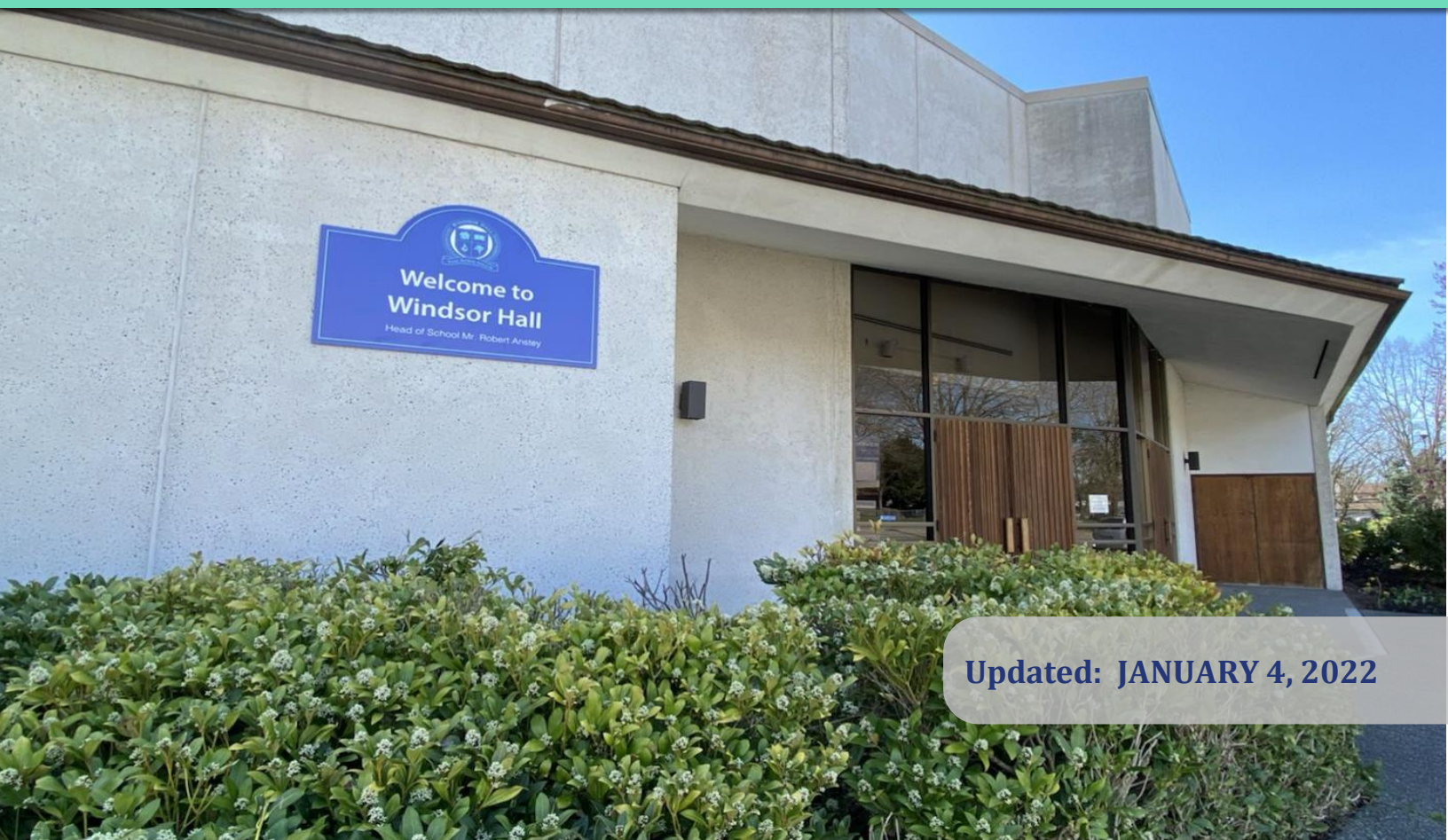


WINDSOR HALL

UPDATED COMMUNICABLE DISEASE - COVID-19 SAFETY PLAN



Updated: JANUARY 4, 2022

INTRODUCTION

COVID-19 is a Severe Acute Respiratory Syndrome (SARS) caused by a newly discovered coronavirus that emerged in Wuhan in 2019. The World Health Organization (WHO) declared a global pandemic on March 11, 2020 and British Columbia declared a public health emergency on the March 17, 2020 and a provincial state of emergency was declared on March 18, 2020.

Schools play a vital role in providing educational opportunities and other supports in our community while at the same time helping to “flatten the curve” of COVID-19 transmission in BC.

PURPOSE

Windsor Hall has developed the following plan based on guidance issued by the Provincial Health Officer, BC Centre for Disease Control, WorkSafeBC, and the Ministry of Education to safeguard the health and wellbeing of students, faculty, and staff. The School will employ measures using the following hierarchical approach:

- **First level – distancing**
We will use policies and procedures to reduce the number of people on site and recommend that people keep a safe physical distance from one another.
- **Second level – protection**
We will use barriers (markers / cones to indicate distance, glass, or Plexiglas, etc.) or recommended engineering controls to separate people when appropriate.
- **Third level – administrative controls**
We will establish rules and guidelines, such as cleaning protocols, implementing one-way paths of travel or separate entrance and exit doors to enhance physical distancing measures.
- **Fourth level – Personal Protection Equipment (PPE)**
We will provide workers with personal protective equipment (PPE), such as non-medical masks, as appropriate.

The School will update policies, procedures and protocols as the COVID-19 situation evolves in collaboration with members of the School’s Emergency Operations Team based on ongoing assessment of risks. The School will communicate any updates to students, employees, and parents as necessary to allow them to continue in the safe performance of their roles and responsibilities while on campus as outlined below.

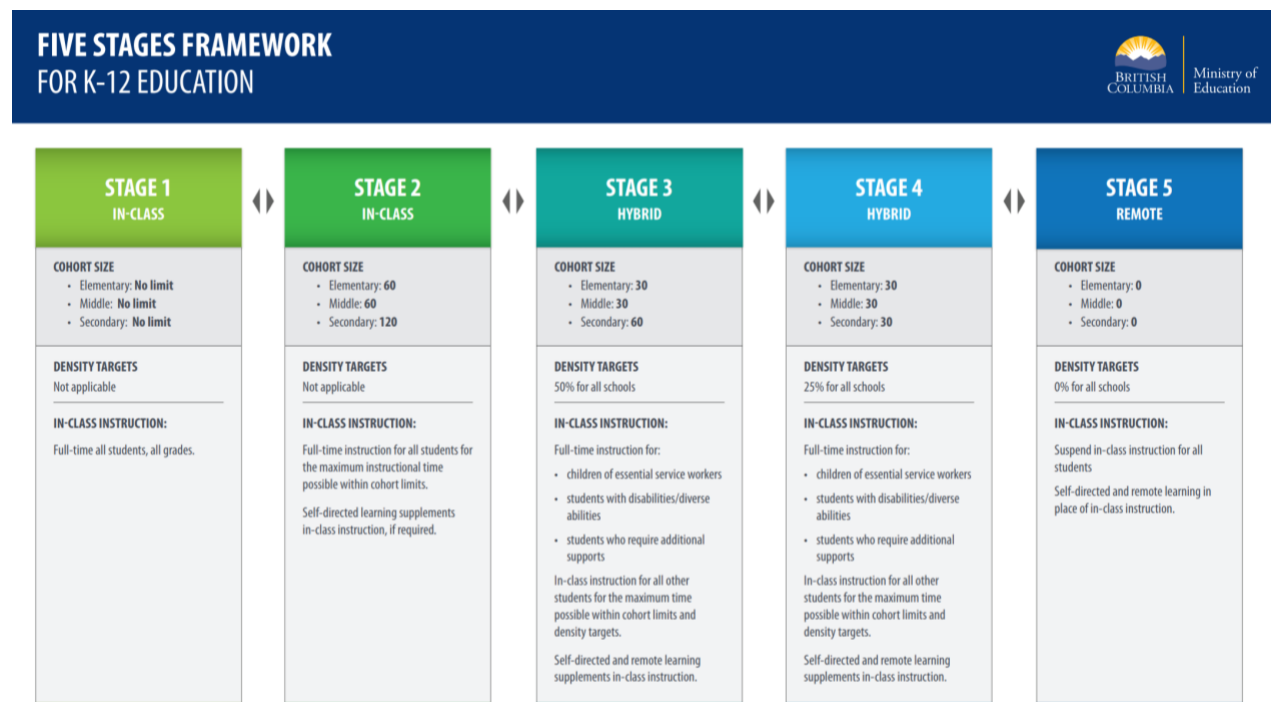
UP-TO-DATE INFORMATION

The most current information on the COVID-19 illness, including symptoms and prevention, can be found on the following websites:

- [Government of Canada COVID-19 website](#)
- [BCCDC](#)
- [WHO Novel Coronavirus](#)
- [Vancouver Coastal Health](#)

PHASED OCCUPANCY

The Ministry of Education's Education Restart Plan requires public boards of education and independent school authorities to provide in-person instruction to students in BC based on the Provincial Health Officer's assessment of the risk of transmission.



Movement to the next stage of occupancy will be guided by strict health and safety assessments established by provincial authorities.

GUIDING PRINCIPLES

Windsor Hall's guiding principles in preparing and planning for re-opening are based on the guidance issued by Public Health Authorities, guidance and protocols issued by WorkSafeBC, and direction from the Ministry of Education. This includes the following:

- a. ensure a healthy and safe environment for all students, families, and employees
- b. provide the services needed to support children of our essential service workers
- c. support vulnerable students who may need special assistance
- d. provide continuity of educational opportunities for all students
- e. follow the guidelines set out by the Ministries of Health and Education
- f. implement standards meeting or exceeding compliance with applicable legislation, regulation and best practices including the orders and directives of the Provincial Health Officer:
 1. Staying informed, being prepared and following public health advice;
 2. Practising good hygiene: hand hygiene, avoid touching your face and respiratory etiquette;
 3. Staying at home and away from others if you are feeling ill – with no exceptions – whether for school, work or socializing;
 4. Maintaining physical distancing outside the household, e.g., no handshakes or hugs, keeping your number of contacts low and keeping a safe distance;
 5. Increasing disinfection of frequently touched surfaces at home and work;
 6. Using non-medical masks; and
 7. Those who develop symptoms of illness while at school will be isolated and sent home.

WORKPLACE ROLES AND RESPONSIBILITIES

In general, all students, parents, employees, visitors, and contractors are required to:

- a. Abide by these specific plans and procedures, and ALL applicable Windsor Hall policies.
- b. Review this document and all periodic updates/notices as distributed.
- c. Participate in any hands-on training or education sessions as directed by the School or as otherwise required to implement this plan.

More specifically, WorkSafeBC sets out the following responsibilities for employers, supervisors, and workers with regard to infectious disease.

The School

The School (*the Employer*) is responsible for:

- assessing the risk of exposure to infection onsite;
- implementing measures to eliminate or reduce the risk of exposure including engineering controls (ensuring good ventilation and air exchange, using visual cues for maintaining physical distance, erecting physical barriers where appropriate, and frequent cleaning and disinfection), administrative controls (health and wellness policies, decreased density in classrooms, staggered schedules and using online learning opportunities), providing education about personal measures (appropriate hygiene, physical distancing measures, staying away from school if sick) and the provision of personal protective equipment (PPE) if needed;
- making sure that students, parents, employees, visitors and contractors understand the risk and comply with control measures put in place; and
- reviewing the plan on a periodic basis and when conditions change (for example new guidance is issued to schools by the Ministry of Education, WorkSafeBC or Public health).

Supervisors

Supervisors including Principals, Head Teacher, and non-teaching staff are responsible for making sure that their teams:

- are aware of and understand this plan and supporting policies and guidelines (including but not limited to the self-screening guidelines and the flu and illness policy);
- comply with relevant control measures including the use of PPE as needed;
- understand how to report any risks arising including if they have reasonable cause to believe they have been exposed to infection from any source (including from family, friends, travel or in the community); and
- know that they should seek medical attention if required.

Employees

All **workers (employees)** are responsible for:

- reviewing policies, procedures, guides, and protocols provided by the school to become aware of potential risks and asking for clarification if needed;
- following safe work procedures as directed by the School;
- reporting any unsafe conditions or acts to their supervisor;
- knowing how and when to report incidents of possible exposure;
- seeking medical attention if required; and
- refusing work that they have reasonable cause to believe will put themselves or others at risk.

HEALTH AND WELLNESS

Appropriate administration support will be available on-site at School to ensure health and safety measures are in place.

Privacy Areas (Isolation)

The Conference Room is the designated privacy area for supporting students and employees who become ill during the school day or workday. At minimum, the isolation area will contain sanitizing supplies, waste receptacle and tissues. Appropriate signage will be posted while the area is in use.

During the School Day

Students, parents, visitors, contractors, faculty, and staff must stay away from school if they are experiencing COVID-19 type symptoms or they have had exposure to somebody who has been diagnosed with COVID-19.

Anyone experiencing COVID-19 type symptoms must stay home, stay away from others, be assessed by their health care provider and tested for COVID-19 as recommended by the Health Authorities.

Employees

- All employees must monitor their health throughout the school day.
- Staff and other adults entering the school must complete a daily health check that is in line with the requirements of the Provincial Health Officer's orders. All staff and other adults entering the building will sign upon entry that they are entering the school in good health.
- Should an employee become sick during a workday, they must immediately ensure that their nose and mouth are covered by a mask, isolate themselves from others in the appropriate isolation room, and advise the Principal or the Head Teacher. Employees should ensure the School has on file a designated person that we can arrange to pick them up if they are unable to drive. While waiting for transportation, employees must remain isolated from others. This can be done by isolating in the Conference Room.
- School staff will notify Fraserview Church when there is an employee at work with a potential case of COVID-19 to determine whether immediate additional cleaning is required by the day janitor in areas that the employee has been in that day and/or more intensive cleaning is needed overnight.

- As announced in the December 18th DM Bulletin, FISA has been contracted by the Ministry of Education to act as the Independent School Sector Lead (ISSCL) on matters of COVID exposure reporting procedures, and to provide support, information, and advice as needed. Janet Dhanani, FISA's Assistant Executive Director, will take on the primary responsibility of serving as the ISSCL.

Windsor Hall will follow this procedure:

- 1) **Complete the COVID Exposure Report Form.** This form is available on the main page of the FISA BC [website](#).
- 2) Email the completed form to ISCovidLead@fisabc.ca.
- 3) **CC the Association COVID Lead for the association of which your school is a member.** (info@amsoffisa.ca.)
- 4) As the ISSCL, Janet will liaison with the appropriate Association COVID Lead and the Ministry of Education to provide follow up support if requested by the reporting school.
- A reportable COVID event includes one or more confirmed cases of COVID-19 among staff or students. Initial reporting should take place the same day a school learns of a confirmed exposure. Reports may be submitted prior to Health Authority notification and updated afterwards.

Students

- Students will be monitored by faculty throughout the school day.
- Students displaying or reporting any COVID-19 symptoms will be directed to immediately put a mask on and report to the office.
- Masks will be available in the school office.
- Students with COVID-19 symptoms will be kept isolated under the supervision of the Health and Safety Team.
- School staff will contact parents to arrange immediate pick up of the student. School staff will notify Fraserview Church when there is a student with a potential case of COVID-19 to determine whether immediate additional cleaning is required by the day janitor in areas that the student has been in that day and/or more intensive cleaning is needed overnight.
- The School will follow the reporting procedure as required (and previously described.)
- Any staff supervising symptomatic students must use strict hand washing techniques and wear gloves and a surgical mask when providing care to symptomatic students.
- School staff will disinfect any touch points in the isolation room while the student is present.
- School staff will advise Fraserview Church when the student has left the isolation area and the building, and if the School has been advised to initiate intensive cleaning processes.

Disinfecting of areas recently used by the affected individual will be initiated and the School may be closed for school-wide cleaning if required.

Faculty or staff who are unable to come into school because they are ill or self-quarantining should contact the Principal to discuss their options while they remain away from the workplace.

Following recovery from COVID-19 students, faculty or staff may only return to school when they are symptom free, have tested negatively or after a minimum of ten days have passed since they became ill, and have received clearance from their medical practitioner. If a student, faculty or staff member is assessed by their family physician or nurse practitioner and it is determined that they do NOT have COVID-19, they should notify the School and may return once their symptoms have resolved.

Hand Hygiene

Rigorous hand washing with plain soap and water and good hygiene practices are the most effective way to reduce the spread of illness. Faculty will reinforce these practices amongst students.

- Wash hands often with plain soap and water for at least 20 seconds. Antibacterial soap is not needed for COVID-19.
- If sinks are not available (e.g., students and staff are outdoors), use alcohol-based hand rub containing at least 60% alcohol.
- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating respiratory viruses. Soap and water are preferred when hands are visibly dirty.
- Cough or sneeze into a tissue or the bend of your arm, not your hand.
- Dispose of any tissues you have used in a lined wastebasket and wash your hands afterwards.
- Don't touch your eyes, nose, or mouth with unwashed hands.

When Students Should Perform Hand Hygiene	When Staff Should Perform Hand Hygiene
<ul style="list-style-type: none">• When they arrive at school and before they go home• Before and after any breaks• Between different learning environments (e.g. outdoor-indoor transitions, from the gym to the classroom)• Before and after eating and drinking• After using the toilet• After handling common equipment/ resources/ supplies or pets• After sneezing or coughing into hands• Whenever hands are visibly dirty	<ul style="list-style-type: none">• When they arrive at school and before they go home• Before and after any breaks• Between different learning environments (e.g. outdoor-indoor transitions, from the gym to the classroom)• Before and after eating and drinking• Before and after handling food or assisting students with eating• Before and after giving medication to a student or self• After using the toilet• After contact with body fluids (i.e. runny noses, spit, vomit, blood).• After cleaning tasks• After removing gloves• After handling herbage• After handling common equipment/ resources/ supplies or pets• Whenever hands are visibly dirty



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Hand Hygiene

**SOAP OR ALCOHOL-BASED
HAND RUB: Which is best?**



**Either will clean your hands:
use soap and water if hands
are visibly soiled.**



Remove hand and wrist jewellery

HOW TO HAND WASH



1
Wet hands with warm
(not hot or cold)
running water



2
Apply liquid or foam soap



3
Lather soap covering
all surfaces of hands
for 20-30 seconds



4
Rinse thoroughly
under running water



5
Pat hands dry thoroughly
with paper towel

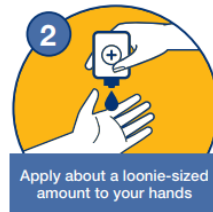


6
Use paper towel
to turn off the tap

HOW TO USE HAND RUB



1
Ensure hands are visibly
clean (if soiled, follow hand
washing steps)



2
Apply about a loonie-sized
amount to your hands



3
Rub all surfaces of your hand
and wrist until completely
dry (15-20 seconds)

COVID19_HH_001



Ministry of
Health



BC Centre for Disease Control

**If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.**



Personal Protective Equipment (PPE)

Personal protective equipment (including masks) can provide an additional layer of protection when more effective measures are not feasible. Masks have a role to play in the prevention and spread of COVID-19. Masks should not be used in place of physical distancing or any other recommended measures.

All staff and students from grades 4-12 should wear a mask indoors at school except when:

- Eating or drinking.

All staff and middle / secondary students should wear a mask on buses.

Face shields should not be worn in place of a mask.

Additional PPE, such as gloves and eye goggles, are not needed for most staff beyond that used as part of routine practices for the hazards normally encountered in their regular course of work.

Music Education

Currently, there is no music education program at Windsor Hall. Should an activity involve singing, masks should be worn.

Physical Education

Activities should be adapted whenever possible to reduce physical contact. There should be no activities that include prolonged physical contact (i.e. physical contact beyond a brief moment) or crowding.

Physical education and extracurricular exercise and sport activities should occur outside whenever possible.

High intensity exercise activities are those that result in significantly increased respiratory rates. In middle and secondary schools:

- If indoors and the activity is stationary, have students spaced 2 metres apart. If the activity involves movement, ensure there is ample space available to reduce the likelihood of physical contact beyond a brief moment.
- Move activities outside or pursue a low-intensity activity if this isn't possible.

Masks should be worn indoors by middle and secondary students during PE activities. Students are not required to wear masks during high-intensity physical activities (e.g. stationary bike,

weightlifting, basketball, soccer); mask use during these activities is left to their personal choice.

Masks should be worn by staff during physical education.

Shared equipment can be used; it should be cleaned according to Ministry of Health guidelines.

Extracurricular Activities

School-based extracurricular activities including sports, arts, or special interest clubs can occur if they can be implemented in line with the guidance of the Ministry of Health.

If gatherings and events must be in-person (e.g., inter-school sports game, theatre productions), minimize the number of people in attendance as much as possible, do not exceed 50% operating capacity, and do not allow spectators.

Extracurricular sports tournaments will be paused at this time.

School Bus

The school bus should be cleaned and disinfected in accordance with BCCDC guidelines.

The bus should be loaded from back to front and offloaded from front to back.

Keep seating consistent and assign seats where possible. If space is available, each student should have their own seat unless sharing with a member of their household.

Bus drivers, other adults, and secondary school students are required to wear non-medical masks. Exceptions will be made for students and staff who cannot tolerate masks for health reasons.

The school will keep up to date passenger lists to share with public health if contact tracing needs to occur.

Staff Room / Common Spaces

- Utilize floor markings and signage to direct traffic flow and prevent crowding (e.g. in the break room, by the photocopier, etc.).
- For gatherings (e.g. meetings, pro-d, etc.), respect room occupancy limits, use available space to spread people out, and consider virtual options (PREFERRED). Gatherings must also occur in line with those permitted as per relevant local, regional, provincial, and

federal public health recommendations and Orders and any related WorkSafe BC guidance.

- Do not share food (including condiments), beverages, utensils, dishes, or containers.
- All lunch and snack food must be eaten or properly disposed of by the end of each day.
- Any staff choosing to use appliances/counters must clean the areas, surfaces, appliances, etc. immediately after use. Supplies are provided by the school.
- Wash your hands before and after you use items in the staffroom and before leaving the staffroom.
- Wash your hands before and after you eat.
- In the main office (copy room) please respect the room occupancy limits and avoid standing in the doorway.

Gatherings and Events

Student gatherings such as assemblies and parent-teacher interviews will be held virtually.

If gatherings and events must be in- person (e.g., inter-school sports game, theatre productions), the number of people in attendance will be minimized as much as possible, and will not exceed 50% operating capacity, and no spectators will be permitted.

OCCUPATIONAL HEALTH AND SAFETY

Physical Distancing

- Although public health no longer recommends learning groups and physical distancing of 2M as communicable disease measures for the K-12 setting, there are a number of strategies that schools can consider to help create space between people and to support students and staff in returning to school using a trauma-informed approach:
- Remind students and staff about respecting others personal space. Use visual supports, signage, prompts, video modelling, etc. as necessary.
- Use available space to spread people out, both in learning environments and for gatherings and events, where possible.
- Manage flow of people in common areas, including hallways and around lockers, to minimize crowding and allow for ease of people passing through.

WHMIS

- All disinfectants, detergents, hand sanitizers must be safely stored out of reach of students. Safety Data Sheets for all products are kept in the office.
- Soap and water is the preferred method of sanitizing hands. However, when soap and water is unavailable, hand sanitizers may be used as the alternative.
- All chemicals must be properly labelled in accordance with WHMIS requirements.

Accidental exposure to cleaning or disinfectant products

If anyone has been exposed to a disinfectant or sanitizer, the following first aid measures should be followed and the local **Poison Control Centre** contacted at 1-800-567-8911.

- **Inhalation:** ventilate the area and seek fresh air
- **Eye exposure:** flush eyes with water for 5-10 minutes
- **Skin exposure:** flush skin with water for 5 minutes
- **Ingestion:** drink ½ cup to 1 cup of water.

Training and Education

All School employees are required to:

- Review this document and all periodic updates/notices as distributed by the Principal.
- Participate in any hands-on training or education sessions as required.

Occupational First Aid Attendants (OFA)

The OFA attendants must review the WorkSafeBC document titled *OFA Protocols during the COVID-19 Pandemic*. First Aid Attendants must complete and document daily health screening.

HAZARD ASSESSMENT AND RISK MITIGATION

In the COVID-19 Public Health Guidance for K-12 School Settings (May 15, 2020) the BCCDC advises that clinical symptoms of COVID-19 may be mild or severe. Most adults infected with COVID-19 will have mild symptoms that do not require care outside of the home. While COVID-19 impacts adults more than children, some adults with specific health circumstances are at an increased risk for more severe outcomes, including older individuals, people with compromised immune systems, or those who have underlying medical conditions such as diabetes, heart and lung conditions.

The COVID-19 virus has a very low infection rate in children and youth. Children and youth typically have much milder symptoms of COVID-19, most often presenting with low-grade fever and a dry cough. Many children have asymptomatic disease; however, there is no conclusive evidence that children who are asymptomatic pose a risk to other children or to adults. Evidence indicates transmission involving children is primarily limited to household settings, and from COVID-19 positive adults to children. Most cases in children have been linked to a symptomatic household member.

Coronavirus is transmitted via direct and indirect contact. Direct contact involves skin-to-skin contact that requires direct personal contact (for example, hugging, shaking hands, etc.). Indirect contact involves a person touching a contaminated intermediate object such as a table, doorknob, telephone, or computer keyboard, and then touching the eyes, nose, or mouth. Contact transmission is important to consider because influenza viruses can persist for minutes on hands and hours on surfaces.

Large droplets may be generated when an infected person coughs, sneezes or drips. Droplets travel a short distance through the air and can be deposited on inanimate surfaces or in the eyes, nose, or mouth. The virus can enter through these droplets through the eyes, nose or throat if you are in close contact. It is believed that most droplet transmission occurs within a 2 metres radius of the source.

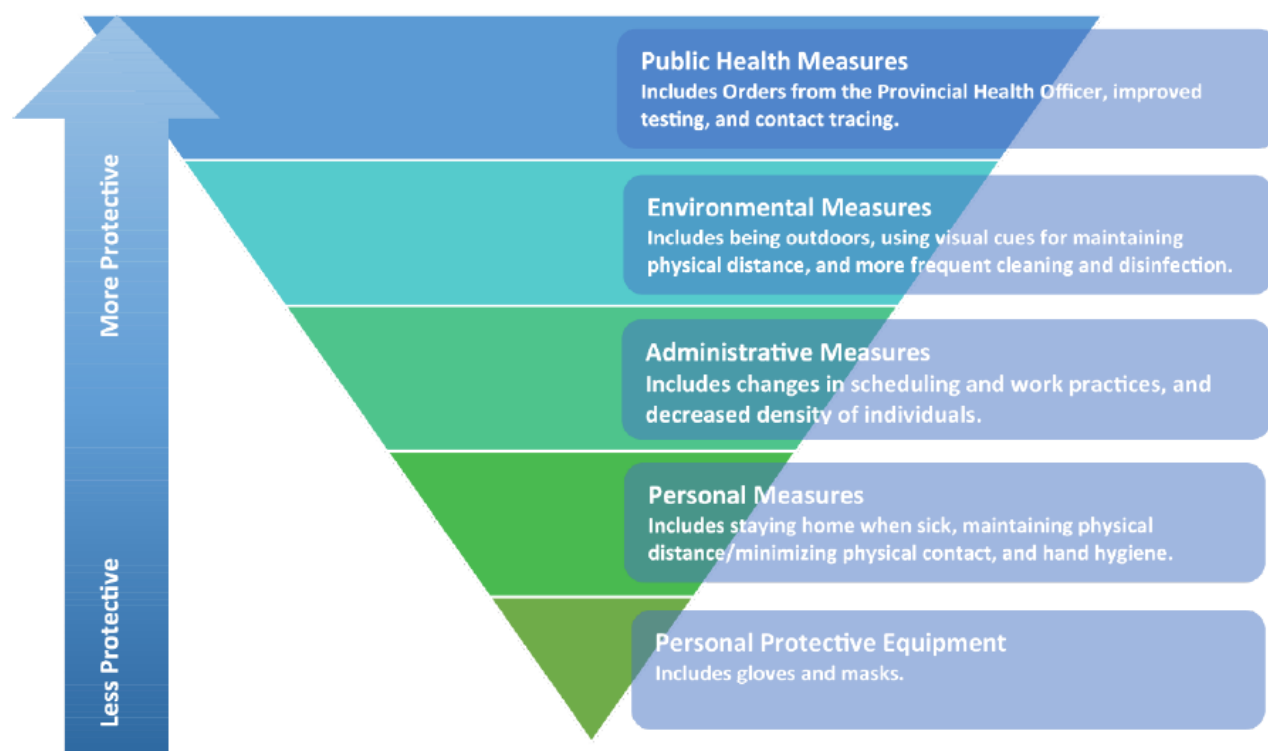
When assessing the likelihood of transmission / infection, the following are important:

- **Contact intensity** – the type of contact (close/distant) and the duration of contact (brief/prolonged)
- **Number of contacts in the setting** – the number of people present at the same time

All Schools are required to take steps to safeguard the health and safety of stakeholders – students, employees, visitors and contractors. With respect to COVID-19, that responsibility includes following the orders of the **Provincial Health Officer** and guidance provided by **WorkSafeBC** as well as other regulatory authorities.

Infection prevention and exposure control measures help create a safe environment for students and staff. The School will use a hierarchy of controls to prioritize risk mitigation steps.

Infection Prevention and Exposure Measures for Communicable Disease



ACCESS

Faculty and Staff

- Complete the BC COVID-19 Self-Assessment each day before reporting to work.
- Once faculty and staff arrive at work, they must sanitize their hands and then they will sign the appropriate document attesting to the fact that they are healthy and displaying no symptoms of COVID-19.
- Report their health status to their Principal or Head Teacher if they have any concerns or questions.
- Faculty and staff must not come to school if they have any current common-cold, influenza, or COVID-19 like symptoms (even if symptoms are mild), if they have had symptoms in the previous 10 days and have been advised by a health professional to self-isolate, or if there exists, any other circumstances that pursuant to a government order or directive requires them to self-isolate.

Contractors and Visitors

Visitors will be limited to those that are supporting activities that are of direct benefit to student learning and wellbeing.

Pre-approval by the Principal or Administrative Assistant is required for access to the school by contractors and visitors.

Contractors, including Temporary Teachers on Call, or other visitors must remain in the reception area until the appropriate employee arrives to escort them while in the building.

These individuals must sanitize their hands upon arrival.

Contractors must be advised to have a WorkSafeBC compliant COVID-19 Safety Plan in place for their employees.

All visitors must complete a BC COVID-19 Self-Assessment prior to entry and sign in upon arrival and sign out when they leave the building.

All visitors must wear a mask while in the building.

Students

In advance, parents/guardians must:

- Complete screening requirements as established by the School for their child on the morning of the first day back at school.
- Check that their children have no COVID-19 type symptoms each morning before sending them to school.
- **NOT send their child to school if they have any current common-cold, influenza, or COVID-19 like symptoms (even if their symptoms are mild), if they have had symptoms in the previous 10 days and have been advised to self-isolate or if there exists any other circumstances that pursuant to a government order or directive requires them to self-isolate.**
- **Not send their child to school if their child has had recent close contact with someone who has returned from international travel in the past 14 days.**
- A student may still receive in-person instruction if another person in their home has symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease, but they remain asymptomatic.
- Follow the School's protocols for reporting student absence.

Daily School Protocols

Students may remain on campus only for the duration of the school day (which does not include extracurricular activities)

- Parents are to drop off their children at the designated area and leave the campus without delay.

Entering and Exiting the Building	During the day	At the end of the day
<ul style="list-style-type: none">• Students will bring all their belongings with them to the classroom. There are limited lockers available.• Before removing any clothing or items from their bags, students must sanitize their hands for 20 seconds.• Once their hands are sanitized, they enter the classroom placing their coats on the back of their chair and their bag(s) under their table.	<ul style="list-style-type: none">• Students must wash or sanitize their hands before they enter the classroom• Students must wash their hands after lunch, after using the toilet, or any other time they enter the room.	<ul style="list-style-type: none">• Students put on their coats and collect their belongings.• Students sanitize their hands before walking out of the door.

CUSTODIAL

All areas being used by employees and students will be cleaned and disinfected at least once per day. High-touch areas will be cleaned and disinfected once per day. These items include doorknobs, light switches, toilet handles, tables, desks, chairs, keyboards, and sports equipment. Items that cannot be easily cleaned shall be removed from use.

Supervision and Quality Control

Custodians will be completing daily checklists of work completed. Frasersview Church is responsible for ongoing supervision and quality control.

Faculty & Staff Cleaning Protocol

Classrooms will be provided with a disinfectant. All faculty and staff will be responsible during the workdays for regularly cleaning and disinfecting their own workspaces with the disinfectant and cloths provided.

Hand Washing & Sanitizing Facilities

- Soap and water is the preferred method of cleaning hands.

- Additional sanitizer stations will be installed at entry points and throughout the school.

CLASSROOMS (GENERAL)

School staff will pre-set classrooms prior to student arrival to ensure physical distancing. Classroom workspaces and desks will be separated from each other by the maximum space permitted by the room size to provide adequate physical distancing during the school day and to allow for entry and exit requirements. Seating arrangements where students directly face one another should be avoided. Additionally, activities that require close face to face contact should be avoided. Only essential teaching items should be in the classroom. Students will be allocated a desk for their daily use.

Desk and counter tops must be cleared at the end of the day to facilitate overnight cleaning by custodial staff.

Hand sanitizer will be available in each classroom.

Decluttering

- Classroom teachers should declutter classrooms to facilitate effective and efficient cleaning. Only essential, daily required teaching items will be stored in the classroom.
- The use of the classroom for long term storage must be minimized.
- Unnecessary, unused items must be disposed of or relocated.
- Desktops and counter surfaces must be kept clear to facilitate ongoing disinfection throughout the day and allow for nightly custodial cleaning/disinfection.
- Teaching staff will direct students to take home any unnecessary personal items and keep their desks clean and uncluttered.

APPENDIX A: COVID-19 RISK IDENTIFICATION AND ASSESSMENT

The following table, adapted from WorkSafeBC Regulation Guideline G6.34-6 (Exposure control plan – Pandemic influenza) was used to assess the risk level to COVID-19 for workers/employees at Windsor Hall.

	Low risk <i>Workers who rarely come into contact with potentially infected people or materials.</i>	Moderate risk <i>Workers who rarely come into contact with infected people, but who may work in areas where infected people have been, or who handle potentially contaminated items (indirect contact).</i>	High risk <i>Workers who work directly with people who are or may be infected.</i>
Hand Hygiene	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)
Disposable Gloves	Not required	Not required (unless handling contaminated objects on a regular basis)	Yes, in some cases (for example, when working directly with pandemic influenza patients)
Gowns	Not required	Not required	Yes, in some cases (for example, when working directly with pandemic influenza patients)
Eye Protection	Not required	Not required	Yes, in some cases (for example, when working directly with pandemic influenza patients)
Airway Protection – Respirators	Not required	Not required (unless likely to be exposed to coughing and sneezing)	Yes (minimum N95 respirator or equivalent)

APPENDIX B: COMMUNICATIONS PLAN

The purpose of this plan is to provide the best possible communication for both internal and external stakeholders.

We hope to provide consistent and authentic engagement with all stakeholders as we realize building understanding and trust requires effective information gathered through clear, focused, timely, and purposeful messaging from the school.

We will use a streamlined approach to communication to inform our stakeholders of all issues regarding the school and this would include changes to instructional delivery due to circumstances like a change in the phase we are operating in due to Covid-19.

The spokesperson for the school is Robert Anstey, Principal. All requests from media should be directed to Mr. Anstey as quickly as possible to ensure consistency of messaging. Mr. Anstey will approach FISA for guidance. The secondary contact is Mr. Jordan Mazzon.

Our primary Regional Public Health Authority is Ms. Sandra Shewchuk, Richmond Public Health and her contact information is: 604-233-3155.

As Per WorkSafeBC guidelines, frontline workers, health and safety committees, and supervisors are involved in identifying protocols for our workplace. Health and Safety committee members meet regularly, including prior to any transitions between stages, and are included in our school's planning efforts.

We have an advisory board and one member represents First Peoples and she is consulted when deemed necessary.

Should inaccurate information be circulating, Mr. Anstey, Principal, or Mr. Jordan Mazzon, will address the issue either in person or via email.

External Communication:

1. **Website** – www.canadastarsecondary.ca It offers a standardized, attractive, platform and format for ease of navigation and support, updated regularly by our School team. This will include information intended for a broad audience. We have the ability to upload the information instantly.
2. **Phone Calls** – As necessary for specific issues.
3. **Email** – Professional, concise, and FOIP compliant with critical information highlighted will be the preferred method of delivering information in a time-sensitive manner. Correspondence will be labeled as “for information” or “for action.” It is our intent to correspond weekly via email with the school community with updates.

4. **Newsletters** – Monthly newsletters with updates from the School as needed in easy-to-access format and sent via e-mail.
5. **Social Media** – Our Instagram, WeChat, and Facebook accounts are updated almost daily with updates and notifications. This is used to augment and support other information sources.
6. Public Statements containing public health messaging, including references to confirmed or suspected cases of COVID-19 within the school community will be reviewed and approved by the local health authority before distribution.
7. Media requests regarding confirmed or suspected COVID-19 will be directed to the regional health authority for response.
8. The Ministry of Education will be informed (educ.covid@gov.bc.ca or 236-478-2712) of significant events and associated communications to the school community related to COVID-19.
9. Ongoing health and safety orientations will happen during school assemblies with students. Ongoing orientations will happen with parent/caregivers via email.

Internal Communication:

1. **Email** – Our school email will be used most regularly. The initial plan is to update weekly or more frequently should the need arise. Correspondence will be labeled as “for information” or “for action.”
2. **Student Updates:** Information about student or class learning will be relayed during meetings with the staff involved or via internal email.
3. **Weekly Staff Meetings** are held on Thursday afternoons. There could also be emergency meetings called to share information directly.
4. **PA System** – For immediate notifications to staff, faculty, and students.
5. **Guidelines from Public Health Authority** – Information will be relayed from the PHO via email and during staff meetings.
6. **Health and Safety Orientations-** Trainings will be held during staff meetings on an ongoing basis as new information becomes available. The initial orientation will be held during the week of September 1-3, 2021 and when new staff are hired.

OFAA protocols during the COVID-19 pandemic

During the COVID-19 pandemic, occupational first aid attendants (OFAAs) continue to provide treatment to workers as necessary. Because of the possibility of community infection, you may need to modify your standard protocols for first aid treatment to reduce the potential for transmission. This document provides additional precautions in your procedures you may take to align with current public health directives such as physical distancing, hand hygiene, and disinfection.

- 1 When you receive a call for first aid, if possible, gather the following information:
 - What are the circumstances surrounding the call for assistance?
 - Are critical interventions likely required?
If so, call 911 or have emergency transport vehicle (ETV) prepared.
 - Are there any obvious signs of COVID-19?
 - If the patient is stable, has mild symptoms, or is not in distress, instruct the patient to go for testing.
 - If the patient is having difficulty breathing, arrange for transport to a hospital (and call ahead).
- 2 If no critical interventions are required, if possible and appropriate, interview the patient from at least 2 m (6 ft.). Ask the following questions:
 - Is anyone in your household sick or in self-isolation due to COVID-19 or suspected COVID-19?
 - Have you been in contact with anyone who has been sick with COVID-19?
- 3 When you arrive at the patient's location, assess the situation:
 - Does the patient have a minor injury that the patient can self-treat while you provide direction and supplies?
 - If yes, direct the patient to self-treat per your OFA protocols (see the self-treatment scenario on page 3).
- 4 If providing direct patient care (within 2 m), don the appropriate level of personal protective equipment (PPE) for the situation. PPE could include the following items:
 - Surgical mask
 - Face shield (or safety eyewear, i.e., safety glasses or goggles)
 - Pocket mask with a one-way valve and filter
 - Gloves
 - Coveralls (disposable or washable)
 - Patients could don a surgical mask or pocket mask, or clear face shield

In view of the global scarcity of PPE supplies, we recommend a point-of-care assessment by the provider and diligent use of PPE as required.

- 5 Remove and wash any PPE that is not disposable by following the BC Centre for Disease Control's directives for **cleaning and disinfecting eye and facial protection**:

- Don a new pair of gloves.
- Using a clean cloth, wipe with soap and water, cleaning from the inside to the outside.
- Rinse with water and remove excess water.
- Using one disinfectant wipe at a time, and first squeezing excess disinfectant into a sink to prevent splashing your face, thoroughly wipe the interior then the exterior of the facial protection.
- Ensure all surfaces remain wet with disinfectant for at least one minute (or applicable disinfectant wipe contact time).
- Equipment may be rinsed with tap water if visibility is compromised by residual disinfectant.
- Allow to dry (air dry or use clean absorbent towel).
- Remove gloves and perform hand hygiene.
- Store in a designated clean area.

- 6 For further direction on safe donning and doffing procedures refer to the BC Centre for Disease Control's instructions for **donning and doffing PPE**.

If critical interventions are required and there is no way of determining background information, anyone providing close assistance (2 m or closer) should don appropriate PPE. Limit access to the patient to the number of people required to deal with the critical intervention. It is important to limit the exposure of others.

CPR and AED protocols

OFAAs should perform compression-only CPR during the COVID-19 pandemic. If there is more

than one trained rescuer with the required PPE, change places for performing compressions approximately every minute, as performing continuous compressions at a rate of 100 per minute will be fatiguing with full PPE on.

C.P.R — OFA Level 1 and OFA Level 2

Upon approaching the scene, the OFAA conducts a scene assessment and dons appropriate PPE. Once PPE is on, the OFAA approaches the patient and applies appropriate PPE, i.e., clear face shield, on the patient and ensures an open airway. If no air movement is felt the OFAA is to start continuous chest compression at a rate of 100 per minute.

C.P.R — OFA Level 3

Upon approaching the scene, the OFAA conducts a scene assessment and dons appropriate PPE. Once PPE is on, the OFAA approaches the patient and applies appropriate PPE, i.e., clear face shield, on the patient and ensures an open airway. If no air movement is felt, the OFAA is to check for a carotid pulse, and if no pulse is felt, the OFAA is to start continuous chest compression at a rate of 100 per minute.

Assisted ventilation — OFA Level 3

If assessment of a patient determines distressed breathing and assisted ventilation is required, the OFAA should use a Bag-Valve Mask rather than a pocket mask. Ensure any trained helper(s) don appropriate PPE (surgical mask and face shield) prior to assisting.

AED — Level 1, 2, & 3

While providing compression-only CPR, when and if an AED becomes available stop compressions and prepare the patient's chest, apply AED pads and allow AED to analyze. After no shock/shock advised, give 2 minutes of compression only CPR. Repeat cycles of analyze/shock or no shock and 2 minutes of compression only CPR until medical aid arrives.

Scenario: Self-treatment with direction

A first aid attendant receives a call stating a worker has injured her hand. The attendant collects as much information about the severity of the injury as possible. The injury is deemed to be minor with no other concerns, so the attendant goes to the worker, but stays 2 m (6 ft.) away. On arrival, the attendant asks:

- Is anyone sick or in self-isolation in your household due to COVID-19?
- Are you able to administer first aid to yourself if I tell you what to do and how to do it?

After the first aid attendant has conducted the interview, the attendant visually assesses the patient and the wound from a distance and asks the patient about underlying conditions relating to the injury.

The attendant then places the required first aid supplies on a surface 2 m from the patient. The attendant steps back and directs the patient to pick up and apply the supplies. The first aid attendant then verbally conducts a modified secondary survey and documents the findings.

Scenario: OFA Level 1 and Level 2 with an intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately ensures that 911 is called. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE, i.e., surgical mask, face shield, gloves, etc. Once PPE is on, the attendant approaches the patient and places appropriate PPE, i.e., clear face shield, on patient prior to conducting the primary survey and performing any critical interventions that are required. The attendant positions the patient in the three-quarter-prone position to ensure the airway is open and clear and no further interventions are needed. Only one

person (the attendant) needs to be in contact with the patient; all others stay 2 m away. The attendant monitors the patient until the ambulance arrives.

Scenario: OFA Level 3 — employer ETV for transport with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately arranges for the ETV to be ready. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the first aid attendant approaches the patient and applies appropriate PPE, i.e., a clear face shield, on the patient and ensures an open airway. Once the airway is open and clear, the attendant stabilizes the patient's head with an inanimate object (to free the attendant's hands) and inserts an oropharyngeal airway to protect and maintain the airway. Once completed, the attendant conducts a primary survey to determine what, if any, further critical interventions are required. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 m away.

If the first aid attendant is working alone or if there is no extra PPE on site for helpers, the attendant places the patient in the three-quarter-prone position and packages the patient. Helpers will be needed to assist the first aid attendant in lifting the patient into the basket and ETV. Use whatever PPE or other measures that are available to assist in providing a barrier between these helpers and the patient, including covering the patient with a blanket. Helpers without PPE should handle the lower extremities and stay as far away from patient's nose and mouth as possible. Once the patient is loaded, the helpers remove their PPE and perform hand hygiene with soap and water or alcohol-based hand sanitizer.