



COVID-19:

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

Version 4 (Released November 18, 2021)

Contents

Introduction.....	1
Protective strategies	6
Student transportation	14
Ventilation	15
Vaccination	16
Mental health and student supports	17
Specific academic programs and requirements.....	19
Extra-curricular activities and community use of schools	22
Provincial, demonstration, private and First Nations schools	24
International students	25
Protocols for emergency management and fire safety	25
Management of COVID-19 in schools	26
<i>Management of individuals exposed to COVID-19</i>	31
<i>Return to school</i>	39
<i>Records management</i>	40
<i>Resources</i>	41

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 4 (last updated: November 18, 2021)

The following sections were updated as part of version 4 of this guidance.

- Secondary
- Protective strategies
 - Shared spaces
 - Cafeteria and lunch protocols
 - Assemblies
- Specific academic programs and requirements
 - Music

In this section

1. Purpose and application
2. Elementary
3. Secondary
4. Remote learning

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.

For the winter semester starting in February 2022, school boards can move to regular timetabling models (such as, four courses per day) unless not supported by their local medical officer of health.

If supported by the local medical officer of health, secondary schools may return to regular timetables in first semester. This change can become effective as early as November 2021.

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

1. Screening
2. Student masks
3. Staff personal protective equipment (PPE)
4. Hand hygiene and respiratory etiquette
5. Distancing and congregating
6. Recess and breaks outdoors
7. Inclement weather days
8. Cleaning and disinfection standards and protocols
9. Shared materials
10. Shared spaces
11. Cafeteria use and lunch protocols
12. Food programs
13. Assemblies
14. Visitors

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 when two metres of distance is maintained from others. Staff must maintain at least two metres distance when consuming food/drinks.

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 both indoors and outdoors, as per occupational health and safety requirements.

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

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. In shared indoor spaces, masking and as much distancing as possible should be maintained.

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 or other shared lunch spaces is permitted as follows:

- Capacity limits should be established to enable consistent distancing of at least two metres between cohorts, and as much distancing as possible within cohorts.
- For secondary schools: where two metres of distancing between cohorts is not possible, school boards are encouraged to develop a plan that reduces the number of students and cohorts eating in proximity to each other as much as possible.
- For elementary schools: where two metres of distancing between cohorts is not possible, students are to eat lunch in their classroom with their cohort or outdoors.

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

Effective January 2022, elementary in-person school assemblies or other student/school gatherings will not be permitted. Virtual options should be offered instead. Based on advice from the local public health unit, a school board may be required to implement virtual assemblies in advance of January 2022.

For secondary schools, 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

1. Cooperative education
2. Music
3. Health and physical education
4. Field trips
5. EQAO
6. Literacy and community involvement graduation requirements
7. Adult and continuing education

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 as follows:
 - As much distance as possible should be encouraged and use of large, well-ventilated spaces should be prioritized.
 - For elementary: within a cohort if a minimum distance of two metres or more can be maintained.
 - For secondary: if a minimum distance of two metres or more can be maintained between individuals.
- Use of wind instruments is permitted outdoors with distancing encouraged.
- Singing is permitted indoors as follows:
 - For elementary schools: 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.

- For secondary: masking is encouraged but not required if a minimum distance of two metres can be maintained between individuals.

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 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 immunized¹ or previously positive² 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.

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 immunized¹](#) or [previously positive²](#) 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 immunized¹](#) or [previously positive²](#) 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 [immunized¹](#) or [previously positive²](#), 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 immunized¹](#) or was [previously positive²](#) and has symptoms compatible with COVID-19:

- a household member who is [fully immunized¹](#) or [previously positive²](#) 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 immunized¹](#) or [previously positive²](#) 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 immunized¹ or was previously positive² 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 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](#).

