

School Re-opening Qs and As for Saskatchewan First Nations

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Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

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Introduction

Indigenous Services Canada (ISC) - Saskatchewan Region supports the idea of students and staff returning to on-reserve schools this fall, with full COVID-19 precautions in place. It is the responsibility and choice of First Nations leadership in each community on whether to allow their respective school(s) to re-open. ISC will respect the decision of each community and education authority. It will also be the responsibility of parents/guardians on whether they feel confident in sending their children to schools. First Nations will make decisions on re-opening based on what they feel is the safest option for staff and students.

This evergreen document intends to provide updated information to support First Nations in opening and maintaining safe schools during the COVID-19 pandemic. The following Qs and As, developed by Northern Inter-Tribal Health Authority (NITHA) and ISC, are intended to reflect current public health guidelines and science-based evidence. As science and recommendations evolve over time, answers to questions will change. These Qs and As are for guiding purposes and are not meant to be prescriptive.

Monitoring and Testing

Q1: What requires an outbreak declaration in a school?

A1: Every community will have a unique approach. As a general guideline, if two individuals within a school test positive for COVID-19, an outbreak may be declared for that school. The declaration of an outbreak does not automatically result in school closure. Like outbreaks in acute care, long-term care, or business settings, an outbreak declaration may be triggered by a low number of cases but is used by public health team to mobilize and coordinate a response to the infection.

Q2: What indicators will be examined to determine if a school is at risk of an outbreak?

A2: The MHO and public health staff will look at indicators like community transmission data, school attendance, and testing results. This work will be very difficult without schools in each region to help with monitoring school absenteeism. We need minimum ten schools (and ideally 20-30) to participate in the early warning program to help monitor for transmission AND help understand how transmission happens (e.g. through staff). To register, please contact Genevieve at genevieve.binette@canada.ca, Kim Weiss at kimberly.weiss@canada.ca, Valerie Skiba at valerie.skiba@canada.ca or NITHA : James Piad at jpiad@nitha.com.

Remember, it's critical that no symptomatic people come in the school and if you have community transmission, you will also have cases in the school.

Q3: Is there any direction on how schools can communicate and monitor the health of families who choose not to attend in-person?

A3: Community transmission is important aspect of managing COVID response. Schools can promote the importance of monitoring the health of all residents, including the value of self-assessment.

Q4: What is the status of 811?

A4: We have reports that 811 increased capacity and ISC has not received any recent complaints about wait time or other issues. For the second wave, the provincial lab is also increasing capacity to handle up to 4000 tests a day.

Q5: What is the mandatory self-isolation period for a confirmed COVID-19 case?

A5: The mandatory self-isolation period for a confirmed symptomatic case is a minimum of 14 days: either 14 days after exposure OR 14 days after symptom onset OR 48 hours after symptoms have resolved – whichever of the three is later. An asymptomatic case's self-isolation period is 14 days after specimen collection date.

Q6: What public health measures would be required when a COVID-19 case is confirmed in a school?

A6: Determining if the students and staff were in close contact, non-close contact or were considered not a contact to a confirmed case, would guide what type of public health measures would be necessary. Contact definitions are listed below. Public Health Management of Contacts based on risk can be found in the CD Manual at <https://www.ehealthsask.ca/services/Manuals/Documents/cdc-section2.pdf#page=27> which provides guidance and informs appropriate follow-up.

For contacts, there is an assessment by public health staff (which sometimes also involves Occupational Health and Safety staff). It is recommended that close contacts get tested and observe mandatory self-isolation for 14 days after the last contact with the case. The standard definition of a close contact is being less than two meters from an infectious case for at least 15 minutes while not wearing appropriate Personal Protective Equipment (PPE), or sharing of personal items with the case. This includes the 48 hours before the case developed symptoms. In some cases, this timeline might extend to 14 days before the case developed symptoms.

Non-close contacts (that do not meet that definition) are advised to self-monitor, but continue their normal life. People wearing appropriate PPE are not considered to have been exposed. A third category of individuals deemed "not a contact" are those who have only had transient interactions with a case (such as passing in a hallway).

Anyone who becomes symptomatic should immediately self-isolate, call 811/Canada Health Network, and get tested.

Q7: Do public health measures in schools also apply to Head Start programs and day care centres?

A7: Environmental Public Health Officers employed or funded by ISC are available to conduct public health assessment of schools and other childcare facilities to ensure that public health control measures related to COVID-19, as well as general public health guidance, are implemented.

Q8: Are tests happening at school?

A8: Each community determines where testing is delivered in their community based on discussions with the Chief and Council, Health Director, Nurse Manager and the ISC and/or NITHA Medical Health Officer (MHO).

ISC is working to ensure all communities have adequate local capacity to test and the supports, such as nursing capacity availability, are all in place. ISC is also working closely with Education Directors to promote public health measures that support re-opening. As school re-opening plans progress, ISC will continue to work with community nurses on how to support screening and procedures, if there is a case in the school.

It is important to note that testing only gives information for a point in time, and is not a replacement for public health measures.

Q9: Is it mandatory to test staff and students before they return to school?

A9: Testing of staff and children is not required for staff and students, especially if there is no evidence of community transmission. Testing may be recommended if you have a lot of high risk activity in the community such as visitors from USA, large gatherings or people who work in other provinces.

Testing asymptomatic people widely where there is no high-risk factors or evidence of community transmission is not recommended. It does not provide useful information to control the virus and can deplete important resources such as nursing capacity since nurses have to call every single person back with their results. Early warning and monitoring are more effective and less resource intensive approaches.

Before and during the school year, all school staff will have priority access to testing. School staff who would like to be tested in advance of the start of the school year are encouraged to call 811 for a referral for testing as soon as possible or to call the local health centre/clinic.

Q10: Can teachers who live off-reserve be tested in the community rather than going through Healthline 811 and a provincial testing site?

A10: The First Nation, in consultation with their health and nursing staff, decide whether to expand testing to workers who live outside the community. This is based on a number of factors and some communities may already have arrangements in place. Education directors or administrators should contact the community's Health Director and/or Community Health Nurse for more information or to explore options.

Healthline 811 is still the preferred way to book a test for COVID-19 for residents of South Central First Nations and non-residents who work in the community, unless the community has instructed otherwise. Residents of NITHA communities are encouraged to contact their health centre or nursing station for testing appointments first, if they prefer. School staff who book through Healthline 811 are assigned the same high priority as healthcare workers for testing appointments and lab results. Healthline 811 can book testing appointments for First Nations residents at their community's health centre or with their nurse, where applicable.

Q11: How would parents be notified of a positive case in the school?

A11: Public Service Announcements and letters/emails sent home from the school, informing parents of a positive case in the school, can be used to keep parents informed. Public health staff would also notify the parents directly if their child was listed as a close contact to a case.

Q12: If a student is a confirmed case of COVID-19, do family members require testing?

A12: As the student would be under mandatory self-isolation, he/she would need to self-isolate from other family members in the home. Testing contacts of a confirmed case is not mandatory, so the family of the student does may not have to get tested. However, the MHO may choose to offer testing to the family. Testing is now available to anyone who wants one.

Q13: What if someone who lives in the same house as a teacher tests positive? Does that teacher now need to take 14 days off of work to quarantine?

A13: If the teacher was in close contact (as per the definition provided earlier) with the case, the teacher would need to observe a 14-day mandatory isolation period. If, however, the teacher lives in a basement suite and the resident upstairs tests positive, the teacher (as long as he/she wasn't in close prolonged contact with the positive case) would not need to self-isolate, but is encouraged to monitor for symptoms for 14 days.

Q14: What if staff or students have been in contact with someone who has tested positive, but they refuse to be tested?

A14: Testing is not mandatory, but self-isolation is. Those identified as a contact to a case would be notified by a public health/community health nurse of the appropriate follow-up. Testing would be strongly recommended, especially if they are a close contact and symptomatic.

Q15: Substitute teachers provide instruction in multiple schools. What if they are diagnosed with COVID-19? Do all the kids in each school now have to be quarantined and get tested?

A15: Contact tracing occurs 48 hours prior to symptom onset for those that are symptomatic or for the specimen collection date for those asymptomatic. In some cases, contact tracing could be extended to 14 days prior to symptom onset. Through contact tracing, public health would determine which schools need to be contacted.

Infrared Thermometers

Q16: Are infrared thermometers safe?

A16: Currently there is no evidence to suggest that handheld infrared (IR) thermometers (non-contact skin thermometers) or infrared cameras (body temperature scanners) pose a health risk. IR thermometers and body temperature scanners are regulated by Health Canada and are safe and effective when used correctly.

Understanding how infrared thermometers work may help to reassure screeners, parents or students who are reluctant to use them. “Infrared” is just the technical word for heat. Infrared thermometers do not emit infrared energy; they measure the amount of infrared energy (heat) coming from the forehead. The thermometer absorbs the heat through a sensor and then displays the temperature reading. Body temperature scanners work in a similar way, measuring heat through a camera sensor that displays temperature(s) visually on a screen.

The red light emitted by a non-contact skin thermometer is not infrared energy. The red light is a common type of low-energy laser. The purpose of the laser is to aim the thermometer correctly. Some models may have an option to turn off the laser while remaining functional.

Lasers used in infrared thermometers are weak and not able to pass through or damage skin. However, some types of direct bright light, including lasers, can damage eye tissues. It is good practice to avoid pointing any laser directly into eyes (just as we should avoid looking directly at the sun). Do not allow children to play with infrared thermometers or use them without supervision.

Q17: Are infrared thermometers effective for screening?

A17: Infrared thermometers are an acceptable tool for detecting fever when used correctly as part of a COVID-19 screening program. Infrared handheld thermometers are popular because they do not make direct contact with the students, and they are quick and easy to clean. These thermometers are compact, lightweight, and easy to use.

Fever screening is helpful, but is not adequate on its own to screen for COVID-19. Many people infected with COVID-19 will not develop fever. Fever can also be a symptom of many other illnesses (e.g. common colds, bacterial infections) that do not require the same level of isolation measures as COVID-19. Fevers can also be masked by taking common medications (e.g. Tylenol, Advil, cold and flu remedies, etc.).

Because they read the temperature of external skin (i.e. skin on the forehead), infrared thermometers may not be effective for detecting fever in warm or cold conditions or individuals who were recently exposed to very warm or cold weather.

To reduce the potential for unnecessary exclusion from learning, Education Directors are encouraged to include reporting of symptoms and/or exposure to high-risk environments as part of screening. Education Directors are also encouraged to work with the community's Health Director, nurses and leadership to develop a protocol for testing of those who do not pass routine screening.

Screeners (parents, staff, etc.) should also receive training or guidance on the correct use of IR thermometers.

Q18: What is the correct use of infrared thermometers?

A18: In order to ensure accurate recordings, thermometers must be used as directed in insert provided with the unit. These directions can vary slightly between models. Screeners (staff or parents) should be instructed to follow the directions in the package insert. Some general tips and techniques for use of infrared thermometers are available [here](#).

You may wish to develop an instruction sheet for users based on the model number(s) you will distribute/use for screening. Key information to provide may include the model number, technique for use (including distance from skin), how to read the output, what makes fever (threshold for exclusion) and how to recognize a low battery.

Personal Protective Equipment (PPE)

Q19: What's better in the classroom, masks or plexi-glass barriers between each socially-distanced desk? Or both?

A19: With the presumption that the hierarchy of public health measures is being addressed, higher levels of protection include physical distancing and barriers, staying home when ill, pre-screening, hand hygiene and respiratory etiquette, and environmental cleaning. Non-medical masks (NMMs) and PPE are the lowest level of protection.

The best option is maintaining the two-metre distance whenever possible. Plexi-glass type barriers may be an alternative in some areas (e.g., reception, cafeteria serving area), but will require frequent cleaning due to being a frequently-touched surface.

NMMs for children and youth should be considered based on a risk assessment, but are not always appropriate for the following reasons:

- i. Not placed on children under age 2 as they may be unable to remove the masks.
- ii. Ability to consistently use correctly and safely during the day, including during meals and snacks (i.e. able to put on, change and remove) without assistance.

1. Children/youth will have to be taught how to put on and take off the face covering in a safe manner.
2. If not able to wear correctly without assistance, may lead to increased facial touching and result in a risk rather than benefit for self-contamination and contamination of other surfaces.
- iii. Not recommended for wear several hours per day as NMMs are generally recommended for brief, casual interactions where physical distancing is not possible or unpredictable (longer durations may not be tolerated by children and youth).
- iv. Generally not recommended for children and youth in the same class/program due to recurrent interactions.
- v. NMMs should be changed after they are wet or soiled and this could present a challenge with supply and safe handling of soiled NMMs.
- vi. A NMM could become an unintended hazard (e.g. physical injury if caught on playground equipment or psychological injury due to stigmatization if not all children are or are not wearing a NMM).

Q20: What is the difference between PPE and a non-medical mask?

A20: In most workplace and public settings, public health measures are sufficient to reduce or eliminate the chance of exposure to COVID-19 without the need for medical-grade PPE. These measures work through source control, which means:

- Reducing or eliminating pathways for the virus to enter the workplace (e.g. work from home and exclusion policies).
- Reducing the potential for exposure by minimizing contact with respiratory droplets (e.g. physical distancing, plexi-glass barriers, handwashing and cleaning, wearing non-medical masks).
- NMMs can reduce potential exposure in a setting when used consistently with other forms of source control. If a person is infected with the virus, the mask filters many of their respiratory droplets, reducing the risk that another person will come into contact with those droplets, especially when physical distancing is difficult or unpredictable.
- Medical-grade PPE meets quality standards to ensure it protects the wearer. This type of PPE is reserved for healthcare settings where people with COVID-19 cannot be excluded and close personal contact cannot be reduced. Medical-grade masks are often used in combination with face shields, exam gloves and gowns which are NOT usually required in non-health practices or settings.

Q21: Can face shields be used instead of non-medical masks?

A21: Plastic face shields are **NOT** recommended for use as NMMs because they do not adequately filter respiratory droplets. Plastic face shields are designed to offer eye protection only when used in combination with other forms of PPE; they are believed to offer little or no benefit for source control.

Q22: Can neck gaiters, bandannas, or masks with exhalation valves be used instead of non-medical masks?

A22: Emerging evidence suggests neck gaiters, bandannas, and masks with exhalation valves do not adequately filter respiratory droplets and therefore are not effective for source control. In addition, the fabrics of many gaiters may actually “break up” larger droplets into smaller ones that can remain suspended in the air for a longer time, increasing the risk of transmission for others.

- For more information on the recommended construction, fit and use of NMMs, please visit the [Public Health Agency of Canada](#).

- Evidence on the use of NMMs and other face coverings in different settings and populations is emerging rapidly and new developments will be shared as they become available.

Q23: What are some suggestions for ensuring safety of students who can't or don't wear masks?

A23: It is important to maximize safety using a “layered” approach with multiple public health measures, such as staying home when ill, physical distancing and barriers, small consistent class cohorts, hand hygiene, respiratory etiquette, and environmental cleaning as the base layer of protection.

NMMs and PPE of any kind are the least effective measure of protection available. The most effective is to maintain the two-metre distance, limiting the time in close contact and reducing class sizes when possible.

Q24: Should staff wear masks?

A24: If a student develops symptoms while at school and requires close contact and care, staff should wear a medical mask and eye protection (e.g., face shield) during the interactions with the child/youth.

COVID-19 can cause more severe illness among people who are 65 years and over, and those who have compromised immune systems or other underlying medical conditions (heart disease, high blood pressure, lung disease, diabetes, cancer). Staff with compromised immune systems or underlying medical conditions are encouraged to consult with their health care provider for further direction.

It is good to be aware of students/faculty/staff/visitors at higher risk for infection and transmission or severe illness, while avoiding stigma and discrimination, and implement measures to ensure their safety. This may include providing information to all these individuals on additional protective measures, offering online/remote learning, designating specific times to provide services/support, and making available appropriate services/resources as individuals may not self-identify.

Q25: Once a teacher takes a mask off, can he/she put it back on?

A25: The province will provide guidance on what situations are appropriate for teachers to remove their masks. [Guidance on how to put on and remove non-medical masks safely](#) (including a video) is available from the Public Health Agency of Canada.

Q26: Do students have to be masked when they are socially distanced in the classroom? What about when coming in off the bus?

A26: According to CMHO recommendations:

- Students in Grades 4 to 12 should wear a mask in high traffic areas, such as in hallways and on buses. Schools may also require masks regardless of the ability to social distance.
- Students in Grades 9 to 12 should wear masks in classrooms where physical distancing is not possible and/or where individuals outside of their cohort are present.

The full text of the announcement can be found at: <https://www.saskatchewan.ca/government/news-and-media/2020/august/11/level-2-guidance>

Q27: How is PPE obtained?

A27: Attempt to source PPE from your usual vendors, including Indigenous suppliers, if applicable. If PPE is not available through regular channels, send your request to the ISC generic inbox (aadnc.skemergency.aandc@canada.ca) and staff will route your request to potential alternate sources.

Transportation

Q28: What are some considerations when transporting students to school via bus?

A28: Students should be assigned seats and a record of this seating plan should be kept in order to assist with contact tracing in the case of a student being confirmed with a case of COVID-19. Students who live in the same household should be seated together.

Partitions around drivers can be considered.

Cleaning and sanitation of buses or other vehicles used to transport students is required between each run.

Recreational travel requiring vehicles, such as field trips, is not permitted at this time.

Parents will be asked to transport their own children where possible.

Encourage pickup and drop-off of students outside of the building, unless there is a need for the parent or guardian to enter the school.

If parents or guardians must enter the school, they should maintain physical distancing from staff and other children, and be reminded to practice diligent hand hygiene.

Cleaning and Hygiene

Q29: Does COVID-19 live on surfaces in winter? Keeping up with cleaning and disinfection between staggered recesses is already difficult in the fall weather.

A29: There is no evidence that cold conditions inactivate COVID-19 more quickly than warmer weather temperatures. In fact, there is very little information available on cleaning and disinfecting for COVID-19 in temperatures and conditions consistent with Canadian winters. This said, the Re-Open Saskatchewan Plan guidelines do not require cleaning or disinfection of outdoor play equipment between each cohort or group of students. Instead, staying in your cohort, hand hygiene and practices like not putting mitts in mouth should be encouraged. Schools with questions about COVID-19 guidelines for outdoor play structures should contact their Environmental Public Health Officer.

Q30: How often should bathrooms be cleaned?

A30: Cleaning and disinfecting of all high contact surfaces should be increased considerably. Having an adequate supply of paper towel, soap and warm-to-hot water is important at all times, as this will further encourage proper hand hygiene in and out of the washroom.

Q31: Do cloth masks need to be washed daily?

A31: Washing of cloth masks should be done every day. This can be one of the duties that parents or guardians support. We must also keep in mind that some home environments are not in a situation where this may be possible, and children will also forget or lose masks. It would be advised that teachers have a good supply of disposable masks in each classroom, if that becomes a policy for your facility. As part of your orientation

package for back-to-school, instructions on sanitizing and drying of cloth masks, as well as donning and doffing, should be included.

Q32: What is the best way to avoid congestion in washrooms?

A32: To avoid potential congestion in washrooms, staggering bathroom and recess breaks can be part of the school plan.

Q33: Do you have any recommendations on the Kaivac Cleaning System?

A33: The Kaivac Cleaning System is one of many products/systems on the market today. We're not able to provide advice on whether it is worth purchasing. You may want to ask for contact information for a school that is using the system in Saskatchewan so that a First Nation interested in this system can talk to someone with hands-on experience. What we can provide you with is our general advice on cleaning and disinfection.

Before switching to new cleaning and disinfection products/systems, a school should assess whether or not its current products/systems used are sufficient. A school may only need to increase the frequency of cleaning and disinfection to provide a safe environment. If the disinfectant already used in a school has a Drug Identification Number (DIN) and is approved for use against COVID-19, we do not recommend they switch, as the cleaning staff are familiar with its use. The local Environmental Public Health Officer can help the school with this assessment.

There are many types of cleaning products and disinfection products on the market. The following are the factors a school should consider when selecting disinfection products/systems.

- Use only disinfectants that have a DIN and have been approved by Health Canada for use against COVID-19. For an up-to-date list of approved disinfectants, use this link: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html#tbl1>
- Look at the manufacturer's directions on use.
- Consider the method of application: will it increase or decrease cleaning and disinfection times?
- How many minutes does the surface have to be visibly wet with the disinfectant to kill the COVID-19 virus? This is known as Contact Time, which will vary from one disinfectant type to the next. The longer the Contact Time, the longer the surface has to remain wet in order to meet disinfection requirements.
- If using on drinking water fountains or food contact surfaces, is it rated as being "food safe" by the National Sanitation Foundation? If it is food safe, you will not have to rinse off with clean water at the end of the Contact Time. If it's not food safe, you will have to rinse the surface off at the end of the Contact Time.
- Are there any special requirements for PPE? If so, you will not only have to supply PPE to cleaning staff, but ensure they are trained on use.
- If purchasing specialized applicators or products different than the ones you use, you should consider whether there is a local distributor for after sales and servicing.
- The less "tech" needed to apply products, means the less chance of it breaking down.

Remember: The cleaning and disinfection program should focus on the high-touch areas in schools and on buses and of those items that will be shared by more than one person.

Q34: Can air purifiers be used in buildings (e.g. portable trailers) that do not have an HVAC system? If so, what are the recommendations?

A34: Air purifiers are deemed to be helpful in purifying air in buildings without HVAC systems. However, there is little evidence to indicate portable units actually reduce COVID-19 risks. The advice provided is based on past experience with Severe Acute Respiratory Syndrome (SARS) and other past infectious agents.

Portable HEPA Filtration Air Purifiers (portable units) can be used to improve air quality. Please consider the following if you elect to use them:

- 1) Strategically position air purifiers in areas where they cannot inadvertently transmit respired droplets from one person to another in shared spaces. Purifiers should only be able to drawing air from between the parties and not be able to blow it directly back at them (i.e. parent/teacher meeting rooms or rooms designated for speech therapists).
- 2) If you decide to buy portable units, please:
 - Use HEPA Filtration (rated for “Smoke”);
 - Ensure units can provide between 5 to 12 Air Changes per Hour (ACH) (e.g. higher ACH is recommended by the Centre for Disease Control (CDC) for SARS);
 - Be aware of the noise level the unit can produce, especially for use in a classroom setting. Test multiple units to gauge what you deem to be an acceptable level.
 - Ensure proper and regular maintenance and operation of the units (i.e. replace pre-filters and HEPA filters on a routine basis). Many units will alert you when it is time to replace the filters. Please note: Replacement filters are expensive.
- 3) The use of Portable HEPA Filtration Air Purifiers does not reduce the need for cleaning and disinfection of high-touch surfaces in the rooms where they are located.

Q35: Are disinfecting machines recommended?

A35: Before switching to new cleaning and disinfection products/systems, a school should assess whether or not its current products/systems are sufficient. A school may only need to increase the frequency of cleaning and disinfection to provide a safe environment. If the disinfectant already used in a school has a DIN and is approved for use against COVID-19, we don’t recommend they switch as the cleaning staff are familiar with its use. The local EPHO can help the school with this assessment.

There are many types of cleaning products and disinfection products on the market. The following are the factors a school should consider when selecting disinfection products/systems:

- Use only disinfectants that have a DIN and have been approved by Health Canada for use against COVID-19. For an up to date list of approved disinfectants, use this link: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html#tbl1>
- Look at the manufacturer’s directions on use.
- Consider the method of application: will it increase or decrease cleaning and disinfection times?
- How many minutes does the surface have to be visibly wet with the disinfectant to kill the COVID-19 virus? This is known as Contact Time, which will vary from one disinfectant type to the next. The longer the Contact Time, the longer the surface has to remain wet in order to meet disinfection requirements.
- If using on drinking water fountains or food contact surfaces, is it rated as being “food safe” by the National Sanitation Foundation? If it is food safe, you will not have to rinse off with clean water at the

end of the Contact Time. If it is not food safe, you will have to rinse the surface off at the end of the Contact Time.

- Are there any special requirements for PPE? If so, you will not only have to supply PPE to cleaning staff, but ensure they are trained on use.
- If purchasing specialized applicators or products different than the ones you use, you should consider whether there is a local distributor for after sales and servicing.
- The less “tech” needed to apply products, means the less chance of it breaking down.

Remember: The cleaning and disinfection program should focus on the high touch areas in schools and on buses and of those items that will be shared by more than one person. If using any type of fogging machine, pre-cleaning is still recommended before use.

Q36: What hand sanitizers are authorized by Health Canada?

A36: Please follow this link for antiseptic/antibacterial skin cleansers or hand sanitizers that meet Health Canada's requirements and are authorized for sale in Canada: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html>

Q37: What is the recommended ratio for bleach?

A37: The recommended mixture for chlorine and water is 1:50 or 5ml (one teaspoon) of bleach in 250ml (one cup) of water. More information on cleaning and disinfecting is available in the [Re-Open Saskatchewan Plan Guidelines](#). Infection Prevention and Control supplies (such as disinfectants and cleaning supplies) are eligible for support under the community guide.

Food Service

Q38: What are some important factors to consider regarding food service?

A38: It is important to remember that there are no buffet style meals and only adults are allowed to serve individual meals. This means no bowls of fruit, Mac & Cheese or sandwiches, etc. can be offered for self-serve. This also means that condiments must be in single serve packages or portions. Large bottles of multi-touch condiments should be removed from use. Persons serving the food must wear a non-medical mask and food service staff who are seniors should wear a surgical mask. It is important to ensure that food handlers have an updated safe food handling certificate.

Contingency Planning

Q39: What are the recommendations on plans for responses to possible COVID-19 cases during the school day?

A39: Protocols are being developed by the Ministry of Health. Similarly, NITHA and ISC will be developing guidelines for when a child is symptomatic. There are some guidelines already addressing this in other jurisdictions. Enhanced monitoring in schools and in primary care sites (e.g. Sentinel physician influenza-like illness sites) in First Nations communities is being explored.

Q40: What elements should a school re-open plan include?

A40: ISC is currently working with First Nations communities to support education administrators in undertaking public health measures aligned with provincial public health guidance. The Saskatchewan government's Safe Schools Plan for re-opening schools provides a regional context; however, First Nations can and will decide their own re-opening approach based on students' and community-specific needs. The Safe Schools Plan aligns with:

- 1) *The Education Act*
- 2) Board Policies
- 3) Administrative Procedures
- 4) Collective Bargaining

The Safe Schools Plan focuses on eight areas:

- Safe Attendance – Protocols for student and staff attendance.
- Safe Transportation – Protocols for students and drivers.
- Safe Access – School-level protocols for flow of student and staff.
- Safe Facilities – Sanitization and cleanliness protocols for facilities.
- Safe Classrooms – Limiting physical contact, responsible hygiene practices.
- Safe Supports – Mental health supports, intensive needs and immune-compromised protocols.
- Safe Activities – Group activities, including extra-curricular events, will follow Re-Open Saskatchewan guidelines.
- Safe Alternatives – Phased levels to ensure a safe learning environment.

The plan can be found at:

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/public-health-measures/guidance-for-schools>

When developing a plan, it is important to work with leadership, local health teams, and other colleagues. The plan should be approved by Chief and Council and reviewed with the community. Every plan is different but should include some basic elements, such as preparing for emergency, surveillance, case investigation and treatments, preventing the spread of disease in the community, and maintaining essential services.

It is important for a community to do what is best for community members and staff. It is best to do a risk-based assessment on what the needs of the community are. Public health re-open plans should be flexible enough so that when conditions change they can be adjusted with as little disruption to the students, staff, families and community as possible.

Q41: Is returning to school in the fall of 2020 mandatory?

A41: It is the responsibility and choice of First Nations leadership on whether to allow their school(s) to re-open. NITHA and ISC will respect the decision of each community and education authority. Returning to school in the fall of 2020 will also be voluntary and based on parental choice. At-home learning with ongoing enhanced remote delivery should be explored. Again, schools may need to be nimble and adopt different forms of delivery through the school year depending on the public health context and epidemiology.

Q42: Are there any guidelines regarding Practical and Applied Arts (PAA) courses, land-based learning, smudging, and extracurricular activities?

A42: Resumption of these activities should, at minimum, align with the recommendations of the Re-Open Saskatchewan Plan (ROSP). It would be advantageous to keep in mind the local COVID-19 conditions in your area and seek input from your MHO or public health officials. Other factors to consider are bringing in participants from surrounding communities.

Q43: Are overnight camps allowed for schools?

A43: The use of cohort groups and the following of guidelines regarding bussing are encouraged for school curriculum trips. Schools are encouraged to work with their local MHO's regarding overnight camps.

Q44: Is it a requirement that school re-opening plans be shared with ISC?

A44: There is no requirement to share plans with ISC, but ISC staff are available to review plans and provide feedback if requested.

Q45: Many school plans focus more on prevention and less on contact tracing and response. How do we promote the message that we need to expect cases and prepare accordingly?

A45: Every community and school should be prepared for cases and even a second wave. Communities who have successfully managed outbreaks have shared the message: don't be scared, be prepared. ISC and other health partners will work with communities to support risk communication planning if needed. As schools re-open, there will have to be some work to shift messages with a focus on following public health measures. This is a good time to remind everyone that we have learned a lot about COVID-19 in the last 25 weeks and have built up a lot of response capacity together. We can use all we have learned to make re-opening safer and we are in a good position for this, and that is an important message to communicate with others.

Mental Health Supports

Q46: What mental health supports are already available for students, parents, and communities?

A46: Mental health supports available will vary by community. All First Nations communities and individuals can access mental health counselling supports through the Non-Insured Health Benefits program (NIHB). Mental health counselling benefits are available to registered individuals who wish to access one-on-one counselling, including counselling via telehealth. Support is also available for communities that wish to utilize mental health therapists to provide counselling supports within the community for individuals and groups on a short-term basis. Some communities in Saskatchewan are funded directly to deliver the mental health counselling benefit at the community level, through locally employed mental health therapists. The NIHB mental health counselling benefit is accessible 24 hours a day, 7 days a week, through calling 1-866-885-3933.

Other mental health supports, including Mental Wellness Teams, mental health supports for children through the Jordan's Principle initiative, or other mental wellness programs, may be available in your community.

We encourage you to reach out to your community Health Director to find out more about mental health supports for students, families and staff. In addition, the Hope of Wellness Help Line (1-855-242-3310) offers experienced and culturally competent counsellors and is available to all Indigenous peoples across Canada.

Building Systems

Q47: What are the current recommendations regarding buildings systems?

A47: Below are the current recommendations on buildings systems. Please note that guidance is subject to change as more data/experience becomes available.

1. School Ventilation Systems

While guidance from differing jurisdictions recommend increasing ventilation, many refer to the recommendations from the United States' Center for Disease Control (CDC).

The following can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Consider improving the engineering controls using the building ventilation system. This may include some or all of the following activities:

- Increase ventilation rates.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase outdoor air ventilation, using caution in highly polluted areas. With a lower occupancy level in the building, this increases the effective dilution ventilation per person.
- Disable demand-controlled ventilation (DCV).
- Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
- Improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.

The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) recently updated its guidance on reopening and ventilation in schools, which is more detailed. You can find a copy of this update at: <https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-reopening-schools-and-universities-c19-guidance.pdf>

2. Building Water Systems

Excerpt from <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>

Ensure your water heater is properly maintained and the temperature is correctly set.

- a. Determine if your manufacturer recommends draining the water heater after a prolonged period of disuse. Ensure that all maintenance activities are carried out according to the manufacturer's instructions or by professionals.
- b. Make sure that your water heater is set to at least 140°F.

- c. Higher temperatures can further reduce the risk of Legionella growth, but ensure that you take measures to prevent scalding.

Flush your water system

- d. Flush hot and cold water through all points of use (e.g., showers, sink faucets)
 - i. Flushing may need to occur in segments (e.g., floors, individual rooms) due to facility size and water pressure. The purpose of building flushing is to replace all water inside building piping with fresh water.
- e. Flush until the hot water reaches its maximum temperature. Where possible, hot water at the tap should reach at or above 120°F. Anti-scalding controls and devices may limit the maximum temperature at the point of use.
- f. Care should be taken to minimize splashing and aerosol generation during flushing.
- g. Other water-using devices, such as ice machines, may require additional cleaning steps in addition to flushing, such as discarding old ice. Follow water-using device manufacturers' instructions.

The above flushing should be done after consultation with Public Works to minimize the impact on the operation of community's water and sewer services.

Q48: Are Portable HEPA Filtration Air Purifiers recommended for schools?

A48: To improve ventilation in a school, you should:

1. Ensure the HVAC system is working correctly;
2. Improve filtration (this will likely be a long-term fix as it may require an engineering assessment and capital funding); and,
3. Eliminate or substantially decrease the amount of air recirculating in the building by opening the fresh air intake dampers.

Portable HEPA Filtration Air Purifiers (portable units) can be used to supplement the above actions.

- Both the United States Environmental Protection Agency and the Harvard T.H. Chan School of Public Health suggest using Portable HEPA Filtration Air Purifiers to supplement the HVAC system's filtration.
- However, they both advise portable units have to be positioned so that you are not drawing or blowing respired droplets from one person across the breathing zone of another. This may be difficult to do in a classroom with more than a few people in it.
- A portable unit may be of benefit in a room that is being used for a meeting between parents/guardians and a staff member. The purifier should be placed so that it's drawing air from between the parties and not blowing directly back at them. (Ideally, these types of meetings should be done by phone or by video call if possible.)
- A portable unit may be of benefit in a room used for speech therapy if it's placed so that it is drawing air from between the therapist and the student. The therapist must ensure provision of services complies with guidance from the Saskatchewan Association of Speech-Language Pathologists and Audiologists.
- Please note there is little to no research to support the use of portable units in the reduction of COVID-19 risks. The advice is based on past experience with SARS and other infectious agents.
- If you decide to buy portable units, please keep the following in mind:
 - Must use HEPA Filtration and should be rated for "Smoke".
 - The unit should be sized to provide somewhere between 12 and 5 Air Changes per Hour (ACH). The higher ACH is from the guidance provided by CDC (for hospital settings). The lower ACH is a recommendation from the Consumer Reports Organization's assessment of portable units for

- homes. The sales representative should be able to provide advice on sizing the portable units for the rooms where you plan to use them.
- These units can be noisy. Sound is measured in decibels (dB). Normal conversation produces approximately 60 dB of sound. A lawnmower produces roughly 90 dB of sound. You should ask how much noise the unit will make when set to provide the ACH you want. If it's going to be as noisy as a lawnmower, you may want to look at a different unit.
- They must be maintained. You will have to replace any pre-filters and HEPA filters on a routine basis. Many units will alert you when it is time to replace the filters.
- The use of Portable HEPA Filtration Air Purifiers does not reduce the need for cleaning and disinfection of high-touch surfaces in the rooms where they are located.

Q49: Can we have more public health inspections to ensure the education system keeps up with measures?

A49: Please contact your EPHO if you need information on facility inspections. EPH will be making schools, daycares and other public facilities a priority and are available to provide increased inspections if requested.

Q50: We need an alternative to water fountains but this is a capital expenditure – what are the options?

A50: EPHOs can provide public health guidance for water fountains. Many schools have replaced drinking water fountains with bottle fill stations, children are also encouraged to bring a filled water bottle from home everyday.

Human Resources

A Provincial Education Response Planning Team is working hard to support the education sector in making the best decisions in a coordinated way, with consistent responses and messages province-wide. This team consists of officials from the Ministry of Education, STF, SSBA, SASBO, and LEADS. Although this information is specific to provincial school divisions, it may serve as guidelines for First Nation schools.

Q51: How is sick leave covered and paid for teachers or staff who acquire the virus?

A51: Any teacher or staff member who is sick due to the virus would utilize sick leave benefits. For those without any sick leave balance, they can take an unpaid leave of absence due to illness.

Q52: Where is the district going to find a substitute teacher who will work in a classroom full of exposed, possibly infected students?

A52: In Saskatchewan, every school division hires substitute teachers for each school year. In terms of the fear to return to the classroom, a teacher/substitute teacher/staff member could refuse unsafe work and be successful in their application. However, this could be difficult to justify if employers practice social distancing practices and sanitizing measures, which health authorities would deem as providing a safe work environment.

Q53: Will the STF opposition to re-opening and/or concerns for the return to work impact our openings?

A53: Employees have the legal right to refuse unsafe work and the obligation is on the employer to demonstrate that they have measures in place to protect employees.

Q54: Some staff have asked if they could stay home because they live with Elders and others who are vulnerable. Legally, what are the options to keep their contract?

A54: Our advice to school divisions is to be flexible with their employees. Employees who can work from home in such circumstances should be allowed and encouraged to do so.

Q55: We are putting in a clause into the teachers' contracts that they can be re-assigned at any time for duties un-related to teaching. Is this okay?

A55: Please seek your own legal opinion regarding teacher contracts as ISC cannot advise on this. In Saskatchewan, teachers have the Provincial Collective Bargaining Agreement and the Saskatchewan Teachers' Federation would likely take issue with changing the roles and duties of a teacher as they are outlined in legislation and cannot and should not be altered.

Q56: Staff have to report to the office daily to assess their health. If they don't check in, do we reserve the right to let them go?

A56: In terms of teachers/employees not reporting to work, if the school division has given a directive that employees must check in and an employee does not, this becomes a potential disciplinary matter and would need to be investigated before making any decisions of termination. Again, please seek your own legal counsel regarding terminations.

Q57: Should each school have a nurse on staff?

A57: Each community has a public health nurse that can support school plans. It is up to each community to decide whether to staff a nurse in a school.

Nominal Roll and Homeschooling

Due to the COVID-19 pandemic, First Nations may adapt the delivery of elementary and secondary education programming in First Nations schools or may experience changes in student participation in First Nation-operated schools, provincial, private or independent schools. ISC is working with First Nations partners to minimize disruption and to ensure the effective delivery of and funding for First Nations education on reserve. Education funding allocations for 2020-21 were provided fully as planned and ISC is not reducing any formula funding due to alternate school program delivery resulting from the COVID-19 pandemic. There is flexibility in terms of using existing education funds to support First Nations in meeting their school reopening needs.

Q58: Will ISC remove students from the nominal roll if they are not physically in a school full-time due to the COVID-19 pandemic?

A58: No. Schools should keep students on the nominal roll as full-time as this would be considered as a temporary change in program delivery (e.g. if a "normally" full-time in-school program is temporarily delivered part-time or virtually).

Q59: If a parent decides to homeschool a child, should he/she be kept on the school's nominal roll?

A59: Homeschooling that is not supported by a school is not eligible for funding. Homeschooling supported by a school that requires school-approved curriculum and overall connection to a certified teacher is eligible for funding, and therefore, the child should be kept on the school's nominal roll.

Q60: Where does funding flow for a student who is homeschooled and eligible for funding?

A60: Funding continues to flow to the First Nation to provide supports at the school level.

Q61: If schools don't start until October 8th, 2020 or later, how will this impact nominal roll?

A61: Nominal roll may be established based on registration and participation upon school re-opening or based on enrolled or registered students prior to the opening date.

If First Nations and schools have difficulty collecting registration for school, First Nations could have the option of rolling over the 2019-20 nominal roll for the 2020-21 school year.

Q62: If parents choose to send their students to school following the start date, should they be included on the nominal roll?

A62: Schools are encouraged to register students who intend to start later. Unregistered students would not be eligible for funding.

Funding

Q63: Is there any funding to support Saskatchewan First Nations' School Re-open plans?

A63: Yes. On August 26, 2020, the Government of Canada announced \$2 billion in support for provinces and territories through the Safe Return to Class Fund and an additional \$112 million for schools on-reserves to help protect the health and safety of First Nations students and teachers.

The \$112 million investment is comprised of education program support (\$100 million) and minor capital support (\$12million) to address the needs of First Nations students and schools on reserve. The education program funding includes flexibility to support such things as salaries for additional staff and increased access to technology while the minor capital funding provides schools support to implement necessary retrofits following public health guidelines and physical distancing.

Please note: The education minor capital funding cannot be used to address major capital improvements or capital improvements not related to adapting to the COVID pandemic.

This funding will flow directly to First Nations as a percentage increase to total existing funding. First Nations can, in turn, choose to direct this funding to other education service organizations which provide complementary education services and/or coordinate education services and support (e.g. Tribal Councils, Indigenous Representative Organizations, and other education organizations).

It is anticipated that part of the \$2 billion to support provinces and territories will support First Nations students studying off reserve, as well as Inuit and Métis students who study under provincial or territorial jurisdiction.

In addition, proposal-based funding continues to be available to support immediate public health measures such as:

- Additional hand washing stations,
- Signage to reinforce social distancing and consistent with local public health guidance,
- PPE for staff or students.

Accessing additional public health support for First Nations and Inuit communities during COVID-19:

www.sac-isc.gc.ca/eng/1584819394157/1584819418553

Send proposals to: aadnc.skemergency.aandc@canada.ca

Additional Resources

Saskatchewan First Nations Regional Dashboard: Coronavirus for Community:

<http://skfn.ca/coronavirus-information-for-for-community/>

Re-Open Saskatchewan Plan:

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/re-open-saskatchewan-plan>

Saskatchewan Safe Schools Plan:

This website includes links to all Saskatchewan School Divisions' plans.

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/safe-schools-plan#safe-schools-plan>

Saskatchewan Provincial K-12 Guidelines:

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/public-health-measures/guidance-for-schools>

Government of Canada Guidance for K-12 Schools:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/guidance-schools-childcare-programs.html>

Coronavirus Disease (COVID-19): Guidance Documents:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents.html>

Cleaning and disinfecting public spaces during COVID-19:

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html>

Learning Supports:

<https://www.saskatchewan.ca/-/media/files/coronavirus/education/covid19-learning-supports.pdf>

Risk Mitigation Tool for Child and Youth Settings Operating During the COVID-19 Pandemic:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/covid-19-risk-mitigation-tool-child-youth-settings-operating-during-pandemic.html>

Do Bugs Need Drugs: School-based Education Resources for Print or Order:

<http://www.dobugsneeddrugs.org/educational-resources/> (K-12 resources linked to AB and BC curriculums but adaptable for SK as well)

<http://www.dobugsneeddrugs.org/educational-resources/non-english-resources/> (Plains Cree resource for families)

GermSmart (can order free of charge hand hygiene (washing and sanitizing) posters if you provide setting and number of hand hygiene dispensers and hand washing sinks):

<https://www.saskatoonhealthregion.ca/germsmart>

Contact Information

For further inquiries regarding school re-openings, please contact 1-(306)-780-6021 or send your questions to aadnc.skemergency.aandc@canada.ca . Your inquiry will be directed to the appropriate person for a timely response.