# NLTA Feedback on NL Government K-12 Education Re-entry Plan

The NLTA has been very clear in conversations with the Department of Education and Early Childhood Development (EECD). We want schools to open safely for students and the adults that work with them. This is not only important for children's academic and emotional needs, it is important for society and the economy. Over the past four months, we have seen public health directives which have placed significant economic burdens on private businesses and employers, and have resulted in lost income and necessary, but unexpected, investment in order for them to operate safely. The Association has been advocating for investment in education so that the K-12 system can be resilient in these difficult and uncertain times, and we believe that parents and businesses are counting on this resilience being a priority.

Unfortunately, all of government's investment in education has been on scenarios 2 and 3 of the K-12 Education Re-entry Plan (technology supports for virtual/at home instruction and learning), with no investment in scenario 1, which is where everyone would prefer to be and remain for as long as possible. The NLTA believes it is accurate to point out that, without investment in scenario 1, the education system will be more fragile in September 2020 than it was on March 15, 2020. Accordingly, our concerns are not just about the safety of students and adults in our schools; they are also about the needs of parents, society and the economy for a healthy and resilient public education system.

As teachers, we know that viruses spread quickly in schools; we see it every year. Every year, parents talk to us about how their children were fine all summer until they returned to school. Every year, our members tell us they were fine until school re-opened. Our knowledge and experience in the school setting has taught us that viruses spread in confined, indoor spaces where large groups of people gather for long periods of time in close quarters. This is why teachers and parents were surprised to read in the K-12 Education Re-entry Plan (the Plan) that the sound guidance communicated to everyone, including children, for the past three and a half months is optional at best, should not be over-emphasised, and should never interfere with normal school operations. We see this as indicating that, from a public health perspective, there is a willingness to accept a higher level of COVID-19 infection and transmission risk for students and teachers in order to offset the risk of schools being closed.

# NLTA Questions

## According to Public Health Guidance:

*The potential risk of COVID-19 spread is highest when individuals are indoors, within 2 metres of each other, for more than 15 minutes, in a small space with limited ventilation, sharing equipment or food, and/or taking deep breaths (e.g. while singing, shouting or exercising).*

1. In light of this, what Public Health direction can you give teachers who will be working in classrooms for one hour or more at a time with groups of students that will, in some cases, exceed 32 and in which physical distancing will not be possible to ensure the safety of teachers, student assistants, teaching and learning assistants and students?

2. Public Health directions do not allow fitness centres, dance or yoga studios (controlled environments) to operate unless specific space utilization and physical distancing of 2 metres is maintained between bubbles at all times. For children's sessions and classes, a maximum of 1:10 leader/adult to child ratio is advised to "help ensure physical distancing". Why are space utilization restrictions, limited grouping sizes, and physical distancing not mandatory for children and adults in the school context?

3. Public Health directions do not allow arenas to operate unless a minimum of 2 metres or six feet between all household bubbles is possible at all times. As arenas are frequented by children and adults, why is strict physical distancing for household bubbles not a mandatory safety requirement in the school context?

4. Public Health directions for arenas require participants and spectators to leave the building as soon as an activity concludes, with no lingering or post event activities/socializing. Why are extra-curricular activities encouraged and considered safe in the K-12 school setting when they would bring groups of students from different classes/cohorts together for additional periods of time along with teacher sponsors and, often, outside volunteers (coaches)?

5. Public Health directions do not allow theatres (controlled environment) to operate unless specific space utilization and physical distancing of 2 metres is maintained at all times between patrons/bubbles. Understanding that the Minister of Education and Early Childhood Development developed the K-12 Education Re-entry Plan in consultation with Public Health officials, why are space utilization restrictions and physical distancing not mandatory for children and adults in the school context?

6. Throughout the Public Health directions and guidance for various sectors, employers are required to ensure that when physical distancing between clients and service providers cannot be maintained, physical barriers or face masks are required. Understanding that the Minister of Education and Early Childhood Development developed the K-12 Education Re-entry Plan in consultation with Public Health officials, why are the same expectations not required to protect service providers in the school context?

7. Public Health directions do not allow restaurants (controlled environment) to operate unless tables are at least 2 metres apart, including on outdoor patios, and patrons are asked to refrain from visiting tables other than their assigned table. Understanding that the Minister of Education and Early Childhood Development developed the K-12 Education Re-entry Plan in consultation with Public Health officials, why is physical distancing of tables and desks not required in the school context?

8. Public Health directions require that physical distancing of 2 metres be maintained when individuals are playing darts or pool in a public place. If these restrictions are considered essential health and safety measures, why are strict restrictions not required in the school context in which children and adults are in close company for up to six hours a day, often in large groupings?

9. Throughout Public Health guidance documents, workers are required to stay home if they exhibit COVID-19 symptoms. How practical is this from a Public Health perspective when employers choose not to provide paid leave for employees in these situations?

10. Public Health directives do not allow summer camps (controlled environment) to operate unless there is a staff to child ratio of 1:10 (not including respite workers). As summer camps provide services to school-aged children, why is there no Public Health direction on staff to student ratios in the school context?

11. Public Health directives do not allow bingo halls to operate unless a physical distance of 2 metres is maintained at all times, unless physical barriers are in place. Understanding that the Minister of Education and Early Childhood Development developed the K-12 Education Re-entry Plan in consultation with Public Health officials, why does the Plan not require the use of barriers to protect staff and students in the school environment?

12. Public Health directives for faith based organizations prohibit the offering of child minding, children's services and Sunday school, which are all identified as "higher risk activities". However, the K-12 Education Re-Entry Plan, developed in consultation with Public Health officials, states that, "children may be less susceptible to COVID-19 infection and may be less likely to transmit the virus to others." How do you explain this obvious contradiction in the direction and advice for these two types of activities? How is an hour of Sunday school, which would typically involve fairly small groups of children, "high risk", but 30+ students in a classroom together for 5 hours is not?

13. Public Health has provided detailed direction and guidance for activities ranging from yoga classes, restaurants, arenas, cinemas, summer camps, bingo halls, public transit, etc. Why is Public Health not providing the same level of detail, direction and guidance for parents, teachers and students in the school context?

14. Public Health directives require that everyone, including caregivers, children, parents, volunteers and delivery persons, must be screened prior to attending a childcare centre. Understanding that the Minister of Education and Early Childhood Development developed the K-12 Education Re-entry Plan in consultation with Public Health officials, why does the Plan not require as comprehensive screening requirements for those who may attend school buildings?

15. Public Health directives do not allow public transit buses (controlled environment) to operate if a full sized bus exceeds a maximum of nineteen passengers on board or other sized vehicles exceed at any time 50 per cent capacity. Understanding that the Minister of Education and Early Childhood Development developed the K-12 Education Re-entry Plan in consultation with Public Health officials, why does the Plan not place similar restrictions on school buses?

16. Teachers and school secretaries routinely collect money, in the form of cash, from students and parents/guardians for various reasons. Cashless, no-contact payments and transactions are included in the direction for other sectors, but the Public Health guidance for K-12 schools is silent on this regular school operations occurrence.

17. School staff regularly administer medication, health support procedures and personal care supports to students who require this assistance in order to attend school. Other services such as Speech Language Pathology, behavioural interventions, and certain supports for children who are Deaf/hard of hearing or Blind/visually impaired often require close contact between staff and students. Some students with exceptionalities are prone to spitting and otherwise exposing staff who work with them to contact with their bodily fluids in various ways. However,

the Public Health guidance included with government's K-12 Education Re-Entry Plan is silent on safety measures for employees who are engaged in dealing with these routine realities in our schools. Will there be further direction provided to ensure teachers, administrators and other school staff can do this work safely?

18. In the K-12 Education Re-Entry Plan, the various scenarios (1, 2 and 3) and the protocols for each are triggered based on an assessment of risk level:

    **Scenario 1:** In-school classes resume (near normal with health measures)
    - *risk of COVID-19 transmission is very low*

    **Scenario 2:** In-school classes partially resume (with additional health measures)
    - *risk of COVID-19 is low to moderate*

    **Scenario 3:** At-home learning continues (In-school classes are suspended/cancelled)
    - *moderate to widespread transmission of COVID-19*

    What is the basis upon which the different risk levels are to be assessed? To which levels in the provincial COVID-19 Alert Levels System do the different Re-entry Plan scenarios correspond?

19. According to Public Health guidance, when planning to interact with those inside and outside your bubble, people are encouraged to think of the following phrase: people, space, time, place:

    - *People: Interacting with more people raises the risk of spread of COVID-19.*
    - *Space: The closer you are to people, the greater the risk of spread of COVID-19.*
    - *Time: Risk of spread increases as people spend longer amounts of time together.*
    - *Place: Indoor places are more risky than outdoors.*

    *Opt for situations and activities with the least amount of risk possible.*

    Understanding that the Minister of Education and Early Childhood Development developed the K-12 Education Re-entry Plan in consultation with Public Health officials, to what degree was this advice considered in developing the K-12 Education Re-entry Plan, including the Health Guidance for School Re-Entry in Annex A of the Plan?

20. The K-12 Education Re-entry Plan is expressly based on the premise of a "trade-off" of risk. The risk of COVID-19 infection and transmission among children and staff in the school setting is balanced against the risk of harm to students' physical and mental health caused by school closures. In taking this approach, the Minister of

Education and Early Childhood Development has, in consultation with Public Health officials, intentionally created a higher risk of COVID-19 infection for workers in schools than is acceptable under Public Health directives for other environments and workplaces, such as restaurants, churches, theatres, etc. In light of this, how have the provincial regulatory provisions regarding occupational disease been considered in the Public Health guidance for school re-entry?

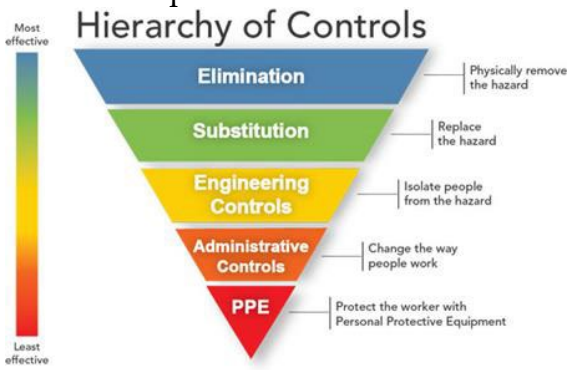
21. Why is the list of symptoms and direction to stay at home in the Screening Questionnaire (Annex A to the K-12 Education Re-entry Plan) for students, staff, parents/guardians and other visitors to schools different from what we see in the provincial COVID-19 Self-Assessment Tool? For example, in the questionnaire, individuals who indicate that they are experiencing even one of the listed symptoms are directed to stay at home. However, the symptoms listed in the self-screening tool do not include conjunctivitis or generally feeling unwell or fatigued. As well, the online self-screening tool does not direct individuals to stay at home unless they indicate experiencing two or more of the listed symptoms as "new or worsening".

    To illustrate the issue, an individual using the questionnaire who answers "yes" only to having a headache is directed to stay away from school and complete the self-assessment tool, which will tell them that they do not need a COVID-19 test. However, the questionnaire form goes on to say that individuals may only attend school if they have answered "no" to all of the questions.

22. How and to what degree have the precautionary principle and a hierarchy of controls approach, both of which are well established in health care and have application to the occupational health and safety setting, guided and informed the K-12 Education Re-Entry Plan, including the Health Guidance for School Re-entry? The precautionary principle – that when an activity which raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically – should guide all action.

    The hierarchy of controls should help determine the most appropriate hazard controls to be used in the workplace, with PPE as a temporary measure or last resort. As per the *Newfoundland and Labrador's Guideline for Prioritization and Use of Personal Protective Equipment (PPE) in Pandemic COVID-19 in Low Prevalence Period* (revised

May 15, 2020), prepared by the Provincial COVID-19 PPE Task Force, PPE is the last hierarch of controls, required when other controls cannot mitigate the risk of exposure to staff, clients and the public:




23. According to the World Health Organization (WHO) there are several actions and requirements that should be reviewed and put in place to ensure the safety of children and school staff while at school. Special provisions should be considered for early childhood development, higher learning institutions, residential schools or specialized institutions. To what degree, in the opinion of the Chief Medical Officer of Health, are the following WHO actions and requirements reflected in the K-12 Education Re-entry Plan?

    **Policy, practice and infrastructure**: Ensure the necessary resources, policies and infrastructure are in place that protect the health and safety of all school personnel, including people at higher risk.

    **Behavioural aspects**: Consider the age and capacity of students to understand and respect measures put in place. Younger children may find it more difficult to adhere to physical distancing or the appropriate use of masks.

    **Safety and security**: School closure or re-opening may affect the safety and security of students and the most vulnerable children may require special attention, such as during pick-up and drop-off.

    **Hygiene and daily practices**: Hand hygiene and environmental cleaning measures should be in place to limit exposure. Schools should consider training of staff and students, a schedule for daily cleaning, availability of hand hygiene facilities and national/local guidance on the use of masks.

    **Screening and care of sick students, teachers and other school staff**: Schools should enforce the policy of "staying home if unwell", waive the requirement for a doctor's note, create a checklist for parents/students/staff to decide whether to go to

school (taking into consideration the local situation), and consider options for screening on arrival.

**Communication with parents and students**: Schools should keep students and parents informed about the measures being implemented to ensure their collaboration and support.

**Additional school-related measures such as immunization checks and catch-up vaccination programmes**: Ensure continuity or expansion of essential services, including school feeding and mental health and psycho-social support.

**Physical distancing**: Physical distancing of at least 1 metre between people should be implemented in the school premises and in the classrooms. This includes increasing desk spacing and staging recesses, breaks and lunchbreaks; limiting the mixing of classes or age groups; considering smaller classes or alternating attendance schedules, and ensuring good ventilation in classrooms.

**Remote learning**: Tele-schooling and distance learning options such as delivering assignments, broadcasting lessons on radio or television and frequent follow-up support should be adapted to the situation.

24. According to the WHO, while children *may be less* affected by COVID-19, they may also have a greater number of contacts in school and community settings. Further studies are underway to assess the risk of infection in children and to better understand transmission in this age group. What is the latest reliable scientific evidence relied upon by the Chief Medical Officer of Health in assessing the K-12 Education Re-entry Plan as it relates to the health and safety risks to children and the adults who care for them?

25. According to the WHO, children generally have milder illness and fewer symptoms from COVID-19 and cases may sometimes go unnoticed. Importantly, early data from studies suggest that infection rates among teenagers may be higher than in younger children. Some modelling studies suggest that school re-opening might have a small effect on wider transmission in the community, but this is not well understood. What is the latest scientific evidence relied upon by the Chief Medical Officer of Health in assessing the K-12 Education Re-entry Plan as it relates to the transmission risk to the broader community by children in different age groups?

26. According to the WHO, current evidence suggests that people with underlying conditions such as chronic respiratory illness, obesity, diabetes or cancer are at higher risk of developing severe disease and death than people without other health

conditions. This also appears to be the case for children with underlying conditions, but more information is still needed. What is the latest scientific evidence relied upon by the Chief Medical Officer of Health when assessing the K-12 Education Re-entry Plan as it relates to the health and safety risks to medically compromised children and adults in the school setting? Does the level of risk to such persons outweigh the risk inherent in a suspension of in-school instruction?

27. According to the WHO, the following adaptations to transport to and from school should be implemented to limit unnecessary exposure of school or staff members *to COVID-19:*
    - Promote and put in place respiratory and hand hygiene, physical distancing measures and use of masks in transportation such as school buses, in accordance with local policy.
    - Provide tips for how to safely commute to and from school, including for public transportation.
    - Organize only one child per seat and ensure physical distancing of at least 1 metre between passengers in school buses, if possible. This may require more school buses per school.
    - If possible and safe, keep the windows of the buses, vans, and other vehicles open.

    In assessing the K-12 Education Re-entry Plan, in the opinion of the Chief Medical Officer of Health, has the Department of Education and Early Childhood Development taken these WHO recommendations into account?

28. According to the WHO, clean, natural ventilation should be used inside buildings where possible, without re-circulating the air. If air re-circulation is necessary, filters and duct systems should be cleaned regularly and routinely changed according to the manufacturer's instructions. Heating and cooling systems should be well maintained. As natural ventilation is not a viable alternative for much of the school year, what assurances has the Chief Medical Officer of Health received concerning the operational budget and capacity of school districts to follow this recommendation?

29. Throughout the public health emergency, the general public has been cautioned that the easing of public health restrictions is dependent upon the resources available to the public health system to respond to an outbreak of COVID-19. With that in mind, what realistic expectations should be placed upon the public education system when it comes to aligning public health expectations with the resources provided to the education system?

30. What guidance has the Chief Medical Officer of Health given to the Minister of Education and Early Childhood Development when it comes to the delivery of itinerant services by school counsellors, school psychologists, speech-language pathologists, itinerant teachers of the Blind and visually impaired and Deaf and hard of hearing, etc. who are required to work with various high needs students in multiple schools in multiple communities?

31. In the recent study released by the Centre for Disease Control (CDC), *Contact Tracing during Coronavirus Disease Outbreak, South Korea, 2020*, (July 24, 2020) the researcher team analyzed reports for 59,073 contacts of 5,706 coronavirus disease (COVID-19) index patients reported in South Korea during January 20–March 27, 2020. They concluded that school-aged children are at risk of both infection and transmission and that the use of personal protective measures and social distancing reduces the likelihood of transmission. Will the Chief Medical Officer of Health re-evaluate the K-12 Education Re-entry Plan in light of this new empirical research?

32. The K-12 Education Re-entry Plan designates teachers, administrators and other educational workers as essential employees. In the opinion of the Chief Medical Officer of Health, would the provision of financial and employment security for essential workers, who will experience COVID-19 like symptoms, ensure a more resilient and safe school system?

33. Cohorts - the Plan relies heavy on the concept of class cohorts, even though students, of all ages, from various neighbourhoods and communities, travel together in tightly filled buses. In light of this, how effective and realistic is this concept of the class cohort?

34. In this province a kindergarten class can have up to 22 students, a primary class up to 27 students, an elementary class up to 30 students, and a junior high class can have up to 33 students (+2 additional students are allowed for French Immersion classes). There is no limit on class size for high school classes. How many children would you say can be safely placed in a room that is 25 ft x 25 ft, with one teacher and possibly other adults present, assuming good ventilation (which is not the reality in many schools)?

35. In the absence of being able to physically distance, the advice of Public Health has been to use PPE. If a school does not have PPE and cannot ensure physical distancing, will it be allowed to remain open?

36. NL has been experiencing a worsening substitute teacher shortage for years, and schools have had to be creative in how they manage situations in which a substitute

is not available to replace an absent teacher. With the strict stay at home directives in the Plan, we will probably see a spike in teachers being absent from school, especially in the early fall when schools typically experience spread of the regular viruses that are commonly transmitted within schools. Understanding that schools are to maintain cohorts which include teachers, and knowing that it is not possible to further double up classes and maintain any semblance of physical distancing, would you advise that, in situations where a school has been unable to hire enough substitutes, it would be safer for the children to remain home on those days?

37. Will Public Health officials conducting site inspections of schools?

38. What guidance has Public Health given to EECD in relation to double school bus runs? This is common in some parts of this province and means, for example, that one bus will transport one load of students, immediately followed by another run for students of a nearby school that has a later start time, with no time allowed for cleaning or sanitizing in between.

39. We have seen a spike in children with COVID -19 in places like Florida, including fatalities. There is a recent report out of South Korea confirming infection and transmission among school-aged children. Does Public Health in this province still stand by the Toronto Hospital for Sick Children guidance on school re-opening, and if so, how does this align with the precautionary principle?

40. Many of our classes include students with significant behavioral or cognitive challenges which will make any adherence to directions on physical distancing and good hygiene very challenging. In some cases, students are physically aggressive towards class mates and teachers, including behaviours such as spitting, biting and scratching, sometimes requiring the use of restraint. What particular health and safety measures would you recommend in such situations of close physical contact to prevent transmission of COVID-19?

41. In the EECD K-12 Education Re-entry Plan it states that Scenario 1, with all students attending school, will be in place when COVID-19 transmissions are very low. How would Public Health define a very low rate of transmission?

42. Schools cannot operate without teachers, and we know that every year we seek a spike in teacher and student illness as school re-opens. This is a natural consequence of people coming together with various viruses. (In fact, it is why physical distancing directives are so important). In the context of a substitute teacher shortage, the inability of schools to double up classes and for teachers to cover classes outside their school cohort, we expect that some schools may not be able to

operate, in the absence of an outbreak, simply as a result of the strict stay-at-home expectations. What guidance can Public Health provide, should some students in a school be required to remain home in these situations? Will teachers be prioritized for COVID-19 testing?

# Risk-Informed Decision Making Guidance for Employers Operating During COVID-19

NL LIFE WITH COVID-19 https://www.gov.nl.ca/covid-19/information-sheets-for-businesses-and-workplaces/risk-informed-decision-making-guidance-for-employers/

As the challenges caused by the COVID-19 outbreak continue to shift, we are taking unprecedented measures to slow the transmission of COVID-19. All businesses must adhere to the conditions established in the Special Measures Orders issued by the Chief Medical Officer of Health. While some businesses may continue to operate, assessing risk as it relates to the spread and/or transmission of COVID-19 remains critical.

Workplaces can implement key measures to limit the spread of the virus in their settings. The Public Health Agency of Canada recommends employers and business owners conduct a risk assessment when determining the specific public health actions related to a workplace during the COVID-19 pandemic. This involves considering the epidemiology of the disease, assessing characteristics of the workplace settings and its employees, and assessing the weight (importance) of associated risks. Decisions to respond to COVID-19 within the workplace can be considered on a continuum from minimal changes needed (e.g., promoting public health messages), to enhancing communication for employees, contractors and clients, to implementing risk mitigation strategies, to closing the workplace.

Employers and business owners can use the Public Health Agency of Canada risk assessment tool in combination with NL Public Health measures and guidance information to consider risks associated with their workplace, the implementation of risk mitigation strategies, and in consultation with Public Health, decisions to close workplaces. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html

The risk assessment tool for workplaces and businesses in the Canadian context is based on advice contained in the World Health Organization's guidance and in the Centers for Disease Control and Prevention (CDC) guidance, and on Public Health assumptions that reflect the currently available scientific evidence and expert opinion.

### What are the COVID-19 risks at my workplace/business?

The following facts about COVID-19 and associated questions can help you consider the risks of COVID-19 in your workplace/business.

The risk level is affected by the level of COVID-19 activity in the local community. If there is known COVID-19 activity in your community, the likelihood that it could be introduced into the workplace/business is higher. The risk of COVID-19 introduction and spread is also presumed to be greater if a higher proportion of individuals visit the workplace/business from outside of your community.

# Government of Canada Guidance

https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html

**COVID-19 spreads from person to person, most commonly through respiratory droplets (e.g., generated by coughing, sneezing, laughing or talking) during close interactions (i.e., within 2 metres). COVID-19 can be spread by infected individuals who have mild symptoms, or who have not yet or who may never develop symptoms.**

- Do employees have close interactions with clients or other employees throughout their shift? Do clients have close interactions with other clients? Workplaces/businesses with a higher number of contacts are presumed to have greater risk.

  YES – Teacher interactions with students in the workplace range from very close one-to-one instruction in classrooms of up to 32 students, to teachers working with up to 140 different contacts throughout the day. Many students, regardless of age, travel to/from school together, sometimes on shared busses between schools, share locker space and all other school facilities.

- Do employees have prolonged close interactions with clients or other employees? Do clients have prolonged close interactions with other clients? Prolonged contact is defined as lasting for more than 15 minutes, and may be cumulative (i.e., over multiple interactions). Person-to-person spread is more likely with prolonged contact.

YES – In all instances teachers will have prolonged and close interactions with students as defined above. Some teachers' work assignments involve particularly close interactions and physical proximity/contact with students that involves exposure to bodily fluids, aerosols, etc. For example, instructional resource teachers working with students who require daily health procedures; teachers working with students who exhibit violent behaviors and who may need to be restrained; personal care and/or administration of medication while at school; speech language pathologists; teachers of the Deaf and hard of hearing; etc.

- Is the business/workplace crowded (i.e., high density of people) on a regular basis? A crowded setting is presumed to have greater risk.

  YES – Newfoundland and Labrador has many large multi-stream schools in which 500+ students, teachers, administrators and other educational workers are in very close quarters.

- Is the workplace indoors or outdoors? If indoors, can windows be opened? A confined indoor space is presumed to have greater risk.

  Indoors – Conducting school activities outside and/or opening windows during the school day is only really an option for three months of the school year. Many schools have restricted windows that open, such as only one access/egress window for emergencies, or windows that open only a few inches, and some classrooms and teacher work spaces have no windows.

## COVID-19 can also be spread through touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands.

- Do employees frequently have contact with high-touch surfaces (i.e., frequently touched by others)? Do clients frequently have contact with high-touch surfaces? A higher frequency of contact with high-touch surfaces (e.g., door handles, service counters, card payment machines) is presumed to have greater risk.

  YES – High touch surfaces are common in schools and required to deliver and meet curriculum outcomes in the K-12 educational context. The primary (K-3) curriculum

is largely play based. Teachers and students use educational manipulatives, pencil sharpeners, light switches, door knobs, sports equipment, musical instruments, and technology devices/tools. Students share locker space with other students, eat together, and travel together, regardless of age, on school busses.

- Does the set-up of your workplace/business enable employees/clients to wash and/or sanitize their hands before and after contact with high-touch surfaces (e.g., access to hand hygiene stations/supplies)?

  Possible – Sanitizing stations could be placed in all instructional spaces. Bathroom facilities vary from school to school. There are schools in which existing bathroom facilities are inadequate to enable every student or worker to wash their hands frequently.

## COVID-19 can cause more severe illness among people who are 65 and over, and those who have compromised immune systems or other underlying medical conditions.

- Are you aware whether your employees belong to any of these higher risk groups? *NOTE: Employers cannot assume they know the health status of individual employees and are not necessarily entitled to this information. Employees may choose to confidentially disclose health status to employers and accommodations can be made accordingly.*

  Problem – How does an employee with a compromised immune system self-disclose if it means they could be accommodated out of employment? Should a cancer survivor or organ transplant recipient, for example, be financially penalized when they are, in all respects, fit and able to work, but their immune system is compromised to a degree that risks in their workplace are life threatening?

- Do you have clients who are at higher risk of severe illness (e.g., older adults)?

  YES – Teachers are not only required to interact with each other and with students, but are also required under provincial legislation to interact and meet with parents, guardians, and caregivers. In some cases, this could include grandparents. Many schools provide in-school supports to medically fragile students who require daily assistance, including tube feeding, tracheotomy care, and the administration of medicines which can be physically intrusive.

## COVID-19 spread can occur when personal preventive practices are not consistently followed.

- Are your clients able to follow hygiene practices such as washing hands frequently, respiratory etiquette, and identifying when they are feeling ill and staying home? For example, young children are less likely to be able to carry out these practices.

  NO – Students, especially young students, are less likely to practice good hygiene. Practically every K-6 classroom in this province has children with behavioural or cognitive challenges which will pose risk to teachers and other students as they will be unable to carry out the hygiene practices as described above. Many students with such exceptionalities routinely require adult assistance with cleaning, feeding, toileting, and portering.

## How can my workplace/business mitigate COVID-19 risks?

To prevent and/or limit the spread of COVID-19 in community-based settings such as your workplace/business, consider the following risk mitigation principles and measures. Risk mitigation measures that are more protective involve separating people from each other or shared surfaces through physical distancing and physical barriers. Measures that are less protective rely on individuals to consistently follow personal preventive practices (e.g., environmental cleaning, use of personal protective equipment, wearing of non-medical masks or cloth face coverings). In some settings, physical distancing or separation may not be possible. To maximize safety, use a "layered" approach with multiple measures to reduce the risk of COVID-19 spread, including decreasing the number of interactions with others and increasing the safety of interactions. Layering of multiple mitigation measures strengthens the risk mitigation potential overall. The following examples of risk mitigation measures are provided for your consideration. The following list is not exhaustive – you are encouraged to find creative and adaptive ways to mitigate risk in your workplace/business setting that align with Public Health advice and are respectful of workers.

## Discourage people who are ill from entering the workplace/business.

- Strengthen communication strategies for employees, clients, customers

- Require that employees stay at home if ill with symptoms of COVID-19 until criteria to discontinue isolation have been met, in consultation with the local Public Health authority or healthcare provider

- ***Adjust personal/sick leave policies to enable employees to stay home when ill, undergoing COVID-19 testing, in quarantine (self-isolation), or if they are taking care of children or someone who is ill***

  Problem: The absence of an adjusted personal leave policy will result in teachers and other educational workers considering their financial and employment security when conducting overall personal risk assessments.

- Post accessible signage to discourage employees/clients who are ill from entering the workplace/business setting

- If feasible, consider asking clients if they are ill or have symptoms of COVID-19 before they enter the workplace/business setting or when making appointments, and ask clients who are ill to not attend the workplace/business

## Promote and facilitate personal preventive practices. Everyone plays a part in making workplaces/businesses safer, including employers, employees, contractors, clients, and all others who interact with workplaces/businesses.

- Keep your employees informed about public health advice applicable to your workplace/business

- Promote the use of personal practices (e.g., frequent hand hygiene, avoid touching the face, respiratory etiquette, clean and disinfect frequently touched surfaces with approved products)

  - Post signage that reminds employees/clients to practice these measures, ensuring that it is appropriate for the employees'/clients' age, ability, reading level and language preferences
  - Provide increased access to hand hygiene facilities (e.g. by placing hand sanitizer dispensers in easy to see locations) and ensure accessibility for employees/clients with disabilities or other accommodation needs
  - Promote increased environmental cleaning of employees' work environments (e.g., provide sanitizing wipes so employees can clean their own workstations)

- Support and encourage employees to take care of their mental health

**Promote physical distancing (keeping a distance of 2 metres from others), which is one of the most effective ways to reduce the spread of illness.**

Problem: Physical distancing requirements are de-emphasised in the K-12 Education Re-entry Plan.

- If possible, reduce all physical contact by enabling telework (e.g., work from home, use of email and teleconferencing)
- Adopt a contact-less business model (e.g., drive-through, delivery, curbside pickup)
- ***Establish 2 metre separation between employees and/or clients (e.g., desks, workstations, restaurant tables, or in meeting rooms)***

  Problem: Physical distancing requirements are de-emphasised in the K-12 Education Re-entry Plan.

- Avoid multi-person meetings by using video conferencing technology where possible
- ***Restrict occupant capacity of indoor spaces to reduce crowding***

  Problem: Additional resources have not been provided in the K-12 Education Re-entry plan to restrict classroom capacity and address crowding.

- In narrow hallways or aisles, encourage unidirectional travel where possible
- Use visual cues to encourage 2 metre distance (e.g., accessible signage, floor markings)
- Reinforce general practices to maintain physical distancing, such as avoiding greetings like handshakes
- Identify a space where employees or clients can be isolated from others if they develop symptoms and are not able to leave the facility

## Create physical barriers between employees/clients when physical distancing is not possible.

- ***Install physical separations between employees/clients (e.g. physical barriers like a plexiglass window or cubicle higher than head-height)***

  Problem: The K-12 Education Re-entry Plan does not provide for the use of physical protective barriers for children or the adults who work with them.

## Increase ventilation.

- Open windows if possible and, if weather permits
- Move work outside when possible

## Mitigate risks from exposure to high-touch surfaces (i.e., frequently touched by others).

- ***Increase frequency of environmental cleaning, especially of high touch surfaces or equipment (e.g., shared photocopier, elevator buttons, cash register, washrooms)***

  Potential Problem: The K-12 Education Re-entry Plan does not provide any additional funding for cleaning staff to complete enhanced cleaning protocols.

- Reduce the number of common surfaces that need to be touched (e.g., prop doors open, no-touch waste containers)
- Restrict access to non-essential shared equipment
- Clean and disinfect essential shared equipment before and after use
- Offer contactless payment methods (i.e., minimize use of cash), if possible

**Mitigate risk for people at higher risk of severe illness.**

- ***Provide equitable workplace accommodations (e.g., role/task reassignment), if possible, for employees who have risk factors for severe disease***

  Problem: The K-12 education Re-entry Plan does not address this issue at all.

- Provide special accommodations for clients from vulnerable groups (e.g., dedicated shopping hours for seniors)

**Modify practices to reduce how long employees/clients are in contact with each other and how many employees/clients come into contact with each other.**

- ***Consider modifying service delivery (e.g., reducing the number of clients using services at the same time, providing services outdoors)***

  Problem: The K-12 Education Re-entry Plan in Scenario One requires schools to maintain pre-COVID-19 client service expectations.

- Close or restrict access to non-essential common areas

- Stagger work hours or work days to reduce number of contacts

- Postpone non-essential meetings or travel