

## Questions for Dr. Janice Fitzgerald

According to Public Health Guidance:

*The potential risk of COVID-19 spread is highest when individuals are indoors, within 2 meters 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 (6) 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 (19) 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?