limit exposure to a wide variety of

people.

- School-based staff who are in close regular contact with students will be provided with appropriate personal protective equipment (PPE).
- Students in all grades will be required to wear non-medical or cloth masks/face coverings indoors on school property, including in hallways and in classrooms until the province releases these restrictions. Outdoor times like recess can be used as opportunities to provide students with breaks from wearing masks within their cohorts.
- Students may wear their own non-medical or cloth masks, and non-medical masks will also be made available for those students that may forget to bring their own.
- Parents are to connect with their local school administrator to request a medical exclusion. Documentation will be required as part of the formal process. Further detail can be found in the "Entering, Navigating and Exiting the School" section under Health and Safety
- In secondary schools, students will be assigned individual lockers which cannot be shared.
- Many extracurricular activities can resume in schools subject to available supervision and enhanced safety guidelines provided by the Ministry and Toronto Public Health.
- Most co-curricular activities can take place with enhanced safety guidelines.

Cohort/Class Sizes – Elementary and Secondary

- Information gathered from the July 16th survey to families will provide needed data to guide the creation of classes and cohorts.
- Elementary classes will adhere to class sizes in current Collective Agreements.
- Secondary classes will be in cohorts of regular sizes in accordance with current Collective Agreements.
- Secondary students will belong to two separate class cohorts during the school day.

ENGAGING OUR FAMILIES

Families play a critical role in supporting health and safety in our school communities.

The collaborative efforts of families, community, and schools to help mitigate the transmission of COVID-19 is key to our partnership in creating safe and healthy learning environments.

The most important thing families can do is to screen their children daily for any COVID-19 symptoms and keep them home from school if they are sick or have had close contact with anyone diagnosed with COVID-19.

Parents/guardians should also teach and remind their children about health and safety

measures put in place to protect them and others around them. These practices include physical distancing, hand washing, and wearing a mask or face covering. These practices are still very important even though students aged 12 and up and adults have had the opportunity to be vaccinated. Students 12 and under are still not eligible for vaccination and the many layers of safety measures will provide additional protection from potential spread of the virus.

The Ministry of Education has provided guidance on school reopening. TCDSB will continue to take direction from the Ministry of Education guided by health experts. Our Guiding Principles, *Health and Safety of Students and Staff, Equity and Access, Student Learning: A Faith Community of Believers, Ongoing Communication and Improving Practices* will provide direction and stability in our school communities as they regather.

We will continue to communicate with families and provide guidance via the TCDSB website. Your school Principal is a key conduit of information throughout this return to school.

MEETING THE NEEDS OF STAFF AND EDUCATORS

Business and Academic staff are critical to our ability to prepare for a safe and successful reopening in September and beyond. We recognize that everyone is concerned about their own health and safety.

Employee Relations staff will work directly with Principals and Managers to respond to employee needs on a case-by-case basis. Discussions about approaches to meeting various needs will take place and will consider medical accommodations (e.g., disability, illness, etc.), self-isolation, accommodation for family status needs (e.g., child care, elder care, vulnerable family member at home, etc.), and mental health and well-being needs and support.

Educators are concerned for the safety and well-being of their students and are eager to check-in and connect with students in person. For revised TCDSB implementation plans to succeed, we must work together to overcome obstacles, be flexible and responsive to new information and health data and be willing to adapt where necessary.

Professional Learning and Capacity Building

Professional learning and capacity building opportunities will be provided to educators to help them to support all students. Learning will focus on:

- Health and Safety protocols related to COVID-19
- Focus on school re-entry
- Remote learning strategies & developing digital competencies
- Mental health and well-being

- Anti-racism Anti-discrimination training
- Implementation of the new Ontario math curriculum and Gr. 9 de-streaming
- Providing support for students with Special Education Needs
- P. A. Days professional learning and training (September 2, 7, and 8)

Collaboration with our Employee Groups

We continue to meet with our employees to refine the implementation of return to school practices with heightened attention to personal and community safety. Staff will build on their existing capacity to develop effective practices to meet evolving student needs. Ongoing dialogue and consultation with our union partners will continue to inform our work as we manage unique operational challenges associated with this pandemic.

SUPPORTING OUR STUDENTS WITH SPECIAL EDUCATION NEEDS

The TCDSB will continue to focus on the support of students with special education needs as schools reopen. Professional staff continued to conduct student assessments and support student mental health and well-being during the summer months. Plans are being established to facilitate a smooth transition back to school. A dedicated Transition Day for special education students is being offered in late August in all of our schools.

Special Education programming

- All program delivery guidelines are created in consultation with TPH.
- All aspects of our plan prioritize our special education students (programming, cohort placement, transportation, support models).
- All students with special education needs will continue to have their programming and special services support consistent with their Individual Education Plans (IEPs) in both learning models.
- School Based Support Team Staff (Assessment and Programming Teachers, Programming and Assessment Teachers, Social Workers, Psychologists and Speech and Language Pathologists) will provide service to schools to support both in-person and distance learning special education student needs. Services will be available both in-person and remotely. Appropriate PPE will be worn by special services staff working directly with students. Services will take place in well-ventilated spaces.
- Schools will follow the requirements for the development, implementation, and monitoring of student IEPs in collaboration with parents/guardians. Changes in the school environments and/or distance learning needs will be considered when creating and updating the IEPs.
- Case Conferences, School Based Support Learning Team (SBSLT), and Identification, Placement and Review Committee (IPRC) meetings will continue to

be scheduled to support student needs.

- Student Safety and Behaviour Plans will continue to be in place, as required. Appropriate Personal Protective Equipment (PPE) will be provided to staff who are responsible for Crisis Prevention and Intervention (CPI).
- Students will continue to access Special Equipment Amount (SEA) equipment/assistive technology and staff will continue to be supported with SEA equipment training to enhance student access to learning.
- Students with complex medical needs will have the option like all students to attend face-to-face. Staff working with the students will be provided with appropriate PPE. Where return to school is not possible, a virtual option will be available. Schools will collaborate with families and health care providers, according to the established referral process with community partners, to ensure that there is appropriate support to meet the needs of the students.
- Elementary and Secondary students in Intensive Support Programs (ISPs) will attend school daily according to their ISP cohort. In response to programming goals documented in student IEPs, integration will take place. Planning for student integration into other cohorts will be consistent with health and safety guidelines.
- Secondary School students in ISP classes who have opted for remote learning will be taught by the in-person school staff as per the 2021-2022 secondary learning model.
- Congregation of students from a variety of schools for programming has not been planned for the 2021-2022 school year. The one-day-a-week Gifted withdrawal program will be offered remotely with student engagement from home with appropriate parent-arranged supervision. Kindergarten Language Program (KLP), and Program to Assist Social Thinking (PAST) will be provided through itinerant programming. These delivery models will be reviewed at the end of term one.
- Congregated Gifted and Empower programming is offered in-person.

PROFESSIONAL SUPPORT SERVICES

- Students will continue to be able to receive support from TCDSB Psychologists, Social Workers, Mental Health Professional workers, Speech and Language Pathologists, and Board-Certified Behaviour Analysts. Referrals to community supports for Occupational Therapy and Physiotherapy will continue according to established practices.
- Within each professional discipline of the Special Services Department, measures are being engaged to promote the health and safety of students and families while meeting face-to-face. Established supports for connecting with students and families in the virtual environment will be maintained.

MENTAL HEALTH AND WELL BEING: STUDENTS

Student mental health and well-being is a priority as students return to school in both in-person and distance learning models. All planning will incorporate an emphasis on creating spaces, situations and learning opportunities that are welcoming, supportive, hopeful, and sensitive to individual student needs.

- As students return to school after many months away, time and support to address the social and emotional needs of students will be required. This may include re-establishing school routines, nurturing peer relationships, and supporting students to manage stress and anxiety that they may be experiencing as they return to in-person or distance learning.
- All staff have a role to play in supporting students' mental health and well-being. A September Re-engagement Toolkit prepared by our board mental health and well-being team will be available for local staff use at the beginning of the school year. Before students return to school, staff will be provided professional development focused on student mental health and well-being. Building relationships and connections to create a network of support will continue to be important to this process.
- Building capacity of school-based staff will help to ease the transition back to school and meet the needs of students. Special Services staff, who will be supporting students and schools, include Psychologists, Social Workers, Mental Health Professional Workers, Child and Youth Workers. Secondary Guidance Teachers and Chaplains will also provide student support.
- Staff are aware that some students and families have been disproportionally impacted by the pandemic. The mental health team continues to engage in appropriate professional development and engagement with community partners to ensure all students have access to the best supports.
- In-person and distance learners will have full access to all mental health supports. Services can be provided in-person and remotely.
- Transition supports will be provided for students in a variety of return-to-learn contexts.

HEALTH AND SAFETY

The health and safety of students and staff is always a priority. Based on guidance from Toronto Public Health and the Ministry of Education, enhanced measures will continue in order to reduce the spread of the virus – including physical distancing, good hand hygiene and respiratory etiquette, wearing of face coverings, contact tracing and daily screening.

Further information will be provided closer to the start of school regarding the daily screening procedure of schools as guided by Toronto Public Health and the Ministry of Health and the Ministry of Education.

Entering, Navigating and Exiting School

Before coming to school, all staff and students are expected to conduct a self-assessment for COVID-19 symptoms. Once they arrive at school, a second screening will be conducted to ensure no one exhibiting any symptoms comes into the school. This is a critical defence against transmission of COVID-19.

- Students and staff will practice physical distancing and remain 2 metres apart to the maximum extent possible.
- Classrooms will be organized to encourage the maximum space between students.
- Floors will be marked with decals to designate a one-way traffic flow and identifying 2 metre distances in key areas.
- Signage will be placed throughout the building to reinforce safety protocols.
- Where physical distancing is not possible in school offices and public reception areas, we will review alternative methods of separation such as plexiglass barriers.

The goal is to maintain physical distancing whenever possible. To reduce thepotential for larger gatherings of students, we will be limiting occupancy levels in common areas such as hallways, stairwells, and libraries. Schools will determine local protocols including identifying entry/exit doors and parent pick up/drop off protocols.

According to Toronto Public Health, hand washing remains an important way to minimize the risk of transmission of COVID-19. Signage about hand washing and proper respiratory etiquette will be prominent in schools/administration centres. For schools, hand washing time will also be built into daily routines, including after washroom use, recess, and lunch breaks. Alcohol-based sanitizers will also be available throughout the school and at designated entry and exit points.

The Ministry of Education guidance requires that masks be worn indoors for all students, staff, and visitors, with appropriate medical exemptions. The TCDSB has mandated non-medical mask wearing indoors for all students K-12. If a student through information provided by the parent has a medical condition that makes him/her unable to wear a mask, parents must complete the TCDSB Prevalent Medical Conditions Form. This document requires physician verification and is a legislated requirement for the confidential purposes for the school to be aware of important medical conditions of students. Upon completion of the TCDSB Prevalent Medical Conditions Form, the school will accommodate the student with respect to his/her health needs. This process takes place in partnership between parents and the school principal.

Water fountains will be unavailable. Each student will be required to bring their own drink bottle that is labeled, filled at home, and kept with them during the day and not shared. Water bottle filling stations will be available in schools.

Personal Protective Equipment (PPE)

All staff members will continue to be provided with the appropriate PPE (medical masks, face shields, gloves, and gowns where necessary) to safely interact with each other and with students.

Additional PPE will be available to staff who require it during their normal day-to-day responsibilities. All students will be required to wear a non-medical face mask or reusable cloth mask, Reasonable exceptions can be made for medical reasons regarding the requirement to wear masks/face coverings. (These are described in the previous section). Clear masks (or expression masks) will be readily available to Deaf and Hard of Hearing (DHH) students and any staff member with DHH students.

Training

All staff will be provided with a half day of Health and Safety refresher training prior to the start of the school year. This included training on COVID-19 Awareness, Screening/Signs/Symptoms, donning/doffing PPE, and other safety protocols related to the return to work. Training on COVID-19 awareness, masks/face coverings and safety protocols will also be made available to students.

Cleaning and Other Additional Measures

Caretaking staff will perform routine cleaning of general facilities throughout the day and will conduct enhanced cleaning of high touch surfaces such as light switches, handrails, door handles, etc. twice daily. Washrooms will be cleaned frequently throughout the day with a special attendance to high touch surfaces.

School Ventilation and Windows

Ventilation is the most essential element of any HVAC system. It influences air quality and energy efficiency, and proper ventilation helps control odours, dilutes gases (such as carbon dioxide), and inhibits the spread of respiratory diseases. Submitted by schools, Environmental Support Services (ESS) has a proactive Preventative Maintenance (PM) program in place to service HVAC, air handlers and related equipment. These units are serviced on a regular basis throughout the year.

In addition to the PM program, ESS has developed an action plan to improve school ventilation including the following steps:

1. Air Handling Unit's (AHU's) filters will be changed four (4) times per year, throughout the entire system which represents one additional filter change per year. These filters are HEPA quality.
2. Increase in the Free Cooling procedure which involves opening the AHU's outside dampers to increase the fresh airflow intake and distribute throughout the system.
3. Increase the Preventative Maintenance program for the AHU's and exhaust fans during the summer to make sure all the systems are ready to handle the schools opening in September.
4. Raise the priority of the ventilations work-orders deficiencies to complete in a timely manner.
5. For older schools without mechanical ventilation and only exhaust fans, the operating schedule for these fans will be increased. This will generate an additional increase to the negative pressure created which draws out the old air from inside the building and enhances the use of natural ventilation through open windows and doors. Internal staff are servicing all exhaust fans and the department continues to monitor all HVAC/Ventilation calls as the highest priority.
6. To improve the air quality and increase the ventilation at schools, HVAC systems have been scheduled to operate continuously for three (3) days before schools open. Systems will also operate for two hours prior to school morning start and two hours after the school day ends.

Health Screening for COVID-19 Symptoms

Before entering a school, students, staff, and visitors (limited to only those necessary) must first do a self- assessment for COVID-19 symptoms. If staff or students feel unwell or have symptoms of COVID-19, they should not attend school and should go to a primary care provider or assessment centre for testing.

Each school will have a designated entrance(s) for staff and students with a screening station that has:

- Signage requiring all people entering to conduct a COVID-19 self-assessment.

- Signage and visual cues to remind people to practice physical distancing while in the school.
- Exterior markings to reinforce physical distancing when entering the school.
- Alcohol-based sanitizer to disinfect hands prior to further entry into the building.
- A logbook or alternative method of recording any visitors/itinerant staff for the purpose of contact tracing.
- A process for recording staff attendance for the purpose of contact tracing.

Suspected Cases of COVID-19

If a staff member or student has COVID-19 symptoms, they are to go to an assessment center and get tested. Parents also have the option of obtaining an alternative diagnosis for the child's symptoms from a health care provider.

As per direction of Toronto Public Health, if the test is negative, individuals can return to work/school 24 hours after symptoms go away if they are not self-isolating for other reasons. Individuals with a confirmed case of COVID-19, can return to work 10 days after their symptoms first appear if symptoms are mostly gone. No tests or clearance letter is required for return to work or school.

If a student develops COVID-19 symptoms while in school, they will immediately be separated from others in an isolation room until picked up. The student will be accompanied to the room by a staff member who will supervise them until they are picked up by family members. Both the staff member and the student will be required to wear a mask and other required PPE. To assist with this requirement, the room will be equipped with a PPE kit that includes masks, gloves, gown, face shield and tissues. The room will be disinfected once the individual leaves.

If a staff member becomes ill while they are at school, they are to go home, get tested for COVID-19 and self- isolate pending results. If they are unable to get home safely, they will be directed to wait in the isolation room until such time as a family member can pick them up. They will be required to follow all the steps laid out for sick students in the isolation room.

Confirmed Case of COVID-19

The TCDSB will track student attendance and alert Toronto Public Health about unusual increases in absenteeism due to illness. Confirmed cases of COVID-19 are reported by the testing laboratory to Toronto Public Health who will help the school community through contact tracing.

Confirmed Case of COVID-19: Process

The following steps must be taken when there is a confirmed case of COVID-19 (student or staff):

- Supervisor/Principal to notify Manager/Superintendent, Health and Safety department and Communications.
- Supervisor/Principal to determine if employee/student was in the building 48 hours prior to and including the day of onset of symptoms OR 48 hours prior to positive specimen collection if asymptomatic at the time of specimen collection.
- If yes, Supervisor/Principal to inform all employees who have been in the building on those days of a confirmed case of COVID-19 (do not share personal information/name of infected person).
- Supervisor/Principal records this information including attendance, contact information and visitor sign-in logs for possible Toronto Public Health contact tracing purposes.
- Supervisor/Principal reports name of employee/student to TPH.
- Students and employees who test positive for COVID-19 will self-isolate for 10 days in accordance with TPH protocol.
- TPH will contact positive cases directly and provide a letter for the other staff/students identified to have a high risk of exposure. Communications Department to work with TPH on letters to school or community, as determined by TPH.
- TPH will collaborate with the Supervisor/Principal to obtain contact information for those individuals with a high risk of exposure.
- TPH will follow up with the Employer through the Occupational Health & Safety Department, if needed.
- Supervisor/Principal to discuss any enhanced cleaning protocols that may need to be performed with the Facility Team Leader. These area(s) will be closed until this enhanced cleaning is completed.
- Additional direction will be taken from TPH and is based on Ministry of Education and Ministry of Health guidance in the workplace.

Attendance and Absenteeism Reporting

TCDSB will track student attendance and alert Toronto Public Health about unusual increases in absenteeism due to illness. Confirmed cases of COVID-19 are reported by the lab to Toronto Public Health who will help the school community through contact tracing.

School Visitors

Schools will significantly limit visitors, including parents/guardians. Any essential visitors to a school will be required to conduct a COVID-19 health screening at the designated school entrance/screening station and will be required to wear a medical mask while on school property and sanitize hands upon entry.

LEARNING AND INSTRUCTION

STUDENT DEVICES AND INTERNET FOR REMOTE LEARNING NEEDS

As of July 15, 2021, there are approximately 14,400 Chromebooks and 4,800 iPads currently with students for remote learning. Out of the 4,800 iPads, approximately 2,000 are equipped with Internet access to support students who require connectivity for remote learning. These devices remain with students until the pandemic conditions and remote learning needs are re-assessed. There are approximately 5,500 Chromebooks and 560 iPads available for new orders going into the 2021-2022 school year.

We acknowledge the need to ensure equity informs all aspects of our learning and instructional practices.

ELEMENTARY MODELS

Continuity of learning is the main goal in our schools for both in-person and remote learning models. Teachers will deliver programming based on the Ontario Curriculum and Ontario Kindergarten Program. Teachers will use effective instructional and assessment strategies that best meet the needs of their students and focus on student achievement and well-being. Ongoing professional learning opportunities for staff will prepare them to seamlessly transition between in-person and distance learning if necessary.

First Day of School – Thursday September 9, 2021
Opening PA Days - September 2, 7 and 8, 2021

Full Return In-person (at brick and mortar school) - Elementary

Elementary school students in Kindergarten through Grade 8 will attend school five days per week, with 300 minutes of instruction per day, remaining in one cohort for the full day. Enhanced health and safety protocols will remain in place in all schools. All students in Kindergarten to Grade 12 will be required to wear non-medical or cloth masks indoors on school property, including in hallways and in classrooms pending further guidance from TPH and the Ministry of Education.

Cohorted classes will stay together and with one teacher (one teacher and one DECE in kindergarten), where possible. Flexibility in scheduling of recesses, lunches, and washroom breaks will be implemented. Itinerant teachers will safely provide instruction to classes in this model. Students will also be able to leave their classrooms to receive additional support and maintain limited groupings.

Educators will maintain an online platform (Brightspace or Google Classroom) for all students in the class and ensure that students are able to log in and know how to navigate the

space.
Professional learning and support will be provided to all staff to build capacity in using online learning resources.

Distance Learning (from home through St. Anne) - Elementary

As per the Ministry Guidance document on reopening schools, parents have been provided with a one-time option of selecting in-person (in school) learning or distance (at home) learning for their children for the 2021-2022 school year.

PRELIMINARY GUIDELINES FOR ELEMENTARY DISTANCE LEARNING:

- Students will receive 300 minutes of learning daily
- Students will be assigned to a virtual classroom for distance learning, in a manner similar to in-person learning
- Educators will maintain an online platform (Brightspace or Google Classroom) for all students in the class and ensure that students are able to log in and know how to navigate the space.
- Distance learning will include a combination of synchronous and asynchronous opportunities.
- Teachers will record daily attendance.
- Teachers will support students through large and small group instruction.
- Staff will engage in ongoing and regular synchronous Check & Connect sessions with students.
- Asynchronous independent work will be available in Google Classroom/Brightspace
- Itinerant staff and administrators will have access to the Brightspace or Google Classroom for each class, in order to support and monitor learning.
- Students will be provided a daily schedule/timetable all classes.
- Roles and responsibilities of Mental health team to provide enhanced resources to support students and families

CURRICULUM OVERVIEW

- Elementary program is based on the Overall Expectations of the Ontario Curriculum and the Kindergarten Program.
- Small group learning to follow up on students demonstrating their learning through play and inquiry (Early Years), literacy and numeracy, and other curriculum areas.
- Teachers will focus on core curriculum delivery and other subjects including Religion, Core French, Music, Visual Arts, Drama & Dance and Physical Education & Health.

EARLY YEARS PROGRAMS

Before and After-School Programs (Extended Day Program, Authorized Recreation and Licensed Child Care) Before- and after-school programs (BASP) provide important care for families and their children outside of instructional hours and days. The TCDSB is committed to supporting the operation of these programs in schools in September, with the health and safety of children, families, and staff of utmost importance. The Ministry of Education recently announced revised Operational Guidelines for licensed child care operators.

Authorized recreation provider-operated after school programs and Extended Day Programs will continue to follow standard ratios and maximum group sizes set out in the *Before and After School Kindergarten to Grade 6 Policies and Guidelines*. Additionally, licensed child cares are required to continue to follow infection prevention and control policies and procedures as per the Toronto Public Health COVID-19 Guidance for Child Care Settings.

In September, school boards are expected to support cohorting of students to the greatest extent possible. While this can be challenging for students attending BASP, schools and BASP operators will collaborate to ensure that student lists and information are maintained and readily available to be provided to Toronto Public Health for contact tracing purposes. To support enhanced cleaning requirements in schools, TCDSB staff will work with BASP operators to facilitate the required cleaning before and after BASP students access program space.

While the full return to school supports the continued implementation of BASPs in TCDSB schools, the decision to operate and determine operating capacities for licensed BASP and authorized recreation programs will be made by organizations and individual program operators.

SECONDARY MODELS

Secondary Learning and Instruction – Modified Semester

All models in secondary use a modified semester calendar as suggested below for the first semester of the school year. A decision will be made later in the school year regarding the model(s) available for semester two.

Students will alternate between daily schedules of period 1 and 2 (week one) and period 3 and 4(week two).

First Day of School Semester 1 – Thursday September 9, 2021
First Day of School Semester 2 – Monday January 31, 2022

Opening PA Days: September 2, 7 and 8, 2021

Secondary Learning Model Offerings for 2021-22:

Model 1: **Modified Semester In-person Day Model** (Cohorts)

Model 2: **Remote Learning** (offered through the in-person school)

Modified Semester In-School Day (Cohorts) - Secondary

The Modified Semester In-person Day Model will take place for daily in-person learning at school with two courses per day alternating by week. Students will receive the required 300 minutes of in-class instruction daily. Students will be required to follow safety protocols including remaining in a maximum of two cohorts daily.

Classes will also utilize a TCDSB supported learning platform (Brightspace or Google Classroom) for all students regardless of whether in-person (Model 1) or remote learning (Model 2). The learning platform will also be utilized should a class or student need to be self-isolated.

Remote learning

Learning that occurs when classes are taught at a distance and when students and educators are not in a conventional classroom setting. Remote learning takes place in times of extended interruption to in-person learning – for example, because of a pandemic or natural disaster. Classes can be synchronous or asynchronous and can be taught online through a Learning Management System (LMS) or by using videoconferencing tools. In some cases, they may be delivered through emails, print materials, broadcast media, or telephone calls.

Synchronous learning

Learning that happens in real time. Synchronous learning involves using text, video, or voice communication in a way that enables educators and other members of the school- or board-based team to instruct and connect with students in real time. Synchronous learning supports the well-being and academic achievement of all students, including students with special education needs, by providing educators and students with an interactive and engaging way to learn. It helps teachers provide immediate feedback to students and enables students to interact with one another.

Asynchronous learning

Learning that is not delivered in real time. Asynchronous learning may involve students watching pre-recorded video lessons, completing assigned tasks, or contributing to online discussion boards.

SECONDARY SCHEDULE: Modified Semester Secondary Alternating Week Cycle

The example shown is with an 8:30 a.m. start. The start time of specific schools will be decided locally and will appear on the student's timetable.

Students typically take <u>two courses</u> per day, alternating to two different classes weekly for a total of four classes per semester.

8:30 am - 11:00 am:	**-**	Class A – 150 minutes
11:00 am - 11:45 am	**-**	Lunch and Transition
11:45 am – 2:15 pm	-	Class B – 150 minutes

As the table below suggests, lunch is part of the second period of the day to ensure that students eat lunch with the same cohort. This also provides local school flexibility to offer additional lunch periods within Class B, in order to divide students among the lunches.

Modified Semester Model – TCDSB Secondary School Model for 2021-22 School Year – Daily In-person Attendance
(Daily start times will vary by community)

(Week 1 of 2)

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 am - 11:00 am In-class learning (150 minutes)	Period 1 	Period 1 	Period 1 	Period 1 	Period 1 
11:00 am – 2:15 pm In-class learning (150 minutes) Lunch and transition (45 minutes)	L	U	N	C	H
	Period 2 	Period 2 	Period 2 	Period 2 	Period 2 

(Week 2 of 2)

WEEK 2	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 am - 11:00 am In-class learning (150 minutes)	Period 3 	Period 3 	Period 3 	Period 3 	Period 3 
11:00 am – 2:15 pm In-class learning (150 minutes) Lunch and transition (45 minutes)	L	U	N	C	H
	Period 4 	Period 4 	Period 4 	Period 4 	Period 4 

Remote Learning - Secondary

This remote model will be used:

- throughout the year for students who selected remote learning,
- for students who must self-isolate AND
- for all students and staff should the Ministry or local health authorities (Toronto Public Health) make a decision that specific schools or school boards need to close their schools.

Guidelines for Remote Learning for the 2021-22 school year are consistent with Policy/Program Memorandum No. 164. This remote learning model is the choice for families who chose remote learning. As well, this model will be used by all students and staff should the Ministry or local health authorities (Toronto Public Health) decide that specific schools or school boards need to close their schools.

Features of the Secondary Remote Learning Model:

- Secondary students will be connected virtually to in-person classes occurring at their 'brick and mortar" school
- Students will receive 300 minutes of instruction each day, of which 225 minutes will be delivered synchronously.

Alternative Ed. - Monsignor Fraser and Credit-bearing Adult Day School

Monsignor Fraser College Alternative Programming will continue to operate the quadmestered model. There are four TCDSB locations that offer alternative programs (for students aged 16-18, 18-20) and/or adult programs (for students over the age of 21). All locations offer quadmestered courses. At the beginning of each quadmester, students may choose one of the following options (no switching during quadmesters):

A. Take up to two courses at the "brick and mortar" school

B. Take up to two courses online at the beginning of each quadmester

ADULT LEARNING AND CONTINUING EDUCATION

The TCDSB is preparing a return to school plan for both the Adult Learning and the Continuing Education Departments that provides a safe learning environment for learners and instructors, allowing appropriate time for enhanced cleaning of school sites for daytime learning, eliminating student travel during peak times, and mitigating against the spread of the coronavirus. Each program area will deliver an effective online Distance Learning model that includes both synchronous and asynchronous instruction in the fall.

TCDSB Adult Education Programs: Federally funded LINC, provincially funded adult Non-credit ESL/FSL and Literacy and Basic Skill Programs

Adult Education Programs will be delivered in the 2021/2022 school year through a variety of modalities: from fully online, to a combination of in-person and online. Two different learning management systems and a wide selection of online resources have been compiled to meet the needs of diverse groups of adult learners. Instructor capacity to deliver the program through

different modalities will continue to be enhanced through ongoing professional development. Care for Newcomer children will be offered in small group settings at the existing sites.

A managed, remote and small group in-person intake will be implemented in September to ensure a safe return to the classrooms for staff and adult learners.

All adult instructional sites and spaces will be receiving personal protective equipment, safety signs and additional cleaning to comply with all the Government of Ontario and Toronto Public Health guidelines for social distancing and health hygiene.

Elementary International Languages (Integrated Day School Hours)

- Day school classes will continue to be offered at the designated elementary schools integrated within the regular school day.
- After school IL programs will be offered through an online platform. This includes both after school and weekend IL programs.

Elementary and Secondary Literacy and Numeracy Courses

- Program offerings are determined in collaboration with elementary and secondary schools.
- These courses will be delivered online through a Distance Learning model that includes both synchronous and asynchronous instruction.

Secondary Night School and Saturday International Language Credit Courses

- First semester for Night School will be delivered online through a Distance Learning model that includes both synchronous and asynchronous instruction.
- Saturday International Language credit courses will be delivered online through a Distance Learning model that includes both synchronous and asynchronous instruction.

GUIDELINES FOR SUBJECT DELIVERY - ELEMENTARY AND SECONDARY

Adaptations to some program delivery models may be necessary to adhere to enhanced safety protocols and Toronto Public Health guidance. The following guidelines may evolve based on continued input from the Ministry of Health and Toronto Public Health. Some programs that may be impacted include:

Cooperative Education

- Cooperative Education is an important component of a student's secondary school journey. This form of experiential learning is often transformative in helping students in their discernment of educational and job-related pathways. In person Co-op placements will be offered to students based on local school programming and placement abilities in accordance with the Reopening Ontario Act and the requirements of Cooperative Education Curriculum. Virtual placements may be available in some circumstances.

Health and Physical Education

- In both elementary and secondary panels, the use of typical Physical Education spaces (i.e., Gyms, weight rooms) are allowed. As well, the sharing of equipment for sports is considered low risk. Furthermore, there are no restrictions of the type of indoor sports and activities (low contact or high contact) to be a part of the health and physical education curriculum.

- Certainly, other layers of risk mitigation need to be followed:
  - Masks should be worn indoors when students are not directly participating in the activity
  - Participating in indoor physical activities within standard class cohorts will predominate
  - Other safety practices such as hand washing and appropriate distancing are still to be practiced
  - When appropriate, hold physical education classes outdoors

The Arts - Dance, Drama, Music

- Pending further guidance from Toronto Public Health, the rationale behind the allowance of various sports indoors with proper risk mitigation can be used to guide activities in the areas of ***dance*** and ***drama***.
- *Music*

  Singing and the use of wind instruments are allowed in areas of adequate ventilation as part of the school's music program based on the following:
  - The use of wind instruments is allowable indoors if a minimum distance of 2 metres is kept between students within the same cohort
  - The use of wind instruments in mixed cohorts is permissible outdoors with distancing encouraged
  - Students can share wind instruments only if proper sanitation occurs between use
  - Singing is allowable indoors within a cohort and as much distancing as possible
  - Singing is allowable indoors with mixed cohorts in a large space only if a minimum distance of 2 metres can be maintained between students who belong in different cohorts
  - Wearing a mask while singing will be encouraged

Technology Programs

Given what we have learned about COVID-19 and risks associated transmission with shared objects, technology classes can use their equipment (i.e., computers, construction tech equipment) more freely among all students participating in the program. The focus of risk mitigation should continue to be placed on proper and regular hand hygiene and proper respiratory etiquette. Equipment will be properly cleaned as appropriate.

ADDITIONAL LEARNING and INSTRUCTION CONSIDERATIONS

Classroom Setup

To encourage physical distance, classrooms will be organized and set up in ways to encourage the maximum space between students.

Physical distancing is one layer of many Public Health measures that include screening, hand hygiene, cohorting, enhanced cleaning and masking.

Schools have removed unnecessary furniture and have located desks in classrooms with as

much space as possible, facing forward in the same direction.

Local steps are in place to control and limit student movement and congregation in the hallways.

Lunch & Recess

Planning and decisions about outside recess and play will be locally developed, based on Public Health direction and school context, including factors such as number of students, available space, etc. Lunch and recess may be staggered to allow for physical distancing and students will eat in classrooms and/or other safe assigned spaces and bring their own food (no sharing). If students are no longer eating during the time of lunch, they should be wearing a non-medical mask while they are indoors. The use of shared microwave ovens is permitted.

LUNCH

The following outlines expectations for Lunch at each grade level:

KINDERGARTEN STUDENTS

- Kindergarten children will eat lunch and snacks in classroom spaces as designated by their teacher and DECE.
- While unmasked for snacks and lunch, a layered approach of distancing, designated seating, and cohorting will be implemented.
- Hepa filters have also been implemented in all kindergarten classes.

ELEMENTARY STUDENTS

- Students will remain in their cohorts when they eat their lunch. Students are encouraged to avoid conversations while seated during lunch.
- No food utensils or other food related materials are to be shared during lunch.
- Placement of waste in the garbage during lunch is coordinated so that students can dispose of their own waste and maintain proper social distancing.
- Students will wash their hands both before and after lunch.
- Elementary students may only leave the school building for lunch with a parent/guardian, following established visitor protocols.

SECONDARY STUDENTS

- If students are remaining at school for lunch, they are to bring their own lunch.
- There is no cafeteria service planned to be offered in the school for the start of the school year.
- Students will eat lunch in their daily second period classroom or larger school space as assigned by the school administration
- as per usual, students will clean up their own waste.
- Students may eat together outside without distancing if there is assigned outdoor eating spaces
- Pursuant to local school policies, students may leave school property to eat lunch
- Students cannot exchange food or other items during this time.
- Students will wash their hands before and after lunch.

RECESS

For Elementary school recess, local safe hallway student movement to exterior doors will be practiced. Pending further input from Toronto Public Health, students do not have to remain in their cohorts during recess, but appropriate social distancing still must occur. Students are not required to wear masks while outdoors.

Students may share appropriate play equipment during recess keeping in mind proper hand hygiene and respiratory etiquette.

In Secondary schools, students will be assigned individual lockers. In conjunction with local school policy, lockers cannot be shared.

Overall school arrival and departure protocols for lining up outside of the building and rules regarding hallway flow will remain the same for the school year.

Excursions

Field trips and limited overnight excursions may be approved by the appropriate school administration subject to Reopening Ontario Act and the Board's Excursion Policy

Large Group Gatherings

Large in-person school gatherings such as assemblies, masses, concerts, or dances) can occur with multiple cohorts following capacity limits for indoor and outdoor gatherings and maintaining 2 metres between cohorts. Outdoor gatherings are encouraged as much as possible. Virtual options may be provided as an alternative.

School Clubs and Extra-Curricular

Clubs, activities, sports teams, bands (without wind instruments) and extra curriculars are permitted. Cohorts may interact outdoors with physical distancing or indoor with masking and physical distancing maintained.

Organized Sports

Measures for inter-school sport activities follow the guidelines expressed in the physical education section of this document. Under the direction of the Chief Medical Officer of Health, both low contact and high contact sports from different school cohorts can take place. Masking will continue to be encouraged – especially in sports where a minimum distance of 2 metres cannot be kept. Although there is risk associated with these activities, it is felt that the opportunities for social and mental health benefits are important to develop in our schools while ensuring other layers of risk mitigation are kept. Specific direction from Toronto Public Health and organized school sport associations will further provide more details regarding the operation of these activities.

Examples of low and high contact sports:

Basketball	High
Hockey	High
Soccer	High
Volleyball	Low
Track and Field	Low

OPERATIONS

TRANSPORTATION

Transportation staff have been meeting regularly with bus operators over the summer to prepare for a safe return to school. Bus operators have been encouraged to recruit drivers over and above their normal summer recruitment numbers to mitigate this anticipated shortage however a staggered start to student transportation for the 2021-22 school year is unavoidable.

Phased Start to Student Transportation

- TSTG, which provides bus services for the TDSB and the TCDSB, will be moving forward with a phased start for student transportation to ensure that students with special education needs are prioritized and receive bus service beginning the first week of school.
  - **During week 1 of the school year (September 9-14) only students with special education needs will be provided with student transportation.**
  - **Beginning September 15th, all other eligible students will be provided with student transportation, unless there is a significant driver shortage or other unforeseen issues related to COVID-19.**
- Students with special needs include those on mini-buses, mini-vans, taxis, and WC accessible vehicles.
- This information has been sent to parents/guardians through school messenger and the transportation portal and has been posted on the TSTG website and social media accounts.
- Parents will receive a phone call from TSTG the week before school starts confirming their start date (September 9th or September 15th).
- As always, active transportation is recommended when possible.

The following considerations must be part of any successful and safe start up (sources include federal guidelines found at: www2.tc.gc.ca/en/services/road/federal-guidance-school-bus-operations-during-covid- 19-pandemic.html and the Ontario Ministry of Education's *Guide to Reopening Ontario's Schools.*

1. **Reducing exposure:** Before every trip, bus drivers, students, parents, and staff must self-assess for any COVID-19 symptoms and not board a bus if any symptoms are present. All students and drivers who experience symptoms need to self-isolate and stay home. If another member of a child's or driver's household develops symptoms, it is recommended that the child or driver stay home and self-isolate.

   A child who develops symptoms while at school should not be permitted to return home on a school bus and should be picked up by a parent/guardian or provided a safe alternate means of transportation.

2. **Engineering controls**: Signage will be displayed on the buses to reinforce the importance of wearing masks, staying six feet apart where possible (e.g., lining up for the bus, boarding and disembarking), using good hand hygiene and not going into the aisles or congregating near the driver.

3. **Administrative controls:** Signage will be displayed prominently on buses and bus operators will continue their accelerated cleaning programs (increase the frequency of cleaning) in the buses (e.g., seats, inside hand railing, interior windows, and walls, etc.). It is expected that the steering wheel and immediate driver area, as well as the tops of seats and

4. hand railing will be wiped down between runs, which may result in some delay. All other enhanced cleaning will be performed either before or after the shift.

   In addition to regular disinfecting of school bus interiors, to the extent possible, it is recommended that operators reduce the number of drivers who use a vehicle and ensure that the same drivers use the same vehicle and keep the same work schedules to limit contacts as much as possible. Some limits to busing may need to be imposed to start the school year dependent on driver availability and planning time required.

   Where possible, the seat directly behind the school bus driver should remain empty to maintain physical distancing. Windows should be opened when feasible to increase ventilation.

5. **Safe work and hygiene practices:** Signage and messaging will be available encouraging people to stay home if they are ill. A self-assessment will be required before entry and a list of signs of illness to look for will be prominently displayed.

   A meeting will take place with bus operators to ensure that they prepare professional development, to support school bus drivers.

   Students should be reminded by parents/guardians and teachers to wash their hands with soap and water for 20 seconds before they leave home to take the bus, when they arrive at school, when they are leaving school prior to taking the bus, and when they get home.

   Bus drivers should wash their hands often, including before and after completing trips and have sanitizer available for in-trip. Sanitizer should have at least 60% alcohol and should be used after assisting a child to their seat (if applicable), touching wheelchairs or other assistive devices, or having other direct contact with children, as needed throughout a trip and where other PPE such as gloves are not able to be used. Sanitizer should be properly labeled and stored in accordance with its material safety data sheet. Sanitizer should be stored outside the reach of children.

6. **Personal protective equipment**: Medical masks and eye protection (e.g., face shields) will be provided for school bus drivers. Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with students, not while driving. Operators will follow Ministry of Transportation requirements as well as the guidance of Transport Canada's Personal Protective Equipment and their uses by Commercial Vehicle Drivers. Drivers will also use gloves when cleaning or touching surfaces and safely dispose of them.

   The choice of PPE for drivers should not interfere with their ability to access vehicle controls or hinder or distort the driver's view – directly or through mirrors - of the road, students around the bus or of passengers.

   As bus rides range from 5 minutes to over 60 minutes, and physical distancing is not always possible based on bus load capacity, PPE solutions for students will need to be implemented. Masks for students who can safely wear them will be the first line of defence. To the extent that physical distancing may not be possible, the use of non- medical masks for all students will be required on school vehicles. Exceptions should be made for students with medical conditions or special needs that prevent masking. For those students unable to secure their own masks, some will be made available by the Board, along with a process to receive the masks through the school.

Another administrative control will be assigned seating for students. Students should be assigned seats and a record of the seating plan should be kept to assist with contact tracing in the case of a student or driver contracting COVID-19. Students who live in the same household or are in the same classroom cohort should be seated together. This will have the benefit of reducing exposure as well as assisting in reaching out to students most at risk should an exposure occur.

7. **Students with Special Education Needs:** Special care and attention will be given to ensuring adequate drivers for students with special education needs. It is understood that some children may not be able to use masks or may have medical or other special circumstances that may require accommodations. It is important to make the principal and transportation department and/or bus operator aware of any accommodation requirements as soon as possible.

8. **Active and Safe Travel:** TSTG, in conjunction with TCDSB, provides pointers on active and safe travel (AST), including safety tips and maps including stop lights, crosswalks, etc. For more information on AST, please visit the TSTG website at www.torontoschoolbus.org/activetransport.

9. **Communication:** TSTG will continue to send out messages through the student transportation portal, and post to the website, to provide additional information on how to ensure a safe start up, including a video to reinforce safe habits prior to leaving the house (pre-screening, hand hygiene), arriving at the bus stop (physical distancing), on the bus (remaining in the seat, wearing a mask and not touching their face or others) and disembarking the bus (physical distancing, patience and washing hands at arrival to school), along with supporting information.

   Parents/guardians or staff with questions may contact the transportation office at 416-394-4BUS (416- 394-4287) (starting July 27, please use the temporary start-up number at 647-790-3829) or by emailing transportation@torontoschoolbus.org.

ADMINISTRATIVE SITES

All Administrative Sites are open and staffed. COVID-19 signage, PPE and floor decals have been placed at TCDSB sites to indicate direction of travel, two metre distancing points in key areas and occupancy limits for elevators, meeting spaces and staff washrooms.

Each employee must conduct the COVID -19 self-assessment prior to entering the building, must sanitize their hands, record their entry/exit into the building and follow all physical distancing requirements.

Department Leads are responsible for managing occupancy levels, employee schedules and tracking mechanisms for contact tracing until a full return is implemented.
Administrative staff will be required to wear face coverings in areas where physical distancing is a challenge.

Staff from the Occupational Health and Safety Department will provide guidance and assistance on issues related to physical distancing and other safety measures.

COMMUNITY USE OF SCHOOLS

City Day Camps, Child Care, Field permits, and some religious groups have operated throughout the summer at a number of schools currently.

The use of school facilities for community use will be offered in accordance with Ministry and local public health guidelines and restrictions in place at the time of the permit. The Community Use of Schools will provide updates on their web page as restrictions change.

CAFETERIAS

As schools enter the start of the school year, third party cafeteria service will not be provided. School cafeterias will be used as eating spaces for staff and students. Common microwave ovens can be shared.

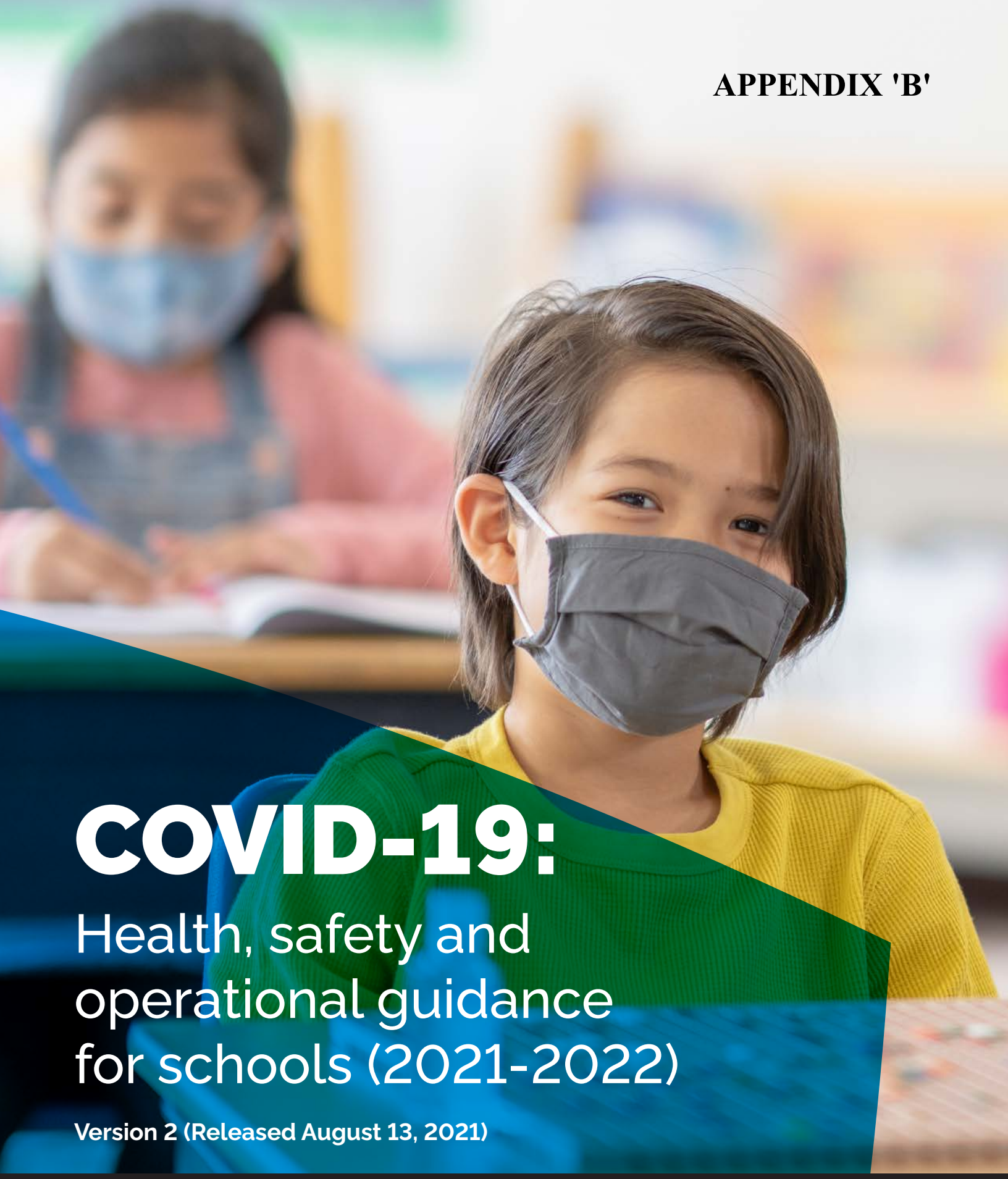
STUDENT NUTRITION PROGRAMS

It is expected that Student Nutrition Programs and other non-instructional food events can take place as long as those who handle the food do so exercising proper food handling and safety practices. Student Nutrition programs and other food events will follow the further advice and guidance issued by Toronto Public Health.

COMMUNICATIONS

We remain committed to sharing information as it becomes available and by communicating with TCDSB families and staff in a timely manner.

Important information related to the return to school plan will be provided through a variety of channels, including school messenger, the TCDSB website, exchange emails and social media.



COVID-19:

Health, safety and operational guidance for schools (2021-2022)

Version 2 (Released August 13, 2021)

Ontario

Contents

Introduction

Read Ontario's guidance for schools, school boards and school authorities to operate during the 2021-2022 school year.

Licensed child care and before and after school programs that operate in schools must follow the operational guidance for child care and before and after school programs.

Version 2 (last updated: August 13, 2021)

The following sections were updated as part of version 2 of this guidance.

- Protective strategies
  - Student masking
  - Staff personal protective equipment (PPE)
- Ventilation
- Specific academic programs and requirements
  - Health and physical education
- Extra-curricular activities and community use of schools
  - Inter-school sport activities
- Management of COVID-19 in schools

In this section

This document constitutes a return to school direction issued by the Ministry of Education and approved by the Office of the Chief Medical Officer of Health for the purposes of regulations made under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020.

For the 2021-22 school year, the Ministry of Education will continue to focus on supporting the health, safety and well-being of students, families and staff. Based on advice from the Chief Medical Officer of Health, schools are permitted to open for in-person learning with health and safety measures in place for the 2021-22 school year.

The government will monitor the COVID-19 situation, including ongoing risks related to variants of concern (VOCs) and alignment with broader provincial guidance and direction. The ministry will continue to work with the Chief Medical Officer of Health and local public health units (PHUs) to assess key measures to inform and update provincial guidance and direction, including lifting measures when appropriate. Local public health units may require additional or enhanced health and safety measures based on local experience and data. Medical officers of health in local public

health units also have statutory powers under the *Health Protection and Promotion Act*, which they may use to address outbreaks or risks of COVID-19 transmission in schools.

A measured approach to reopening schools is important to support schools to maximize health and safety as places to work and learn and remain open to in-person learning for the full school year.

Students will attend in-person learning daily for the full school day (five instructional hours) in elementary and secondary schools across the province. As noted in Memorandum 2021:B07 Planning for the 2021-22 School Year, remote learning will remain an option.

Guidance shared with school boards and schools in May 2021 on planning for the 2021-22 school year (memo 2021: B07) outlines information and direction related to COVID-19 funding supports for publicly funded schools, remote learning, cohorting/ timetabling, learning recovery and renewal, community involvement graduation requirement, online learning requirement, literacy graduation requirement and Ontario Secondary School Literacy Test, EQAO assessments, Specialist High Skills Major, Cooperative Education, assessment, evaluation and reporting, Early Development Instrument, online support for students and additional measures to provide flexibility in school board operations. Guidance outlined in May 2021 is still in effect. The following guidance provides additional information on health and safety measures for the 2021-22 school year.

The ministry encourages school boards and schools to continue to work closely with their local public health units on their reopening plans and throughout the 2021-22 school year.

Learning recovery and renewal

The COVID-19 pandemic has had a significant impact on the delivery of education in Ontario and across the globe over the past two school years. School boards, educators, students and their families have demonstrated resiliency and flexibility in responding to changes in their learning environments.

While the COVID-19 pandemic has affected students differently, there are key themes emerging including the need to focus on student mental health and well-being, supports for early reading and math and the re-engagement of students. These themes make up the foundation of Ontario's plan to support learning recovery and renewal. The ministry is working with school boards to support these priorities.

Educators will continue to assess students' strengths and areas of need throughout the school year at key instructional times to support students in building foundational knowledge in advance of new content.

Learning recovery and renewal has been supported with significant investments, including Ontario's largest summer learning programs offered in 2020 and 2021. More elementary students participated in literacy and math programs, and the number of students who earned credits in summer school increased by nearly 25%. Free online tutoring services are available for students and over 85,000 students have accessed these services annually. Additional resources and training will be available for educators to support their students' learning recovery and renewal this school year.

Purpose and application

This document constitutes a return to school direction issued by the Ministry of Education and approved by the Office of the Chief Medical Officer of Health for the purposes of regulations made under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*.

It applies to schools (publicly funded and private schools) where regulations made under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* require schools to operate in accordance with a return to school direction in order to open. Schools should ensure that they continue to review and comply with this Act and any other legislation.

This direction will be re-evaluated regularly and, where required, updated based on public health advice throughout the 2021-22 school year.

School boards and schools (publicly funded and private schools) are expected to employ multiple strategies and a layering of controls to support healthy and safer environments for students and staff as detailed below.

Elementary

Elementary schools will reopen with conventional in-person delivery of learning, with enhanced health and safety protocols, province-wide.

Elementary school students in kindergarten through Grade 8 will attend school five days per week, with 300 minutes of instruction per day, remaining in one cohort for the full day. Cohorted classes will stay together and with one teacher, where possible. Students may be placed into small groups (for example special education support, English-language learning) with students from other cohorts.

Students may use common spaces (for example, cafeterias, libraries). Members of different cohorts can interact outside with distancing encouraged or inside with distancing and masking. Specialized education staff and teachers, such as French teachers, education support staff (for example, education assistants) are permitted to go into classrooms, and multiple schools to provide the full breadth of programming for students.

Secondary

Secondary schools will provide daily in-person learning for the full duration of the school day (five instructional hours).

For the fall semester, school boards have been instructed to timetable students with no more than two courses at a time in order to preserve the option of reverting to more restrictive measures, if needed. Some school boards may implement an alternating week or "modified semester" model (Week 1: Course A/Course B, Week 2: Course C/Course D), with support from their local health unit. Exceptions may be made for small schools where contacts can be limited by cohorting grades.

It is important that all models allow secondary students to earn compulsory credits required for the Ontario Secondary School Diploma (OSSD), as well as provide access to types of elective courses that support all postsecondary pathway destinations. Timetabling of prerequisite Grade 12 courses should consider postsecondary application and admission deadlines.

Remote learning

Remote learning remains an option for parents even as school boards are planning for students to return to in-person learning. School boards will be required to provide students learning remotely with 300 minutes of learning opportunities and adhere to requirements outlined in Policy/ Program Memorandum No. 164. This policy outlines remote learning requirements for school boards, including providing access to remote learning devices and minimum synchronous learning time.

To be prepared for a potential closure, school boards should have plans in place so they can move to remote learning quickly to ensure continuity of learning for students. Staff, students and families should be aware of the school board's remote learning plan should the need arise to move to remote learning in the event of classroom, school or board closure.

The ministry provides all school boards access at no cost to a Virtual Learning Environment (VLE) for use by educators and students, powered by D2L's Brightspace. The VLE is a secure online learning management system for hosting and delivery of online, remote and blended learning. School boards should ensure that all educators and educational support staff have an account to access their board's learning management system.

Protective strategies

In this section

School boards and schools (publicly funded and private schools) are expected to employ multiple protective strategies and a layering of controls to support healthier and safer environments for students and staff as detailed below. There is not one specific measure that will prevent transmission from occurring in schools, but rather there are multiple structural and individual elements that contribute to making schools healthier spaces and reduce the risk of infection to in-person attendees.

Each of the control measures listed below provides some benefit in reducing spread. However, it is the combination and consistent application of these layered controls as a bundle that is most effective for reducing disease spread in schools.

Screening

All staff and students must self-screen every day before attending school. School boards should provide parents with a checklist to perform daily screening of their children before arriving at school and self-assessment tools should be made available to staff to ensure awareness of possible symptoms of COVID-19. The province will continue to provide a screening tool for use by all school boards and may update this throughout the school year. Local public health units may designate a commensurate or more restrictive screening tool for local use.

All staff and students who are experiencing symptoms consistent with COVID-19 as identified in the screening tool, must not attend school and should follow the guidance provided in the screening tool, which may include seeking appropriate medical attention as required, and/or getting tested for COVID-19.

On-site screening

The ministry may direct school boards and schools to perform daily on-site confirmation of self-screening, such as during a period of potential higher transmission (for example, after a holiday period). School boards are expected to have a process in place to implement on-site confirmation of self-screening of individuals prior to or upon their arrival at school, if directed to do so.

If the ministry directs school boards and schools to perform daily on-site confirmation of self-screening students, staff, and visitors will need to provide daily confirmation or proof that they have self-screened, in a form deemed appropriate and accessible by the school or school board (for example, proof of completed paper copy of screener, mobile application indicating a "pass") prior to or upon their arrival at school. The principal and those designated within the school will be responsible for ensuring all students, staff and visitors have completed and passed their daily COVID-19 self-screen.

If deemed accessible by the school or school board, results from the online provincial screening tool can also be downloaded as a PDF or emailed to the school.

Any staff, student, or visitor that does not pass the screening procedures should not attend school.

Student masks

Students in Grades 1 to 12 are required to wear properly fitted non-medical or cloth masks indoors in school, including in hallways and during classes, as well as on school vehicles.

Where they can be worn safely based on the activity, masking is encouraged for engaging in physical activity (read health and physical education).

Masks may be temporarily removed indoors to consume food or drink, with a minimum distance of two metres maintained between cohorts and as much distancing as possible within a cohort (read cafeteria use and lunch protocols).

Students are not required to wear masks outdoors, but distancing should be encouraged between cohorts as much as possible.

Students in kindergarten are encouraged but not required to wear non-medical or cloth masks in indoor spaces, as well as on school vehicles.

School boards can continue to refer to Public Health Agency of Canada (PHAC) and Public Health Ontario (PHO) for guidance on appropriate mask types and usage.

Students are expected to bring their own masks to wear on student transportation and at school. Non-medical 3-ply masks will also be made available by schools for students if needed.

At the advice of the local public health unit, schools and school boards may choose to implement additional masking measures based on local circumstances.

Note additional guidance in the music section.

Exceptions

Reasonable exceptions to the requirement to wear masks are expected to be put in place by schools and school boards. Boards are asked to carefully review their masking exceptions policies and ensure that students are supported to wear masks to the greatest extent possible.

Students with sensory or breathing difficulties may be exempted by the school principal, guided by school board policies.

Staff personal protective equipment (PPE)

School boards will continue to provide school staff and school bus drivers, school bus monitors and student aides with required PPE, including medical masks (surgical/procedural), eye protection and other PPE based on their specific role/job functions (for example, gloves, gowns).

Required PPE and critical supplies and equipment (for example, disinfectant, hand sanitizer), will continue to be provided to school boards and transportation consortia through the Ministry of Government and Consumer Services and the government's pandemic supply chain.

Medical masks (surgical/procedural) are required to be worn by school staff and visitors indoors in school, including in hallways and during classes. Staff are not required to wear medical masks outdoors. Staff must maintain at least two metres distance when consuming food/drinks.

Reasonable exceptions to the requirement for staff to wear masks will apply.

Personal protective equipment (PPE) including both medical masks (surgical/procedural) and eye protection (for example, face shield or goggles and some, but not all, safety glasses) is required for education staff working in close contact with students who are not wearing masks (for example, students in kindergarten). Eye protection is not required for education staff working with students who wear masks.

Eye protection for school bus drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with students, such as during boarding and exiting.

Special education needs

Where necessary for faces to be seen for lip reading to support students who are deaf or hard of hearing, masks with clear sections may be appropriate.

Where staff are required to perform an Aerosol Generating Medical Procedure (AGMP) or required to be in the same room when an AGMP is being performed, N95 respirators (fit tested) will be provided.

Hand hygiene and respiratory etiquette

Appropriate hand hygiene and respiratory etiquette are among the most important protective strategies. Schools should train students on appropriate hand hygiene and respiratory etiquette, including the use of alcohol-based hand rub (ABHR), and reinforce its use.

This can involve scheduling breaks to allow students to wash their hands at appropriate times during the school day.

Hand hygiene should be conducted by anyone entering the school and incorporated into the daily schedule at regular intervals during the day, above and beyond what is usually recommended (for example, before eating food, after using the washroom).

Staff and students should be provided with targeted, age-appropriate education in proper hand hygiene and respiratory etiquette. Local public health units can provide additional guidance. Age-appropriate posters or signage should be placed around the school.

- Soap and water are preferred as the most effective method and least likely to cause harm if accidentally ingested.
- Alcohol based hand rub (ABHR) can be used by children. It is most effective when hands are not visibly soiled.
- For any dirt, blood, body fluids (urine/feces), it is preferred that hands be washed with soap and water.
- Safe placement of the alcohol based hand rub (ABHR) to avoid consumption is important, especially for young children.
- Support or modifications should be provided to allow students with special needs to regularly perform hand hygiene as independently as possible.
- Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.
- Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) are to be provided.

Staff and students should have the supplies they need to conduct appropriate hand hygiene and respiratory etiquette and these supplies should be easily accessible.

Alcohol based hand rub (ABHR) with a minimum 60% alcohol concentration must be available throughout the school (including ideally at the entry point to each classroom) and/or plain liquid soap in dispensers, sinks and paper towels in dispensers.

Required critical supplies, for example, hand sanitizer, will continue to be provided to school boards through the Ministry of Government and Consumer Services and the government's pandemic supply chain.

Refer to Public Health Ontario's how to wash your hands (PDF) fact sheet.

Refer to Health Canada's hard-surface disinfectants and hand sanitizers (COVID-19): list of hand sanitizers authorized by Health Canada, including which sanitizers may be appropriate for different groups of staff and students.

Distancing and congregating

As much distancing as possible between students, between students and staff and between staff members should always be promoted. Physical distancing measures are to be layered with other public health measures such as screening, hand hygiene, cohorting, enhanced cleaning and masking.

Schools are encouraged to remove unnecessary furniture and place desks with as much distancing as possible, and to allow teachers as much teaching space as possible. Desks should face forward rather than in circles or groupings.

Periods of student movement should be staggered, if possible, to limit student congregation in the hallways.

Congregation of teachers/staff should be limited to minimize potential for adult-to-adult transmission.

Where possible, special consideration for physical distancing should be taken for classrooms with fixed equipment (for example, science labs or technological education classrooms).

School arrival and departure and signage

Schools should develop school arrival and departure procedures that support physical distancing where possible. Approaches may include:

- maximizing the use of all possible entrances and exits to support the beginning and end of the school days
- creating designated routes for students to get to and from classrooms
- providing visual cues or physical guides, such as tape on floors or sidewalks and signs/posters on walls, to guide appropriate distances in lines/queues and at other times (for example, guides for creating "one-way routes" in hallways)

Hand sanitizer should be available in school entrances and exits and in classrooms.

Recess and breaks outdoors

Students do not need to stay within their cohort during recess and breaks outdoors, but distancing should be encouraged between cohorts as much as possible.

Shared materials outdoors are permitted, with appropriate hand hygiene and respiratory etiquette.

Inclement weather days

School boards are required to develop inclement weather plans and policies which may include pivoting to remote learning. These plans should include an approach for heat days.

School boards should develop the plans in consultation with their local public health units.

Cleaning and disinfection standards and protocols

Cleaning protocols

School boards should review their cleaning protocols and reinforce them if needed to meet current public health requirements.

Refer to Public Health Ontario's environmental cleaning fact sheet (PDF).

Refer to Health Canada's hard-surface disinfectants and hand sanitizers (COVID-19) for approved products.

Cleaning products

Products that provide both the cleaning and disinfection action are preferable due to ease of use (for example, hydrogen peroxide products). Only use cleaning and disinfectant products that have a drug identification number (DIN). Check the expiry date of the products prior to use. These should be used according to the manufacturer's instructions.

Required critical supplies, for example, disinfectant, will continue to be provided to school boards through the Ministry of Government and Consumer Services and the government's pandemic supply chain.

Cleaning program

School boards should develop a program for cleaning and disinfecting schools, including reviews of existing practices to determine where enhancements might be made, including frequency and timing of cleaning and disinfection, areas to clean and/or disinfect, choice of cleaning products, child safety, staffing, signage, and PPE for cleaning staff.

High touch surfaces

Focus should be on regular hand hygiene to reduce the risk of infection related to high touch surfaces. Cleaning plus disinfection twice daily is suggested at a minimum, however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage. This includes washrooms (for example, toilet fixtures, faucets), eating areas (for example, tables, sinks, countertops), doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, and sports equipment.

Shared materials

Shared materials are important for learning (for example, toys for imaginative play in kindergarten, manipulatives for math, computers and other tech materials, books, art supplies, indoor physical education equipment and shared outdoor equipment). The use of shared materials is permitted. The risk associated with transmission with shared objects is low. The focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment, particularly when regular cleaning of shared objects is not feasible.

Shared spaces

Shared homerooms, libraries (for group and individual use, for example, drop-in study time, etc.) and computer/technology labs, are permitted. Use of lockers/cubbies is permitted. When different cohorts interact in shared indoor spaces, masking and as much distancing as possible should be maintained between cohorts.

Cafeteria use and lunch protocols

Students may eat together:

- outdoors, without distancing
- indoors, with a minimum distance of two metres maintained between cohorts and as much distancing as possible within a cohort.

Larger schools should employ various means to limit the number of students and cohorts eating lunch in proximity to each other (examples include staggered lunch periods, eating outdoors or in alternative spaces).

Use of cafeterias is permitted as follows:

- Capacity limits for cafeterias should be established to enable two metres distancing between cohorts, and as much distancing as possible within cohorts.
- Where this is not possible, school boards are encouraged to work with their local PHUs to develop a plan that reduces the number of students and cohorts eating in proximity to each other as much as possible.

Secondary students are permitted to eat off-campus.

Each student is encouraged to bring their own drink bottle that is labeled, kept with them during the day and not shared.

Use of shared microwaves/kitchen space is permitted.

Food programs

Nutrition/third party food programs and non-instructional food events (such as a pizza day) are permitted to operate, provided that food handlers use adequate food handling and safety practices.

Assemblies

School assemblies or other student/school gatherings are permitted and should follow the relevant provincial requirements under the *Reopening Ontario Act*. This can include multiple cohorts in alignment with provincial capacity limits and includes allowance for in-school student to student peer support programs such as "reading buddies".

Visitors

Any visitors to a school are required to self-screen and to wear a medical mask (for example, surgical/procedural) while on school premises. A medical mask will be provided by the school if needed.

In addition to the requirement for visitors to perform daily self-screening, school boards are expected to have a process in place to confirm the daily self-screening of all visitors prior to or upon their arrival at school.

At the advice of the local public health unit, school boards may be asked to restrict visitor access.

Student transportation

In this section

1. Capacity
2. Masks are required
3. Assigned seats
4. Cleaning

Capacity

School vehicles can operate at full capacity. Vehicles for elementary students should reduce capacity where possible. The seat directly behind the driver in school buses should remain empty to maintain physical distancing between the driver and students. This distancing measure may not be applicable to other vehicle types such as vans or cars. Where school vehicles are able to operate at less than full capacity, students should be seated in a manner that maximizes physical distancing.

Active forms of travel (for example, walking and cycling) are encouraged to ease pressure on transportation demand.

Windows should be opened when feasible to increase ventilation.

Masks are required

The use of non-medical masks for students in grades 1 to 12 is required on school vehicles. Students in kindergarten are encouraged to wear masks on student transportation. Exceptions should be made for students with medical conditions or special needs that prevent masking.

Assigned seats

Students should be assigned seats and a record of the seating plan should be kept to assist with contact tracing in the case of a student or driver contracting COVID-19. Students who live in the same household or are in the same classroom cohort should be seated together where possible.

Cleaning

School vehicles should follow an enhanced cleaning protocol of disinfecting high-touch surfaces (for example, handrails, seatbacks) at least twice daily.

Student transportation service providers should also consider the health and safety guidance during COVID-19 for student transportation employers released by the Public Services Health and Safety Association.

Ventilation

Detailed school ventilation guidance and checklists are provided in 2021:B14 School Ventilation.

Building on what has been achieved to date, for the 2021-22 school year, school boards are expected to continue optimizing air quality in classrooms and learning environments through improving ventilation and/or filtration. This is a key element in the multiple protective strategies to support healthy and safe learning environments for students and staff.

School boards are required to ensure ventilation systems in all schools are inspected and in good working order prior to the start of the school year and continue inspection and maintenance throughout the year. Inspections can be done internally by school board staff or by third parties.

School boards are expected to continue using and/or adopt ventilation improvement measures that are applicable to schools' existing ventilation systems.

For schools with full mechanical ventilation, school boards are expected to:

- use the highest-grade filters possible, preferably MERV 13 filters
- undertake frequent filter changes through the school year
- operate ventilation systems 2 hours or more before and after school occupancy
- calibrate HVAC systems for maximum air flow and increased fresh air intake

This guidance also applies to schools with mechanical ventilation for parts of schools, such as additions.

For schools or parts of schools without mechanical ventilation, school boards are expected to place standalone high efficiency particulate air (HEPA) filter units in all classrooms and learning environments, including classrooms, gyms, libraries, lunchrooms, child care spaces, administrative spaces and portables with no or poor mechanical ventilation, before students return to class. These units ensure particle filtration of air and improve air exchange. These units must be sized for the classroom or learning environment that is being used. In larger classrooms and learning environments, more than one HEPA unit may be required.

For schools with mechanical ventilation, school boards are expected to place a standalone HEPA filter unit in every occupied full-day kindergarten (FDK) classroom as an additional health and safety measure to recognize that junior and senior kindergarten students are not masked in the classroom.

In addition, school boards are encouraged to support outdoor education where possible and open windows where this augments ventilation for classrooms and learning environments.

Building on improvements made to ventilation in schools over the past year, school boards are expected to continue to work with qualified persons to plan for and continue to make upgrades to improve ventilation infrastructure. Projects should be prioritized to meet appropriate minimum ventilation guidelines from the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Standard 62.1-2019.

Vaccination

Vaccination is an important tool to help stop the spread of COVID-19 and allow students, families, and staff to safely resume normal activities. Vaccination rates may provide opportunities to reduce measures over time. School boards are encouraged to work with local public health units to reach out to families to promote vaccination.

Learn more about COVID-19 vaccines for youth.

Mental health and student supports

In this section

1. Mental health
2. Student supports

Mental health

Student mental health and well-being should be considered a top priority, as good mental health is fundamental to a student's ability to learn and to succeed at school and in life.

School boards should implement a tiered approach to mental health that will support all students and target intensive help to those who have been most affected by the COVID-19 pandemic.

Planning should include remote delivery of mental health services, using virtual care platforms, if needed.

School boards should continue to collaborate with child and youth mental health agencies to support strong connections for students requiring more intensive supports. This will ensure the best use of mental health resources and supports is made across the broader provincial integrated system of care.

A key priority of recovery is to make sure that all children return to school. School boards are to focus on reaching marginalized children to actively monitor their attendance and engagement. It is advised that remedial programs also target students who experience greater barriers to access, and when supports are provided, school boards must work to prioritize comprehensive supports that acknowledge mental health and well-being.

School boards should focus on understanding the needs of students and collaborating with community partners to deliver culturally relevant supports for students.

The Ministry of Education will share materials with school boards through an e-community that can be used to provide information and training to educators on student mental health and well-being supports.

In addition, School Mental Health Ontario, the Ministry of Education's student mental health implementation partner, is providing school boards with comprehensive back to school resources. School board mental health leaders are able to customize the resources to address local priorities when providing professional learning to educators and other school staff prior to the return to school and during the upcoming school year.

Student supports

To ensure that students with special education needs are supported as schools reopen, school boards will need to consider additional planning and transition time for students with special education needs to support a smooth transition.

School boards should consider changes in the school environment, unique student identities and/or remote learning needs when reviewing and updating individual education plans (IEPs) and to ensure continued access to assistive technology.

The safe return of medically fragile students will be supported by boards consulting with local public health units on options for personal protective equipment, staff training and potential continued remote learning where return is not possible. Students and parent/guardians should also consult with their health care providers.

Students should continue to have access to the community-based health and school-based rehabilitation services they need to effectively participate in learning and in school. School boards should consult their local public health units and community partners on the development of protocols that lay out the process for access, screening requirements, etc. In general, the protocols should allow registered health professionals, including rehabilitation service providers, to deliver services in-person in school when clinically appropriate, subject to public health guidance and any applicable legislative requirements. Protocols should include support for remote delivery where parents and students have elected remote learning.

School boards should be particularly aware of the local needs of children and youth in care (CYIC), as many have experienced disproportionately precarious challenges in stable learning environments. With changes of residence or guardianship that may have taken place, school administrators have the responsibility to identify these students and ensure their well-being and academic success. The Ministry of Education will support boards through funding of transportation and stability supports for children and youth in care, guidance through the Joint Protocol for Student Achievement, and ongoing collaboration with partners in local Children's Aid Societies and the Ministry of Children, Community and Social Services.

Health and safety protocols, mental health and well-being is one of the topics for the mandatory professional activity (PA) days. Consideration to supporting students with special education needs should be integrated across all professional learning topics. To ensure readiness for the 2021-22 school year, the ministry encourages school boards to address this topic prior to the start of student instruction. The ministry will provide resources to support boards in the implementation of the PA days. Materials will be available in August through the virtual learning environment and throughout the 2021-22 school year.

Specific academic programs and requirements

In this section

Cooperative education

For students enrolled in cooperative education courses, in-person community placements can be arranged in alignment with the relevant provincial requirements under the *Reopening Ontario Act*, the direction and recommendations of the local health unit, the direction of the school board, and with the safety and curriculum requirements of the Cooperative Education curriculum. If in-person placements are not possible, students should be offered virtual placements. In the event that public health guidance or direction changes during a placement and the student cannot complete their co-op placement in-person or virtually, educators should work with the student to modify their co-op learning plans that allow the student to achieve the curriculum expectations and earn the credit(s).

Music

Music programs are permitted in areas with adequate ventilation (read ventilation). Singing and the use of wind instruments will be permitted:

- Use of wind instruments is permitted indoors within a cohort if a minimum distance of two metres or more can be maintained. As much distance as possible should be encouraged and use of large, well-ventilated spaces should be prioritized.
- Use of wind instruments is permitted outdoors in mixed cohorts with distancing encouraged.
- Singing is permitted indoors. Masking is encouraged but not required for singing indoors if a minimum distance of two metres can be maintained between cohorts and as much distancing as possible maintained within a cohort.

If shared, proper sanitization of wind instruments should occur between use.

Health and physical education

In elementary and secondary health and physical education courses, the use of gymnasiums, swimming pools, change rooms, weight rooms, indoor physical education equipment and shared outdoor equipment are permitted with distancing. High and low-contact activities are permitted indoors and outdoors as follows:

- Masking is not required when playing high or low contact activities outdoors.
- Masking is encouraged for indoor sports where they can be worn safely based on the activity.
- Windows should be opened when feasible to increase ventilation.
    - School swimming pools are permitted, with physical distancing around the pool area encouraged to discourage mixed-cohort congregating.

Field trips

Day trips and overnight stays are permitted and should follow the relevant provincial requirements under the *Reopening Ontario Act*.

For day and overnight trips, anyone entering the area must be screened upon arrival and the pick-up/drop-off of students should happen outside of the area or within a designated and isolated area. Students should be cohorted throughout the duration of the trip, with the number of students and staff to a cohort varying based on grouping arrangements.

Keeping daily accurate records of individuals entering the program setting (name, contact information, time of arrival/departure, screening completion) is required to facilitate contact tracing.

Staggering arrival and departure times is recommended to support cohorting and physical distancing measures.

Operating programs in consistent cohorts (with assigned staff members) who stay together is recommended throughout the duration of the program.

EQAO

For the 2021-22 school year, regular EQAO assessments for grades 3 and 6 will resume in the new digital format for math, reading and writing. Students in Grade 9 math will write the Grade 9 math digital adaptive assessment and the results of the assessment may count towards up to 10% of the student's final mark. EQAO assessments are required to be done in-person at the school. Students learning remotely can choose to participate in the EQAO assessments in-person at the discretion of the school board as long as all applicable health and safety measures can be met.

Literacy and community involvement graduation requirements

The literacy graduation requirement is waived for students graduating in the 2021-22 school year. The literacy graduation requirement will be restored for students graduating in the 2022-23 school year. Students in grades 10 and 11 and non-graduating students, including those who are learning remotely, are required to work towards the literacy graduation requirement, through participation in the Ontario Secondary School Literacy Test (OSSLT), adjudication or the Ontario Secondary School Literacy Course (OSSLC).

The community involvement graduation requirement has been reduced from 40 hours to a minimum of 20 hours of community involvement activities for students graduating in the 2021-22 school year. Temporary changes to reduce barriers students may face to earn their community involvement hours and provide greater flexibility in how they earn their hours will continue for the 2021-22 school year. The community involvement graduation requirement of 40 hours will be restored in 2022-23 and students working towards their OSSD should be supported to meet these requirements in time for their graduating year.

Adult and continuing education

Delivery options for programs offered by boards through Adult and Continuing Education such as International and Indigenous Languages, Adult Credit as well as Literacy and Numeracy, may vary in approach — in alignment with this return to school direction — to include remote and in-person models taking into account the health and safety of students.

Extra-curricular activities and community use of schools

In this section

1. Clubs
2. Before and after school programs
3. Community use of schools

Clubs

Clubs, activities, sport teams, bands and extra-curriculars are permitted. Cohorts may interact outdoors with physical distancing encouraged, and indoors with masking and appropriate physical distancing.

Direction in sections on protective strategies and specific academic programs and requirements apply to all extra-curricular activities.

Inter-school sport activities

Measures for inter-school sport activities should follow the requirements in the health and physical education section for schools:

- High and low-contact activities are permitted outdoors without masking.
- High and low-contact activities are permitted indoors. Masking is encouraged for indoor sports where they can be worn safely based on the activity.

Before and after school programs

Schools, child care operators and authorized recreation providers in schools should follow the guidance for before and after school programs and collaborate to ensure that student lists and information are maintained and readily available to be provided to public health for contact tracing purposes in accordance with all applicable legislation, including the *Municipal Freedom of Information and Protection of Privacy Act*.

Community use of schools

Community use of schools is permitted provided activities are aligned with public health guidance and direction.

School boards that choose to resume community use of schools should ensure that they are complying with the applicable provincial requirements under the *Reopening Ontario Act*. School boards and schools are encouraged to work with their local PHUs to develop a plan for community access to school property and facilities. Any visitors to a school are required to self-screen and to wear a mask while on school premises. At the advice of the local public health unit, school boards may be asked to restrict community access.

Schools and community groups will collaborate to ensure that student/visitor lists and information are maintained and readily available to be provided to public health for contact tracing purposes in accordance with all applicable legislation, including the *Municipal Freedom of Information and Protection of Privacy Act*.

Provincial, demonstration, private and First Nations schools

In this section

1. Provincial and demonstration schools
2. Private schools
3. First Nations schools

Provincial and demonstration schools

Separate and detailed guidance for the reopening of these schools will be developed and shared with parents and students. The updated guidance will be provided to staff, students and parents/guardians for the 2021-22 school year.

Private schools

Private schools are not required to follow requirements in this document that apply only to school boards, such as requirements relating to in-person instruction time, remote learning, and secondary school timetabling. All protective strategies must be followed. In addition, private schools are encouraged to develop their own school reopening plans and to work with their local public health unit in doing so.

Private schools must immediately report any suspected or confirmed cases of COVID-19 within the school to the local public health unit as required under the *Health Protection and Promotion Act*, and provide any materials (for example, daily attendance and transportation records) to public health officials to support case management and contact tracing and other activities, in accordance with all applicable privacy legislation. Public health officials will determine any additional steps required.

First Nations schools

First Nations schools could consider adopting the guidance in this return to school direction and are encouraged to work with their public health unit.

The rules outlined in this document do not apply to First Nation or federally operated schools.

International students

A school or private school within the meaning of the *Education Act* may provide in-person teaching or instruction to a person who holds a study permit issued under the *Immigration and Refugee Protection Act (Canada)* and who enters Canada, only if the school or private school:

- has a plan respecting COVID-19 that has been approved by the Minister of Education
- operates in accordance with the approved plan

Further direction may be shared throughout the year should there be federal or provincial changes regarding international students.

Learn more about kindergarten to Grade 12 international students.

Protocols for emergency management and fire safety

On September 4, 2020, the Office of the Fire Marshal issued **Fire Marshal Directive 2020-001**, "**Total evacuation fire drills in schools during COVID-19 pandemic**" that provided flexibility for the 2020-21 school year.

For the 2021-2022 school year, it is essential to plan for procedures to conduct fire drills aligned with public health advice. We emphasize a continued flexible and balanced approach when conducting fire drills in schools, including private schools.

Management of COVID-19 in schools

In this section

1. Overview of operational guidance
2. Case definitions
3. Outbreak protocols
4. Prevention and outbreak responsibilities
5. Role of school administrators and school boards
6. Communicating with the school community
7. Reporting of COVID-19 absences in schools

Overview of operational guidance

This operational guidance is intended to support school boards and school authorities in the safe reopening and operation of schools for the 2021-2022 school year. This guidance also applies to child care centres and before and after school programs that operate within schools.

In the event of a discrepancy between this guidance and a directive of the Chief Medical Officer of Health, the directive prevails.

The COVID-19 guidance: school case, contact, and outbreak management, which can be found on COVID 19: Guidance for the health sector page, provides the direction for local public health units on the management of COVID-19 cases, contacts and outbreaks in schools.

While the focus of this guidance is on the updated health, safety and operational measures that are required in order to safely reopen and operate schools, please note that every effort should continue to be made to uphold the welcoming and caring environment that schools provide for children and families. There may be variability in scenarios based on local context and epidemiology and the information in this document is intended as guidance only.

Additional information is available on the provincial COVID-19 website, including resources to help stop the spread and sector specific resources, such as helpful posters and mental health resources. If you have further questions or require clarification, please contact your Ministry of Education regional office.

Case definitions

The Ministry of Health maintains case definitions for a probable case and a

confirmed case of COVID-19. These definitions are maintained on the Ontario Ministry of Health and are subject to updating. Please refer to this site for the most current version of these key definitions.

Outbreak protocols

As outlined in the Ministry of Health COVID-19 guidance: school case, contact, and outbreak management, an outbreak in a school is defined as two or more lab-confirmed COVID-19 cases in students or staff (or other visitors) in a school with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the school (including transportation and before or after school care). The local public health unit will work with the school to determine whether epidemiological links (for example, cases in the same class, cases that are part of the same before and after school care cohort, cases that have assigned bus seats in close proximity to each other) exist between cases and whether transmission may have occurred in the school. This document is maintained on the Ontario Ministry of Health's COVID 19: Guidance for the health sector site, and is subject to updating.

Additionally, the local public health unit (PHU) is responsible for:

- determining if an outbreak exists
- declaring an outbreak
- providing direction on outbreak control measures to be implemented
- declaring that an outbreak is over

The public health unit will determine which cohort(s) may be sent home (for self-isolation) in response to a case, an outbreak or if full school closure is required based on the extent of an outbreak. In some instances, the local public health unit may give school principals discretion, if necessary, to dismiss individuals or cohorts while awaiting the results of the public health investigation.

An outbreak can be declared over, when:

- at least 14 days have passed with no evidence of ongoing transmission that could reasonably be related to exposures in the school
- no further ill or symptomatic individuals have been reported by the school who are associated with the initial exposed cohorts

Prevention and outbreak responsibilities

As part of the outbreak response, there should be well defined roles, responsibilities, and processes within the school board, school and the local PHU.

Schools are responsible for reporting:

- a confirmed COVID-19 case associated with the school to the local PHU and to the Ministry of Education through the daily reporting tool where they have become aware of such a case

- occupational illness to the Ministry of Labour, Training and Skills Development, as well as to the workplace joint health and safety committee, the worker's labour union (if any), and the Workplace Safety and Insurance Board (WSIB)
- absenteeism to the PHU and to the Ministry of Education through the daily reporting tool, in accordance with provincial and local PHU direction

Local PHUs are responsible for:

- determining if an outbreak in a school exists
- managing the outbreak in collaboration with the school and other relevant partners
- providing direction on when cohorts of students can return to school or when the school can reopen
- conducting case and contact management activities

Measures will be taken to ensure privacy and avoid disclosure of details to the school community that would lead to identification of a confirmed or probable COVID-19 case.

Note: an outbreak does not necessarily need to be declared over for the PHU to recommend that the school reopen to some/all cohorts. Based on advice from the PHU, cohorts without evidence of transmission can be gradually brought back to school as additional information and test results become available. Basic preventive measures must be reinforced, and consideration should be given to implementing additional preventive measures and active surveillance as part of reopening.

Review the COVID-19 guidance: school case, contact, and outbreak management for a more extensive list of roles and responsibilities for PHUs.

Role of school administrators and school boards

School administrators and school boards should:

- implement prevention measures found in guidance from the Ministry of Education, Ministry of Health and their local PHU
  - this includes having an accessible process in place to implement on-site screening procedures
- cooperate and coordinate with the local PHU, and other stakeholders as required
- communicate with early years partners about COVID-19 in schools and school boards
- maintain accurate records of staff, students and visitors for the last 30 days
- provide PHUs with the name(s) and contact information of a designated point of contact for use during and/or after business hours, to ensure timely investigation and follow up cases,

contacts and outbreaks (for example, classroom, bus, before and after school programs, extra-curricular activities)

This information should include up-to-date attendance records for all common school locations attended by staff and students, and transportation seating charts (where applicable), and contact information for those groups. This information should be provided to the PHU within 24 hours of request to ensure timely follow-up.

In general, schools should not report all instances of ill individuals in the school setting to the PHU as these are frequent occurrences and typically students have non-specific symptoms. However, as required by *section 28 of the Health Protection and Promotion Act*, school principals are required to report to the medical officer of health if they are of the opinion that a pupil has or may have a communicable disease. As such, principals should contact their local PHU if they have concerns about COVID-19 student related absences or attendance concerns within their school community.

The local PHU may be consulted if there are questions about the management of individuals with symptoms, environmental cleaning, and other measures, as necessary.

In collaboration with the PHU, communicate proactively with the school community about COVID-19 prevention measures and about how symptomatic or asymptomatic individuals, cases, and outbreaks will be handled.

School administrators and boards will need to develop a communication plan, in collaboration with the local PHU, for managing concerns in the school setting, and use this proactively and responsively as needed in schools.

Training with respect to outbreak prevention and control measures, including IPAC measures and the use of PPE should also be provided to school staff.

Communicating with the school community

Parents, students and staff have an understandable interest in knowing when a COVID-19 positive case has been identified in their school.

All school boards and schools will have a COVID-19 advisory section on their website where they will clearly post information and updates regarding confirmed cases of COVID-19 that involves a student or a staff member in a school setting.

Note that no personal information will be made public. As cases for students or staff members are resolved, boards and schools will update the COVID-19 advisory section of their website to remove information about these cases.

In the interests of privacy, information posted by boards to school communities will not identify the student or staff member that has received a positive COVID-19 test.

If public health advises that a class, cohort or a school will be closed for a period of time, parents, students and staff will be notified immediately.

Notice of any closures of classes, cohorts or schools will be posted on school and school board COVID-19 advisory sections.

Reporting COVID-19 absences in schools

School boards must report on a daily basis any confirmed cases of COVID-19 within schools to the Ministry of Education via the school absence online reporting tool (ART). COVID-19 board leads should verify the accuracy of this information. The purpose of collecting this data is to monitor the potential impact of COVID-19 across schools in Ontario. Note that the absence data collected will not be for the purpose of contact tracing and no personal information will be collected by the Ministry of Education.

Any suspected or confirmed cases of COVID-19 within the school must be reported to the local PHU to support case management and contact tracing and other activities in accordance with all applicable legislation, including the *Municipal Freedom of Information and Protection of Privacy Act.* Public health officials will determine any additional steps required, including but not limited to the declaration of an outbreak and closure of classes or schools. If requested by the PHU, school principals may dismiss individuals or cohorts while awaiting the results of the public health investigation.

Cases that occur in itinerant workers and occasional staff should be flagged to the PHU.

Management of individuals exposed to COVID-19

In this section

1. Management of ill or symptomatic individuals in the school setting
2. Management of individuals exposed to COVID-19 outside of a school setting
3. Management of a confirmed diagnosis of COVID-19 in the school community

Management of ill or symptomatic individuals in the school setting

This section applies to students, staff or other members or visitors to the school community, who become ill during the school day and on school premises.

With any symptoms of illness – COVID-19 related or not – sick individuals should stay home and seek assessment from their regular healthcare provider if required.

All individuals are expected to screen every day before attending school. Any staff, student, or visitor that does not pass the screening will not be able to attend school. At the advice of the local public health unit, schools and school boards may choose to implement additional screening measures based on local circumstances.

Students should be made aware, in age-appropriate and non-stigmatizing language, how to identify symptoms of COVID-19 and should be instructed to speak to a staff member immediately if they feel ill.

Schools should maintain a personal protective equipment (PPE) kit specifically for managing students or others who become ill during school hours. Staff should be trained to use this kit (for example, for proper donning and doffing).

A list of students and staff in the school who were in contact with or in the same cohort as the ill individual should be prepared. The local PHU will provide any further direction on testing and isolation of exposed contacts as relevant.

Scenario: a student becomes ill during the school day

The following actions apply to an individual, including students, staff, contractors, visitors, parents or guardians, who becomes ill while at school, including before and after school care affiliated with the school.

Recommended action by teacher

The teacher should:

- be aware of symptom descriptions and alert the principal if a student is ill
- continue to monitor students and themselves for symptoms

Recommended action by principal

The principal should:

- coordinate immediate student pick-up and designate an area to isolate the student until parent or guardian arrival
- advise student and any staff attending to them to use provided PPE kit
- advise student to remain at home and continue with remote learning, if they are well enough to do so
- if required, advise all staff of the concern while protecting confidentiality and responding with sensitivity in the circumstances
- as required, contact superintendent and make them aware of the situation
- coordinate and ensure environmental cleaning or disinfection of the space and items used by the ill individual or individuals
- monitor school population for possible new or additional illnesses and absenteeism
- report in the daily attendance tracking tool as necessary
- report to the PHU only probable or confirmed cases of COVID-19 in accordance with the duty to report under the Health Protection and Promotion Act
- dismiss, at the discretion of the local public health unit, an individual or cohort for self-isolation.

Recommended action by school board

The superintendent should:

- inform the COVID-19 board lead and others at the board office as required
- provide support to the school principal as needed

The COVID-19 board lead should continue to monitor attendance and student absences at the board level.

Recommended action by parent and student

The parent and student should:

- students with symptoms compatible with COVID-19 should get tested and isolate while test results are pending or not available, unless there is a known alternative diagnosis provided by a health care provider
- consult and follow the guidance of a health care professional
- follow the guidance under the return to school section

- if a student is tested for COVID-19, follow the guidance of the PHU, health care professional and related direction for isolation and returning to school
- If the individual tests positive, they must follow isolation requirements as per PHU direction. If they are not tested, they should remain at home for a minimum of 10 days and until symptoms resolving for at least 24 hours, or 48 hours for vomiting/diarrhea
- Household contacts of cases should follow direction of local PHU

Management of individuals exposed to COVID-19 outside of a school setting

This section applies to individuals closely related to a school community, such as bus drivers, parents or members of a student's or staff member's household, who test positive for COVID-19 outside of the school.

Situations will arise where students, staff, essential visitors, or contractors or teachers may be exposed to COVID-19 outside of the school environment (for example, to family members that don't attend the school, social contacts outside of school).

Individuals who are not fully immunized[1] or previously positive[2] and have been identified as a high-risk close contact of a COVID-19 case, such as household members, should not attend school. These individuals should follow directions from the PHU on testing and self-isolation.

In general, isolation and testing of a cohort may not be necessary if the student or staff acquired the infection outside of the school setting and did not attend school while communicable. This will be determined by the local PHU.

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1. For the purposes of case/contact/outbreak management, an individual is defined as fully immunized ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series that is listed for emergency use by the World Health Organization or approved by Health Canada. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

2. For the purposes of case/contact/outbreak management, an individual is defined as previously positive if they were a confirmed case of COVID-19 where their initial positive result was ≤ 90 days ago and they have been cleared from their initial infection. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

Schools should have necessary arrangements in place to support continuity of learning for students who require isolation as well as their siblings who may also be required to isolate by virtue of being a high-risk close contact. Where possible, boards and schools should work to support a transition to remote learning within 24 hours.

For periods of remote learning extending beyond three days, students should be provided with a combination of synchronous and asynchronous learning activities.

Scenario: school bus driver becomes ill during the work day

Recommended action by bus driver

The bus driver should:

- notify their employer
- use the provincial self-assessment tool to assess symptoms and, if indicated, get tested
- consult a health care professional, as needed, and follow their recommendations
- if tested for COVID-19, follow the isolation guidance provided by the health care professional
- if tested negative, remain at home until symptoms have been resolved for at least 24 hours and follow workplace policy, where applicable, on return to work.
- follow guidelines on return to work depending on scenario (see below)
- if the symptomatic individual is not tested and does not receive an alternative diagnosis from a health care professional, the symptomatic individual must isolate (including from household members, if possible) for at least 10 days from symptom onset and cannot return to work until symptoms are improving and no longer febrile

Recommended action by consortium

Bus drivers who are ill should:

- not be working and should be encouraged to consult their health care professional
- work with school bus operators to ensure bus(es) are cleaned and disinfected, as appropriate, and alternate drivers are found to deliver the service

Recommended action by principal

The principal should:

- communicate with the consortium as required and maintain situational awareness
- update school board COVID-19 lead as required

Recommended action by school board

The board COVID-19 lead should stay connected with the consortium to maintain situational awareness for bus operations of the board and bus driver illnesses.

The superintendent should inform the board COVID-19 lead, others as required and support principal as needed.

Scenario: school bus driver tests positive for COVID-19

Recommended action by bus driver

The bus driver should:

- notify their employer
- follow directions from the local PHU on isolation
- consult a health care professional, as needed, and follow their recommendations
- Follow workplace guidelines on return to work

Recommended action by consortium

The consortium should:

- notify potentially impacted schools
- work with school bus operators to ensure bus(es) are cleaned and disinfected and alternate drivers are found to deliver the service
- provide bus cohort list and seating charts to schools and school board as required
- communicate with impacted school communities as appropriate
- notify the Ministry of Labour, Training and Skills Development as appropriate

Recommended action by principal

The principal should:

- follow the direction of the PHU
- provide class and cohort lists and seating charts to the PHU
- in consultation with the PHU notify impacted cohorts outlining what to expect and share useful resources with families
- monitor for new and additional student illnesses in the school and classroom(s)
- connect with superintendent and make them aware of the situation communicate with impacted schools, school boards and communities as appropriate

Recommended action by parent and student

The parent and student should adhere to direction provided by the local PHU.

Recommended action by school board

The board COVID-19 lead should continue to monitor the situation and liaise with the Ministry of Education as necessary.

The superintendent should inform the COVID-19 board lead, others as required and support principal as needed.

Scenario: Parent tests positive for COVID-19

This scenario applies to anyone who shares a household with a student or staff member in a school community.

If a parent receives a positive test for COVID-19, he or she is not obligated to inform the school of their test result. However, it is strongly recommended.

Children in a household where a parent or other member has tested positive for COVID-19 are considered to be high risk contacts and should get tested and self-isolate. The PHU will provide detailed direction to high risk close contacts, including household members of a person diagnosed with COVID-19.

Note: All individuals identified as high risk close contacts by local PHU should get tested for COVID-19 regardless of their immunization status.

Recommended action by teacher

The teacher should support continuation of learning for any students who need to isolate.

Recommended action by principal

The principal should:

- if student is in the school, when notified by the parent, coordinate immediate student pick-up and designate an area to isolate the student until pickup
- ask that the student or parent or guardian, as appropriate, follow the direction of their health care professional and PHU
- ensure student portfolio information (see below under Records Management) is up-to-date. Note: Be prepared to provide this information to the PHU upon request
- follow the directions of the local PHU
- connect with the superintendent and make them aware of the situation
- if the student tests positive, refer to Management of ill or symptomatic individuals in the school setting
    - monitor the school population for new or additional illness
    - report in the daily tracking tool as necessary

Recommended action by school board

The superintendent should inform the COVID-19 board lead and support principal as needed.

The COVID-19 board lead should continue to monitor the situation and liaise with the Ministry of Education as necessary.

Recommended action by parent and student

The parent and student should continue to adhere to advice provided by local public health.

Management of a confirmed diagnosis of COVID-19 in the school community

This section applies to a student, staff member or a member of a school community who is regularly in the school, who informs the school that they have tested positive for COVID-19.

- Every individual who has tested positive for COVID-19 will be contacted by their local PHU for further directions.
- Any individual who tests positive for COVID-19 must isolate and cannot attend school until they are cleared by their local PHU. Note that individuals do not need to provide a medical note or proof of a negative result to return to school.
- The local PHU will notify the school of a positive COVID-19 diagnosis. In some cases, the local PHU may not be the same local PHU as the school and in these circumstances, coordination between the PHUs and the school is required for further direction. Having designated points of contact within the school and the PHU can assist with ensuring clear processes for communication are in place.
- Where the local PHU determines there was a transmission risk to others in the school, students and staff will be assessed by the local PHU to determine their risk of exposure and whether they will require testing and isolation.
- Classroom cohorts (students and staff affiliated with the cohort) will generally be considered at high risk of exposure.
- All students and staff who are identified as high risk close contacts should get tested regardless of their immunization status. In general, individuals who are fully immunized or previously positive will not require isolation, unless otherwise directed by the local PHU.
- A negative test result does not alter or shorten the isolation duration as they may still be incubating the virus.

Scenario: staff or student has tested positive for COVID-19

Recommended action by teacher

The teacher should:

- ensure continuation of learning for any isolating students
- continue to monitor students and themselves for symptoms

Recommended action by principal

The principal should:

- follow PHU direction for management of cases and contacts in schools- the PHU will make the determination if an outbreak exists or not
- communicate with school community as appropriate
- ensure student and sibling(s) portfolio information (that is, class list, seating

charts, transportation details etc.) is up-to-date and share this information to PHU upon request
- coordinate and ensure environmental cleaning or disinfection of the space and items used by the individual or individuals
- connect with the superintendent and make them aware of the situation
- monitor school population for new and additional illnesses and symptoms
- report absence in the daily absence tracking tool

Recommended action by school board

The superintendent should inform the COVID-19 board lead, other board staff and support principal as needed.

The COVID-19 board lead should:

- continue to monitor the situation and liaise with the Ministry of Education as necessary
- work with PHU as required

Recommended action by parent and student

The parent and student should:

- engage in continuation of learning if able (if feeling well enough to participate)
- communicate regularly with the school to inform daily routines
- follow the direction of the PHU on isolation protocol and testing requirements

Return to school

In this section

1. If an ill individual does not have COVID-19

Individuals who have had a COVID-19 test because of symptoms but who test negative can return to school if they do not have a fever, if their symptoms have been improving for at least 24 hours, or 48 hours for gastrointestinal (GI) (nausea/vomiting, diarrhea) symptoms, if they have not been directed to self-isolate and provided they have had no contact to a confirmed case of COVID-19.

Where an individual has tested positive for COVID-19, the local PHU will be in contact with the school to provide further direction for both the individual and their high risk close contacts, including household members. The individual cannot return to school until cleared by the PHU.

If the individual with symptoms is not tested, they should self-isolate (including from household members) for a period of 10 days. Whether they are tested or not, the period of self-isolation should start from the date of symptom on-set.

Individuals who have traveled out of the country are required to follow federal guidelines and law upon their return.

Note that individuals do not need to provide a medical note or proof of negative result to return to school.

If an ill individual does not have COVID-19

For an ill individual who has a known alternative diagnosis provided by a health care professional, return to school can occur if they do not have a fever and their symptoms have been improving for at least 24 hours or 48 hours if vomiting or diarrhea. Individuals will still need to use the COVID-19 school and child care screening tool, or a screening tool designated by the local public health unit, daily before attending school and may also be required to provide confirmation of self-screening prior to or upon arrival to school.

Records management

In this section

1. Working with the local public health unit
2. Contact information for regional offices with the Ministry of Education

Working with the local public health unit

In the event that schools are made aware of a positive diagnosis of COVID-19 for staff or students, it is essential that key information pertaining to staff and students be available upon request by the local PHU for the purposes of contact tracing. This information needs to be accessible by school administrators on short notice, both during and outside of school hours, when requested by the PHU. COVID-19 board leads are expected to establish a system with their local PHUs to ensure that these records can be accessed at all times.

The following information should be available:

- attendance records
- student portfolio
- class lists and seating charts
- before-and-after child care lists
- transportation lists and seating charts
- up to date contact information for parents, staff and students
- special assignments and programs (for example, Education Community Partnership program (formerly Care Treatment Custody Corrections), Special Education)
- records of essential visitors

Contact information for regional offices with the Ministry of Education

Central Region
Toll-free: 1-800-471-0713
Local: 705-725-7627

West Region
Toll-free: 1-800-265-4221
Local: 519-667-1440

East Region
Toll-free: 1-800-267-1067
Local: 613-225-9210

North Region (Sudbury and North Bay)
Toll-free: 1-800-461-9570
Local: 705-474-7210

North Region (Thunder Bay)
Toll-free: 1-800-465-5020
Local: 807-474-2980

Toronto Region
Toll-free: 1-800-268-5755
Local: 416-212-0954

Resources

In this section

1. Appendix A: Case and contact management in schools for high-risk contacts
2. Appendix B: Case and contact management in schools for household members of high-risk contacts

Appendix A: Case and contact management in schools for high-risk contacts

This section outlines guidance for case and contact management for high-risk contacts in schools.

Fully immunized individuals who have COVID-19 symptoms

If the individual identified as a high-risk contact is fully immunized[1] or previously positive[2] and have symptoms compatible with COVID-19, they should:

- isolate and get tested right away
- if they test **negative**, they can discontinue self-isolation once symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms)
- if they test **positive**, they must self-isolate for 10 days.

Fully immunized individuals without COVID-19 symptoms

If the individual identified as a high-risk contact is fully immunized[1] or previously positive[2] and does not have symptoms compatible with COVID-19:

- The individual is generally not required to isolate
  - Self-isolation still may be required at the discretion of the local public health unit. Refer to the COVID-19 Fully Immunized Individuals: Case, Contact and Outbreak Management Interim Guidance for individuals with immunocompromise, and residents of high risk congregate living settings / inpatients.
- The individual should be recommended for testing but is not required to isolate while awaiting test results if they were not already directed to isolate (refer to Provincial Testing Guidance)

Individuals not fully immunized

If the individual identified as a high-risk contact is not fully immunized[1] or previously positive[2], the individuals should:

- isolate and get tested on or after **day 7** of their isolation period
- regardless of test result, they are required to **isolate for 10 days**

Appendix B: Case and contact management in schools for household members of high-risk contacts

This section outlines guidance for case and contact management in schools for household members of high-risk contacts.

Household members of a high-risk contact with COVID-19 symptoms

If the individual identified as a high-risk contact is fully immunized[1] or was previously positive[2] and has symptoms compatible with COVID-19:

- a household member who is fully immunized[1] or previously positive[2] is not required to stay home or isolate
- a household member that is **not** fully immunized or previously positive should isolate while the high-risk contact is awaiting test results or if they are not tested
  - If the risk-contact tests negative, a household member is not required to isolate.

If the individual identified as a high-risk contact and the household member of the high-risk contact is **not** fully immunized[1] or previously positive[2] and has:

- no symptoms compatible with COVID-19:
  - the household member should stay at home except for essential reasons (for example, work, school) during the high-risk contact's isolate period
- has symptoms compatible with COVID-19:
  - the household member should isolate while the high-risk contact is awaiting test results or if they are not tested.
  - if the high-risk contact test negative, the household member should stay at home except for essential reasons (for example, work or school) during the high-risk contact's isolation period

Household members of a high-risk contact without COVID-19 symptoms

If the individual identified as a high-risk contact is fully immunized[1] or was previously positive[2] and has **no symptoms** compatible with COVID-19 the household member is not required to stay home or isolate.

1. For the purposes of case/contact/outbreak management, an individual is defined as fully immunized ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series that is listed for emergency use by the World Health Organization or approved by Health Canada. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact andOutbreak Management Interim Guidance.

2. For the purposes of case/contact/outbreak management, an individual is defined as previously positive if they were a confirmed case of COVID-19 where their initial positive result was ≤ 90 days ago and they have been cleared from their initial infection. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

SCIENCE BRIEFS

School Operation for the 2021-2022 Academic Year in the Context of the COVID-19 Pandemic

Michelle Science*, Nisha Thampi*, Ari Bitnun*, Upton Allen, Catherine Birken, Nicole Blackman, Eyal Cohen, Vinita Dubey, Lesleigh Dye, Kelly Gallagher-Mackay, Amy Greer, Gabrielle M. Katz, Sarah Khan, JinHee Kim, Daphne Korczak, Kirk Leifso, Liane M. MacDonald, Antonina Maltsev, Janine McCready, Andrew M. Morris, Michelle Murti, Christopher Mushquash, Anna Perkhun, Krystal Pollitt, Beate Sander, Brian Schwartz, Jeffrey Siegel, Prachi Srivastava, Nathan M. Stall, Ashleigh R. Tuite, Annelind Wakegijig, Michael Whelan, Ronald Cohn, Peter Jüni, Kali Barrett on behalf of the Ontario COVID-19 Science Advisory Table, Hospital for Sick Children, Children's Hospital of Eastern Ontario, Unity Health, Holland Bloorview Kids Rehabilitation Hospital, Children's Hospital at London Health Sciences Centre, McMaster Children's Hospital, and the Kingston Health Sciences Centre. *MS, NT, and AB contributed equally to this Science Brief.

Key Message

In-person learning is essential for the learning and overall well-being of children and youth. Therefore, barring catastrophic circumstances, schools should remain open for in-person learning.

The level of community COVID-19 burden should inform the degree of school-based measures: the provided framework should be implemented at the regional level by public health units, considering local vaccination coverage rate and metrics of COVID-19 disease severity and to a lesser extent, SARS-CoV-2 transmission rate.

Permanent measures that support the ongoing operation of schools, irrespective of the COVID-19 pandemic, include vaccination of all eligible individuals, exclusion of sick students and staff, hand hygiene, adequate ventilation, and environmental cleaning.

Temporary measures (e.g., masking, physical distancing, cohorting) implemented in response to changes in COVID-19 disease burden should take into consideration student age, grade, and vaccination status.

Re-initiation and maintenance of extracurricular activities (e.g., music, sports, clubs) is an important component of return-to-school plans.

Summary

The physical, emotional, and developmental health of children and youth has been deeply impacted by the COVID-19 pandemic and restrictions placed on schools. School disruptions, including school closures and implementation of education models that have reduced direct interaction between children, their peers, and their teachers (e.g., online learning), have led to significant learning disruption, exacerbated educational inequities and deprived children of other supports and activities available through schools including food programs, physical activity and sports and clubs and teams.

It is therefore essential that moving forward the needs of students be prioritized to ensure sustained in-person school attendance and in-person learning. School

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About Us: The Ontario COVID-19 Science Advisory Table is a group of scientific experts and health system leaders who evaluate and report on emerging evidence relevant to the COVID-19 pandemic, to inform Ontario's response. Our mandate is to provide weekly summaries of relevant scientific evidence for the COVID-19 Health Coordination Table of the Province of Ontario, integrating information from existing scientific tables, Ontario's universities and agencies, and the best global evidence. The Science Table summarizes its findings for the Health Coordination Table and the public in Science Briefs.

Correspondence to: Secretariat of the Ontario COVID-19 Science Advisory Table (info@covid19-sciencetable.ca)

The views and findings expressed in this Science Brief are those of the authors and do not necessarily reflect the views of all of the members of the Ontario COVID-19 Science Advisory Table, its Working Groups, and its partners.

closures, and the various distance learning strategies deployed to ensure educational continuity, should be part of a pandemic control strategy in only the most catastrophic of circumstances.

Given the high uptake of COVID-19 vaccines in Ontario, it is anticipated that SARS-CoV-2 transmission and severe disease requiring hospitalization will be substantially curtailed by September 2021; thus, the approach to school-based mitigation can be adjusted to reflect community risk. Emphasis should be placed on permanent measures that can aid in reducing infection transmission in general, including staying home when sick, achieving and maintaining adequate indoor air quality, environmental cleaning, and hand hygiene. Temporary mitigation measures, including active symptom-based screening, testing and contact tracing, use of non-medical or medical masks, physical distancing, and cohorting should be adjusted in accordance with COVID-19 disease burden.

With this in mind, we have defined three broad scenarios of COVID-19 disease burden: (1) low-risk, where severe disease requiring hospitalization is limited and sporadic; (2) moderate-risk, where there is early evidence of an upward trajectory in severe disease requiring hospitalization; and (3) high-risk, where there are high rates and continued upward trajectory of severe disease requiring hospitalization. SARS-CoV-2 transmission is an important secondary factor that can be considered in defining community risk, particularly early in the school year.

In the low-risk scenario, recommendations on temporary measures in the school environment include a strategy for contact tracing and low-barrier testing as an early warning system for emerging SARS-CoV-2 variants and increased transmission, a permissive approach to masking, and no requirement for physical distancing or cohorting.

In the moderate and high-risk scenarios, an increase in temporary measures would be warranted in schools, with emphasis on cohorting and age-dependent masking in kindergarten and elementary school students (without the need for physical distancing) and on masking with or without physical distancing (without the need for cohorting) in middle and high school students. It is recognized that individual jurisdictions in a low-risk scenario in September 2021 may choose more relaxed or more strict temporary measures depending on their local circumstances.

- Value of In-Person Learning
- Understanding of SARS-CoV-2
- Permanent and Temporary Infection Prevention and Control Measures in Schools
- Special Considerations for Schools in Rural, Remote, and Indigenous Communities
- Special Considerations for Children and Youth With Medical, Physical, and Developmental Complexities
- Vaccination
- Symptom and Exposure Screening
- SARS-CoV-2 Testing for Schools
- Hand Hygiene
- Achieving Adequate Indoor Air Quality through Ventilation and/or Filtration
- Environmental Cleaning
- Masking
- Physical Distancing
- Cohorting
- In-Person School Gatherings, Activities, and Lunch Hour
- Transportation to School

Box 1. Topics Covered in this Science Brief

Background

The goal of this document is to provide guidance to policymakers on COVID-19 mitigation measures for kindergarten-to-grade 12 schools for September 2021. The document is anchored in the core principle that in-person learning is essential for children and youth and provides guidance on health and safety measures to support in-person education delivery and recovery strategies for September 2021 and beyond. It acknowledges that there is a range of risk tolerance both at the individual and community levels and provides a framework to adapt measures taking into consideration the community epidemiology, community readiness and information gained as the province and other jurisdictions re-open. While several jurisdictions are moving to focus on disease severity and health care system capacity as the predominant metrics for adjusting measures, we recognize that SARS-CoV-2 transmission is still of concern to many Ontarians. With this in mind, the framework considers moderate to severe disease resulting in hospital or ICU admissions as the primary metric used to determine the need to adjust mitigation measures but also considers transmission (effective reproduction number, Rt) an important secondary metric. It is anticipated that the importance of transmission as a metric will be reduced when re-opening of society is not associated with a substantial increase in SARS-CoV-2 related hospitalizations despite increasing case numbers, due to a high proportion of the population being fully vaccinated.

Several important domains related to education and children are not covered in detail in this document. A separate comprehensive guidance document covering the need for mental health awareness and support for all children is in development. Similarly, the importance of a strategy to manage the educational losses experienced thus far by some children is covered in a separate Science Brief.[1] We do not address curricular reforms in this document. It must be recognized, however, that a period of (re-)adjustment for students and staff will be necessary at the beginning of the school year to: 1) address children's mental health concerns and anxieties; 2) allow time for children to readjust to behavioural norms associated with in-class learning; and 3) support students who require school-based rehabilitation supports (e.g. physiotherapy, occupational therapy, speech and language therapy) and who may have fallen behind or regressed in their goals/abilities/health status. Children who may have fallen behind in their learning will need additional time and attention throughout the year.

This document was created by an interdisciplinary group of experts in pediatrics, infectious diseases, infection prevention and control, education, epidemiology, environmental and occupational health, indoor air quality, public health, school health, psychiatry and mental health, rural health, and Indigenous health. There was broad stakeholder engagement that included children's hospitals in Ontario (The Hospital for Sick Children (SickKids), Children's Hospital of Eastern Ontario (CHEO), McMaster Children's Hospital, Kingston Health Sciences Centre, Holland Bloorview Kids Rehabilitation Hospital, London Health Sciences Centre, and Unity Health Toronto), education administration (school boards, principals), the school community (educators, parents, and students), and members of the Ontario COVID-19 Science Advisory Table.

Given that educators of elementary and secondary school students are best positioned to appreciate the operational and logistical considerations in adapting school and class routines to incorporate health and safety protocols, the following is not intended as an exhaustive school guidance document or implementation strategy. The ongoing safe operation of schools is the primary responsibility of the Ministry of Education and should include input from several key stakeholders, including the Chief Medical Officer of Health, Ministry of Health, Ministry of Labour, public health authorities,

teachers and other educators, principals, other school-related authorities, parents, and children.

The recommendations in this document were drafted, reviewed, and approved by the authors. Evidence from the literature was routinely reviewed and used to form the basis of recommendations. However, several statements are made based on expert opinion with the rationale provided and evidence gaps highlighted. Recommendations may need to be adjusted as new evidence emerges.

Findings

Value of In-Person Learning

There is broad recognition that education is children's 'essential work' and that schools are of critical importance to students' learning and overall well-being. The Secretary-General of the United Nations described the impact of COVID-19-related school closures as a 'generational catastrophe'.[2] Ontario has had the longest interruption of face-to-face learning in Canada.[1] In-person schooling is optimal for the vast majority of students because it enables access to a wide range of academic and social-emotional learning opportunities, promotes play, positive peer relationships, physical activity, and positive mental health. In-person schooling may contribute to other essentials, including nutrition, security, and health. Schools are also key sites to connect children and families with community, mental health, and developmental services. In addition, schools play a key role in enabling parents to work, particularly promoting labour participation of women and front-line service workers.[3]

Globally, school closures and transitions of entire classes or cohorts to remote learning led to the deployment of various distance learning strategies to enable educational continuity.[4] Strategies in Ontario included synchronous or asynchronous classes taught online through a Learning Management System (LMS) or by using videoconferencing tools. In some cases, they were delivered through emails and print materials. Evidence from studies on school closures within Ontario, and in similar systems with shorter disruptions and with similar emergency virtual learning strategies indicate discernable learning losses.[5,6] However, negative effects have been more pronounced in communities and individuals most affected by COVID-19, and for those in pre-existing vulnerable circumstances.[7] Comprehensive systems-level provincial data for Ontario are lacking. However, a simulation study with 157 countries predicted that, in high-income countries, generally assumed to be the best served, education continuity measures such as emergency remote digital learning would only mitigate between 15% to 60% of learning losses incurred.[8] Furthermore, evidence from seven European countries with relatively well-resourced and broadly covered education systems found parental and child experiences of emergency home-schooling measures with distance virtual learning to be negative.[9]

There is increasing evidence that school closures and elimination of extracurricular activities for children have had substantial deleterious impact on their physical and mental health.[10,11] Parents report worsening mental health and ability to cope on the part of their children.[12-14] High rates of anxiety and depression have been observed across children of all ages, with adverse psychological impacts, particularly among older children and adolescents compared to pre-pandemic periods.[10,15,16] There has been a substantial increase in emergency department visits and hospitalizations for eating disorders.[17] The loss of access to school-based healthcare services, special services for children with disabilities, and nutritional programs has profoundly affected the most vulnerable of children.[18] Substantial disruptions to critical developmental milestones, including increase in speech delay, have been seen, and children have missed out on opportunities for skill development.[19] Adverse general health effects,

including increased sedentary behaviour and screen time, decreased physical activity, increased rates of child maltreatment, and delayed presentation with serious medical conditions, such as diabetic ketoacidosis, have also been noted.[11,20]

It is therefore essential, that moving forward, the educational, physical, and mental needs of students be highly prioritized and protected to ensure sustained in-person school attendance and in-person learning. School closures, or transition to an online learning model, should not be used as a public health measure for pandemic control. Community-based public health measures (such as closure of non-essential workplaces, indoor capacity restrictions, use of non-medical or medical masks, testing, contact tracing, stay at home orders, travel restrictions) should be the preferred mechanisms for pandemic control. These restrictions should be employed for pandemic control in communities while schools continue to operate for in-person learning with appropriate mitigation measures in place, as outlined in this document.

School closures and transitions to remote learning should only be considered under a catastrophic scenario,[21,22] based on the recommendation of the Chief Medical Officer of Health, when there is a clear signal of harm (morbidity and/or mortality) to children or the community at large that is directly attributable to children attending school for in-person learning despite the use of all available mitigation strategies, or when the harms associated with remote learning for students and their families are outweighed by identified health risks of in-person learning.

Current Understanding of SARS-CoV-2 as it Relates to Children and Education

SARS-CoV-2 is now widespread in almost all parts of the world, and its complete eradication is unlikely. Nevertheless, it is anticipated that the establishment of high levels of immunity in the general population through widespread immunization, and to a lesser extent, natural infection, will curtail infection rates and the adverse health impacts of SARS-CoV-2 on individuals and society to such an extent that full societal reopening is eventually feasible.[23] Multiple factors will need to be taken into account on recommending the lifting of all pandemic-related restrictions in schools, including SARS-CoV-2 prevalence in the community, characteristics of the prevalent variants of concern (VOC; in particular immune/vaccine escape, but also transmissibility and disease severity), COVID-19 vaccine eligibility and uptake rates, and the degree to which vaccines protect against infection and severe disease.

It is expected that SARS-CoV-2 infections will continue to occur in the community as well as in schools. However, provided that the majority of infections continue to be associated with asymptomatic or mild disease in children and youth, and assuming that the broader community impact is manageable (i.e., no variant with vaccine escape leading to a substantial increase in hospitalizations/severe disease), the health and safety measures in schools can be adjusted to optimize the overall health, well-being, and learning for children and youth, while maintaining an in-person school model. It is essential in this context that there are mechanisms in place at local, regional and provincial levels to (1) promptly identify circulation of new VOCs associated with increasing transmission and/or disease severity; (2) monitor for any changes in the acute and chronic impacts of SARS-CoV-2 infection in children and youth; and (3) monitor the impacts of loosening restrictions in school and non-school settings on the risk of SARS-CoV-2 spread in the community, in households, and on the introduction and spread of SARS-CoV-2 in schools.

COVID-19 Disease in Children and Youth

The majority of children and youth who become infected with SARS-CoV-2 are either asymptomatic or have mild, self-limited symptoms such as cough, nasal congestion, runny nose, sore throat, fever, or gastrointestinal symptoms such as abdominal pain or diarrhea.[24-28] Severe acute disease requiring intensive care has been described in a

small minority of pediatric cases (0.06% of confirmed COVID-19 cases in children under 19 years of age in Canada),[29] particularly among those with certain underlying medical conditions,[30] but even in these patients the clinical course is usually much less severe than in adults, and deaths are extremely rare.[31-35] In Canada, as of July 2, 2021, there have been 14 reported pediatric deaths out of 272,257 reported pediatric COVID-19 cases.[29] The multisystem inflammatory syndrome in children (MIS-C) is an uncommon but serious post-infectious condition attributable to SARS-CoV-2 infection with an overall mortality of up to 2%, and responsive to immune modulating treatments.[36-41] A recent population-based study in the US estimated the rate of MIS-C at 1 in 3,100 SARS-CoV-2 infections in persons younger than 21 years.[42] At the present time there is no evidence in children to suggest that acute COVID-19 or MIS-C due to SARS-CoV-2 VOCs is more severe or frequent than that caused by non-VOC SARS-CoV-2.

While severe outcomes from acute COVID-19 in children are rare, it is important to monitor the frequency and severity of post-acute long-term sequelae of COVID-19 (long COVID) in children, and to follow its trends relative to other post-infectious syndromes (e.g., following gastroenteritis, infectious mononucleosis, and Lyme disease). In the UK, self-reported persistence of symptoms at 12 weeks after experiencing acute COVID-19 was 10% (95% Confidence Interval (CI): 5, 14) for children 2-11 years of age and 16% (95% CI: 12, 20) for children 12-16 years of age.[43] In contrast, in a U.S. study involving 2,368 match-pairs of children, those with COVID-19 were no more likely to experience new diagnoses during the four-month follow-up period than children without COVID-19.[44] Furthermore, a large cohort study of children in the United Kingdom found that only 1.8% of children had one or more residual symptoms (compared to 0.9% of SARS-CoV-2 negative controls) two months after their acute illness.[45] Ongoing research into longer-term morbidities in children after SARS-CoV-2 infection is warranted, though findings so far are reassuring.[46,47]

SARS-CoV-2 Epidemiologic Projections

Based on emerging data from other jurisdictions, the most reasonable assumption is that the Delta variant or other more transmissible variants will continue to be the dominant circulating strains of SARS-CoV-2 in Ontario over the coming months.[48] Given the overdispersion of R0 originally described for SARS-CoV-2, most children with SARS-CoV-2 infection may transmit to relatively few people, while a minority of children with SARS-CoV-2 infection will transmit to larger numbers of people (super-spreader events). This means that mitigation measures in schools should aim to prevent super-spreader events.

SARS-CoV-2 Transmission

SARS-CoV-2 can be transmitted via aerosols (particles that remain suspended in the air for variable lengths of time) that are present at short ranges but may also contribute to long-range transmission;[49] larger droplets that spread at short range; and direct contact with infected individuals or contaminated surfaces. This is similar to other respiratory viruses, where there is a spectrum of transmission, but certain modes predominate.[50,51] In the case of SARS-CoV-2, current evidence suggests that it is transmitted most frequently and easily at short range through exposure to respiratory particles that range in size from smaller aerosols to larger droplets.[52] Spread by suspended aerosols or droplets over longer ranges or time can occur particularly in crowded, enclosed spaces with poor ventilation. Spread by direct contact does not appear to be the predominant mode of transmission, although it remains plausible.[53]

Respiratory particles are produced from an infected person when they breathe, talk, cough, or sneeze. When a person has infection, whether or not transmission from that person occurs depends on multiple factors. Examples include how forcefully aerosols and droplets are expelled (e.g., singing or coughing are associated with

higher risk), amount of virus present (e.g., more virus is present early in the infection), the duration of the exposure (i.e., longer contact with an infectious person is higher risk), environmental conditions (e.g., good ventilation and outdoors are associated with lower risk), and personal protective measures (e.g., physical distancing, wearing a well-fitted mask, and being fully vaccinated reduces the risk).[54]

Prevention of Transmission

While our understanding of how transmission occurs has evolved and the relative contribution of droplets and aerosols continues to be studied, several control measures are likely effective at reducing the risk of transmission irrespective of the relative contribution of larger droplets or aerosols to transmission. These include staying home when sick, wearing a well-fitted, non-medical or medical mask for source control and protection, practicing respiratory etiquette (coughing and sneezing into your arm), physical distancing, utilizing outdoor settings, and achieving and maintaining adequate indoor air quality through ventilation and/or filtration. Other important strategies that will reduce contact transmission include hand washing, cleaning frequently touched surfaces and avoiding touching the eyes, nose, and mouth.

Each of the control measures listed above likely provides some benefit in reducing SARS-CoV-2 spread. However, it is the combination and consistent application of these layered controls as a bundle that is most effective for reducing disease spread in schools. Immunization is the single most effective preventive intervention, and its widespread uptake will dramatically reduce infection rates even among unvaccinated children.[23]

COVID-19 Vaccine Uptake and Coverage Rates in Ontario

Early indications are that COVID-19 vaccine uptake among those eligible for a vaccine in Ontario is high. We can therefore expect that a substantial majority of persons 12 years of age and older will have received at least 1 dose, and likely 2 doses, prior to schools reopening in September 2021.[55] With respect to children younger than 12 years of age, it is anticipated that a vaccine will not be approved and widely available prior to September 2021 and the timeline for eventual approval and roll-out remains uncertain. However, immunization of persons 12 years of age and older is anticipated to lead to lower SARS-CoV-2 community rates overall, leading to lower risk in schools.[56] Outbreaks in schools remain a possibility among unvaccinated children, or if VOCs with vaccine escape become predominant.[57]

Transmission and Disease Rates as Measures of Pandemic Activity

There is considerable debate regarding the outcome measures that should be prioritized in determining the need for and extent of mitigation intervention for schools and the community at large. In the context of high vaccine uptake in individuals 12 years of age and older, metrics of severe disease (e.g., absolute COVID-19 hospital occupancy rates, rates per 100,000 population), or signals of vaccine escape are of primary importance. Measures of SARS-CoV-2 transmission (e.g., effective reproductive number, test positivity numbers, or test positivity rates) are expected to be less important when vaccine coverage is high but, in the near term, may be valuable for early detection of emerging variants less well covered by vaccines before a substantial increase in severe disease can be detected. In addition, robust measurement of transmission will allow for the detection of more infections, which would allow for better evaluation of adverse outcomes not reflected by hospitalization rates, such as long COVID.

Community Risk Framework

In each of the sections, we provide guidance based on level of community risk, categorized as low, moderate, and high (Table 1 and Figure 1). COVID-19-related metrics of disease severity (e.g., hospitalizations), and to a lesser extent SARS-

CoV-2 transmissibility are key factors to consider in defining risk level, as they are anticipated to be influenced by vaccination rates and by the emergence of vaccine escape variants that cause disease in both unvaccinated and vaccinated individuals. Specific thresholds for vaccination rates, infection rates and disease rates have not been defined as these are somewhat arbitrary and because there may be differences in the weighting of individual criteria by jurisdiction, depending on their unique circumstances. However, in general terms, low-risk is applicable when there are limited and sporadic cases with severe disease requiring hospitalization, moderate-risk when there is early evidence of an upward trajectory in the number of cases with severe disease requiring hospitalization, and high-risk when there are high rates and continued upward trajectory of cases with severe disease requiring hospitalization. Measures of SARS-CoV-2 transmission is an important secondary factor that can be considered in defining community risk, particularly early in the school year.

Figure 1 illustrates the relationship of community transmission, as measured by the effective reproduction number (Rt), with disease severity, as measured by COVID-19-related hospital occupancy in absolute numbers and hospitalization rate per 100,000 population. A SARS-CoV-2 variant of concern that is more transmissible (e.g., Delta) would move the scenario up the y-axis (higher Rt) and the introduction of community mitigation measures to control community transmission would move the scenario back down the y-axis (by reducing Rt). Higher rates of severe disease would most often occur in the context of high community transmission (higher on the y axis and shifted to the right on the x-axis) but could potentially occur, even with lower community transmission rates in the case of an emerging variant with vaccine escape.

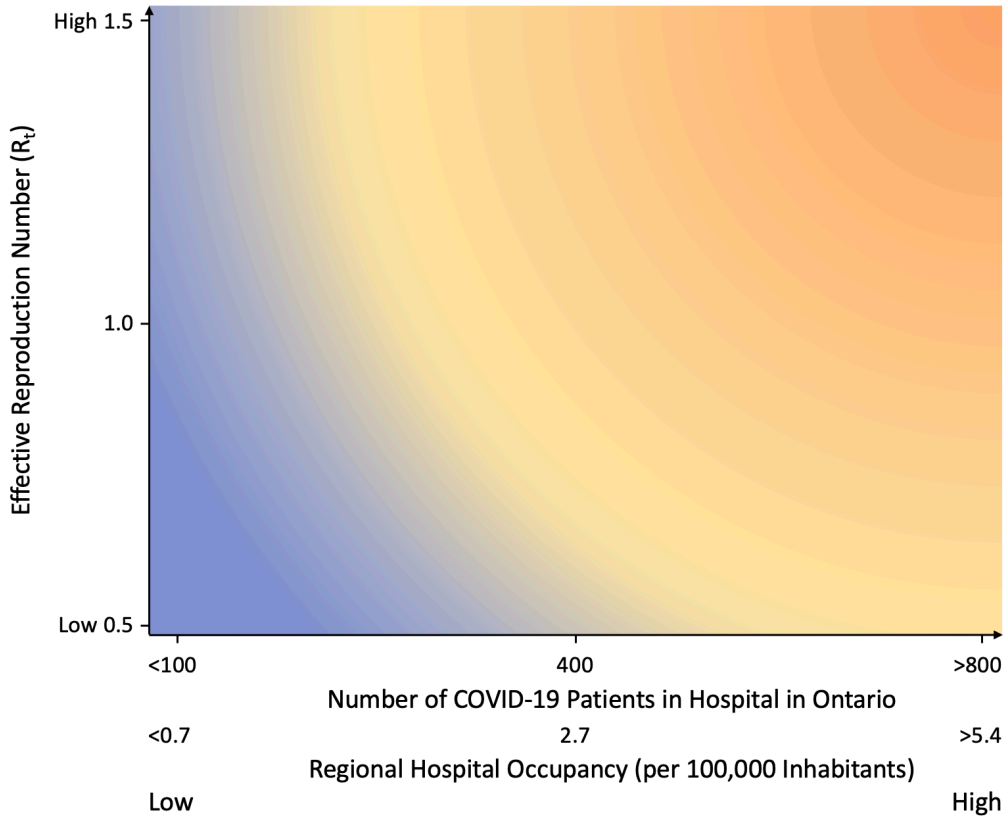

Figure 1. Community Risk Scenarios in the Context of Virus Transmissibility and Clinical Severity
Rt: reproduction number 100K: 100,000

Permanent and Temporary Infection Prevention and Control (IPAC) Measures in Schools

As discussed, there is not one specific measure that will prevent transmissions from occurring in schools, but rather, there are several structural and individual elements

that contribute to making schools healthier workplaces and reducing the risk of infection to in-person attendees. These are summarized within the Hierarchy of Hazard Controls (Figure 2).

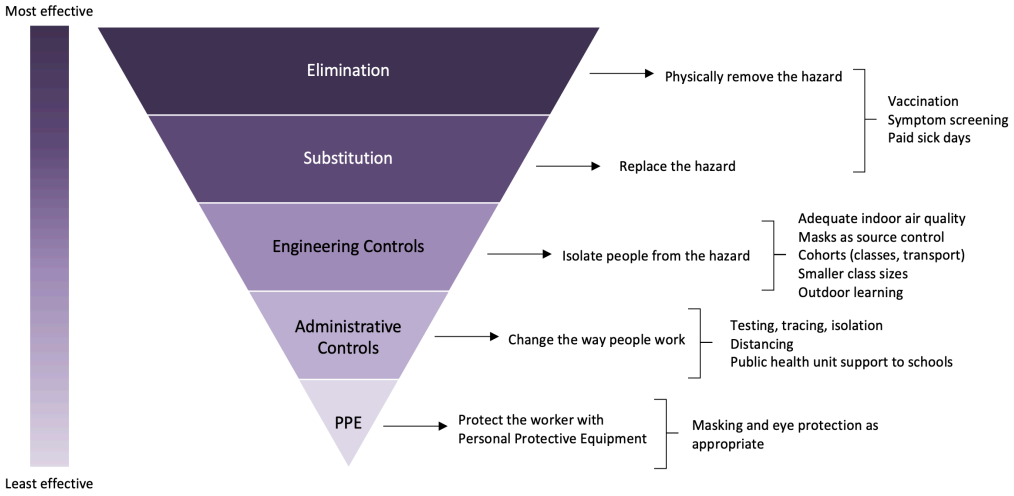

Figure 2. Hierarchy of Controls
Figure adapted from CDC.[58]

Elimination measures are at the top of the hierarchy and are considered the most effective measures as they prevent infection from entering the school environment. With respect to SARS-CoV-2 and many other infectious diseases, these are primarily community-based and include measures such as vaccination, public health case and contact tracing, and symptom-based screening with exclusion from school if symptomatic or exposed and susceptible to SARS-CoV-2.

Within the school, permanent measures that help to reduce transmission of infectious diseases include:

- Vaccination of eligible students and those who interact with students (i.e., school staff, parents, caregivers)
- Exclusion of students and staff when they are symptomatic
- Hand hygiene
- Achieving and maintaining adequate indoor air quality via upgrade to school heating, ventilation, and air conditioning (HVAC) systems
- Appropriate environmental cleaning

Temporary measures that should be used during pandemic scenarios to reduce the risk of transmission of infectious disease in schools include:

- Symptom and exposure screening
- Diagnostic testing
- Use of non-medical or medical masks
- Physical distancing*
- Cohorting*
- Optimizing ventilation/filtration in classrooms, and increased use of outdoor space (when possible)

*Both physical distancing and small cohort sizes are facilitated by reduced class sizes.

With this in mind, the following sections of the document summarize the considerations for the safe, continued operation of schools based on the available evidence, as well as expert opinion. Where appropriate, recommendations have been

provided for kindergarten, elementary school (Grades K-5), middle school (Grades 6-8), and high school (Grades 9-12) classes/students. For operational purposes, it is acknowledged that the approach in middle school may depend on whether the grades are associated with a kindergarten/elementary school (i.e., Grades K-8) or high school (i.e., Grades 7-12).

Implementation of the Framework

We recommend that this framework be interpreted at a regional level by public health units considering local vaccination coverage rate, metrics of disease severity, and, to a lesser extent, SARS-CoV-2 transmission rate. It is difficult to predict case numbers and health system occupancy related to COVID-19 as the province reopens and following the return to school in September 2021. Recent case trends in jurisdictions such as the UK, Israel, and the Netherlands demonstrate that outbreaks and increased numbers of hospitalizations have occurred among unvaccinated populations as the delta variant became predominant and restrictions were lifted.[59] This experience highlights that a successful return to sustained in person learning and gradual relaxation of mitigation interventions in schools will require maintaining situational awareness with community responsiveness, and ultimately achieving high vaccine coverage among eligible persons throughout the province.

This framework is further predicated on the fact that children infected with SARS-CoV-2 generally have mild disease and that effective vaccines are available for those 12 years of age and older, meaning that even if there are occasional outbreaks in schools, they are not expected to be associated with severe disease among children, and that older children and adults should have excellent protection against severe disease as a result of vaccination. If a new VOC with vaccine escape emerges, and it is associated with increased transmission and significantly higher rates of severe illness among vaccinated populations, additional temporary mitigation measures as outlined in the moderate or high-risk scenarios of this framework should be adopted. Relaxation of temporary mitigation measures, such as masking, distancing, and cohorting should be considered when high vaccination rates are achieved and severe disease requiring hospitalization rates are low and stable. In these scenarios, permanent school-based health, and safety measures (symptom-based screening, hand hygiene, environmental cleaning, adequate ventilation) may be sufficient to limit spread from sporadic SARS-CoV-2 introductions into schools.

Table 1 provides a general approach to school-based health and safety measures in relation to low-, moderate-, and high-risk scenarios based on epidemiologic situations. In the context of high vaccine uptake, measures of disease severity are considered the most important metric for defining risk scenario, as they are expected to be strongly attenuated with high vaccine coverage. Measures of SARS-CoV-2 transmission may be of value for early detection of changes in patterns of disease transmission before a significant increase in severe disease can be detected.

	Community Context[a]		
Assumptions / Criteria	**Low SARS-CoV-2 Risk**	**Moderate SARS-CoV-2 Risk**	**High SARS-CoV-2 Risk**
Severe Disease[b]	Limited and sporadic cases of severe disease requiring hospitalization	Early evidence of an upward trajectory in number of cases with severe disease requiring hospitalization	High rates and continued upward trajectory in number of cases with severe disease requiring hospitalization
Community Transmission[c]	Rt <1	Rt 1.0 – 1.2 (sustained)[d]	Rt ≥1.3 (sustained)[d]
Implications for School Setting	**Low SARS-CoV-2 Risk**	**Moderate SARS-CoV-2 Risk**	**High SARS-CoV-2 Risk**
Introduction of Cases into School Environment (Anticipated Based on Rt)	Occasional introduction of cases	Increasing introductions; geographic heterogeneity reflecting community prevalence and immunization levels	Frequent introductions with high case rates increase in community
Recommended Permanent Measures	Vaccination (encourage and ensure ease of access), screen and exclude from school if symptoms/exposure, improve indoor air quality, hand hygiene, environmental cleaning, low barrier testing[e]		
Recommended Temporary Measures	Permissive masking and distancing	Masking, distancing and cohorting indoors as appropriate based on age	Masking, distancing and cohorting as appropriate based on age
Suggested Community-Based Measures	Low-barrier testing Backwards + forwards tracing Targeted vaccination in under-immunized communities	Restrictions in the community as recommended by CMOH Testing + tracing + targeted vaccination in under-immunized communities	Further restrictions in the community as recommended by CMOH Schools stay open with prioritized testing + tracing + vaccination

Table 1. Community Epidemiologic Situations and Implications for School-Based Health and Safety Measures
[a]If in the low SARS-CoV-2 risk scenario based on metrics, some jurisdictions/schools may choose to maintain measures that can still afford layers of prevention that are less disruptive to the education and well-being (e.g., masking indoors) at the start of the September 2021 school year and reassess the ongoing need once in-person education has been resumed. [b]Severe disease can be assessed using the following metrics: COVID-19 hospitalizations, ICU admissions, and deaths. [c]Public health tracing capacity is also an important consideration that may be impacted as case counts increase. [d]Sustained SARS-CoV-2 transmission: 14 days or more. [e]Robust case and contact management with low-barrier testing (see Testing section) is important in all risk scenarios to identify and promptly isolate individuals with SARS-CoV-2 infection.

Special Considerations for Schools in Rural, Remote, and Indigenous Communities

For rural, remote, and Indigenous communities, the COVID-19 pandemic has presented additional distinctive and substantial challenges for education delivery which has expanded inequities. It is essential that there be special attention paid to how to appropriately support these communities such that health and education needs can be met moving forward. It must be acknowledged that each rural, remote and/or Indigenous community has unique strengths which contribute to their resiliency, and unique challenges; engagement with local community leadership is the critical first step in understanding the community needs, building relationships and tailoring public health strategies.[60] Indigenous leaders and trusted professionals within the communities are well in tune with the strengths and challenges for families in the education system and can recommend the most appropriate strategies. It is important to take the lead from the Indigenous communities to determine strategies to support. The success of public health programs in preventing transmission of SARS-CoV-2 in such communities relies on close collaboration between public health units, local leadership and local health and social programs.

Important considerations for rural, remote, and Indigenous communities that need to be taken into account for all sections of this document:

- Ensure clear accountability for education support whether through federal or provincial resources.
- Transportation considerations will be different for children in rural, remote and First Nations communities because they may be in transit for prolonged time periods to and from school and school-based rehabilitation services.

- Limited access to clinical and support services have exacerbated the sense of isolation among children and youth, with educators concerned about students disconnecting from the virtual classroom.
- Remote learning is less accessible, due to technological challenges, in these communities.
- Social supports for the urban Indigenous population, which include off-reserve First Nations, Métis, and Inuit communities, have historically been connected with local Indigenous Friendship Centres and Aboriginal Health Access Centres, yet access to these types of services has been restricted during the pandemic.
- Restoring access to local friendship and health centres should be a priority to re-establish social connectivity among youth, families and elders, childcare and nutrition programs, and delivery of culturally sensitive health care and public health education from trusted leaders and healers.
- In communities with operational challenges around public health surveillance, it may be more prudent to consider additional, temporary measures up-front in the school year (please see sections titled Masking, Physical Distancing, Cohorting, Extra-Curricular Activities, and Transportation).
- Given the close-knit, multi-generational communities, it will be important that public health resources are available to strengthen testing and contact tracing, leveraging Indigenous contact tracers where applicable to ensure culturally safe care.
- Higher testing uptake will be seen with programs that are acceptable to children (e.g., oral-nasal or saliva sampling), accessible (e.g., pop-ups, flexible hours of operation, self-collection) and adoptable by the community (e.g., take-home testing kits with discreet drop-off locations and hours).
- Rapid molecular testing may be an additional consideration for communities with infection-related clusters if there are transportation-related challenges to accessing regional laboratories for molecular-based testing and results.
- Some rural and remote communities with smaller populations may more easily manage lower class sizes and physical distancing practices than those in densely populated urban areas.
- Ensure culturally appropriate messaging for Indigenous populations that takes into consideration historical factors contributing to vaccine hesitancy and medical mistrust. Include Elders and Knowledge Keepers in vaccine distribution and promotion plans.
- Aging infrastructure, including older HVAC and supplemental ventilation/filtration systems in many remote First Nations, Métis, and Inuit communities may impact the ability to properly ventilate schools and ensure adequate air quality, particularly during local outbreaks and in the colder months when opening windows is not an option.
- Schools in remote, rural, and First Nations, Métis, and Inuit communities that do not meet the appropriate minimum ventilation guidelines from ASHRAE Standard 62.1-2019 (see page 22), should be prioritized for upgrades.
- Overcrowded education infrastructure in some remote First Nations, Métis, and Inuit communities could make preventative measures such as cohorting and physical distancing difficult and could result in the need to shift to remote learning in some instances, further contributing to high rates of disengagement. Appropriate resources should be provided to ensure adequate space is available to support consistent in-person learning in these communities, and to ensure

equitable access to digital learning resources.

- Where First Nations, Métis, and Inuit students must relocate to larger urban areas to attend a provincially operated secondary school, students should have access to adequate housing options which include sufficient space to allow for distancing and cohorting, if necessary, to ensure safe access to in-person learning.

Special Considerations for Children and Youth with Medical, Physical, and/or Developmental Complexities

Return to school must be inclusive of all children, including those with disabilities, developmental and behavioural challenges, and medical complexities. This includes children requiring intensive supports for activities of daily living and/or medical conditions, such as feeding, positioning, toileting or breathing supports, as well as those who depend on schools for therapies and other critical supports for their learning, development, and well-being. Many of the families of these children have had a prolonged period of time in home isolation compounded by a lack of respite and/or homecare supports. In particular, challenges for families and children/youth with neurodevelopmental disorders caused by cessation of school during the pandemic have been identified.[61] Consultation with their parents and families to better understand their individual circumstances and needs is recommended. Virtual learning can be extremely challenging for many children and youth with complexities. Moreover, they rely on caregivers for optimizing their own health; high vaccine uptake among this vulnerable group, and those who are in contact with them, is important.[35,62]

The additional resource requirements to facilitate safe return to school should not be a barrier to meaningful access to in-person education for any child. Detailed guidelines for specific groups of children and youth with complex needs have been developed by teams at SickKids,[63] Holland Bloorview Kids Rehabilitation Hospital,[64] and CHEO.[65]

Vaccination

Immunization is the single most effective preventive intervention and its widespread uptake will dramatically reduce infection rates even among unvaccinated people, including children.[23] As such, it is essential that vaccines are easily accessible and encouraged for all approved age groups, and offered as a permanent community-based measure across all risk groups to improve regional vaccination coverage when local school or community outbreaks are occurring.

Under the Ontario Immunization of School Pupils Act (ISPA), all students attending primary or secondary school are required to provide proof of immunization against nine vaccine-preventable infectious diseases including diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles, mumps, rubella, meningococcal disease, and varicella (chickenpox, for those born on/after 2010), or provide the required documentation for a medical or non-medical exemption to immunization.[66]

Recommendations for vaccination:

- Strongly encourage COVID-19 vaccination for all eligible individuals, including youth and those who interact regularly with children and youth, including (but not limited to) parents / caregivers, school staff, education workers, coaches, and tutors.
- Initiate robust vaccine campaigns to reduce barriers to access and improve vaccine confidence. Specific efforts should include support for families and communities in more severely impacted COVID-19 hotspot neighbourhoods.
- Ensure culturally appropriate messaging for Indigenous and other racialized populations, taking into consideration historical factors contributing to vaccine hesitancy and medical mistrust.

- Promote vaccine distribution plans that are focused on ease of access (i.e., on-site school-based vaccine clinics for students and their families), education and youth ambassador engagement to optimize vaccine coverage rates. These strategies should be promoted prior to the beginning of the school year and offered throughout the year to reach schools with low student vaccine coverage.

Vaccination status reporting considerations:

- We recommend that COVID-19 vaccination status for staff and students be reported to school authorities and public health at the start of the school year and updated regularly (e.g., mandated through the Reopening of Ontario Act or added to the ISPA), to help inform public health efforts.
- Schools and school boards should only have access to anonymized and aggregated information (i.e., proportion of eligible students with 1 or 2 doses of vaccine) to support targeted education / campaigns to improve accessibility and uptake in schools and regions with low vaccine rates.
- Access to individual level vaccination status should be available to public health officials, as it is essential to support timely contact management. This will help to reduce loss of in-person learning as appropriate (i.e., vaccination status can be considered during outbreak management and case and contact tracing).
- Careful attention to confidentiality and anonymity of this data is essential. Schools and school boards should only have access to aggregated data, and individual level data should only be available to public health officials for the purposes of outbreak management, and case and contact tracing.
- The Ministry of Education and the Office of the Chief Medical Officer of Health should explore options, including vaccination policies, to optimize vaccine coverage and reporting of vaccination status for staff and students.

Symptom and Exposure Screening, School Exclusions

In order to prevent the spread of SARS-CoV-2 infection within schools during the 2020/21 school year it was recommended that students, teachers, and other school employees who had signs or symptoms of COVID-19 (according to Ministry of Health and local public health guidance) stay home. Decisions about testing and return to school were to be guided by provincial and local public health authorities. These recommendations remain valid for the upcoming school year, since daily symptom screening has been associated with significant risk reduction of SARS-CoV-2 infection (assuming school exclusion)[67] and is an important strategy for the prevention of other infectious disease transmission within schools (i.e., influenza, respiratory syncytial virus, norovirus). A system whereby there is easy access to less invasive testing for school attendees (students and staff) and their household members will facilitate early detection of SARS-CoV-2 cases and monitor for the emergence of variants in schools (see Testing Section).

Recommendations for symptom and exposure screening:

- Screening and exclusion policies should be in place for students and employees who are symptomatic or have had an exposure to SARS-CoV-2 and directed to self-isolate by public health (policies may vary by vaccination status).
- If community transmission remains low after school returns and public health measures are lifted, the use of daily screening tools can eventually be eliminated, and a return to the practice of exclusion based on presence of infectious symptoms in general can be considered. Keeping staff and students at home when sick is an important health and safety measure that should be continued beyond the pandemic.

- The need for confirmation of screening, the location of screening (home vs. school) and the screening / exclusion criteria (i.e., number of symptoms, duration of symptoms, presence of symptomatic household members, recent exposure), should be adjusted based on the local SARS-CoV-2 risk scenario (Table 2).
    - Confirmation of screening: This refers to a process whereby schools confirm that the screening has occurred at home. This attestation could be verbal, virtual, such as a smartphone app, web-based, QR-based or on paper for those unable to do so virtually, but the process should not be so onerous that it disadvantages groups with limited technological access or supports.
    - Number of symptoms: Using any one symptom will be a more sensitive screening approach. However, this is less specific and will lead to more children being excluded from school (with associated learning impact). Availability of paid sick days is an important initiative to ensure that families can follow public health guidance on school exclusion and testing.[68]
    - Selection of symptoms: The specific symptoms to screen for should take into consideration their positive predictive value as well as community rates of SARS-CoV-2 and other respiratory viruses. If COVID-19 risk scenario increases (i.e., high-risk scenario, suggesting a variant with vaccine escape), the threshold for school exclusion and testing should be lower (i.e., screen for any single symptom, even non-specific).[69]
    - Duration of symptoms: Non-specific symptoms that are short-lived (< 24 hours) can be monitored in low- and moderate-risk scenarios and may not require immediate testing or prolonged isolation.
    - SARS-CoV-2 exposure: The risk of infection following exposure is lower in fully vaccinated individuals. Vaccine status should be taken into consideration in post-exposure management. School screening tools should align with current public health case and contact management guidance (e.g., regarding fully vaccinated high-risk contacts of a case).

	Low SARS-CoV-2 Risk	Moderate SARS-CoV-2 Risk	High SARS-CoV-2 Risk
Type and Location of Screening	Active screening at home[a]	Active screening at home	Active screening at home (can consider on site)[b]
Confirmation of Screening by School	Not required	Required	Required
Screening – Symptoms[c]	Single symptom (using more specific symptoms for infection)[d]	Single symptom (using more specific symptoms for infection)[d]	Single symptom (any symptom)
School Exclusion if Screen Positive as Above	Yes	Yes	Yes
Testing Required Prior to Return to School	Yes, if any key symptom (for example fever, cough, shortness of breath, anosmia/ageusia) or other mild symptoms for > 24 hours[e]	Yes, if any key symptom (for example fever, cough, shortness of breath, anosmia/ageusia) or other mild symptoms for > 24 hours[e]	Yes, for any symptom
School Exclusion With SARS-CoV-2 Exposure[f]	Exclude if not fully vaccinated	Exclude if not fully vaccinated	Exclude if not fully vaccinated or circulating vaccine-escape variant
School Exclusion Because a Household Member Has Had a High-Risk Exposure[f]	No	No	Yes, unless the household contact or staff/student being screened is fully vaccinated
School Exclusion With Symptomatic Household Contact (Test Pending)	No	No	Yes, if household contact not fully vaccinated or circulating vaccine-escape variant

Table 2. Screening for Symptoms and Exclusion Criteria Based on Local Epidemiology

[a]This should be reconsidered as restrictions are relaxed in the context of high vaccine coverage, low transmission rates and low hospitalizations rates. [b]On site screening is associated with significant operational challenges and should only be introduced in discussion with schools and school boards taking into consideration feasibility. [c]There is large variation in signs and symptoms of SARS-CoV-2 in children. Predominant symptoms have included fever and cough in more than half the cases, followed by rhinorrhea/nasal congestion, myalgia/fatigue and sore throat in 10%–20% of cases and gastrointestinal symptoms and headache in fewer than 10% of cases.[70] [d]Examples of more specific symptoms

for SARS-CoV-2 infection and other infectious diseases include fever, cough, shortness of breath, anosmia/ageusia, vomiting and diarrhea. [e]Guidance around key symptoms for testing are likely to evolve as information is gathered with new variants and in the context of other respiratory viruses. Refer to provincial guidance for final list of symptoms that require testing and recommendations for return to school if testing is not completed (i.e., by provincial case and contact management guidance). [f]Refer to provincial case and contact management for definitions of exposure and management.

SARS-CoV-2 Testing for Schools

The focus of testing should continue to be diagnostic testing for those with symptoms compatible with COVID-19 and those with a high-risk exposure to a case of COVID-19. It is essential that barriers to testing continue to be reduced for these groups to improve testing uptake, including easily accessible and acceptable testing options. This, along with testing in the community at-large, will facilitate early detection of SARS-CoV-2 cases and allow for close monitoring for the emergence of VOCs.

Asymptomatic screen testing (i.e., asymptomatic testing in the absence of documented exposure), is not routinely recommended, especially in the low to moderate COVID-19 risk scenarios.[71,72] The use of asymptomatic screen testing as a temporary measure in the high COVID-19 risk scenario is an area that requires further study and should not be broadly implemented without further pilot data. There are substantial logistical and equity concerns that need to be taken into consideration (Table 3). If studied, consideration should be given to using the strategy to promote equity of access to participate in close contact clubs and sports (Test-to-Play strategy)[73] and in situations where screening and/or adherence to public health measures may be more challenging (e.g., students with special needs), without exacerbating inequities based on race, ethnicity or wealth. A COVID-19 Science Advisory Table Science Brief on asymptomatic screen testing for schools is forthcoming.

Recommendations for SARS-CoV-2 testing for schools in symptomatic children and youth:

- Children with symptoms compatible with COVID-19 should undergo testing for SARS-CoV-2 (See Screening).
    - Laboratory-based molecular tests are preferred as they are more sensitive than current point-of-care rapid molecular or antigen tests.
    - Testing with a rapid molecular test may be considered if accessibility to laboratory testing is a barrier, for example in rural areas. In these situations, a lower sensitivity test with rapid turnaround is preferred over limited or significantly delayed test results.
    - Testing with a rapid antigen test is not recommended.
- Laboratories should prioritize tests for rapid turnaround to minimize the time out of school for students should they test negative.
- The use of non-invasive specimen types (e.g., saliva, buccal-nares swab or throat-nares swab) should be strongly considered as this will likely increase co-operation among children and promote willingness for future testing among households.
- Testing should be made easily accessible to school students and staff to facilitate early case identification (e.g., take home testing kits, self-test with collection and drop off at school).

Recommendations for SARS-CoV-2 testing for schools in asymptomatic children and youth with a known exposure:

- Asymptomatic children who have had a high-risk exposure to an individual with SARS-CoV-2 infection should be tested for SARS-CoV-2.
- Consideration should be given to revising the definition of high-risk exposure in schools such that it minimizes education disruption without increasing in-school

transmission.[74]

- Laboratory-based molecular testing is recommended for this population. The use of alternative specimens, particularly saliva or oral-nares swab, is acceptable and may increase compliance with testing recommendations and willingness for future testing.
    - At this time, rapid antigen testing is not recommended based on the lower sensitivity of the test and inferior performance in asymptomatic individuals, particularly in communities in low- and moderate-risk. Rapid molecular testing may be useful in communities where there is limited access to laboratory-based testing (i.e., rural, remote, and Indigenous communities).
    - The optimal timing of testing after an exposure is unclear. Testing immediately after case identification would determine if transmission has already occurred and identify infected secondary cases sooner, which may improve adherence with public health guidance and be more effective at interrupting chains of transmission.[75] Testing later (≥ 5-7 days after the last close contact) is more likely to identify a student who has become infected after exposure to the known case. While testing at multiple time points post-exposure would identify both scenarios, this is likely not practical in schools and could have implications on regional testing capacity. Testing asymptomatic high-risk contacts at 5-7 days after exposure, would balance the need to catch secondary cases early with the optimal timing to detect cases post exposure.

	Low SARS-CoV-2 Risk[a]	Moderate SARS-CoV-2 Risk[a]	High SARS-CoV-2 Risk[a,b]
Kindergarten and Elementary School	Symptomatic and asymptomatic exposed contacts	Symptomatic and asymptomatic exposed contacts	Symptomatic and asymptomatic exposed contacts
Middle School and High School	Symptomatic and asymptomatic exposed contacts	Symptomatic and asymptomatic exposed contacts	Symptomatic and asymptomatic exposed contacts

Table 3. Testing Recommendations for School Students

[a]Testing recommendations and requirements are likely to change over time in response to high levels of immunity in communities. [b]The use of asymptomatic screening in the high-risk scenario is an area of further study and should not be broadly implemented without further pilot data. Logistical and equity considerations are essential prior to the implementation of asymptomatic screen testing.

Hand Hygiene

SARS-CoV-2 and other respiratory viruses can be spread by respiratory droplet and contact transmission. As a result, and because virus shedding may occur prior to symptom onset or in the absence of symptoms, routine, frequent and proper hand hygiene (soap and water or hand sanitizer) is important in limiting transmission and should continue to be encouraged in schools.[76] Routine hand hygiene is also beneficial for the prevention of many other childhood infections that have the potential to disrupt school attendance (e.g., gastrointestinal viral illnesses).

Recommendations for hand hygiene:

- Children and youth should be taught how to clean their hands properly (with developmentally and age-appropriate material)[77] and taught to avoid touching their face, eyes, nose and mouth as much as possible. This should be done in a non-judgmental and positive manner and should be reinforced regularly.
- Respiratory etiquette: children and youth who have symptoms of a respiratory tract infection (not otherwise explained by underlying conditions, allergies) should stay home and should be reminded to sneeze or cough into a tissue followed by hand hygiene, or their elbow/sleeve if no tissue is available. In the event a mask is worn and becomes soiled, it should be changed.
- Students and staff should perform routine hand hygiene upon entering and before exiting the building, after using the washroom, before and after eating, and

before and after playtime with shared equipment/toys.

- Access to hand hygiene facilities (hand sanitizer dispensers and sinks/soap) is recommended. Hand sanitizer (60-90% USP grade alcohol, not technical grade alcohol) should be available and easily accessible in all classrooms. Safety precautions to avoid toxic exposure (e.g., ingestion) from hand sanitizers should be in place.
- In settings of high community transmission, a regular schedule for hand hygiene, above and beyond what is usually recommended, is advised. Possible options include regularly-scheduled hand hygiene breaks based on a pre-specified schedule. For practical reasons and to avoid excess traffic in the hallways, the preferred strategy for these extra hand hygiene breaks would be alcohol-based hand rub unless sinks are readily available in the classroom.

	Low SARS-CoV-2 Risk	Moderate SARS-CoV-2 Risk	High SARS-CoV-2 Risk
Hand Hygiene	Routine	Routine	Routine with regular schedule and reinforcement

Table 4. Recommendations for Hand Hygiene in Schools

Achieving and Maintaining Adequate Air Quality through Ventilation and Filtration

SARS-CoV-2 is primarily transmitted by aerosols and respiratory droplets during close unprotected contact, and it is recognized that aerosols play a role in longer range transmission of SARS-CoV-2, especially in poorly ventilated indoor areas.[78-80] As such, it is expected that environmental conditions, exposure time and the air exchange rate in a space influence the transmissibility of SARS-CoV-2 and likely other respiratory viruses.[81,82] Therefore, adequately ventilated classroom environments are important measures to reduce the likelihood of transmission.[80,83,84]

Similar to all other interventions within the hierarchy of control (Figure 1, 2), it is important to note that adequate ventilation alone will not eliminate the potential for SARS-CoV-2 transmission, especially related to close, unprotected contact. However, given the importance of indoor air quality for overall health and learning,[85] achieving adequate ventilation in schools is an important investment to support improved health, academic performance and to assist in preventing the spread of several infectious diseases.

Recommendations for achieving and maintaining adequate air quality through ventilation and filtration:

- A systematic approach to identifying and prioritizing schools for ventilation upgrades should be undertaken. As a starting point, schools that do not meet the appropriate minimum ventilation guidelines from The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 62.1-2019, should be prioritized for upgrades.[86]
- Invest in school heating, ventilation, and air conditioning (HVAC) system infrastructure and regular maintenance. This is of particular importance in schools where the system does not support good indoor air quality. HVAC systems can be optimized for a variety of objectives which may change in priority depending on the context, e.g., COVID-19 pandemic, extreme cold/heat events.
- During the pandemic, HVAC system function has been recommended to be optimized for respiratory particle removal (e.g., use of the highest rated Minimum Efficiency Reporting Value (MERV) filter that can be accommodated by the system, regular inspection of filters assembly, routine replacement of filters).[84,87] In consultation with experts in physical plant design, air exchange rate and outdoor air intake can be increased. The limits of what is possible may be dictated by thermal comfort, humidity, and outdoor air quality.

- Consideration can be given to increasing ventilation/filtration above the minimum ASHRAE guidelines, where possible, where more respiratory aerosols are likely to be generated (e.g., music room, auditorium, cafeteria, gymnasium).

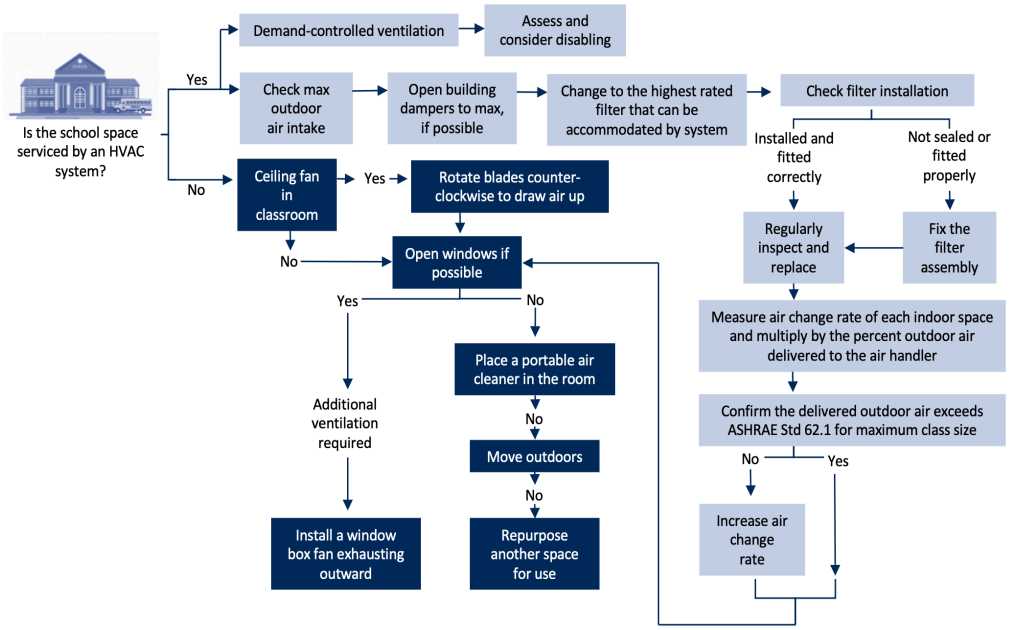

Figure 3. Engineering Control Flow Diagram for Enhancing Ventilation in Schools With Mechanical Ventilation (Yellow) and Natural Ventilation (Blue).
Adapted from Li et al. 2021.[88]

Additional strategies can be used to improve air quality while awaiting HVAC system upgrades (see engineering control flow diagram) including:

- The use of available outdoor learning environments when weather permits. It is acknowledged that some schools have limited usable space or limitations related to available spaces off property.[67]
- In naturally ventilated schools (i.e., no HVAC system), windows can be kept open, if safe, and according to weather conditions. Opening windows for short times at intermittent intervals can be of benefit.[89] Box fans can be placed into windows to achieve supplemental ventilation; the fan should be oriented to exhaust outdoors.
- The use of portable air cleaners with high efficiency particulate air (HEPA) filter units in classrooms may be considered in spaces/classrooms with limited ability to achieve adequate ventilation (i.e., unable to open windows, no/insufficient HVAC ventilation), taking into consideration the transmission risk (e.g., age, classroom activities, community epidemiology).[90-92]
    - Commercially available air cleaners with HEPA filter units can provide supplemental filtration in an indoor space.[89,93] Portable air cleaners can also be constructed by attaching a MERV13 (or other high efficiency) filter to a box fan. These devices can achieve similar ventilation/filtration efficiency as commercial units.
    - The position of portable air cleaners in a classroom or other indoor school space should take into consideration the likelihood that aerosols/droplets are being captured by the intake and that the exhaust is not directed to occupants. Placement near the center of the room or near potential sources of SARS-CoV-2 droplets/aerosols (i.e., choir, playing of wind and brass instruments, lunch tables) is helpful.[94,95]
    - For commercially available units, manufacturer's instructions on maintenance should be followed.[87]

- Portable air cleaners should be sized for the space; larger spaces with higher occupancy may require multiple units.
- Operation of a fan in the air cleaner unit will generate noise (~40-70 decibels). The noise rating of a device should be considered prior to use.
- Commercially available ionizing air cleaners and other unproven technologies should be avoided. Despite marketing claims, the efficacy of many of these devices is low and many can generate chemical byproducts.[96]

- Any supplemental ventilation/filtration strategy should be purchased and used in consultation with individuals with expertise.

Monitoring ventilation:

- It is important that HVAC and supplemental ventilation/filtration systems are regularly maintained and that measures are checked with the goal of optimization (e.g., air exchange rates, outdoor air intake, temperature, humidity).
- Carbon dioxide (CO2) levels can serve as a proxy measure for overall ventilation, but the CO2 level does not necessarily correlate with SARS-CoV-2 transmission risk. While CO2 monitoring has been suggested to be helpful when done properly, it requires expertise and communication and should not detract from ventilation upgrades.

Environmental Cleaning

SARS-CoV-2 has been detected on a variety or surfaces and survival depends on the surface material.[97] It is possible that infection can be transmitted via fomites by touching contaminated surfaces and then touching mucous membranes (i.e. mouth, nose, eyes).[52] The understanding of the role of fomites in SARS-CoV-2 transmission has evolved since the first wave, and they are no longer thought to be a primary mode of transmission.[52,98] However, they may contribute highly to transmission of other respiratory and gastrointestinal pathogens.[99] Therefore, environmental cleaning is an important permanent measure.

Recommendations for environmental cleaning:

- There should be a regular cleaning schedule (at least once a day), using Health Canada- approved disinfectants ensuring directions are followed (e.g., contact time is observed) with an emphasis on high-touch surfaces. Washrooms should be cleaned at least twice daily. There are many Health Canada approved non-quaternary ammonium-based disinfectants approved for use against COVID-19.[100]
- Efforts should be made to reduce the need to touch objects/doors (no-touch waste containers, prop doors open).
- Recommendations and any policies to ensure there is “no sharing” of food, water bottles or cutlery should continue.
- Regular cleaning of shared equipment (e.g., toys for imaginative play, manipulatives for math, lab materials, equipment for physical education) between students is operationally challenging and the risk associated with transmission is low. Instead, the focus should be on regular hand hygiene to reduce the risk of infection related to shared equipment.
- Similarly, there is no need to quarantine paper products (e.g., books, schoolwork, tests) as they are unlikely to be a significant source of transmission and these practices may contribute to reduced access to learning resources. Hand hygiene should be prioritized over quarantining.

Masking

The use of non-medical masks (NMMs) and medical masks for source control is one of several public health measures that has been effective at reducing SARS-CoV-2 transmission in the community.[101,102] When worn correctly, NMMs and medical masks reduce respiratory droplets and aerosols generated by the wearer from entering the environment.[103] Medical masks and well-fitting NMMs also provide protection for the wearer by preventing virus from coming into contact with the nose and mouth.[104] While there are limited studies directly evaluating the effectiveness of NMM use in children, there are several ecological studies evaluating SARS-CoV-2 incidence in schools that have found that mask mandates have been associated with lower incidence of SARS-CoV-2 infections.[83,105-107] However, in the setting of low community transmission, the absence of masks in elementary school was associated with minimal transmission, despite regular class sizes.[108]

Potential negative consequences related to masking include impact on communication, impaired facial recognition, or identification, altered interactions (i.e., decreased emotional signaling / visual connection) and physical side effects (e.g., discomfort, irritation).[109-111]

Decisions around NMM use in schools should take into consideration the benefit from source control (which may vary by age) balanced with the negative consequences of NMM use. Other factors to consider include availability of other risk mitigation strategies (e.g., adequate ventilation, physical distancing), local epidemiology and community public health directives around masking in indoor spaces. As public health guidance changes with increasing vaccination and sustained decrease in infection rates, so should the masking guidance in schools.

Recommendations for masking:

- Masking is one of the temporary measures that can be more easily adjusted throughout the school year.
- The use of NMMs in the school setting should be driven by local epidemiology with age-specific considerations.
- When adequate vaccination rates are obtained such that infection rates and severe disease remain low and stable, masking guidance in schools should follow community guidance for indoor settings.
- Even when no longer mandated, mask use should remain permissive as some persons may choose to do so for a variety of reasons (e.g., underlying health concerns).

	Low SARS-CoV-2 Risk[a]	Moderate SARS-CoV-2 Risk[a]	High SARS-CoV-2 Risk[a,b]
Kindergarten	Permissive	Consider	Recommended
Elementary School	Permissive	Recommended[c]	Recommended
Middle School	Permissive	Consider masking consistent with recommendations for indoor spaces in the community	Recommended
High School	Permissive	Consider masking consistent with recommendations for indoor spaces in the community	Recommended

Table 5. Recommendations for Masking Indoors in Schools

[a]Outdoor masking is permissive and not specifically recommended except when community transmission is high and physical distancing is not feasible (align with community guidance). [b]Given our current and anticipated COVID-19 vaccine coverage, high-risk scenarios imply the presence of a circulating variant of concern with vaccine escape causing significant severe disease. [c]Some jurisdictions may elect to be more permissive given previous experience in the lower elementary age group.

Physical Distancing

Physical distancing can be a useful temporary measure because SARS-CoV-2 transmission occurs most commonly with close, unprotected contact. However, social

interaction is central to child development and should be encouraged, especially in younger children. In low-risk scenarios, distancing should not be recommended or required. In moderate or high-risk scenarios, re-initiation of physical distancing recommendations should be considered, while taking into account the downsides of distancing according to age. Thus, for younger children in particular, cohorting (discussed in the Cohorting Section) and masking are strategies that should be prioritized over physical distancing to allow for close interactions.[112] For older students, masking and distancing are preferred strategies to cohorting because of the latter's adverse impact on schooling, social interactions, sports and extra-curricular activities (see sections on Cohorting and Activities). Modifications to physical distancing recommendations can be accomplished practically during the school year by the type of interactive work. However, significant limitations to group/interactive work should be reserved for the high-risk scenario as groups are an integral component of teaching and learning, and other effective temporary measures can be layered in to reduce the risk of spread in the classroom.

The current physical distancing recommendation in Canada is 2 metres. The WHO and CDC have recommended a distance of at least 1 metre.[22,113] A 1-metre separation does provide a degree of protection,[102] particularly in the school setting when children are wearing masks during periods of high community prevalence.[114] We emphasize that distancing is not an all-or-nothing proposition and increasing distancing will likely diminish SARS-CoV-2 transmission.

Recommendations for physical distancing:

- Physical distancing is not required for any age group in low-risk scenarios.
- In moderate- and high -risk scenarios, distancing should be considered depending on age as follows:
    - In kindergarten and elementary years, cohorting and masking should be emphasized over distancing, as outlined in the Cohorting and Masking sections, respectively.
    - In middle school and high school, masking should be prioritized over cohorting (see section titled Masking) to optimize the learning model (e.g., allow students to participate in the regular class schedule, avoid condensed learning) and support independent development. Distancing can also be encouraged, while allowing for small group work with a consistent group of students within classes (with mask use as outlined in the section titled Achieving Adequate Indoor Air Quality Through Ventilation and/or Filtration).
- A 1-metre distance between students should be aimed for when distancing is required, provided students are masked.[22,113,115] If space in the classroom does not allow for adequate distancing, attention should be paid to other mitigation measures such as ventilation and filtration rather than a return to adaptive models.
- Changes in physical distancing can be accomplished practically during the school year by the type of interactive work. However, it will be important to plan for in-person spacing requirements should individual desk work be required.

	Low SARS-CoV-2 Risk	Moderate SARS-CoV-2 Risk	High SARS-CoV-2 Risk[a]
Kindergarten	Not required	Not required[b]	Not required[b]
Elementary School	Not required	Not required[b]	Not required[b]
Middle School[c]	Not required	Consider distancing consistent with recommendations for indoor spaces in the community[d]	Consider distancing consistent with recommendations for indoor spaces in the community[d]
High School	Not required	Consider distancing consistent with recommendations for indoor spaces in the community[d]	Consider distancing consistent with recommendations for indoor spaces in the community[d]

Table 6. Recommendations for Physical Distancing
[a]Given our current and anticipated vaccine coverage, high-risk scenarios imply the presence of a circulating variant of concern with vaccine escape. [b]While physically distancing within cohorts is not recommended, distancing between cohorts may be recommended when community transmission increases. [c]The strategy used in middle school students should take into consideration the strategy used in the rest of the school to optimize processes. [d]1-metre distances between students are acceptable for classrooms provided students are masked.

Cohorting

School-based cohorting seeks to limit the number of student and staff who come into close contact with each other and reduce the number of exposures to SARS-CoV-2 infection. It also allows for more timely case and contact follow-up. For kindergarten and elementary school, cohorting reflects the natural state of in-school instruction, and it is an important mitigation strategy in the moderate to high-risk scenarios in this age group.

Cohorting in high schools through the use of adaptive learning models (e.g., quadmester or octomester schedules, blended learning with reduced in-person instruction, hybrid learning, reduced specialized academic instruction/single teacher instruction), during the 2020-2021 school year aimed to reduce contact rates among students. It also enabled public health units to identify specific cohorts with high-risk exposures needing to isolate at home. However, for many students, the adaptive learning models used to deliver education in cohorts were not optimal for learning, development, or social interactions.[116,117117] Given the lead time required for scheduling /timetabling, it is unlikely that changes will be immediately possible. However, in the context of broad vaccine availability, efforts should be made to return to normal scheduling at the earliest opportunity.

Recommendations for cohorting:

- In the low-risk scenario, cohorting is not recommended for any age group.
- In kindergarten and elementary school (+/- middle school) and for children and youth with medical complexities:
    - The classroom is a natural cohort. In all scenarios, classroom cohorts should be reinforced at the start of the school year so that students stay mostly with the same class group indoors and there is less mixing between classes and years (with allowances for cohort mixing to support specialized education programs, rehabilitation and therapeutic services, transportation).
    - These cohorts should be as small as possible; therefore, the smallest class sizes possible should be implemented at the start of the school year to optimize learning and facilitate smaller cohorts should community transmission increase.
    - Classroom cohort mixing should be permitted outdoors (e.g., recess).
- In high school (+/- middle school):
    - Masking and physical distancing are preferred strategies over cohorting in moderate to high-risk scenarios, alongside vaccine campaigns in under-immunized communities.

- A certain degree of cohorting may be required at the start of the school year to minimize the number of contacts associated with a case and to allow for timely case and contact management. However, efforts should be made to return to normal scheduling at the earliest opportunity.

	Low SARS-CoV-2 Risk	Moderate SARS-CoV-2 Risk	High SARS-CoV-2 Risk[a]
Kindergarten	Reinforce classroom cohorts indoors[b] Minimize cross-collaboration between learning cohorts indoors	Reinforce classroom cohorts indoors[b] Minimize cross-collaboration between learning cohorts indoors	Reinforce classroom cohorts indoors[b] Restrict cross-collaboration between classroom cohorts indoors
Elementary School	Reinforce classroom cohort indoors[b] Minimize cross-collaboration between classroom cohorts indoors	Reinforce classroom cohort indoors[b] Minimize cross-collaboration between classroom cohorts indoors	Reinforce classroom cohort indoors[b] Restrict cross-collaboration between classroom cohorts indoors
Middle School[c]	None	No cohorting; masking if vaccine escape variant or low vaccine uptake in school or community	Consider time-limited education in in-person time with increased online learning Distancing as described in Distancing section.
High School	None	No cohorting; masking if vaccine escape variant or low vaccine uptake in school or community	Consider time-limited reduction in in-person time with increased online learning Distancing as described in Distancing section

Table 7. Recommendations for Cohorting of School Students

[a]Given our current and anticipated vaccine coverage, high-risk scenarios imply the presence of a circulating variant of concern with vaccine escape. [b]Mixing of cohorts should be permitted to allow for access of specialized education programs, rehabilitation and therapeutic services, transportation. [c]The strategy used in Middle school students should take into consideration the strategy used in the rest of the school to optimize processes.

In-Person School Gatherings, Activities, and Lunch Hour

Schools provide an environment in which children and youth can participate in physical activities and enriching extra-curricular activities.[1] Restrictions were put into place during the 2020-2021 academic year on in-person gatherings, with limited school assemblies, music/theatre instruction, physical education, and extra-curricular clubs and sports, as a health and safety measure.[118] These losses have had a substantial impact on children and youth's physical and mental health and overall wellbeing.[119]

Other jurisdictions were able to conduct in-person gatherings, music education, clubs and sports during the 2020-2021 academic year, with school-based measures responsive to community burden.[120,121] With high vaccine uptake in the community and reduced community transmission, there should be a return to offering these enriching activities to Ontario students during the 2021-2022 academic year, with appropriate mitigation measures as required, and cancellation considered only in high-risk scenarios. The health and safety measures implemented for school-based programs should be consistent with those for similar community-based programs. A mechanism should also be in place to link between the activity and classroom cohorts for prompt identification of SARS-CoV-2 cases and contact tracing.

Music Education (Singing and Instruments)

Recommendations on the delivery of music programs within schools has been developed for Ontario schools that precede a gradual return to regular operations.[122] As noted, qualified music teachers are uniquely situated to offer creative solutions, and rely on close administrative collaboration to deliver quality music education to all students. For choir and orchestra in the moderate-risk scenario, instruction can be taken outdoors in smaller, well-spaced groups (weather permitting) or remain indoors with distancing, masking, low-volume singing, and materials for safe wind instrument playing; this could be complemented by music theory, theatre history, or vocal anatomy lessons.[123] Students should be offered personal wind instruments, or instructed on proper sanitization of mouthpiece and instrument between uses. Where there are

smaller practice rooms that may be difficult to properly ventilate, masks should be worn if possible or the room restricted to individual use. Temporary measures in arts and theatre classes include rehearsing monologues, remote performances, and performances with small casts that do not require close interaction or outdoor rehearsals and performances.

Sports and Physical Education

Recommendations on physical education planning in Ontario schools include raising awareness among students of infection-related risks associated with the activity, administrative support to develop policies and procedures, and communication with the school community as temporary public health measures are introduced or lifted.[124]

Lunchtime

In high-risk scenarios with standard class sizes, additional measures may reduce transmission risks during lunch hours, when students are in close proximity for prolonged periods of time without masks. For example, lunch and snack times can occur outdoors, when weather permits, with hand hygiene amenities readily accessible at designated locations. When indoors, measures to enable distancing of students during lunch hour include: use of additional indoor spaces such as gyms or other school spaces, shorter lunch times, or staggered lunch breaks. Closing cafeterias has not been shown to significantly reduce SARS-CoV-2 transmission, possibly due to the presence of other mitigation measures.[67]

General Considerations

Large, well-ventilated spaces should be prioritized for activities where aerosols are likely to be generated outside of the school cohort (e.g., music room for choir and band practice, auditorium for woodwind and brass orchestra and dramatic arts, gymnasium for periods of strenuous physical activity). Plexiglass barriers are generally not recommended, as they have not been shown to reduce SARS-CoV-2 transmission and may in fact alter the airflow, leading to turbulence and recirculation in the room.[61,117] Similarly, closing cafeterias, playgrounds and libraries, and wiping down and quarantining books, have not been shown to reduce SARS-CoV-2 transmission, possibly because of the presence of other mitigation measures and the limited role of fomite transmission.[67]

In high community risk scenarios, the use of rapid antigen screen testing may be considered in order to maintain function of extra-curricular clubs and athletics, particularly those associated with significant aerosol dispersion indoors, such as choir, wind instruments, football and wrestling ("Test-To-Play" strategy, see Testing section).[73] Of note, rapid antigen screen testing is most effective alongside other mitigation measures, including distancing, masking, efforts to improve air quality, and outdoor activities and play.[125]

The following table summarizes recommendations for in-person curricular and extra-curricular programs offered through school settings. Local SARS-CoV-2 patterns and public health decisions during school-related outbreak investigations may influence the risk determination and implementation of temporary measures and/or restrictions.

	Low SARS-CoV-2 Risk	Moderate SARS-CoV-2 Risk[a]	High SARS-CoV-2 Risk
Assemblies			
Elementary School	Permitted Size to be consistent with public health guidance to community	Restricted to cohort; masks required	Online
High School (+/- Middle School)	Permitted Size to be consistent with public health guidance for community	Restriction in number of individuals Masking consistent with public health guidance for community	Online
Choir / Singing			
Elementary School	Preferably outside[b] Inside with distancing; follow public health recommendations for singing indoors in the community	Outside, with distancing[b] Inside within cohort with masking and distancing	Outside, with distancing[b]
High School (+/- Middle School)	Choir practice preferably outside[b] Inside with distancing; follow public health recommendations for singing indoors in the community	Preferably outside, with distancing[b] Inside with masking and distancing	Outside, with distancing[b]
Music Education[c]			
Elementary School	Permitted within cohort Permitted indoor group practice of wind instruments consistent with recommendations in the community One to one wind instrument use; sharing of wind instruments permitted with proper sanitization between use	Permitted within cohort One to one wind instrument use; sharing of wind instruments permitted with proper sanitization between use Indoor group practice of wind instruments consistent with recommendations in the community	Permitted within cohort One to one wind instrument use; sharing of wind instruments permitted with proper sanitization between use Indoor group practice of wind instruments not recommended
High School (+/- Middle School)	Permitted outdoors Permitted indoor group practice of wind instruments consistent with recommendations in the community One to one wind instrument use; sharing of wind instruments permitted with proper sanitization between use	Permitted outdoors Permitted indoor group practice of wind instruments consistent with recommendations in the community One to one wind instrument use; sharing of wind instruments permitted with proper sanitization between use	Permitted outdoors Indoor group practice of wind instruments not recommended One to one wind instrument use; sharing of wind instruments permitted with proper sanitization between use
Intramural Sports – Within Schools			
Elementary School	Permitted outdoors and indoors	Permitted outdoors and indoors Masking as per masking section (not required during physical activity)	Permitted outdoors For indoor sports consider Test-to-play strategy[d]
High School (+/- Middle School)	Permitted outdoors and indoors	Permitted outdoors and indoors Masking as per masking section (not required during physical activity)	Permitted outdoors For indoor sports consider Test-to-play strategy[d]
Extramural Sports – Between Schools			
Elementary School	Permitted	Permitted outdoors and indoors Masking as per masking section (not required during physical activity)	Permitted outdoors For indoor sports consider Test-to-play strategy[d]
High School (+/- Middle School)	Permitted	Permitted outdoors and indoors Masking as per masking section (not required during physical activity)	Permitted outdoors For indoor sports consider Test-to-play strategy[d]
Activities and Clubs			
Elementary School	Permitted	Permitted with masking[a]	Permitted outdoors
High School (+/- Middle School)	Permitted	Permitted[a] Masking indoors consistent with public health guidance for community	Permitted outdoors
Lunch Hour			
Elementary School	In classroom or outdoors	In classroom or outdoors within cohorts Distancing between and within cohorts in cafeteria	In classroom or outdoors within cohorts Distancing in cafeteria between students if in classroom or outdoors not possible
High School (+/- Middle School)	No restrictions	In classrooms and cafeteria Capacity limitations and distancing in cafeteria consistent with local public health guidance	In classroom or outdoors Capacity limitations and distancing in cafeteria between students if in classroom or outdoors not possible

Table 8. Recommendations for In-Person School Gatherings, Lunch hour and Activities

[a]Measures reflect in-class instruction with natural cohorts unless otherwise specified; extra-curricular activities should

align with specific regional public health guidance. [b]Public health units may consider limiting these activities for the outdoors and/or with distancing in the context of local SARS-CoV-2 activity and vaccine coverage rates in schools. [c]Further guidance, including the use of materials for safe wind instrument playing, can be found at https://www.omea.on.ca/2021/06/safe-singing-and-playing-in-ontario-schools-document-available-now/ [d]Test-to-play was a strategy implemented in Utah that required testing every 14 days for participants in high school extracurricular activities.[73] It is described in the Utah COVID-19 School Manual[126] [e]Distancing may not be required in middle and high school if the vaccination rate is high.

Transportation to School

School transportation-related guidance from Canada and the US recognizes that communal transportation, such as busing, can increase the risk of SARS-CoV-2 transmission among susceptible children, youth, and adults due to many factors that include variable age ranges and compliance with masking and distancing, prolonged close contact while waiting in line and on the bus, and lack of supervision in some cases.[127,128] During periods of low community transmission risk, bus transport should follow local public health guidance as for public transportation. Notably, when students were masked on school buses in North Carolina, the number of children per bus seat (1, 2, or 3) did not affect secondary transmission rates.[107]

Recommendations for transportation to school:

- In moderate- and high-risk scenarios, temporary health and safety measures should be considered on public transportation, regardless of mask policies at school.
- Measures include active symptom screening by parents or caregivers prior to entering the bus, reducing the number of children on the bus at one time, and masking, particularly when the first two measures are not feasible.
- Windows should be open, weather permitting, to improve air circulation.

Interpretation

We have defined three broad scenarios of COVID-19 disease burden: (1) low-risk, where severe disease requiring hospitalization is limited and sporadic; (2) moderate-risk, where there is early evidence of an upward trajectory in severe disease requiring hospitalization and (3) high-risk, where there are high rates and continued upward trajectory of severe disease requiring hospitalization. SARS-CoV-2 transmission is an important secondary factor that can be considered in defining community risk, particularly early in the school year.

In the low-risk scenarios, recommendations on temporary measures in the school environment include a strategy for contact tracing and low-barrier testing as an early warning system for emerging variants and increased transmission, a permissive approach to masking, and no requirement for distancing or cohorting.

In the moderate-to-high community risk scenarios, an increase in temporary measures would be warranted in schools with emphasis on cohorting and age-dependent masking in kindergarten and elementary school students (without the need for physical distancing) and on masking with or without physical distancing (without the need for cohorting) in middle and high school students. It is recognized that individual jurisdictions in a low-risk scenario in September 2021 may choose more relaxed or more strict temporary measures depending on their local circumstances.

Author Contributions

MS, NT, and AB conceived the Science Brief. MS, NT, AB, RC, PJ, and KB wrote the first draft of the Science Brief. All authors revised the Science Brief critically for important intellectual content and approved the final version.

Additional members of the writing group:

Hospital for Sick Children: Carolyn Beck, Cindy Bruce-Barrett, Aaron Campigotto, Jeremy Friedman, Ian Kitai, Shaun Morris, Julia Orkin, Stanley Read, Rachel Solomon, Laurie Streitenberger, Anupma Wadhwa, and Valerie Waters.

Unity Health: Justine Cohen-Silver, Sloane Freeman, and Kevin Schwartz.

Children's Hospital of Eastern Ontario: Charles Hui, Lindy Samson, and Ken Farion.

Holland Bloorview Kids Rehabilitation Hospital: Golda Milo-Manson.

Children's Hospital at London Health Sciences Centre: Michelle Barton-Forbes and Michael Silverman.

McMaster Children's Hospital: Dominik Mertz, Jeffery Pernica, Fiona Smaill, and Jacqueline Wong.

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Ontario

Ministry of Health

COVID-19 Guidance: School Case, Contact, and Outbreak Management

Updated August 11, 2021

Summary of key updates

- Asymptomatic contacts of confirmed or probable cases are not required to isolate if they are fully immunized, or if they were previously positive within the past 90 days and have since been cleared, unless otherwise specified by the health unit.
- Asymptomatic household members of symptomatic individuals are not required to isolate if they are fully immunized, or if they were previously positive within the past 90 days and have since been cleared.
- High-risk contacts of a case are to isolate for 10 days, unless they are fully immunized or if they were previously positive within the past 90 days and have since been cleared, unless otherwise specified by the health unit.
- If there is a known source of exposure, isolation period and testing dates should generally be counted from the day of last known exposure to the confirmed case. If the source of exposure is unknown, the isolation period should begin from the last exposure to the cohort.
- For asymptomatic high-risk contacts who are not fully immunized or previously positive within the past 90 days and have since been cleared, testing is to be recommended on or after day 7 of their isolation period. If a test is collected before day 7, a repeat test on or after day 7 is recommended.
- For high-risk contacts who are fully immunized or were previously positive within the past 90 days, testing is to be recommended as soon as possible upon notification of exposure.
- A range of options are outlined for more stringent approaches to case/contact and outbreak management depending on outbreak situations (e.g., if symptomatic cases are identified among fully immunized individuals).

Introduction

This guidance document provides information for local public health units (PHUs) investigating cases, outbreaks, and suspected outbreaks associated with elementary or secondary (K-12) school settings. It is intended to supplement existing public health guidance on the Management of Cases and Contacts of COVID-19 in Ontario and COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance. In the event of a discrepancy between this Guidance and a Directive of the Chief Medical Officer of Health, the Directive prevails. **PHUs may also implement additional measures that are not outlined in this guidance, based on local circumstances and/or PHU investigation and risk assessment.**

Please check the Ministry of Health (MOH)'s COVID-19 Guidance for the Health Sector website regularly for updates to this document, the case definition, reference document for symptoms, testing guidance, and other guidance documents and information. In addition, the COVID-19 Screening tool outlines screening questions and provides recommendations to support decision making by students/children, parents (on behalf of students/children), employees, and visitors about whether they or the student/child can attend school/child care.

This guidance applies to PHU investigations associated with all schools as that term is defined in the *Health Protection and Promotion Act* (HPPA), which includes private schools, and schools as defined in the *Education Act*. This guidance also supports PHU investigations associated with child care and before/after school programs.

Sector-specific guidance documents provide additional information and guidance for the operation of schools, child care, and before/after school programs, including:

- COVID-19: Health, safety and operational guidance for schools (2021-2022)
- Operational Guidance for Child Care During COVID-19 Outbreak
- Before and After School Programs Kindergarten – Grade 6: Policies and Guidelines for School Boards

Roles & Responsibilities

Role of Public Health Units (PHUs)

PREVENTION AND PREPAREDNESS

- Advise school administrators and school boards on COVID-19 prevention (including hierarchy of controls) and preparedness for managing COVID-19 cases, contacts, and outbreaks, in conjunction with any advice provided through the Ministry of Education (EDU) and Ministry of Health (MOH).
- Provide local school administrators and staff with public health resources.
    - Examples of resources include:
        - How to wash your hands (fact sheet)
        - How to Self-Isolate (fact sheet)
        - Self-isolation: Guide for caregivers, household members and close contacts (fact sheet)
        - How to put on and take off PPE (videos)
        - Putting on and taking off PPE (poster)
        - Non-medical Masks and Face Coverings (fact sheet)
        - Cleaning and Disinfection for Public Settings (fact sheet)
        - When and where to get tested for Covid-19
        - You were tested for COVID-19: What you should know
        - How to Protect Yourself from COVID-19 (fact sheet)
        - When to Self-isolate for Household Members (fact sheet)
        - Additional School and COVID-19 resources

CASE AND CONTACT MANAGEMENT

- Receive, investigate, and manage reports of cases and contacts of COVID-19, including decisions on case and contact management, in accordance with public health guidance on the Management of Cases and Contacts of COVID-19 in Ontario and COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance, the HPPA, and any other relevant MOH guidance.
- Consider notifying the school's principal or designate and the Director of Education or designate if a case of COVID-19 is identified in a staff, student, or

visitor associated with an elementary or secondary school setting.

- Have a dedicated communication process to allow for timely notification, such as a dedicated email address for school reporting.
- Provide recommendations on cohort dismissal and isolation[1] in response to a case.
    - The PHU may ask that school principals, or their designates, dismiss individuals or cohorts while awaiting the results of a public health investigation.
- Provide appropriate resources and supports to principals (e.g., decision guides, instructions for reporting potential or suspected onsite exposure to the PHU and/or when to seek urgent PHU direction).

OUTBREAK ASSESSMENT AND MANAGEMENT

- Investigate cases and clusters of cases associated with school locations (e.g., school transportation, in-person attendance or work at a physical school location, other facilities shared with schools), child care settings, and before/after school programs.
- Determine if an outbreak exists and declare an outbreak.
- Provide guidance and recommendations to the school on outbreak control measures, in conjunction with any advice provided by EDU, MOH, and PHO.
- Provide recommendations on isolation of cohorts and the potential need for full or partial school dismissal based on the scope of the outbreak.
- Make recommendations on who to test and frequency of testing as part of a case or outbreak investigation, in alignment with the province's broader testing strategy; facilitate a coordinated, equitable, and accessible approach to testing (e.g., on site, walkable, drop-in, approved take-home kits), with consideration for acceptability of specimen type for optimizing uptake, in collaboration with Ontario Health/local testing partners, including provision of an investigation or outbreak number.

[1] While the isolation of asymptomatic contacts is technically termed "quarantine," the common use of "isolation" or "self-isolation" is used to refer to both symptomatic/infected and exposed individuals. Therefore we have adopted the language of "isolation" for asymptomatic close contacts who are COVID-19 negative or not tested for ease of understanding, in addition to those who are symptomatic and/or infected.

- Conduct an on-site investigation as part of the outbreak investigation, where necessary, in accordance with the HPPA and in coordination with school administrators and school boards, and other relevant stakeholders (e.g., Ministry of Labour, Training and Skills Development - MLTSD).
- Issue orders by the medical officer of health in accordance with the HPPA, if necessary.
- Declare the outbreak over.

SURVEILLANCE

- Monitor and assess local epidemiology related to the burden of COVID-19 cases, transmission risks in the local community, and absenteeism in schools.
- Enter cases, outbreaks, and school exposures in the provincial surveillance system, in accordance with data entry guidance provided by Public Health Ontario (PHO). Confirmed cases associated with before/after care should be reported as a child care setting, not as a school setting.

COORDINATION AND COMMUNICATION

- In the event that a case or contact resides in a PHU that is different than that of the school, discussions between the impacted PHUs should take place to coordinate contact follow-up.
    - The PHU of the school is typically the lead PHU for school follow-up.
    - Request support from the Ministry of Health's Emergency Operations Centre (MEOC) if coordination between multiple PHUs is required for outbreak management.
- Notify the MEOC of:
    - Potential for significant media coverage or if media releases are planned by the PHU and/or school.
    - Any orders issued by the PHU's medical officer of health to the school, and share a copy.
- Engage and/or communicate with relevant partners, stakeholders, and ministries, as necessary.
- Assist school administrators and school boards with development of key messages and communication tools that can be provided to members of the school community in the event of a COVID-19 case, COVID-19 outbreak, or suspected COVID-19 outbreak. Coordinate public communications, including media, regarding school outbreaks with school administrators and school board

partners, and the MOH, as needed. Identifying a spokesperson in each organization should occur prior to an outbreak being publicly declared.

Role of Ministry of Health (MOH)

- Provide legislative and policy oversight to Boards of Health.
- Issue provincial guidance to PHUs on the management of COVID-19 cases, contacts, and outbreaks.
- Advise on regional and provincial school interventions.
- Provide ongoing support to PHUs with partner agencies, ministries, health care professionals, and the public, as necessary.
- Support PHUs during investigations, through the MEOC and/or Office of the Chief Medical Officer of Health (OCMOH), with respect to coordination, communications, etc., if requested and as appropriate.
- Support and coordinate teleconferences, as needed (e.g., if multiple PHUs are involved) via the MEOC.
- Receive notification through the MEOC:
    - If the PHU believes there is potential for significant media coverage or if media releases are planned by the PHU and/or school.
    - If orders are issued by the PHU's medical officer of health to the school.

Role of Ontario Health (OH)

- Coordinate local planning among health system partners for testing to ensure the availability of testing resources.
- Work with PHUs, schools/school boards and local testing partners (e.g., designated assessment centres / hospitals) to develop plans for timely, accessible, local testing options (e.g., on site, walkable, drop in, take home kit) for students, with consideration to the acceptability of specimen type, their families (as appropriate) and staff, to support uptake of testing when testing is recommended by the local PHU (e.g., as part of testing in response to a case or outbreak investigation).
- Identify and support addressing equity considerations related to testing, e.g., minimize barriers to accessing timely testing and results, and coordinate with testing initiatives for High Priority Communities.
- Coordinate the deployment of testing resources and modalities to meet the priority testing needs identified by the PHU.

- Collaborate with PHU, school boards, and schools to monitor testing demands and access.
- Work with testing centres and partners to optimize sample collection and distribution to reduce turnaround times.

Role of Public Health Ontario (PHO)

- Provide scientific and technical advice and support to PHUs for case and contact management, outbreak investigations (including IPAC measures), and data entry.
- Advise on and support laboratory testing, as needed.
- Provide scientific and technical support to MOH and PHUs, including during multi-jurisdictional teleconferences.
- Produce provincial epidemiological and surveillance reports related to COVID-19 in schools to support PHUs and provincial ministries, and evidence-informed resources and learning opportunities relevant to schools and school boards.

Role of Ministry of Education (EDU)

- Provide legislative and policy oversight to school boards.
- Communicate expectations and provincial guidance on COVID-19-related policies, measures, and practices for schools and school boards.
- Ensure that school boards are aware of their duties as employers under the *Occupational Health and Safety Act* (OHSA) and its regulations, including to report occupational illness to the MLTSD.
- Provide ongoing support and communication to school boards with partner agencies, ministries, and the public, as necessary.
- Support the procurement of supplies of personal protective equipment (PPE).

Role of school administrators and school boards

- Report a communicable disease to their local PHU, as per s.28 of the HPPA.
- Follow duties and processes under OHSA and its regulations.
- Implement prevention (e.g., infection prevention and control) measures found in guidance or as directed by the EDU, MOH, MLTSD, and the local PHU.
- Coordinate with the local PHU and other stakeholders as appropriate, as part of the investigation of cases, contacts, and outbreaks.
- Maintain accurate records of staff and student attendance, for all common school locations attended by staff and students (e.g., school transportation, in-

person attendance or work at a physical school location, before/after school programs located at a school, or other facilities shared with the school) for the last 30 days, as well as up to date contact information for staff and students. This information should be available to be accessed and shared with the local PHU in a timely manner (within 24 hours) for investigations and communications.
    - Facilitate access for PHUs to staff lists for staff not directly employed by the school board (e.g., transportation staff, before/after school program staff). Keep a log of all visitors (e.g., essential volunteers, contractors, parents/guardians, etc.) who enter the school, location(s) visited and dates/times of visit to facilitate contact follow-up if needed.
- Provide PHU with the name(s) and contact information of a designated point of contact for use during and after business hours, to ensure timely investigation and follow up cases, contacts, and outbreaks.
- In collaboration with the PHU, communicate proactively with the school community about COVID-19 prevention measures and about how symptomatic/ asymptomatic individuals, cases, and outbreaks will be handled.
    - Develop a communication plan, in collaboration with the local PHU, for managing concerns in the school setting, and use this proactively and responsively as needed in schools.
- Provide training to school staff with respect to outbreak prevention and control measures, including IPAC measures and the use of PPE.
- Make masks available to students, as needed.
- If requested by the PHU, school principals may dismiss individuals and/or cohorts while awaiting the results of the public health investigation.
- In general, schools should not report all instances of ill or symptomatic individuals in the school setting to the PHU, as these are frequent occurrences and typically students have non-specific symptoms.
    - In accordance with the reporting obligations under s.28 of the HPPA, school principals are required to report to the medical officer of health of the health unit in which the school is located if they are of the opinion that a pupil has or may have a communicable disease, which includes but is not limited to COVID-19 (e.g., mumps, chicken pox).
- Where there is sufficient concern that an individual may have COVID-19 (e.g., school is informed by a parent/guardian that a student has been diagnosed with

COVID-19, or informed by a staff member that they have been diagnosed with COVID-19), or there are concerns about multiple symptomatic/asymptomatic individuals in a cohort, the school should report this to the PHU, or follow pre-established protocols from the local PHU. Cases that occur in itinerant workers and occasional staff should be flagged to the PHU.

Role of Ministry of Labour, Training and Skills Development (MLTSD)

- Proactively inspects workplaces to monitor compliance with OHSA and its regulations.
- Investigates occupational illness notifications under s. 52(2) of the OHSA to determine if the employer is in compliance with the Act and that appropriate measures have been taken to prevent further illnesses.
- Investigates unsafe work practices, critical injuries, fatalities, work refusals, and occupational illness as related to worker health and safety. This may include investigation of reports of COVID-19 by employers to MLTSD.
- Issues orders under the OHSA.
- Operates the MLTSD Health and Safety Contact Centre (1-877-202-0008), available for anyone to report health and safety concerns, complaints or to provide notices of occupational illnesses.

While this document focuses in part on the role of the MLTSD's health and safety program, the ministry also administers the *Employment Standards Act*. If workplace parties request information regarding employment standards, they can be referred to the Employment Standards Information Centre: 1-800-531- 5551.

Management of symptomatic individuals in the school setting and their household contacts

- The information below is intended to complement the following guidance:
    - Management of Cases and Contacts of COVID-19 in Ontario
    - COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance
    - Quick Reference Guidance on Testing and Clearance

Management of a symptomatic individual who has NOT had a high-risk exposure and/or been identified as a high-risk contact

NOTE: PHUs do not need to be notified of every symptomatic student/staff; there are some instances where they may become aware of symptomatic individuals with pending results, such as through investigations of cases and clusters of illness.

- Staff and students with symptoms compatible with COVID-19 (as listed in the screening tool) should get tested and isolate while test results are pending or not available, unless there is a known alternative diagnosis provided by a health care provider.
    - Household contacts of the symptomatic individual (e.g., siblings, parents, roommates and other individuals who live with the symptomatic individual) who are not fully immunized[2] or previously positive[3] are to isolate, in accordance with Management of Cases and Contacts of COVID-19 in Ontario.
- Unless the symptomatic individual is being managed as a probable case or tests positive, dismissal and isolation of asymptomatic contacts in the school is not generally recommended.

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[2] For the purposes of case/contact/outbreak management, an individual is defined as fully immunized ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series that is listed for emergency use by the World Health Organization or approved by Health Canada. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

[3] For the purposes of case/contact/outbreak management, an individual is defined as previously positive if they were a confirmed case of COVID-19 where their initial positive result was ≤ 90 days ago AND they have been cleared from their initial infection. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance

- If the individual tests negative or has a known alternative diagnosis provided by a health care provider, and there is no known high-risk exposure and they were not advised by the PHU or health care provider to quarantine or isolate, the individual can return to school if afebrile and symptoms have improved for at least 24 hours.
    - If the individual is experiencing gastrointestinal (GI) (nausea/vomiting, diarrhea) symptoms, these symptoms should be resolved for at least 48 hours before the individual can return to school.
    - If symptoms compatible with COVID-19 are persisting/worsening, the symptomatic individual is to continue to stay home from school/work and seek medical attention. A repeat COVID-19 testing should be considered.
    - Medical notes or proof of negative tests should not be required for staff or students to return to school.
- If the symptomatic individual is not tested/does not seek testing and there is no known alternative diagnosis, the individual must isolate for 10 days from symptom onset, in accordance with Quick Reference Guidance on Testing and Clearance.
    - Household contacts of the symptomatic individual must isolate for 10 days from break in contact (i.e., last contact) from the symptomatic individual, unless fully immunized or previously positive. If there is no break in contact, this would start at the end of the symptomatic individual's isolation period.
- In general, all sick individuals with any symptoms of illness – including those with symptoms not included on the screening tool – should stay home from school and child care, as per usual school/child care policy, and seek assessment from their regular healthcare provider if required.

Management of a symptomatic individual who HAS had a high risk exposure and/or been identified as a high risk contact

- If isolating after a high-risk exposure (e.g., close contact of a known COVID-19 case or travel out of country) and does not have a known alternative diagnosis, the individual meets case definition for a probable case, until they test negative. Manage as per Management of Cases and Contacts of COVID-19 in Ontario and

the COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

  - Household contacts of the symptomatic individual must isolate for 10 days from break in contact (i.e., last contact) from the symptomatic individual, unless fully immunized or previously positive. If there is no break in contact, this would start at the end of the symptomatic individual's isolation period.

- If the individual tests negative, they must complete their isolation period as a high risk contact of a known case, unless they are fully immunized or previously positive .
  - If fully immunized or previously positive, the individual can return to school if afebrile and symptoms have improved for at least 24 hours, and gastrointestinal (GI) (nausea/vomiting, diarrhea) symptoms resolved for at least 48 hours. If symptoms compatible with COVID-19 are persisting/worsening, the symptomatic individual is to continue to stay home from school/work and seek medical attention; consider repeat testing.

Management of Cases and Contacts of Cases

- The information below is intended to complement the following guidance:
  - Management of Cases and Contacts of COVID-19 in Ontario
  - COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance
  - Quick Reference Guidance on Testing and Clearance
- Please see Appendix A for a flow chart on the isolation and testing of high-risk contacts, adapted from Appendix 11 of Management of Cases and Contacts of COVID-19 in Ontario
- Please see Appendix B for a flow chart on the isolation and testing of household members of high-risk contacts, adapted from Appendix 11 of Management of Cases and Contacts of COVID-19 in Ontario

Case management

- Cases should be tested and isolated as per Management of Cases and Contacts of COVID-19 in Ontario.

Case acquisition assessment

- Ensure relevant acquisition exposures in the 14 days prior to symptom onset (or 14 days prior to positive specimen collection date if never symptomatic) are captured for cases, in accordance with the COVID-19 CCM Case Investigation Data Entry Guide, including:
    - Household
    - Family
    - School (classroom cohort, recess cohort, etc.)
    - School transportation
    - Before/after school programs
    - School extra-curricular activities
    - Staff break rooms/staff meetings
    - Staff/student social interactions during breaks/carpooling
    - Child care settings
    - Other potential acquisition exposures outside of school (in the community), including non-school extracurricular activities, work, and recreational activities
- It is important to determine if the student or staff member likely acquired their infection outside of the school. For example, if a student or staff has known exposure to a case in the household or in their community.
- If acquisition for a case was known to have occurred outside the school and the student or staff did not attend while communicable, no isolation or testing should be required for the cohort. Any additional high-risk contacts of the case (outside of school) should be identified and advised to isolate according to provincial guidance. For additional considerations, see Risk Assessment Approach for COVID-19 Contact Tracing. There may also be situations when the PHU recommends more expansive testing.

Assessment of high-risk contacts in schools

- Work closely with the school to determine with whom a case was in contact in the school environment during their period of communicability. Consider Management of Cases and Contacts of COVID-19 in Ontario in determining the case's period of communicability for contact follow up, including direction on the

start and end of the contact tracing period when a case is asymptomatic at/around the time of testing.

- Students in the case's classroom cohort(s) and before/after school cohort(s) are to be considered high-risk contacts of the case, regardless of where they were seated/positioned in relation to the case, to facilitate timely contact management. PHUs may ask principals to initiate timely dismissals of these cohorts.
- Consider whether other cohorts (or partial cohorts, or specific individuals in other cohorts) are to be deemed high-risk contacts, including those that only mix outdoors or indoors with distancing and/or masking. For student cohorts that only interact outdoors (e.g., recess cohorts sharing outdoor space and times), exposure risk would generally be considered lower than for indoor interactions. However, PHUs may assess some outdoor-only exposures as high risk.
    - Bus cohorts: Given indoor, enclosed bus environment, and potential for students from multiple cohorts to share a bus, PHUs should have a low threshold for identifying high risk exposures in bus cohorts based on their risk assessment. Generally, this may be limited to those seated within two metres of the case (provided consistent non-medical mask wearing on the bus), and any other close contacts associated with the bus.
- For staff and essential visitors, follow Management of Cases and Contacts of COVID-19 in Ontario for exposure risk assessment.
- PHUs should request that schools provide information regarding the students and staff members in the case's cohort(s), as well as information on any other known potential contacts that a case may have been in contact with in the school setting or school transportation environment, including itinerant workers and occasional staff (e.g., teachers/staff who regularly interact with multiple cohorts).

Dismissal of asymptomatic high-risk contacts of a case

- In accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance, asymptomatic fully immunized individuals and previously positive individuals are generally not required to isolate following a high-risk exposure to a case, and therefore do not need to be dismissed.
    - If immunization coverage is unknown, or in a cohort with unimmunized students, PHUs may consider dismissal of the entire cohort, regardless of

immunization status, to facilitate timely exclusion of potentially exposed individuals from the setting. Return of partial cohorts may be permitted as per the Interim Guidance on Fully Immunized and Previously Positive individuals.
    - In cohorts with a known high proportion of immunized individuals (i.e., immunization information is available), immediate dismissal of the entire cohort may not be necessary. Dismissal of a smaller number of specific contacts who are not fully immunized or previously positive may be sufficient.
    - Fully immunized and previously positive individuals permitted to return must continue to maintain all infection prevention and control measures in the school setting.
- Isolation period for high-risk contacts who are not fully immunized or previously positive is 10 days, in accordance with Management of Cases and Contacts of COVID-19 in Ontario.
    - For school exposures, if there is a known source of exposure, isolation period should generally be counted from the day of last known exposure to the confirmed case. If the source of exposure is unknown, the isolation period should begin from the last exposure to the cohort.
- Dismiss any individuals who have been identified as having high-risk exposure to the case when the case was infectious, including cohort(s), siblings, and individuals who had close contact with the case in the community (e.g., at social gatherings, extracurricular activities), unless the contacts are fully immunized or previously positive.
    - If the household contacts (e.g., those who live in the same house or unit) of asymptomatic individuals identified as high-risk contacts are not fully immunized or previously positive, they should be advised to stay at home except for essential reasons, which may include attending work, school, or child care settings.
- If an individual dismissed as a high-risk contact develops symptoms, they are considered a probable case.
    - Their household members and other high-risk contacts, including any cohorts or contacts at school who have not yet been dismissed, should be managed as high-risk contacts of a case, dismissed, tested and directed to isolate in accordance with Management of Cases and Contacts of COVID-19 in Ontario.

Management of asymptomatic household contacts of a case and their cohorts

- Where a case has siblings/other household members who also attend school or child care, the cohort(s) of asymptomatic household members of a case (e.g., sibling of a case) do not need to be dismissed.
- If the sibling/household member of a case becomes symptomatic, they should be managed as a probable case, with immediate dismissal of their high-risk contacts who are not fully immunized or previously positive, including their cohort(s).

Testing of high-risk contacts of a case

- Recommend and coordinate/facilitate testing (in collaboration with testing partners) for all individuals who have been identified as having had a high-risk exposure in the school setting regardless of immunization status as below.
  - PHUs should work with local testing partners to optimize uptake by offering accessible, timely testing and results.
  - The PHU may, in collaboration with Ontario Health, help facilitate a coordinated approach to testing, including provision of an investigation or outbreak number, requisitions, and potentially on-site testing at the school.
    - Advise anyone associated with the school who requires testing to provide the investigation or outbreak number, or use the provided requisition, so that they are captured as part of the investigation.
    - Mechanisms should be established to ensure that the PHU is aware of all probable cases and positive laboratory results (e.g., investigation number).
    - PHUs are not responsible for trackng negative results.
    - PHUs should follow PHO Laboratory Test Information Sheet information on inclusion of non-covid respiratory virus testing, if applicable to the situation of a potential respiratory outbreak.
- All asymptomatic high-risk contacts who are NOT fully immunized or previously positive should be recommended for testing on or after day 7 of their isolation period.
    - If an initial test was collected prior to day 7 of their isolation period, repeat testing on or after day 7 is recommended.
    - A negative test does not change the requirement to complete 10 days of isolation.

  - Negative test results are not required to end isolation. PHUs to follow-up with contacts to verify testing results as capacity allows.
  - Repeat testing is also recommended if the contact becomes symptomatic.
- Asymptomatic high-risk contacts who ARE fully immunized or previously positive individuals should be recommended for testing as soon as possible upon notification of the exposure. These individuals are not required to isolate while awaiting test results, unless otherwise instructed by the PHU.
  - Repeat testing is recommended if the contact becomes symptomatic.
- Symptomatic high-risk contacts should be strongly encouraged to get tested, and managed as probable cases if testing does not occur.

Outbreaks

- An outbreak in a school, child care setting, or before/after school program is defined as **two or more lab-confirmed COVID-19 cases in children/students and/or staff or other visitors, with an epidemiological link, within a 14-day period, where at least one case could have reasonably acquired their infection in the school, child care setting, or before/after school program (including transportation**).
- Examples of reasonably having acquired infection in school include:
  - No known source of infection outside of the school setting (i.e., no known contact with a probable or confirmed case/outbreak outside school).
  - Known exposure in the school setting.
- Please see the CCM Data Entry Scenarios resource from PHO for detailed instructions about linking cases to school outbreaks for surveillance purposes.
  - Household and other high-risk contacts of cases linked to outbreaks in schools should not be linked to these outbreaks unless they themselves are directly part of the outbreak (e.g., transmitted to others in the school or acquired in the school). However, they may be linked to an outbreak-related case via an exposure Location in CCM to indicate the total exposures in a school.

Outbreak Measures

- Outbreak measures may be scaled up/down based on the transmission risk and outbreak epidemiology in the school and the assessment of outbreak control

measures, from dismissal of a single cohort through to consideration of whole school dismissal.
    - PHUs may wish to consult PHO to consider the potential role of genomic sequencing to help interpret school transmission patterns where epidemiological links are not clear.
- Review COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance for additional guidance on Fully Immunized and Previously Positive Individuals who are Part of an Outbreak of SARS-CoV-2, including when to consider more stringent approaches to outbreak management when there is evidence of an ongoing or uncontrolled outbreak or symptomatic/severe illness among fully immunized individuals.
- Review the COVID-19 Preparedness and Prevention in Elementary and Secondary (K-12) Schools checklist (or PHU equivalent) to identify IPAC practices/prevention measures requiring immediate improvement, such as reviewing practices related to staff interactions (e.g., avoid in-person staff meetings, review IPAC practices for minimizing risk associated with staff break areas).
- Outbreak measures that could be recommended to the school, particularly if the school remains open, may include:
    - Outbreak signage at entrances and affected area(s).
    - Informing outside agencies that use the school/child care centre of the outbreak.
    - Further restricting visitors to the school.
    - Further minimizing the movement of staff between cohorts.
    - Limiting student activities to their required cohorts and discontinuing extra-curricular activities, as much as possible.
    - Considering additional measures for immunized and previously positive high-risk contacts who are not dismissed, such as restricting mixing between cohorts.
    - Considering inclusion of fully immunized and previously positive high-risk contacts in dismissals to facilitate timely exclusion of potentially exposed individuals from the setting.

- Restricting all staff (including school, transportation, and staff from home care agencies or others that provide medical services to those in school) from working in other school or child care locations.
- Recommending to staff, students, and their families/household contacts to strictly avoid close contact/interactions with other households for non-essential reasons (e.g., no visiting, no playdates, no carpooling).
- Reinforcing masking of students for source control based on requirements for their age, use of masks and eye protection for staff members, hand hygiene for all, and maintaining physical distancing. Ensure availability of masks for students who may require them (i.e., do not have sufficient supply of their own masks) and encourage those who can supply their own to bring multiple masks per day.
- Reinforcing the daily symptom screening process for all staff/essential visitors and students, and enhance screening procedures if needed (e.g., on site confirmation).
- Reviewing environmental cleaning and disinfection protocols, enhancing cleaning and disinfection for the outbreak area(s), and ensuring that products are being used as per manufacturers' instructions.
- Ensuring families are aware of the outbreak.
- Increasing availability and accessibility of testing for the broader school community impacted by outbreak for additional case finding.
- Increasing availability and accessibility of COVID-19 vaccination for the broader school community impacted by the outbreak.

When to declare the outbreak over

- At least 14 days have passed with no evidence of ongoing transmission that could reasonably be related to exposures in the school.

AND

- No further symptomatic individuals have been reported by the school who are associated with the initial exposed cohorts.

Whole school testing

Note: The considerations outlined in this section do not apply to indications for whole school testing unrelated to case/outbreak investigation (e.g., surveillance testing).

- The aim of offering timely, accessible whole school testing is to assess the extent of transmission in a school (i.e., case finding), and to inform whether additional cohort dismissals or whole school dismissal are needed to interrupt transmission at school.
- Some scenarios where this may be considered as part of a PHU investigation, based on an assessment of risk, may include the following.
    - Multiple cohorts (e.g., 2 or more and/or 10-25%) have been dismissed within a 14-day period due to high-risk exposures to case(s).
    - A high percentage (e.g., 5-10%) of staff and students detected as probable or confirmed COVID-19 cases within a 14-day period.
    - A high attack rate in a single cohort.
    - Multiple cases with unknown acquisition.
    - Concern about potential vaccine escape.
- Individuals dismissed due to high-risk exposures must complete their 10 day isolation period, regardless of their testing result, unless otherwise specified by the PHU (e.g., based on their COVID-19 immunization status).
- Asymptomatic individuals without a known high-risk exposure (e.g., not from a dismissed cohort exposed to a case), and who have not otherwise been advised to quarantine or isolate, can continue attending school while awaiting test results.
- PHUs should advise the school administration and community of the potential for the results of whole school testing to lead to additional cohort dismissals, up to and including whole school dismissal, to enable school administrators, staff and parents/guardians and students to prepare (e.g., to transition to virtual learning, to arrange child care). PHUs should communicate in a timely manner with the school community regarding public health actions following whole school testing (e.g., additional cohort dismissals, decision regarding whole school dismissal).
- Testing offered to individual students/staff/others (e.g., household members) should be guided by current MOH Testing Guidance.
- Coordinate with Ontario Health to plan broader testing and ensure timely access and accessibility of testing options (e.g., testing at school site, take home kits,

access to drop in hours at an assessment centre within walking distance, outreach supports with partners such as paramedics).

Whole school dismissal

Note: The considerations outlined in this section do not apply to situations in which a whole school may be closed for in-person instruction due to operational reasons alone (e.g., related to staffing).

- It is anticipated that the likelihood of whole school dismissal will be exceptionally low in schools with high immunization coverage among students.
    - For example, whole school dismissal should be considered in the event a vaccine escape variant is identified among the cases.
- Based on the results of the PHU investigation, including results of any whole school testing, PHUs may consider whole school dismissal if there is evidence suggestive of widespread or very rapid transmission at school outside of previously identified cohorts, which may include:
    - At least one of the considerations for whole school testing (see above), or other similar consideration, is observed
      AND
    - >1 cohort in the school is affected
      AND
    - There are cases reasonably likely to have been acquired at school (e.g., no known exposure to a probable/confirmed case outside school) for whom NO epidemiological link (acquisition source) at school has been identified.
- Examples that would typically not be considered evidence of widespread transmission within a school may include:
    - Cases in multiple cohorts, each with likely acquisition via known exposures to cases outside school;
    - Multiple cases in students in one cohort only;
    - Single introduction of epidemiologically linked cases in multiple cohorts (e.g., siblings in different classes) and effective implementation of outbreak/IPAC measures;
    - The PHU determines that the identified cases in multiple cohorts without epidemiological links at school reflects independent introductions into the school compatible with widespread community transmission and does not indicate transmission occurring within the school.

- The decision to recommend a whole school dismissal for public health purposes is at the discretion of the PHU. In addition to the considerations above, there may be additional, context-specific considerations related to specific PHU investigations of school cases/outbreaks and particular school settings/populations that inform PHU decisions to recommend whole school dismissal.
- If whole school testing has not already been offered prior to initiating a whole school dismissal, PHUs should work with relevant partners to offer testing to all school attendees.
- During a whole school dismissal, staff and students who are not fully immunized or previously positive and who are not identified as high-risk close contacts of a known case should be advised to stay home except for essential reasons, which may include attending other work, school, or child care settings.
- The outbreak does not necessarily need to be declared over to recommend that the school reopen to some/all cohorts. Based on advice from the PHU, cohorts without evidence of transmission can be gradually brought back to school as additional information and test results become available. Consideration should be given to implementing additional preventive measures and active surveillance as part of reopening.

Occupational Health & Safety

- Employers have obligations under the *Occupational Health and Safety Act* (OHSA) to protect the health and safety of their workers, including from the transmission of infectious disease in the workplace.
- If COVID-19 is suspected or diagnosed in staff, return to work should be determined by the individual in consultation with their health care provider and the local PHU, whose advice should be based on provincial guidance.
- Occupational health and safety guidance for COVID-19 is available on the MOH COVID-19 website and the Ministry of Labour, Training and Skills Development's website on resources to prevent COVID-19 in the workplace.

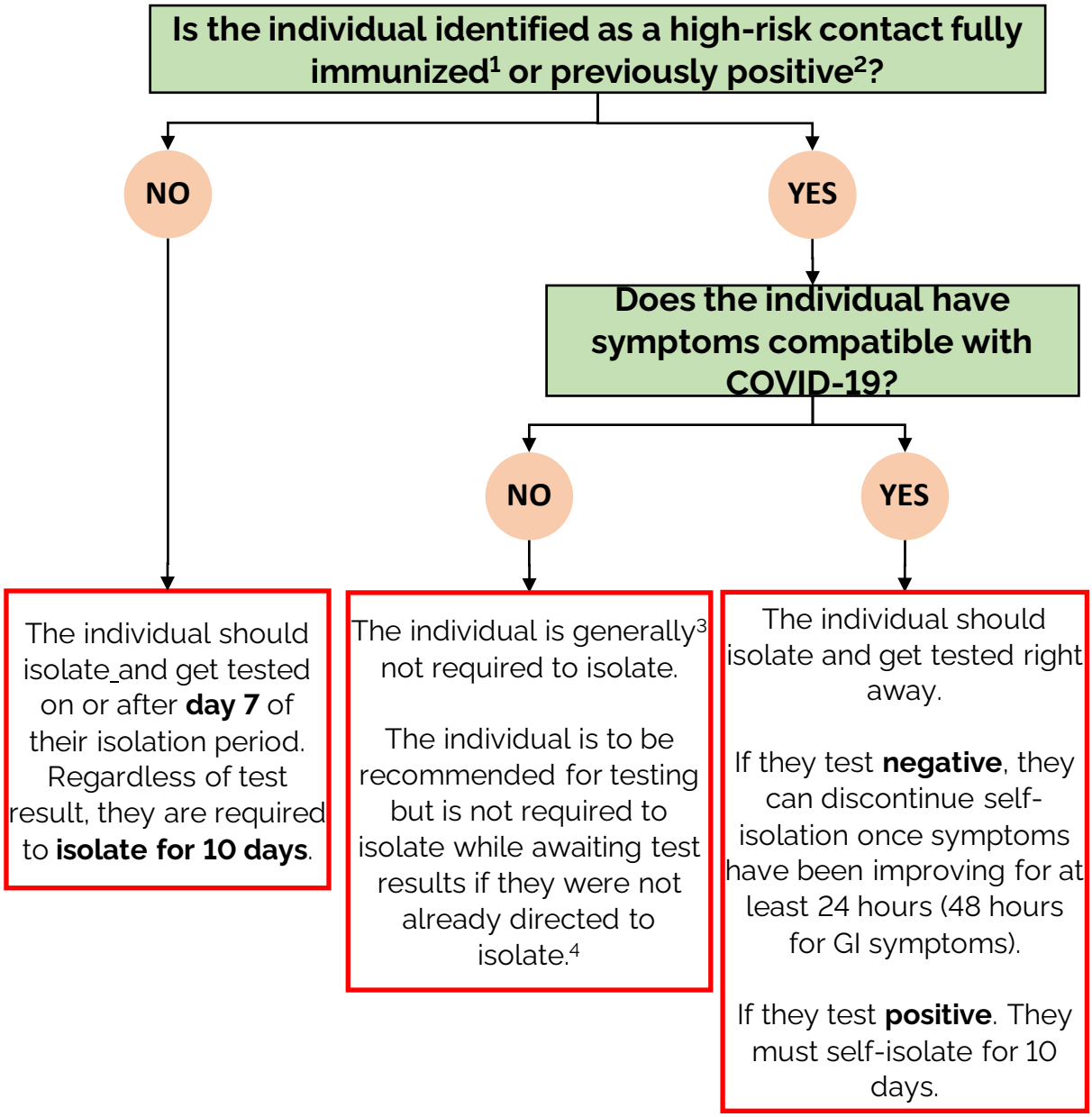
Reporting staff illness

- Workers who are unwell should not attend at a workplace. They should report their illness-related absence to their supervisor or employer.

- In accordance with the *Occupational Health and Safety Act* and its regulations, if an employer is advised that a worker has an occupational illness or that a claim with respect to an occupational illness has been filed with the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker, the employer must provide written notice within four days to:
    - A Director appointed under the OHSA of the Ministry of Labour, Training and Skills Development;
    - The workplace's joint health and safety committee (or health and safety representative); and
    - The worker's trade union, if any.
- This includes providing notice of an infection that is acquired in the workplace. The employer does not need to determine where the infectionwas acquired, if it is reported as an occupational illness, it must be reported to the MLTSD.
- The employer must also report any instance of an occupationally acquired disease to the WSIB within 72 hours of receiving notification of said illness.
- For more information, please contact the Ministry of Labour, Training and Skills Development:
    - Employment Standards Information Centre: Toll-free: 1-800-531-5551
    - Health and Safety Contact Centre: Toll-free: 1-877-202-0008
- For more information from the Workplace Safety and Insurance Board, please refer to the following:
    - Telephone: 416-344-1000 or Toll-free: 1-800-387-0750

Appendix A: Case and Contact Management in Schools for High-Risk Contact

Adapted from Appendix 11 of Management of Cases and Contacts of COVID-19 in Ontario



[1] For the purposes of case/contact/outbreak management, an individual is defined as fully immunized ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series that is listed for emergency use by the World Health Organization or approved by Health Canada.

Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

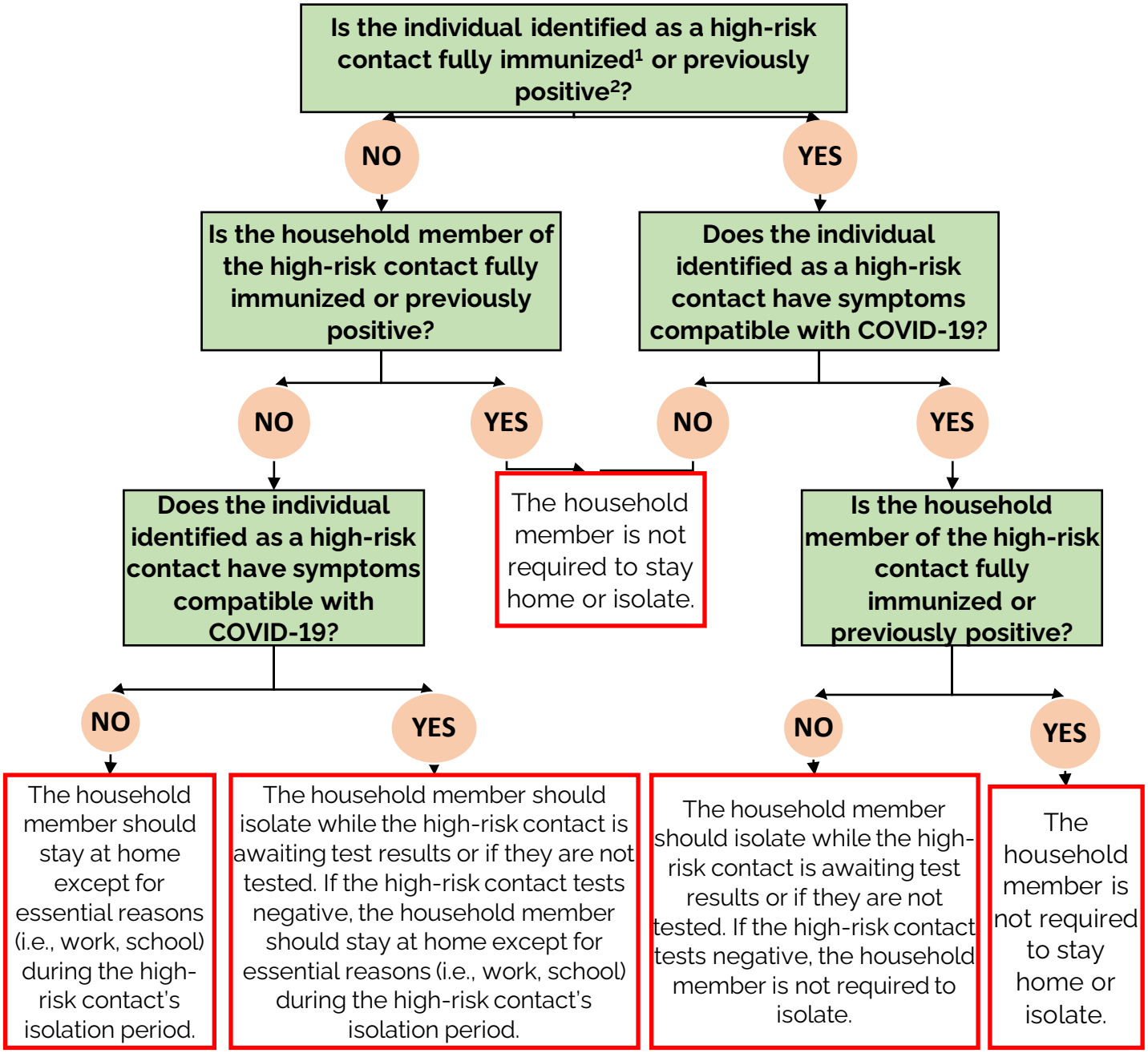
[2] For the purposes of case/contact/outbreak management, an individual is defined as previously positive if they were a confirmed case of COVID-19 where their initial positive result was ≤ 90 days ago AND they have been cleared from their initial infection. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

[3] Self-isolation still may be required at the discretion of the local public health unit. Refer to the COVID-19 Fully Immunized Individuals: Case, Contact and Outbreak Management Interim Guidance for individuals with immunocompromise, and residents of high risk congregate living settings / inpatients.

[4] Refer to Provincial Testing Guidance.

Appendix B: Case and Contact Management in Schools for Household Members of High-Risk Contacts

Adapted from Appendix 11 of Management of Cases and Contacts of COVID-19 in Ontario



[1] For the purposes of case/contact/outbreak management, an individual is defined as fully immunized ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series that is listed for emergency use by the World Health Organization or approved by Health Canada. Individuals who are immunocompromised are excluded from this definition, in accordance with COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

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APPENDIX 'E'

Student Transportation Fact Sheet – 2021-22 School Year
Last Updated: July 2021

We know that there have been a number of changes to student transportation since the onset of COVID-19. This fact sheet has been created to ensure that you have the latest information and to assist in answering questions from parents/guardians. The fact sheet will continue to be updated and shared as the situation evolves.

Transportation Eligibility

- As in previous years, transportation is provided for students who meet the following criteria:
  - Distance: JK- 8 more than 1.5KM from the school and within the catchment area
  - Special Needs: Home pick up for any student not attending their local school
  - Hazards/Board Approved Areas: students that reside in specific geographical areas will be provided neighbourhood bus stops.

Empty Seat and Extenuating Circumstances

- The TCDSB will follow the same practice as last school year in terms of accommodating non-eligible requests. Students will only be placed on buses where there is room and or time and only on buses that are not shared with the TDSB. This review will take place in mid to late October.
- Currently, these ineligible students have not been placed on bus routes for September.
- As you know, this is not a typical start up to the year. The decision to defer a decision on the Empty Seat an extenuating circumstance requests was made to help promote physical distancing on school busses, as well as to help the Toronto Student Transportation Group (TSTG) and bus operators effectively plan bus routes and seating arrangements in light of the new COVID-19 health and safety precautions.

Phased Start to Student Transportation

- TSTG, which provides bus services for the TDSB and the TCDSB, will be moving forward with a phased start for student transportation to ensure that students with special education needs are prioritized and receive bus service beginning the first week of school.
  - During week 1 of the school year (September 9-14) only students with special education needs will be provided with student transportation.
  - Beginning September 15th, all other eligible students will be provided with student transportation, unless there is a significant driver shortage or other unforeseen issues related to COVID-19.
- Students with special needs include those on mini-buses, mini-vans, taxis, and WC accessible vehicles.
- This information has been sent to parents/guardians through school messenger and the transportation portal, and has been posted on the TSTG website and social media accounts.
- Parents will receive a phone call from TSTG the week before school starts confirming their start date (September 9th or September 15th).
- As always, active transportation is recommended when possible.

Bus Driver Shortage

- School boards across the province continue to face a school bus driver shortage that has caused start-up issues for the past several years.
- This year, the COVID-19 pandemic has further worsened the driver shortage issue because approximately 20% of the driver pool is over 60 years of age.
- Over the summer, bus operators were directed to increase recruitment efforts.
- The actual impact of a driver shortage is typically not known until the end of August/early September when operators actually go through their route sign up.

COVID-19 & School Bus Safety

- To help ensure the safe start-up of student transportation services for students and drivers, the Toronto Student Transportation Group, working with the school bus operators and Toronto Public Health, has put a number of COVID-19 protocols and precautions in place. These include:
    - Requiring that all students (K-12) wear non-medical face coverings (exceptions will be made for students with medical conditions or special needs);
    - Requiring that all bus drivers wear medical masks and/or face shields when students are being dropped off or picked up;
    - Assigning seats for students with siblings and classroom cohorts seated together; and,
    - Enhanced cleaning of high touch surfaces (e.g. seats, inside hand railing, interior windows and walls, etc.) before and after each shift.
- Please see the full list of health and safety protocols and precautions to ensure the health and well-being of all students and drivers on bus.
- Some Covid videos have been created for families to view to better understand protocols.
- Please also note that parents/guardians who have to secure their special needs child(ren) on the bus will also be required to wear face coverings.
- Assigned seating plans will be created by TSTG for every school bus run but will be provided to schools and school bus operators to refine and update as needed over the first few weeks of school.

Supervision/Responsibility

- Schools should plan for supervision of bused students 30 minutes prior to the school start time and 20 minutes after the final bell.
- Parents are responsible for their children prior to entering the bus and once they are dropped off at the end of the day.
- The school bus is an extension of the classroom. Principals are responsible for students once they enter the bus.
- Students who have no one to receive them at the end of the day at their bus stop will be returned to the school. Schools should have staff available until the bus route is scheduled to have dropped off all students. Schools should consider removal of transportation privileges for any student/family that continues to not meet the bus.
- If we are notified of a missing student the Missing Student Protocol will be enacted. Please review page 31 of the Transportation Operations Manual for more information.

- The Purple Equals Parent Program is mandatory for students in JK to Grade 3. Students with a tag will only be dropped off if a caregiver or older sibling is available to receive the student. Packages with tags should arrive at schools the week prior to the first day of school.

Late Buses

- Buses may run late for a number of different reasons. School bus operators are required to update the Late Bus Portal which will generate an email notifying schools and parents/guardians signed up for the portal of the delay.
- Constant and regular delays should be reported to the TCDSB's Transportation department for investigation and resolution.

Transportation Information for Schools

- Schools have access to all their student transportation information via BusPlanner.
- Student information is updated on a daily basis starting the second week of school.
- Applications are still required for all students requesting transportation who use an alternate address (daycare), have special needs, or are not eligible but seeking service, and they must be submitted through the school. Eligible students using the closest big bus stop should automatically be assigned after the student is registered in Trillium and uploaded into our Transportation system so no forms required for these students.

Parent/Guardians Questions and Communication

- Parents/guardians can access their children's information by signing up on the Transportation Portal and can subscribe to the email notification for late buses.
- We anticipate that students' specific route information will be available during the week of August 24. However, we encourage parents/guardians to check back regularly as routes may change before the start of school.
- To access your child's transportation information, please visit the Transportation Portal, email transportation@torontoschoolbus.org or call 647-790-3829.
- General transportation information is located on TSTG's website at www.torontoschoolbus.org and answers to many questions can be found on the FAQ page.