Public Health Guidance for K-12 Schools: Outlook for the 2021-22 School Year
June 17, 2021

Key Messages

- The Public Health Guidance for K-12 Schools outlines the health and safety measures recommended for public, independent and First Nations K-12 schools in B.C.
- Vaccines are the most effective way to reduce the risk of COVID-19 in schools and communities.
- Two doses of COVID-19 vaccine will be available to everyone 12 and older before the beginning of the 2021/22 school year.
- Everyone who is eligible is encouraged to get two doses of vaccine.
- Schools are anticipated to be able to return to close-to-normal by school start due to most people aged 12 and older being vaccinated for COVID-19.
- In addition to vaccination, daily health checks and staying home when sick are the most important ways to keep schools as low-risk settings for COVID-19 and other respiratory illnesses like colds and the flu.
- Health and safety measures at schools will continue to include daily cleaning and disinfecting, regular hand hygiene and promoting the use of all available space in indoor common spaces.

Summary

This document provides an outlook of the anticipated COVID-19 Public Health Guidance for K-12 Schools for the 2021-22 school year. It is intended to support planning by administrators, education and support staff, and inform students and their families of anticipated changes for when they return to school in the fall at public, independent and First Nations Kindergarten to Grade 12 (K-12) schools. It is aligned with BC’s Restart, a four-step plan focused on protecting people and safely getting life back to normal. A full update to the Public Health Guidance for K-12 Schools is expected in August 2021. It may differ from what is included here based on changes in community transmission or serious outcomes from COVID-19.

Our experience in B.C. during the 2020-21 school year, which aligned with evidence gathered nationally and internationally, saw schools as low-risk sites for COVID-19 transmission when infection prevention and exposure control measures (also called health and safety measures) were in place. An evidence summary is included as Appendix A.

By the start of the 2021-22 school year, the incidence of COVID-19 is expected to be consistently lower in B.C. With most people aged 12 and older having received at least one dose of COVID-19 vaccine, COVID-19 infections and serious illness have already declined significantly. As more people continue to receive their first and second doses, community
immunity will increase. It is anticipated that schools can return to close-to-normal operations, with some health and safety measures continuing to be in place to keep schools as low-risk settings for COVID-19.

Vaccines are the most effective way to reduce the risk of COVID-19 in schools and communities. Everyone eligible is encouraged to be vaccinated. While COVID-19 is present in our communities, there will continue to be COVID-19 exposures in schools and cases amongst students and staff. However, when most people 12 and older are immunized, such exposures are even less likely to lead to further transmission. Local public health officials (school medical health officers) consistently monitor cases of COVID-19 in schools and the community and will continue to offer support and guidance.

As with other communicable diseases, local Public Health Orders requiring additional health and safety measures beyond this guidance may be placed for schools in communities or regions if necessary to address a risk. These are based on local epidemiology, are proportional to risk, and are placed at the discretion of a Medical Health Officer through their authority under the Public Health Act.

The Ministry of Health and BC Centre for Disease Control (BCCDC) fully respect the authority of individual First Nations to make decisions about the operation of First Nations schools in the best interests of their students, schools, and communities. This includes their authority to decide if and how to use this guidance to inform planning and if and how to reopen their schools in September.


Information about COVID-19 is available from BCCDC.
Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures help create safe environments by reducing the spread of communicable diseases like COVID-19. These are more effective in controlled environments, like schools, where multiple measures of various effectiveness can be routinely and consistently implemented.

The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease describes measures to reduce the transmission of COVID-19 in schools. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease

- **Public Health Measures**
  - Includes vaccination, orders from the Provincial Health Officer, COVID-19 testing and contact tracing.

- **Environmental Measures**
  - Includes ventilation and cleaning and disinfection.

- **Administrative Measures**
  - Includes changes in scheduling and work practices and health and wellness policies.

- **Personal Measures**
  - Includes staying home when sick and practicing hand hygiene and respiratory etiquette.

- **Personal Protective Equipment**
  - Includes gloves and masks.
Outlook of the Public Health Guidance for K-12 Schools: 2021-22 School Year

| Public Health Measures | • **COVID-19 Vaccine**: A significant proportion of the adult and youth (aged 12-17) population will have received at least one dose of COVID-19 vaccine. Everyone eligible will be encouraged to get two doses for long-term protection against COVID-19.  
  • **Public Health Case Management**: Public health will continue to monitor cases of COVID-19 and determine if actions should be taken to prevent or control spread. Schools should continue to maintain accurate attendance records and class and bus lists to assist with contact tracing.  
  • **Provincial Recommendations**: Public health (including the Provincial Health Officer and BC Centre for Disease Control) will continue to offer individual and community guidance and recommendations to manage the risk of COVID-19 in B.C.  
  • **Regional Variation**: Medical Health Officers continue to be able to place local Public Health Orders requiring additional health and safety measures beyond this guidance. |
| Environmental Measures | • **Cleaning and Disinfection**: Since the risk of COVID-19 transmission from surfaces is low, it is anticipated that transitioning to sector-specific cleaning practices will be recommended.  
  • **Ventilation and Air Exchange**: Continue to ensure all mechanical heating, ventilation and air conditioning (HVAC) systems are working properly. Open windows when the weather permits. |
| Administrative Measures | • **Gatherings and Events**: It is anticipated that most gatherings and events will be able to take place by school start. Types and size of gatherings and events should align with those permitted as per related public health recommendations and Orders.  
  • **Cohorts & Physical Distancing**: Cohorts will not be recommended. It is anticipated that physical distancing of two metres will not be recommended; however, schools will continue to be encouraged to spread people out within available space and to prevent crowding in indoor common spaces (e.g. entrances, hallways, etc.) as practical.  
  • **Extracurricular Activities and Field Trips**: It is anticipated that all extracurricular activities and field trips, including inter-school sports, arts events and special-interest activities (e.g. overnight trips) will be able to take place by school start. These should be aligned with related public health guidance, recommendations and Orders.  
  • **Community Use of Schools**: Continue to ensure use is aligned with related public health guidance, recommendations and Orders.  
  • **Visitors**: Visitors should follow a school’s health and safety plan, including completing a daily health check and not entering the school if they are sick.  
  • **Food Services**: It is anticipated that food services (e.g. meal programs, cafeterias, fundraisers, etc.) can return to regular operational and food safety practices. |
| Personal Measures | • **Complete a Daily Health Check and Stay Home When Sick**: Everyone should continue to complete a daily health check and stay home when they are sick.  
  • **Hand Hygiene**: Hand hygiene should continue to be practiced regularly, in line with guidance from [BCCDC](https://www.bccdc.ca). |

A full update to the Public Health Guidance for K-12 Schools is expected in August 2021. It may differ from what is included here based on changes in serious outcomes from COVID-19. Additional guidance for topics not covered here, including but not limited to personal protective equipment (including masks), staff-only spaces and transportation will be addressed in the August update.

1Current guidance for K-12 recommends ensuring there is 2 metres of space available between people from different cohorts/learning groups.
Appendix A: Evidence Summary – 2020-21 School Year

The information below summarizes high-level evidence gathered since early Spring 2020 about COVID-19, including its impacts on people and K-12 schools in B.C., nationally and internationally. Up-to-date information about COVID-19 is available from BCCDC. School specific information is available on the K-12 Schools and COVID-19 website.

**COVID-19 in B.C.**

- Adults were much more likely than children to experience severe illness or death from COVID-19, with risk increasing with age.
- Vaccination is the most effective way to prevent severe illness and death and reduce community prevalence of COVID-19.
  - As of June 15, 2021, 76.1% of all adults in B.C. and 74.4% of those 12 and older have received their first dose of a COVID-19 vaccine.
  - There has been a continued decline in COVID-19 community incidence, prevalence and hospital and ICU admissions aligned with the increasing number of people aged 12 and older receiving their first dose of COVID-19 vaccine in B.C.
- COVID-19 hospitalization was 10 times lower in school-aged children (approximately 1 in 200) compared to adults 19 years and older (approximately 1 in 20) between September 7, 2020 to June 7, 2021. In B.C., there have been no deaths in children aged 5 to 18 due to COVID-19.


**COVID-19 and Schools**

- Implementation of infection control measures was critically important to reducing transmission, especially when community transmission rates were high and there was not widespread community vaccination.¹
- The number of cases amongst students and staff mirrors trends in the community, with little evidence to suggest that schools meaningfully contribute to community transmission, particularly when community rates are low-moderate and effective infection prevention and control measures are in place.²
- In Vancouver Coastal Health (VCH), during the period of September 10 – December 18, 2020:
  - Less than 1% of students and staff had COVID-19 (699 cases). Of these, 8% (55 cases) were likely acquired in school. These 55 cases account for 0.6% of all cases in VCH during this time period.
  - When transmission did occur, a case would typically lead to 1 or 2 other staff or student cases.²
- In Fraser Health Authority (FHA), during the period of January 1 – March 7, 2021:
  - Less than 1% of students and staff had COVID-19 (2049 cases). Of these, 13% (267 cases) were likely acquired in school. These 267 cases account for 1.2% of all cases in FHA during this time period.²
- Most cases of COVID-19 among students and staff were acquired outside of school in households or the community.²
- In B.C., school transmission did not appear to be a major driver of community transmission.²
Emerging evidence suggests school closures impact children’s academic achievement and lead to learning losses. Most evidence suggests a greater impact of school closures on vulnerable populations. Closures interact with other COVID-19 related hardships to disproportionately affect students with lower socioeconomic backgrounds, racialized children and youth, newcomers, and students with disabilities.  

References:

Pandemic Impacts

COVID-19 response measures introduced to slow the spread of COVID-19 and preserve hospital resources impacted population health and wellness and society in general. The effects of these measures likely disproportionately impact people with fewer resources, poorer health, and those already experiencing discrimination, marginalization, and social exclusion.¹

Emerging international and national evidence shows children’s mental health and behaviour have been overall negatively impacted by COVID-19 public health measures. Young children and adolescents were affected differently. Parents of young children reported more behavioural difficulties, hyperactivity, and conduct problems, while adolescents were more likely to have increased anxiety and depressive symptoms, increased suicidal ideation, and increased frequency of alcohol consumption for those reporting any use. Other child outcomes negatively impacted by the pandemic included movement behaviours (decreased physical activity, increased sedentary behaviour and screen time), increased food insecurity, negative educational outcomes, increased injuries occurring at home, and increased reports of child maltreatment.²

Results from the BC COVID-19 Speak Survey, conducted with British Columbians between May 12 to May 21, 2020 include:
- 46.6% of participants said their mental health had worsened compared to before the Coronavirus pandemic,
- 62.8% of participants said they were concerned about vulnerable family members health during the Coronavirus pandemic,
- 42.4% of participants said they are connecting with their family less than before the Coronavirus pandemic.³

References: