

# School Re-opening Qs and As for Saskatchewan First Nations

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Indigenous Services  
Canada

Services aux  
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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 Medical Health Officer (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](mailto:genevieve.binette@canada.ca)), Kim Weiss at [kimberly.weiss@canada.ca](mailto:kimberly.weiss@canada.ca), Valerie Skiba at [valerie.skiba@canada.ca](mailto:valerie.skiba@canada.ca) or NITHA : James Piad at [jpiad@nitha.com](mailto: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: We have had several outbreaks in our local area. If employees are present at a place/time in an advisory, do they have to disclose to their workplace? Should they be self-monitoring at home? What if they visit an area of elevated activity (e.g. visit a community that is experiencing outbreaks)?**

A3: Public Health Advisories that identify places where a person with COVID-19 was present while contagious identify required actions for those impacted (e.g. visited the business or public place during the times noted). These instructions such as self-monitoring or self-isolating must be followed carefully. Anyone who may have been exposed in these settings and are self-monitoring can consider working from home, if possible. Employees who cannot work from home (e.g. health workers) can go to work as usual and self-monitor while following all necessary public health measures. If they develop symptoms (even mild), they should immediately self-isolate, call 811 and get tested.

Other advisories may identify communities or areas with increased COVID-19 activity overall and will recommend increased vigilance in public health measures and avoiding non-essential activities in that area. Unless indicated in the advisory, simply visiting one of these areas does not mean the individual may have been exposed and does not automatically trigger the need to self-isolate or be excluded from the workplace. However, if the person participated in higher-risk activities (e.g. attended a mass gathering or social event) or suspects they had contact with a person with COVID-19, they should self-monitor and consider calling HealthLine 811 for testing.

**Q4: Do you feel cases will increase when people move inside with cold weather?**

A4: All public health evidence suggests that cases will increase when we move to indoor settings. Transmission is more likely indoors because the virus is transmitted primarily through contact with respiratory droplets in environments we call the 3C's: closed spaces, close contact, and crowded places.

The risk of transmission is especially high in uncontrolled settings like social gatherings, family celebrations, weddings, funerals, and nightclubs where strict precautions are not in place and there is much singing, loud talking, hugging, etc. Uncontrolled gatherings can also lead to "super spreader" events, where a single person with COVID-19 (regardless of symptoms) can infect a large number of people at once (up to everyone in attendance).

That said, there are very few examples of transmission within the school setting thus far in Canada and public health will be monitoring this closely. Transmission in schools is less likely because they are controlled settings. This means they have many precautions in place (e.g. screening, masks, physical distancing, cleaning, consistent cohorts, and restricted access to the school, etc.) to reduce the spread of COVID-19 in that environment.

**Q5: Is there any direction on how schools can communicate and monitor the health of students who choose not to attend school in-person?**

A5: 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.

**Q6: What is the status of 811?**

A6: 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.

**Q7: What is the mandatory self-isolation period for a confirmed COVID-19 case?**

A7: 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.

**Q8: If a family on reserve is refusing to self-isolate can the community notify the proper authorities?**

A8: Anyone can call in with a complaint. The Public Health team will investigate.

Please call SPSA (1-855-559-5502) or report online to:

<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/public-health-orders/non-compliance-reporting-form>

**Q9: What public health measures would be required when a COVID-19 case is confirmed in a school?**

A9: 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.

**Q10: Do public health measures in schools also apply to Head Start programs and day care centres?**

A10: 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.

**Q11: When a child has been sent home from school for being sick (but not COVID) when can he/she return to school?**

A11: Students with respiratory symptoms who have a negative COVID-19 test should still self-isolate until 48 hours after symptoms resolve. Some of the reasons the student should not return to school are:

1. It is an extra precaution in case the student’s test result was incorrect (“false negative”).
2. It is an extra precaution in case the student develops COVID-19 after the test.
3. It limits the potential for respiratory illness to circulate in the school setting, triggering more symptoms in more students and staff.

There may be times when a “lingering” symptom may be present (such as a lingering dry cough) and a health provider may clear the student for class before it is resolved.

Please note that gastrointestinal illness (diarrhea, vomiting) is a symptom of COVID-19 as well as many other illnesses (“stomach flu”, “food poisoning”, gastroenteritis, etc.) Students should never attend school when sick with gastrointestinal illness until they have been symptom-free for 48 hours, even when it is not a pandemic situation.

**Q12: Are tests happening at school?**

A12: 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 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.

**Q13: If schools are wanting their students to be tested, is the onus on the school to collect the consents or on the community health nurses?**

A13: If testing is in response to a person confirmed to have COVID-19 or with symptoms, the Nurse Manager of the area or the Community Health Nurse (CHN) gives direction in consultation with the appropriate MHO. Proactive screening/testing at schools should be discussed with your MHO and the Community Health Nurse, and documentation of the proactive screening and testing process should be prepared in advance. If testing involves more than 100 people, the MHO should be notified. As with immunization consents, communities have varying approaches in obtaining and documenting consent. Collecting and documenting consents to test for COVID-19 should be a collaborative effort between the school, Nurse Manager, and CHN to determine the best approach within the community.

**Q14: Is it mandatory to test staff and students before they return to school?**

A14: 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.

**Q15: Can teachers who live off-reserve be tested in the community rather than going through HealthLine 811 and a provincial testing site?**

A15: 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.

**Q16: When my community members call 811, they are often referred for a test outside the community because their mailing address is in a nearby town. Do the urban testing sites report testing of First Nation residents to FNIHB? Can I track how many of my First Nation's residents are getting tested outside the community?**

A16: First Nations status, band or residence are not tracked as part of the testing intake process. Therefore, there's no way for the Saskatchewan Health Authority to report these counts to FNIHB or NITHA or a First Nation. First Nations' testing numbers in FNIHB and NITHA reports count the "number of tests completed within the community".

**Q17: How can residents get referred for a test at our health centre instead of a nearby town or city?**

A17: HealthLine operators have a list of First Nations that can offer testing in their community and can book testing appointments for community members at those sites. When a resident requests testing in a First Nation on the list, the referral is sent to FNIHB who then books the test with the Community Health Nurse. Community members can contact their community health centre in advance to see if testing is available in their community if it is practical.

Callers must tell the 811 operator they reside in a First Nation and request a testing appointment in their community. This is particularly important for community members who list their address in a nearby town or village. Community members can still choose to be referred to a nearby SHA testing site.

Communities can explore ways to book tests in the community for people who cannot use HealthLine 811. However, communities with FNIHB-provided nursing services must discuss options with your nurse in advance to ensure feasibility.

**Q18: Are we allowed to test non-First Nations people at our community clinics?**

A18: Clients are tested under the MHO jurisdiction they reside in, so if they are non-First Nations people who are living on reserve, they can check with their community for testing.

**Q19: How do we approach testing of asymptomatic students?**

A19: Testing of asymptomatic students will likely be recommended if there is a case in the school or there is a noted outbreak in the community or surrounding communities. Random asymptomatic testing seldom detects COVID-19 activity before cases are already revealed through symptomatic testing and contact tracing. At the same time, asymptomatic testing campaigns are resource intensive and increase the chance of false positive(s). Communities can work with the nurse managers and the MHO to determine (based on their situation) if broad asymptomatic testing is appropriate.

School absence data is a cost-effective and reliable alternative early warning method for respiratory outbreaks (including flu and COVID-19). Communities returning to in-person classes are encouraged to participate in the School Surveillance Program.

**Q20: Can we use more comfortable methods of testing?**

A20: Schools or parents should contact their Community Health Nurse to discuss what testing options are available and how to ensure minimal discomfort. These resources may also assist parents and caregivers to prepare a child for COVID-19 test:

BC Children's Hospital on Helping kids with a nose swab COVID-19 test:

<http://www.bcchildrens.ca/about/news-stories/stories/helping-children-through-a-covid-19-test>

Helping people with Autism Spectrum Disorder Manage Masks and COVID-19 Tests:

<https://www.health.harvard.edu/blog/helping-people-with-autism-spectrum-disorder-manage-masks-and-covid-19-tests-2020061020089>

#### **Q21: When do we know when a person is infectious?**

A21: The current evidence shows that people with COVID-19 who display symptoms are contagious for about 48 hours BEFORE the onset of symptoms. They could remain contagious for least 14 days AFTER their symptoms appear. While this may vary between each person, these are the dates used by public health.

For a person with COVID-19 who has no symptoms (asymptomatic) and the date of their exposure(s) are known, public health considers that person contagious for a minimum of 14 days after their last (latest) exposure.

For asymptomatic people with COVID-19 *without* a known or likely exposure, public health considers them contagious from 2 days BEFORE the last date they were tested (were swabbed) and until 14 days AFTER that specimen was collected.

#### **Q22: How would parents be notified of a positive case in the school?**

A22: 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.

#### **Q23: If a student is a confirmed case of COVID-19, do family members require testing?**

A23: 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.

#### **Q24: 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?**

A24: 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.

#### **Q25: What if staff or students have been in contact with someone who has tested positive, but they refuse to be tested?**

A25: 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.

**Q26: 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?**

A26: 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.

**Q27: When will the new rapid testing units be available in communities?**

A27: Health Canada approved the bCUBE and Abbott ID rapid COVID-19 testing units in Canada. The Government of Canada procured about 8 million tests and 2000 testing units for use in Canada, which may be delivered by the end of the year. FNIHB-SK does not yet have information on how many units will be allocated for First Nations in Saskatchewan, but this information will be shared as soon as it is available.

**Q28: Will getting these rapid point of care tests in First Nations mean we can expand testing in the student population? We have students who are sent home with symptoms and while they wait for the test and results, the entire family is in quarantine for several days.**

A28: Rapid testing can be used to improve existing testing strategies (e.g. - symptomatic testing or testing where there is a case in the school or an outbreak in the community. As capacity grows over time, ideally testing will become more widely available in community health settings (e.g. health centres, nursing stations, doctor's offices, and pharmacies) and perhaps other settings such as schools. Currently there is no indication these units will be allocated for asymptomatic testing in communities or schools.

**Q29: Is it possible to know what First Nations are participating in the School Surveillance Program?**

A29: Yes. We can share this information once we get permission from the participating communities. Please help us register more schools as this allows us to respond more quickly and effectively to potential cases. If you have any questions, feel free to reach out to Valerie Skiba at [valerie.skiba@canada.ca](mailto:valerie.skiba@canada.ca).

## **Infrared Thermometers**

**Q30: Are infrared thermometers safe?**

A30: 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.

### **Q31: Are infrared thermometers effective for screening?**

A31: 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.

### **Q32: What is the correct use of infrared thermometers?**

A32: 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)**

### **Q33: What's better in the classroom, masks or plexi-glass barriers between each socially-distanced desk? Or both?**

A33: 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).

### **Q34: What is the difference between PPE and a non-medical mask?**

A34: 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.

**Q35: Can face shields be used instead of non-medical masks?**

A35: 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.

**Q36: Can neck gaiters, bandannas, or masks with exhalation valves be used instead of non-medical masks?**

A36: 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.

**Q37: What are some suggestions for ensuring safety of students who can’t or don’t wear masks?**

A37: 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.

**Q38: I received a form to give to my family doctor to exempt my child from wearing a mask for medical reasons. Is there a provincial or FNIHB policy on this?**

A38: More details on this will be released in the coming weeks. In the meantime, if you have been asked for an exemption note from your family physician please send that note to Renate Ziebart at [renate.ziebart@canada.ca](mailto:renate.ziebart@canada.ca)

**Q39: Should staff wear masks?**

A39: 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.

**Q40: Once a teacher takes a mask off, can he/she put it back on?**

A40: 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.

**Q41: Do students have to be masked when they are socially distanced in the classroom? What about when coming in off the bus?**

A41: According to the Chief MHO 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>

**Q42: How is PPE obtained?**

A42: 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](mailto:aadnc.skemergency.aandc@canada.ca)) and staff will route your request to potential alternate sources.

## **Vaccines**

**Q43: Will there be enough vaccine to cover higher demand this year? There have been concerns or rumours of a shortage.**

A43: The province of Saskatchewan and FNIHB have ordered extra supplies anticipating an increase in demand for the seasonal flu vaccine. As well, the Ministry of Health has purchased 36.5% more vaccine than last year to meet the anticipated increase in demand. At this time, there are no concerns over quantity of supplies.

**Q44: Can we exclude students from school if they choose not to receive a seasonal flu vaccine?**

A44: There is no legislation that would allow for exclusion of unimmunized children from school. Some students may be behind on many vaccines due to a number of factors, and we really think a focus is on the most important kids (under five years, underlying health conditions).

## Transportation

### **Q45: What are some considerations when transporting students to school via bus?**

A45: 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

### **Q46: Should outdoor playground equipment be cleaned and disinfected after use by a group of students?**

A46: No. The focus should be on encouraging/requiring students:

- To wash (or sanitize) their hands before, during and after use;
- To not touch their faces while on recess or at lunch time; and,
- To not touch other students.

Saskatchewan's Guidance on Playgrounds:

- Cleaning and disinfection of outdoor play structures is not required in the Re-Open Saskatchewan Guidelines. Toys and sports equipment (e.g. balls, rackets) should be cleaned and sanitized between groups.

Other Considerations:

- At this time, there are no documented cases of Covid-19 transmission from the use of outdoor playgrounds.
- Disinfection is not practical in between cohorts of students as it is resource-intensive and you must meet contact time and then allow the equipment to air dry or wipe away excess disinfectant before the next cohort.
- While some jurisdictions recommend routine cleaning with soap and water they do not identify a frequency.
- As the weather gets colder the cleaning of the metal and plastic touch areas of playground equipment is less practical.
- ISC-SK is seeking more information on cleaning and sanitizing requirements during the winter months.

### **Q47: How often should bathrooms be cleaned?**

A47: 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.

**Q48: Do cloth masks need to be washed daily?**

A48: 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.

**Q49: What is the best way to avoid congestion in washrooms?**

A49: To avoid potential congestion in washrooms, staggering bathroom and recess breaks can be part of the school plan.

**Q50: Do you have any recommendations on the Kaivac Cleaning System?**

A50: 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.

**Q51: Can air purifiers be used in buildings (e.g. portable trailers) that do not have an HVAC system? If so, what are the recommendations?**

A51: 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.

**Q52: There is a supplier that has started selling Covid-19 Detector’s for \$15,000. They allegedly use the air in the room to detect Covid-19. Is this worth exploring?**

A52: This product is not an authorized medical device and Health Canada has not received data to support the claims made.

**Q53: Are disinfecting machines recommended?**

A53: 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 used 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.

#### **Q54: What hand sanitizers are authorized by Health Canada?**

A54: 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>

#### **Q55: What is the recommended ratio for bleach?**

A55: 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**

#### **Q56: What are some important factors to consider regarding food service?**

A56: 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.

**Q57: If a community is using their gymnasium or facilities for food distribution while following the social distancing, mask policy, and cleaning recommendations are they subject to fines if they have too many people inside at once?**

A57: Minimum gatherings do not apply to the school/work place. If recommendations are being met then the community facility should not be affected by the Re-Open Saskatchewan Plan due to its workplace status.

## **Contingency Planning**

**Q58: What are the recommendations on plans for responses to possible COVID-19 cases during the school day?**

A58: 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.

**Q59: What elements should a school re-open plan include?**

A59: 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.

**Q60: Is returning to school in the fall of 2020 mandatory?**

A60: 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.

**Q61: Are there any guidelines regarding Practical and Applied Arts (PAA) courses, land-based learning, and smudging?**

A61: 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.

**Q62: What are the limits regarding extracurricular activities, intramural sports, and inter-school sports?**

A62: Extracurricular Activities:

While extracurricular activities are allowed, consideration should be given to the following:

- How will the activity affect cohorts within the school? Meetings of clubs and interest groups will likely involve students and teachers from different cohorts (classrooms).
- How will afterhours activities impact end of day cleaning and disinfection?

The following are guidelines you should follow for extracurricular activity:

- No activity should have more than 30 people, including students, staff and volunteers—the fewer better;
- Only people who are feeling well should participate;
- Try to maintain physical distancing of 2 metres or more;
- Activity should be limited to no more than 60 minutes;
- Non-medical masks should be encouraged;
- Avoid if possible the sharing of equipment and supplies;
- Hand wash or sanitize before, during, and after the activity;

- All participants should be encouraged to practice proper sneeze and cough etiquette and to not touch their faces;
- Clean and disinfect equipment and supplies at the end of the activity;
- A record of the activity, who participated, and when should be kept by the school office.

**A60: Intramural and Inter-School Sports:**

The current recommendation is that schools do not compete in inter-school (multi-school) sports activities at this time. The Saskatchewan High School Athletic Association (SHSAA) has suspended all high school competition at this time, however, they are recommending that schools follow the Re-Open Saskatchewan Plan “[Sports and Activities Guidelines](#)” as well as the current “Public Health Order”.

Intramural (within the school) game play and practices are still encouraged as they will help keep children active. Proper hygiene measures should be maintained and social distancing should be maintained when ever possible. These activities should be suspended if there is COVID-19 activity in your school, community, or when it becomes of concern. Please follow the link to read the SHSAA’s “Return to School Sport”. With school re-opening plans, it is up to the school and community to decided what is best for them to ensure the children are engaged in healthy activities while respecting the guidelines.

[https://cdn1.sportngin.com/attachments/document/7039-2264798/Return\\_to\\_School\\_Sport\\_September\\_21.pdf#\\_ga=2.256545291.1099071136.1601323532-225441920.1601323532](https://cdn1.sportngin.com/attachments/document/7039-2264798/Return_to_School_Sport_September_21.pdf#_ga=2.256545291.1099071136.1601323532-225441920.1601323532)

**Q63: Are overnight camps allowed for schools?**

A63: 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.

**Q64: Is it a requirement that school re-opening plans be shared with ISC?**

A64: There is no requirement to share plans with ISC, but ISC staff are available to review plans and provide feedback if requested.

**Q65: 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?**

A65: 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.

**Q66: What is the max capacity of a classroom when students have to social distance?**

A66: The Saskatchewan Ministry of Education has not put a cap on class size and have left those decisions up to the individual school boards. Many school divisions and school boards have chosen to start the year off in Level 2 of the return to school plan.

## **Mental Health Supports**

### **Q67: What mental health supports are already available for students, parents, and communities?**

A67: 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**

### **Q68: What are the current recommendations regarding buildings systems?**

A68: 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.

- 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.
- Make sure that your water heater is set to at least 140°F.
- Higher temperatures can further reduce the risk of Legionella growth, but ensure that you take measures to prevent scalding.

Flush your water system

- Flush hot and cold water through all points of use (e.g., showers, sink faucets)
  - 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.
- 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.
- Care should be taken to minimize splashing and aerosol generation during flushing.
- 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.

### **Q69: Are Portable HEPA Filtration Air Purifiers recommended for schools?**

A69: 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.

**Q70: Can we have more public health inspections to ensure the education system keeps up with measures?**

A70: 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.

**Q71: We need an alternative to water fountains but this is a capital expenditure – what are the options?**

A71: 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.

**Q72: How is sick leave covered and paid for teachers or staff who acquire the virus?**

A72: 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.

**Q73: Where is the district going to find a substitute teacher who will work in a classroom full of exposed, possibly infected students?**

A73: 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.

**Q74: Will the STF opposition to re-opening and/or concerns for the return to work impact our openings?**

A74: 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.

**Q75: 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?**

A75: 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.

**Q76: 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?**

A76: 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.

**Q77: 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?**

A77: 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.

**Q78: Should each school have a nurse on staff?**

A78: 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 Considerations**

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.

### **Q79: Has nominal roll collection and reporting changed due to the pandemic?**

A79: Yes. On September 30<sup>th</sup>, First Nation-operated schools are asked to collect the list of students registered and participating in an education program, in person, remotely or through another instructional delivery method, and include them on the nominal roll. All nominal roll data must then be provided to ISC regional offices by November 16, 2020 for validation.

Under exceptional circumstances where schools are closed on the September 30<sup>th</sup> census day, ISC can work with First Nations to finalize nominal roll submissions.

IT IS IMPORTANT TO NOTE THAT FUNDING ALLOCATIONS FOR 2021-22 WILL BE CALCULATED BASED ON THIS NOMINAL ROLL. There will not be opportunities for in-year adjustments as all available K-12 program funding will be engaged by the formulas.

### **Q80: Has the pandemic impacted the education funding cycle?**

A80: No. The funding amounts for 2020-21 were determined using funding formulas based on the 2019-20 Provincial Regulations and the 2019-20 Nominal Roll. Therefore, no scenario in September can affect the formula amounts. In-year adjustments are not possible under the funding formula cycle. The 2020-21 Provincial Regulations and the 2020-21 Nominal Roll will inform the 2021-22 funding formulas and impact the funding allocations for April 2021.

### **Q81: Will ISC remove students from the nominal roll if they are not physically in a school full-time due to the COVID-19 pandemic?**

A81: 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).

### **Q82: If a parent decides to homeschool a child, should he/she be kept on the school's nominal roll?**

A82: 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.

**Q83: Where does funding flow for a student who is homeschooled and eligible for funding?**

A83: Funding continues to flow to the First Nation to provide supports at the school level.

**Q84: If schools don't start until October 8th, 2020 or later, how will this impact nominal roll?**

A84: 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.

**Q85: If parents choose to send their students to school following the start date, should they be included on the nominal roll?**

A85: Schools are encouraged to register students who intend to start later. Unregistered students would not be eligible for funding.

**Q86: If students cannot attend school on census day (September 30<sup>th</sup>) due to illness or medical reasons, should they be included on the nominal roll?**

A86: First Nation schools may include, on the nominal roll, registered students unable to participate in school learning on census day due to COVID-19 illness or other medical reasons. Schools may be required to demonstrate absences through documentation from a parent, guardian, medical professional, or certified by school officials. Students absent for legitimate medical reasons may be considered eligible for funding.

**Q87: Some students who live on reserve and normally attend a provincial school have migrated back to the First Nation school because of the pandemic. How is this supported?**

A87: Students who migrated from a provincial school to a First Nation-operated school in 2020-21 should be included as First Nation-operated school students on the 2020-21 nominal roll. ISC will exceptionally allow flexibility between funds dedicated to students attending First Nation-operated schools and funds dedicated to students attending provincial/private schools for 2020-21. This includes cases where provincial tuition agreements are managed by ISC on behalf of First Nations.

## **Credit Attainment**

**Q88: How do First Nation high schools meet the requirement hours for credit if they have a late start and rotating classes?**

A88: In terms of current policy, the MOU between the Ministry of Education and First Nation partners states: a full credit course should be approximately 100 hours of instruction.

*The Registrar's Handbook (RH) for School Administrators* states: 1 credit = 100 of instruction.

There is a required number of instruction hours defined in *The Education Regulations*:

22(1) In each school year, every board of education and the conseil scolaire shall provide at least:

(a) 950 hours of instructional time for Grades 1 to 12; and

(b) 475 hours of instructional time for kindergarten.

(2) Subject to subsection (1), a board of education or the conseil scolaire may allow for fewer than 5 school days in a week.

However, there is an exception this year and in terms of instructional time, the Ministry of Education understands the unique challenges schools are facing and that it may not be possible to meet the required 950 instructional hours. The focus will be on teaching of outcomes, rather than amount of time per subject, as well as ensuring the safety of students and staff.

## **Funding**

### **Q89: Is there any funding to support Saskatchewan First Nations' School Re-open plans?**

A89: 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.

### **Q90: The application deadline for COVID-19 Public Health funding was September 30, 2020. Are funding requests still being considered?**

A90: Yes. Inquiries and proposals to access additional Public Health supports continue to be received and considered for additional public health needs for communities and safe school reopening. For accessing additional public health support for First Nations and Inuit communities during COVID-19 please refer to: [www.sac-isc.gc.ca/eng/1584819394157/1584819418553](http://www.sac-isc.gc.ca/eng/1584819394157/1584819418553)

Send proposals to: [aadnc.skemergency.aandc@canada.ca](mailto: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>

#### **COVID Alert**

This is an exposure alert and available to all Canadians for free download, in the App Store and Google Play. COVID Alert helps us break the cycle of infection. The app can let people know of possible exposures before any symptoms appear.

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/covid-alert.html>

#### **Infographics**

These websites share infographics regarding COVID-19 that are easy to understand.

<https://thespinoff.co.nz/media/04-09-2020/the-great-toby-morris-siouxie-wiles-covid-19-omnibus/>

<https://www.saskhealthauthority.ca/>

## **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](mailto:aadnc.skemergency.aandc@canada.ca) . Your inquiry will be directed to the appropriate person for a timely response.