

Consensus Statement on Management of COVID-19 in Schools in the OH West Region

SEPTEMBER 2020

The following consensus points have been developed to provide consistency in response to COVID-19 in schools across local public health units in western Ontario. However, periodic deviation from these decision points is expected as the management of cases and outbreaks must be adapted to reflect local context and epidemiology.

The document has been formally endorsed by the following health units:

- Brant County Health Unit
- Chatham-Kent Public Health
- Halton Region Public Health
- Hamilton Public Health Services
- Huron-Perth Public Health
- Lambton Public Health
- Middlesex-London Health Unit
- Southwestern Public Health
- Region of Waterloo Public Health
- Wellington-Dufferin-Guelph Public Health
- Windsor-Essex County Health Unit

All decision points will be reassessed as more experience accumulates regarding the transmission of COVID-19 in a school environment.

These decision points are intended to augment guidance provided in provincial COVID-19 case, contact, and outbreak management protocols.

Household contacts of symptomatic students/staff

Household contacts of symptomatic students or staff are recommended to self-monitor.

- This recommendation may be modified by local public health units to align with evolving guidance from the Ministry or following consideration of local epidemiology.
- This guidance is consistent with the management of contacts of symptomatic individuals to date in most jurisdictions.
- Some health units may delay implementation of this approach until the Ministry updates the self-assessment tool and *COVID-19 Guidance: School Outbreak Management* document from its current recommendations for self-isolation to self-monitor.

Case and contact management

Cohort exposure assessment

If COVID-19 is confirmed in a student or teacher who attended school during the period of communicability, close contacts will be determined in the following way:

All students within the class cohort will be considered to have had a high-risk exposure, and therefore be classified as close contacts.

- This is consistent with the default guidance from the province.
- This is a conservative approach that considers the large amount of time that the cohort is within close proximity, the anticipated and unpredictable mixing of students within the cohort, the use of non-medical face coverings as opposed to medical masks, the capacity challenges for public health units of complete individual risk assessments for each student of the class cohort, and the lack of experience with COVID-19 transmission within a school.
- This approach will apply to both elementary and secondary schools.

By default, when there is a confirmed student case who attended school during the period of communicability, teachers or staff will be considered part of the cohort and therefore to have had a high-risk exposure. However, following an individual risk assessment, the exposure may be downgraded to a low-risk exposure.

- Teachers or staff may be considered to have had a low-risk exposure if medical grade PPE has been consistently worn (for example, surgical masks and eye protection), physical distance was maintained with the case at all time, and reliable history can be obtained.

The exposure risk of students who have ridden a bus with a student with COVID-19 will be determined using the following parameters:

- Any seat mate of a confirmed case will be considered to have had a high-risk exposure, and therefore be classified as a close contact.
- Any other riders who were routinely within 2 meters of the case will be considered to have had a high-risk exposure, and therefore be classified as close contacts.
- All other riders will be considered to have had a low-risk exposure, and therefore be recommended to self-monitor. The exposure of other riders may be upgraded to high-risk if the duration of the bus ride is substantial or if there is concern that students did not maintain their seat assignments.

All students within an after-school or before-school program cohort will be managed as a class cohort.

Other individuals in the school will be assessed for exposure as per the provincial case and contact management guidance.

Acquisition investigation within a school

If COVID-19 is confirmed in a student who did not attend school during the period of communicability, but did attend school during the acquisition period, students within an impacted cohort will not generally be managed as close contacts, unless an interaction with the case occurred outside of the classroom.

An exposure investigation may include a review of the school's precautions, symptomatic individuals within the cohort, and a review of school absenteeism.

Notification of potential acquisition at a school in a neighbouring Health Unit

When a Health Unit becomes aware of a case (student or staff) who had a potential acquisition of COVID-19 at a school located in another Health Unit, the Health Unit will notify the other Health Unit of

the case. This is in addition to situations where a student or staff attended a school in a neighbouring Health Unit during the period of communicability.

Testing

Testing should occur in assessment centres or equivalent health care facilities.

Mobile testing should be limited due to challenges of consent, physical distancing, and IPAC.

Coordination and Communication

Public Disclosure of individual Cases at a school (Not an Outbreak)

As per provincial direction, school boards will be reporting all cases of COVID-19 in a school, including instances where an outbreak has not been declared. Public health units will work with school boards to ensure a harmonized and consistent response. This may, but not necessarily, include reporting on health unit websites.

Public Disclosure of Outbreaks

If an outbreak is declared in a school, it will be reported publicly by Public Health. Public disclosure will include the name of the school, number of staff, and number of students.