



Interim Outbreak Management of Coronavirus Disease (COVID-19) in Junior Kindergarten-12 Schools

Interim Guidance for the Northwest Territories

September 9, 2021



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The Office of the Chief Public Health Officer (OCPHO) will update this document as new information emerges. See [Appendix A](#) for list of revisions.

Introduction and Purpose

The purpose of the “*Interim Outbreak Management of Coronavirus Disease (COVID-19) in Junior Kindergarten (JK) - Grade 12 (JK-12) School Settings*” document is to provide guidance on COVID-19 outbreak control and management in JK-12 schools in the Northwest Territories (NWT) during the current pandemic. It is based on current evidence and will be updated as the situation evolves [new evidence emerges](#).

As the COVID-19 pandemic evolves, uncertainty remains about the health impact of COVID-19 in children and youth. As of September 1, 2021 about 287,000 children and youth 19 and younger have developed COVID-19 infection in Canada, accounting for 19% of all infections in the pandemic so far. Of these infections 170 required an ICU admission (1 in about 1700 infections) and there have been 16 deaths.

Systematic reviews are lacking but studies that evaluate the risk to education workers describe that the risk of severe COVID-19 in education workers is lower than other essential workers such as healthcare workers or social care workers. Other studies from earlier in the pandemic estimate that the risk of teachers acquiring COVID-19 is similar to other professions. .

The pandemic response resulted in widespread school closures in many jurisdictions, including NWT in Spring 2020. School closures, however, can cause unintentional harms including increased risk of isolation, food insecurity, stress, and risks to personal safety. To minimize potential harms, the NWT Chief Public Health Officer (CPHO) recommended re-opening schools in the Northwest Territories with appropriate risk mitigation measures in place in the [Public Health Order – COVID-19 Relaxing Phase 2](#) pursuant to section 11 of the [Public Health Act](#), effective June 12, 2020.

In order to protect the health and safety of students and educational staff during the ongoing COVID-19 pandemic, schools must meet the recommendations of the CPHO and the requirements of the Worker’s Safety and Compensation Commission (WSCC) while supporting the learning and wellbeing of all NWT students.

Education boards will ensure that each school has a rigorous re-opening plan that is reviewed by the Office of the Chief Public Health Officer (OCPHO) and WSCC forms are completed and on-site. The Department of Education, Culture, and Employment (ECE) has worked with the OCPHO to develop resources to help education boards with their planning process, and guidance is updated as new evidence emerges.



Schools must be prepared for potential COVID-19 outbreaks and have an Exposure Control Plan that ensures readiness to manage symptomatic individuals, confirmed COVID-19 cases and how to respond to an outbreak should one occur.

The OCPHO will work collaboratively with Health and Social Services Authorities (HSSA), ECE and local school boards to facilitate prompt response to help minimize the impact and manage the spread of the outbreak for the benefit of staff, guardians, caregivers, students, the health system and school operations.



Terms

Bubble: A group of students and staff who remain together over time, e.g. classroom bubble

School: refers to both public and private institutions providing JK-12 education programs to children and adolescents in the classroom settings. Other school-based activities that may be impacted by this guidance include, but is not limited to; sports, field trips, school-based care or camps, and feeding programs that occur both inside and outside of regular school hours, professional development days.

Staff: applies to all staff or persons paid or unpaid, who provide services, work, volunteer, or train in the school. This includes but is not limited to: administration staff, health and allied care professionals, recreation staff, custodians, laundry, dietary, security, inspectors, building maintenance, contractors, delivery staff, volunteers etc.



Roles and Responsibilities

Everyone has a role in outbreak prevention, control and management in schools. Outbreak management requires a coordinated team approach, and therefore it is essential that those involved have a clear understanding of their role and responsibilities.

Chief Public Health Officer (CPHO)

- Issues Public Health Orders (PHOs) that are necessary to protect public health ([current PHOs](#)) as defined within the [Public Health Act](#) that all residents and visitors of the NWT must follow

Office of the Chief Public Health Officer (OCPHO) under direction of the CPHO

- Set public health requirements and recommendations that schools must meet prior to re-opening
- Sets standards and recommends best practice for prevention and control of communicable disease (including COVID-19) surveillance, reporting, case and contact investigation and outbreak response
- Recommends testing requirements and strategies
- Declares start and end of an outbreak
- Directs and supports health care providers (HCP) and school administrators on case and contact investigations and outbreak prevention and response
- Coordinates ongoing surveillance and monitoring during the pandemic including any localized outbreaks
- Responds to media inquiries and sends out public health advisories as appropriate

Community Health Centre/Public Health Unit/Health Care Professionals

- Provide public health guidance to schools, guardians, care givers and students on suspected and identified outbreaks
- Assess, test, and provide public health guidance, advice and education to school staff, guardians, caregivers and students
- Conduct case and contact investigations in consultation with the OCPHO
- Ensure OCPHO case and contact reporting requirements are met

School

- Ensure school staff, guardians, caregivers and students understand and follow the current public health guidelines and worksite measures regarding communicable disease prevention and control and outbreak response
- Communicate necessary communicable disease and COVID-19 information to guardians, students, and staff



- Implement and keep up-to-date a workplace safety COVID-19 Exposure Control Plan
- Maintain daily attendance records and monitor absenteeism levels for all staff and students to facilitate early recognition of possible outbreaks and to facilitate communicable disease investigation by HCP and public health officers
- Monitor for symptoms of COVID-19 and follow appropriate protocols for staff and students who are or become ill

Department of Education, Culture and Employment

- Provide guidance and support to education boards and schools to ensure continuity of student learning and appropriate supports during identified school outbreaks and the pandemic
- In collaboration with the OCPHO facilitate communication and guidance regarding communicable disease prevention, control and outbreak response to education boards, parents and public
- Coordinate infrastructure assessments to assess and consider improvements to heating, ventilation, and air conditioning systems and indoor air quality to reduce the risk of transmission of respiratory infections
- Ensure reporting of infections worker infections acquired in the workplace to WSCC as necessary under NWT's *Workers' Compensation Act*.

Workers' Safety & Compensation Commission

- Ensure all employers in the Northwest Territories comply with their obligations under section 88 of the [Occupational Health and Safety Regulations](#) made pursuant to the [Safety Act](#) to develop and implement an Exposure Control Plan to eliminate or minimize worker exposure to COVID-19. WSCC requires implementation of the following measures for workplace safety planning for COVID-19:
 - Employer completion of a [Workplace Risk Assessment](#)
 - Worker completion of a [Worker Hazard Assessment](#)
 - Using the risk and hazard assessments, the employer must complete an [Exposure Control Plan](#) that details how employers, supervisors, and workers will eliminate or control the risk of COVID-19 exposure at work
 - All employers and staff must follow public health advice and review and update the Exposure Control Plan and risk assessments regularly



Outbreak Prevention and Exposure Control Measures

While details on specific health and safety measures will vary from school to school, there are general public health measures that will be implemented in all NWT schools. Health and safety measures include:

- Practice physical distancing, healthy respiratory practices, hand hygiene and use of non-medical masks as appropriate.
- Implement infection prevention and control (IPAC) practices such as;
 - Engineering and administrative controls, and
 - Appropriate use of personal protective equipment (PPE) such as medical masks, face shields and eye protection, gloves and gowns

Physical Distancing

- Maintain classroom bubbling where applicable.
- Minimize communal settings (i.e. limiting seating, blocking off areas, supervising hallways)
- Students place personal items at desk or stagger accessing of locker/coat racks in time to minimize contact and congregation opportunities.
- Use grade appropriate desk spacing and remove unnecessary objects in classrooms (i.e. extra book cases, furniture, stands).
- Stagger breaks, recesses, lunches or eat in classrooms with spaced desks.
- Enforce physical distancing for both indoors and outdoors if over age 12.
- Avoid physical contact (no handshakes, physical greetings, hugs).
- Provide online learning opportunities with special options for assignment pick up, after hours tutoring or additional supports as needed.
- Staggered pick up and drop off if feasible.
- Minimize adult interaction on site.

Engineering Controls

- Physical barriers/Plexiglass installed appropriately.
- Maintain traffic flows throughout the school and while entering and exiting.
- Define areas for pick up and drop off.
- Improve ventilation where possible.
- Encourage classes outdoors (environmental conditions permitting).
- Use visual markers (i.e. tape on floor, designated spaces outlined, posting metre sticks).
- If possible provide touch free options for taps, garbage lids, doors, toilet flushing.

Administrative Controls

- Ensure emergency contact information for staff, guardians and students is up-to-date
- Limit vulnerable staff interaction and provide alternative working arrangements (i.e. staggered shift, work from home).
- Ensure staff and students know the [symptoms for COVID-19](#) and they remain at home if they have those symptoms.



- Guardians and caregivers are provided information regarding COVID-19, how to monitor for symptoms and when to keep children home if they are symptomatic and how to access medical care for assessment and possible testing for COVID-19.
- Ensure staff and students do not attend school while required to self-isolate (travel or medically directed).
- Communicate to Office of the Chief Public Health Officer if they are aware of any staff or students with COVID-19 participating in in person learning, and to local health centre or local public health if they are aware of any staff or students who are contacts to COVID-19 attending in person learning.
- Designate an isolation area for students who develop symptoms while on site.
- Develop protocols for screening staff and students daily for symptoms of COVID-19 and procedures for when they are symptomatic (e.g. temperature check (optional), symptom questionnaires, monitoring ill students until guardians or caregivers can pick students up).
 - Caution the use of non-contact infrared thermometers for COVID 19 point of entry screening, as insufficient evidence to validate the effectiveness of this measure and due to environmental conditions in the NWT in accuracy with temperature results may occur.
- Develop and administer a screening process such that people who are sick will not be allowed in school. If students become sick at school, schools will have a plan to quickly isolate them in a designated isolation area, contact guardians or caregivers and the send the student home
- Offer full curriculum with the exception of playing of wind and brass instruments, live singing or drama unless approved for exemption by OCPHO.
- Minimize or eliminate contact sports (see [Emerging Wisely Sortable Risk Assessment](#) for details)

Infection Prevention and Control Prevention

- Promote, teach, supervise, enforce and model strong [healthy respiratory practices](#) and [hand washing](#) with staff and students.
- Ensure access to hand hygiene stations stocked with soap and water or alcohol based hand sanitizer.
- Enhanced custodial services and environmental cleaning to a minimum of twice daily (consider teaching students how to clean and disinfect their own desk and work areas).
- Eliminate communal food and condiments (i.e. buffet style) and supply only single serve foods (i.e. bagged, pre-packaged or plated). Bulk foods (boxed cereal, etc.) can be used but must be served to students in a bowl, that one person prepares and distributes.
- Ensure safe food handling practices are followed at all times.
- Restrict sharing of water bottles and disable water fountains. Only use water bottle fill stations and staff and students must have their own labelled bottle.
- Restrict sharing of personal items (food, clothing, school supplies).
- Dedicate items that are not easily cleaned and placed in separate bags and clearly marked for individual use (sensory toys, face shields, non-medical masks).



Personal Protective Equipment (PPE)

- Provide training and reinforcement of non-medical masks, which are recommended for students above age 2, if tolerated, when they are unable to physically distance indoors in a prolonged contact setting (e.g. traveling on bus).
- Staff to use appropriate PPE based on a WSCC risk assessment.
- Provide training and reinforcement of PPE use including medical masks, face shields, gloves and gowns to staff and when appropriate to students.

For guidance on management of cases and contacts refer to the NWT Office of the Chief Public Health Officer [Chapter on COVID-19](#).

Definition and Identification of a COVID-19 Outbreak

An outbreak is confirmed in a school/childcare setting when: two individuals develop confirmed COVID-19 infection within a 14 day period and transmission for both cases likely occurred within a school, or during school activities.

Enhanced Attendance Practices and Surveillance

Identification of potential cases of COVID-19 is important for prevention, early detection and mitigation of an outbreak. Early detection and mitigation of COVID-19 cases in the school is supported by enhancing attendance monitoring practices, screening for symptoms of COVID-19 in staff and students, and initiation of an entry and exit log of everyone who enters and leaves the school.

Rates of attendance can be compared against usual absenteeism patterns to identify unusual levels, possibly indicating an outbreak. Screening for symptoms of COVID-19 in staff and students allows for early initiation of isolation of those who are symptomatic to reduce spread of disease, and recording and logging who enters and leaves the school will be essential to assist public health experts if or when they need to complete a contact investigation.

Schools should:

- Maintain daily attendance records
- Understand the usual absenteeism patterns of the school (taking into account flexible attendance may be the new baseline)
- Notify local community health center or public health unit if higher levels of absenteeism than expected are observed and follow public health advice

Screening for Symptoms of COVID-19

It is important that staff, guardians and students are aware of the symptoms of COVID-19 (outlined below) and how to assess for them. Identification and assessment of anyone with COVID-19 symptoms, even mild ones, helps identify potential cases early in their course of disease.



Schools should:

- Ensure guardians and caregivers are given instruction on how to screen their children for symptoms of COVID-19 before sending them to school, stay home if they are displaying symptoms and contact their local community health centre or public health unit for advice and assessment when symptoms develop.
- Ensure staff monitor students and themselves for overt symptoms of COVID-19 that may develop during the school day
- If COVID-19 like symptoms develop staff should immediately mask and isolate the students or themselves away from others and follow school procedures and protocols
- Consider implementing daily active screening before an individual (staff, students and essential visitors) enters the school (e.g. infrared thermometer, symptom checklist)
- Provide instruction to students in non-stigmatizing and age & disability-appropriate language on how to self-identify symptoms and be instructed to speak to staff immediately if symptoms occur.
- Ensure staff self-screen for symptoms each day, stay home if sick and contact their local HCP for advice and assessment when symptoms develop.

Symptoms of COVID-19

COVID-19 is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Symptoms of COVID-19 vary from person to person and children who become infected with SARS-CoV-2 often have milder symptoms than adults. Children generally experience milder illness compared to adults. In addition, the emergence of SARS-CoV-2 variants of concern (VOC) and variants of interest (VOI) have underscored the epidemiologic investigators aimed at understanding the impacts of VOC/VOI in this context:

- B.1.1.7 - Alpha
- B.1.351 - Beta
- P1 - Gamma
- B.1.617 - Delta

Symptoms of COVID-19 may include:

- Fever 38° C*,
- New onset (or exacerbated chronic) cough,
- Dyspnea (difficulty breathing),
- Fatigue (really tired),
- Malaise (generally feeling unwell),
- Myalgia (muscle aches),
- Sore throat,
- Rhinorrhea (runny nose),



- Headache,
- Diarrhea/vomiting,
- Anosmia/Dysgeusia (loss of smell/taste),
- Anorexia (loss of appetite)

*Young children, older adults, immunocompromised, or those taking medication such as corticosteroids, Nonsteroidal anti-inflammatory (NSAIDs), acetaminophen may not develop an elevated body temperature during infection.

Children more than adults tend to have:

- Similar symptoms to adults, but are more likely to be mild
- Cough runny nose headache
- Rashes and skin lesions may occur
- Abdominal symptoms (abdominal pain, diarrhea) may occur

Vaccination

- For guidance on vaccination, please refer to the NWT Office of the Chief Public Health Officer [Chapter on COVID-19](#).
- Public health's understanding of transmission dynamics in a school setting is continually evolving given the context of variants and the effects of vaccination.

Isolation of Symptomatic Staff/Students

Individuals who develop symptoms while at home

- If guardians or caregivers observe symptoms of COVID-19, even minor ones, in their child at home, they must not send their child to school. They should contact their local HCP for assessment and direction, and notify the school of their child's absence. The most recent screening tool for parents and students is available here: https://www.gov.nt.ca/covid-19/sites/covid/files/resources/cv19_daily_symptom_screening_tool_students_staff_en_1.pdf
- Any staff with symptoms of COVID-19, even minor ones, must stay home and inform their supervisor as per school policy. They should contact their local HCP for assessment and direction.

Individuals who develop symptoms on-site

It is important for school administrators to have plans in place on how to safely care for children or staff that develops symptoms of COVID-19 while at school and until the child can be picked up by the



guardian or caregiver or the staff member can go home. Illness and injuries that are known to be unrelated to COVID-19 should follow standard school policy for treatment and care.

If the school has questions or concerns they can contact their local community healthcare centre/public health unit for direction and advice

School administrators will:

- Ensure that staff who are at high risk of severe COVID-19 not be designated as caregivers for ill individuals
- Ensure proper [hand hygiene](#) and [healthy respiratory practices](#) and physical distancing are maintained while the ill individual is waiting to be picked up
- If tolerated, give the ill individual a medical mask (non-medical mask if not available) to wear if not already wearing one, (do not place a mask on a child under 2 years or on anyone who has trouble breathing, is unconscious, or otherwise cannot remove a mask without assistance)
- Immediately isolate the ill individual(s) in a supervised designated isolation area until their guardian or caregiver can pick them up. If a separate room is not available, the individual(s) should be kept at least 2 metres away from others
- Ensure staff, tasked with caring for the ill individual(s), wear appropriate PPE as per their employer Exposure Control Plan, especially if a 2-metre distance from the ill individual cannot be maintained
- Ensure that, if there is more than one student or staff members who have symptoms must be isolated at the same time, that they are physically distanced by 2 metres. If there is insufficient space, provide a barrier such as clear vinyl curtain divider and masks.
- Ensure ill individuals with disabilities, that may require someone to wait with them or who may need to assistance, have an attendant or staff member present who can wear appropriate PPE as per their employer Exposure Control Plan
- Encourage the guardian or caregiver comes to pick up the student as soon as possible
- Have a plan in the event the guardian or caregiver cannot pick the ill student up in a private vehicle, or walking is not possible
- Provide individual with tissues for coughs and sneezes and a lined garbage bin for proper disposal of used tissues
- Increase ventilation (e.g. opening a window) in designated isolation area if climate allows
- Ensure other children and staff, who were exposed to the ill student, continue to stay within their designated bubble
- Advise guardian or caregiver to have ill individual self-isolate at home and contact local HCP for further assessment and guidance
- Notify custodian staff to clean and disinfect all areas used by the ill student (e.g. bathroom, classroom) once the student has been picked up



- All items that cannot be cleaned (e.g. paper, books, cardboard puzzles) should be placed in a sealed container for a minimum of 3-5 days
- Custodian staff should use appropriate PPE as per the Exposure Control Plan when cleaning and disinfecting any areas of the school

The local community health centre/public health unit should consider the following:

- Notify school and reinforce prevention protocols when spread of COVID-19 is identified in the community or region (community transmission)
- Identify anyone else within the ill individual's designated bubble that may also be symptomatic and follow applicable procedures.
- Advise the school to maintain designated bubbles to minimize potential transmission
- Advise the school staff to continue to monitor bubble for symptoms of COVID-19 and to notify public health immediately if illness occurs
- Provide guidance on any information that should be shared with other guardians, caregivers, staff or students

Testing for COVID-19

Testing is in accordance with the most recent guidance for testing and reporting in the NWT Office of the Chief Public Health Officer [Chapter on COVID-19](#). The OCPHO advises that HCPs must advise for COVID-19 testing in anyone who has symptoms of COVID-19, which are not definitively attributable to another cause, or if they have other clinical suspicions for COVID-19.

Reporting to the OCPHO

School Administrators are recommended to:

- Contact their local public health unit or community health centre if identification of increasing illness in school, or a decrease in attendance trend, for guidance on public health management
- Public Health Units and Health Centres must report suspect outbreaks to the OCPHO for appropriate guidance and public health management
- Notify OCPHO immediately by telephone at (867) 920-8646 if they are aware of confirmed diagnoses of COVID-19 in staff or students who attend school
- Complete the [COVID-19 and Other Respiratory Viruses Reporting Form, Part A](#) and submit to OCPHO within 24 hours by fax (867) 873-0442 or [secure file transfer](#) (SFT)
- Complete and submit the [COVID-19 Report Form \(for Confirmed Cases\) - Part B](#) to OCPHO within 24 hours of receiving the positive test result by fax (867) 873-0442 or [SFT](#)
- Submit [COVID-19 Report Form for \(Case Status Update\) - Part C](#) to OCPHO on all confirmed cases any time the disposition of the case changes, and/or at a minimum of weekly by fax (867) 873-0442 or [SFT](#). This would be done by the healthcare provider most responsible for the



patient (i.e. doctor or nurse at the hospital if a case is hospitalized or by public health/community health or home care nurse if the positive case is recovering at home)

COVID-19 Outbreak Management

Definition of a COVID-19 Outbreak in a School Setting

School Outbreak: An outbreak is confirmed in a school/childcare setting when: two individuals develop confirmed COVID-19 infection within a 14 day period and transmission for both cases likely occurred within a school, or during school activities.

- The OCPHO will determine and announce when an outbreak is occurring and declare when the outbreak is over

Case-Finding during an Outbreak

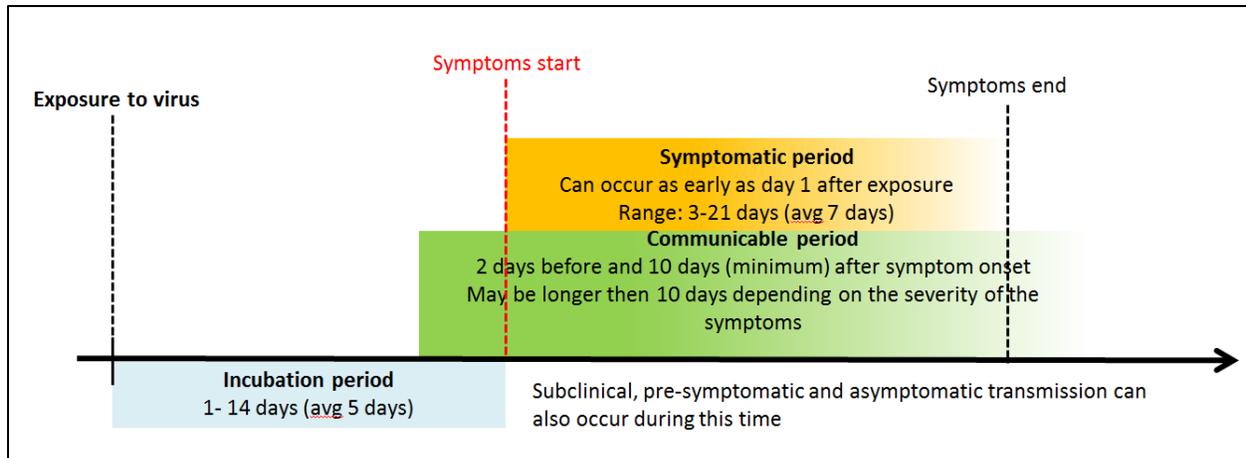
Once a person is diagnosed with COVID-19 in a school; actively finding others with COVID-19 is critical. In consultation with the OCPHO, local community health centre/public health unit staff must gather information and timelines regarding symptoms, possible exposures and communicable period, and contacts by using all available information including attendance records and screening logs. For early detection of additional cases of COVID-19 school staff must continue to monitor staff and students for COVID-19 symptoms and immediately notify local community health centre/public health unit of any symptomatic individuals.

HCP must:

- Determine the communicable period (see Figure 1):
 - Two days before until a minimum of 10 days after the confirmed case developed **symptoms**
 - Two day before until a minimum of 10 days after the date the lab sample was collected from an **asymptomatic** confirmed case.
 - For guidance on management of cases and contacts, please see COVID-19 Chapter.



Figure 1: Communicable Period



- Assess and test, for COVID-19 on every staff and student that was present within the designated bubble (e.g. classroom) of the case during the **period of communicability** whether they are symptomatic or not
- The OCPHO may request additional testing on a case by case basis such as the following:
 - Repeat testing of those in the designated bubble
 - Expanded assessment and testing to staff and students outside of the case’s designated bubble including assessment and testing of all staff and students in the school
- Determine the **exposure period** which includes 14 days before symptom onset or specimen collection (if case is asymptomatic)
 - Determine any potential sources of COVID-19 infection (e.g. see [exposure criteria](#) in the NWT Office of the Chief Public Health Officer [Chapter on COVID-19](#).)
 - Collaborate with the OCPHO to consider investigations to identify the source of the outbreak and prevent any ongoing exposures from a presumed source.
 - In consultation with the OCPHO, consider assessment and testing of staff and students that were present in the school during the **period of exposure**. When initiating investigation into source consider the following:
 - Uncertainty regarding source of the first infection in the school,
 - Uncertainty regarding presence of effective bubbles within the school
 - Presence or absence of known community transmission
- Increase frequency of active screening for [COVID-19 symptoms](#) and testing of staff and students
- Have a low threshold to test any staff, students or essential visitors who develop symptoms of COVID-19
- Enhanced screening should continue for the duration of the pandemic



Case and Contact Investigation during an Outbreak

Completion of a case and contact investigation is critical to the identification and control of the COVID-19 outbreak. The OCPHO Public Health Communicable Disease Control (PHCDC) Unit will provide direction and guidance to the school and community health centre/public health unit nursing staff on case and contact investigations, and will make recommendations for testing and monitoring of cases and contacts as per the NWT Office of the Chief Public Health Officer [Chapter on COVID-19](#).

The [case reporting form](#), [exposure investigation timeline](#) and [contact line listing](#) must be initiated and sent to the OCPHO within 24 hours. Local community health centre/public health unit nursing staff that are experts in case and contact investigations must be contacted to assist with this investigation.

In addition to following the “Key investigation of Cases and Contacts” as defined in the NWT Office of the Chief Public Health Officer [Chapter on COVID-19](#), community health centres/public health unit staff must do the following when a case of COVID-19 occurs in a school setting:

- In addition to known contacts of the case, request the school attendance records and logs of **ALL** staff (including visitors) and students who entered the school during the two days prior to onset of symptoms or date of swab collection (asymptomatic cases)
- Provide attendance records from the 14 days prior to onset of symptoms or COVID-19 test collection (asymptomatic cases) of the case to the community health/public health nursing staff and OCPHO for review and to assist with identification of the exposure, contact investigation and case finding
- Advise all individuals who are self-isolating and monitoring themselves for symptoms to immediately report any symptoms to local community health centre/public health unit or HCP

Additional Public Health Measures

- Based on the outbreak and degree of transmission identified in the school the OCPHO office will work with ECE/School Administration regarding if closure of school settings is necessary.
- Evaluation of the school control plans, and the vaccination status of the student body/staff will be considered when identifying next steps related to COVID19 management to prevent transmission.
- Exposure notifications may be used to identify individuals that access the site that are outside contractors or not identified on school logs etc.

Returning to School after Illness (Discontinuation of Isolation)

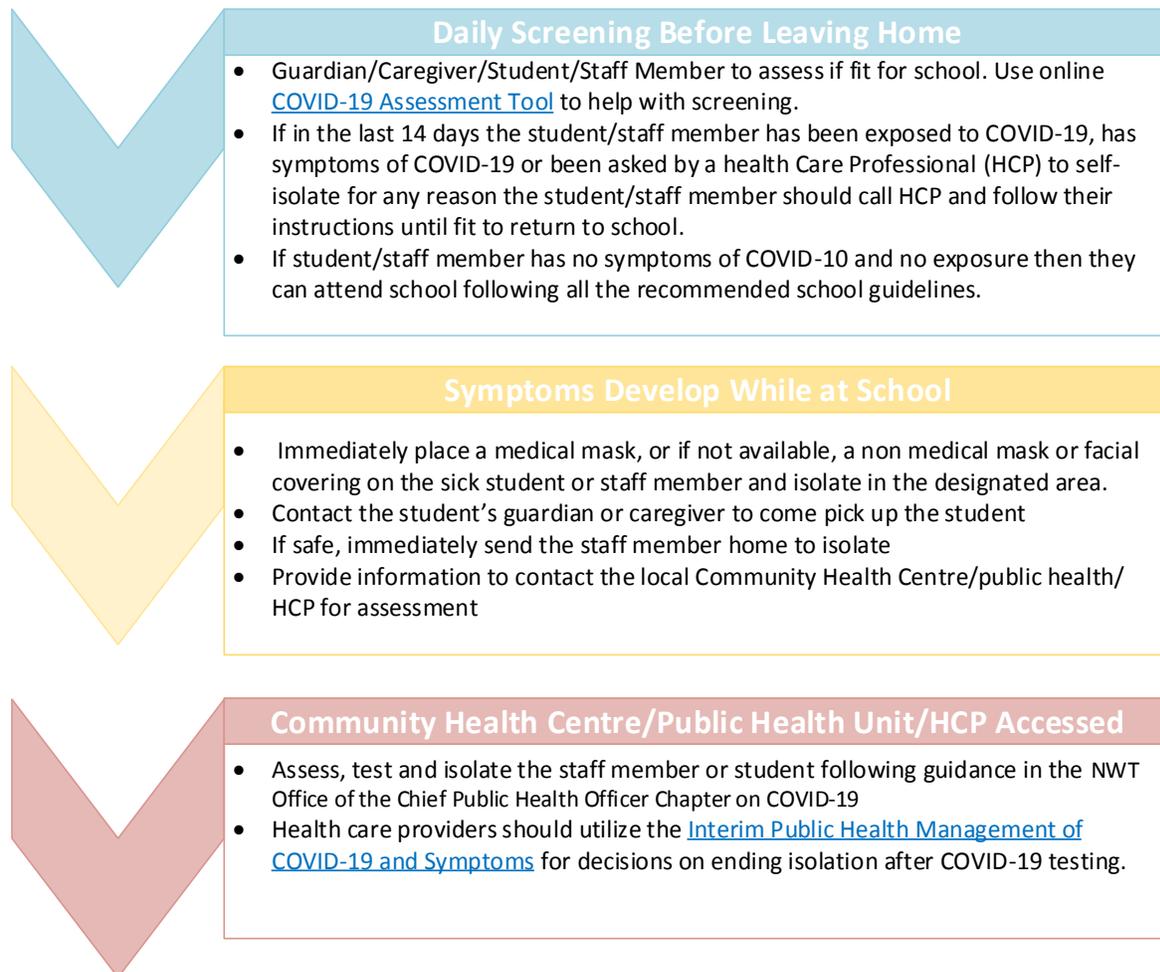
All symptomatic individuals must stay home and be assessed by their HCP for COVID-19 or other infectious diseases.

- For guidance on discontinuation criteria related to case and contacts, please see NWT Office of the Chief Public Health Officer [Chapter on COVID-19](#)



Figure 2: School Outbreak [Algorithm](#)

School Outbreak Algorithm





Outbreak Control Measures

In consultation with the OCPHO, the school may consider initiating outbreak control measures while waiting for results of COVID-19 testing. In addition to the school's enhanced prevention measures the subsequent outbreak control measures must be followed once a case of COVID-19 has been confirmed.

Health and Safety Measures

Schools should:

- Review their workplace COVID-19 [Exposure Control Plan](#) to ensure:
 - Appropriate implementation of required control measures and any identified gaps in implementation are corrected
 - [Public health measures](#) as recommended by the OCPHO are in place
 - Appropriate methods of cleaning and disinfecting using [approved disinfectants](#) are followed
- Reinforce diligent [hand hygiene](#), [healthy respiratory practices](#), [physically distancing](#) and [use of non-medical masks](#) with students and staff and increase access to hand hygiene stations or hand sanitizer dispensers

Interaction with Guardians/Caregivers and Other Groups

- Suspend any interactions that might allow for mixing of bubbles (e.g. soccer, extracurricular activities)
- Cancel school outings, field trips, and non-essential school visitations for the duration of the outbreak period
- Reinforce designated student drop off and pick up areas to minimize entry into school

Environmental Cleaning, Waste Management and Food Services during an Outbreak

Notify custodian(s), food services and other support staff that the school has an outbreak of COVID-19 so their department-specific outbreak management protocols are initiated.

The virus has the potential to survive in the environment for up to several days depending on the surface (soft surfaces, hard surfaces, etc.). A person who has contact with a contaminated surface or object is at risk of infection. Cleaning and disinfecting, particularly of frequently touched surfaces, can kill the virus, making it no longer able to infect people. It is recommended that in addition to organizational IPAC procedures and guidelines, schools must:

- Increase frequency of cleaning and disinfection of high-touch surfaces from a minimum of two times per day to three or four times per day depending of schools activities and student traffic
- Follow [Enhanced Cleaning Checklist](#)
 - This includes classrooms, equipment, and any central areas (e.g., doorknobs, light switches, desks, computers, toys, school supplies, buttons, railings, etc.)



- Terminally clean affected classroom and areas, and quarantine all items that cannot be cleaned and disinfected (e.g. soft items, books, papers) for 3-5 days
- Discontinue use of communal play equipment if not doing so already
- Ensure that staff responsible for cleaning, food services, waste management, etc. limit their need to be in student areas as much as possible thereby limiting their need to wear PPE
- Ensure that staff responsible for cleaning, food services, waste management, etc., who must be in areas where they may be within 2 meters of staff or students, wear appropriate PPE as determined by their WSCC exposure risk assessment
- Dedicate to one staff or student, and not allow sharing of reusable equipment (i.e. pencils, note books, school supplies, shields, masks, etc.)
- Ensure garbage bins are lined and when emptied or handled, appropriate PPE is worn by the staff or student
- Any dirty laundry should be placed in separate bags, avoid being shaken and handled with appropriate PPE as per the workplace risk assessment

School Communication

School administrators should:

- Regularly communicate and reinforce the need for effective [hand hygiene](#), [healthy respiratory practices](#), [physically distancing](#) and [use of non-medical masks](#) practices in ways that are developmentally and language appropriate for audience
- Regularly communicate and reinforce the need for guardians and caregivers to continue to assess their children for symptoms of COVID-19 daily and to stay home when sick
- Regularly communicate and reinforce the need for staff members to continue to assess their themselves for symptoms of COVID-19 daily and to stay home when sick
- In consultation with OCPHO, ECE, School Board and local community health centre/public health unit staff notify staff, parents, guardians and students of an outbreak or case of COVID-19, and include response measures that will be taken by the school.

Suggested letter templates for distribution to staff, guardians, caregivers and students that can be used by the school with guidance and direction from the local public health unit/health centre and OCPHO include:

- Current Situation
- Outbreak Response Measures
- Guidance to the Public

School Closure (partial or full)

The OCPHO will assess the level of risk and determine if, when, and how long a school (or part of a school, e.g. classroom or designated bubble) should be closed. School closures are done on a case-by-case basis with the following considerations:



- Number of positive cases in the school (a single case will likely not warrant closing an entire school unless there was extensive exposure to multiple grades/staff)
- Amount of close contacts of the positive case
- Level of student/staff mixing in the school (if children are primarily in bubbles to minimize mixing, exposure may be limited to one bubble and not pose a broader risk to the rest of the school)
- Level of community transmission
- Likely source of outbreak (if school is likely source or not)

Schools must be prepared to maintain learning remotely in the event of partial or complete school closure.

Declaring the Outbreak Over

Outbreak control measures are to be continued until determined by the CPHO or designate. They may continue for the duration of the pandemic depending on community and regional spread of the disease.

The CPHO or delegate may declare the school outbreak is over when:

- There are no new cases of COVID-19 in staff or students for 2 full incubation periods (28 days) since the last confirmed case has been isolated away from the school and others.
- A period of 28 days is equivalent to two times the maximum incubation period and is expected to confirm the interruption of human-to-human transmission at the outbreak setting.
- Given the occurrence of asymptomatic cases, a period of 28 days accounts for the potential that a generation of cases could be undetected in a chain of transmission.
- If the date of the last known exposure cannot be defined or is unknown, the 28-day period can be counted from the last case's date of illness onset or (if asymptomatic) the date that the diagnostic laboratory sample was collected.

Debriefing

Following the outbreak, the OCPHO along with ECE, school boards and administrators and HSSA staff must review and evaluate the outbreak management that occurred and revise any protocols for improvement where necessary.

Key subjects for discussion may include but are not limited to:

- Whether screening and surveillance for COVID-19 was occurring so that the initial cases were identified early and prior to extensive spread of the disease
- Identify any problem areas that allowed spread of disease in an effort to reduce the impact of future outbreaks:
 - Prevention and exposure control measures and strategies
 - Screening tools
 - Attendance records and school entry and exit logs
 - Identification and reporting of symptomatic staff and students



- Isolation practices and procedures
 - Testing
 - Reporting
 - Case finding
 - Case and contact investigation
 - Outbreak management and notification
 - Use of classroom bubbles
 - Outbreak control measures
 - Environmental cleaning, waste management and food services
 - Communication practices
 - School closures
- Was the outbreak protocol activated in a timely manner
- What was the status of community spread of COVID-19 at the time of the outbreak in the school including:
 - Was there increased COVID-19 activity in the community prior to the school outbreak, **and**
 - Was the school adequately informed of the activity



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Appendix A: Version Table

Version Date	Summary of Updates
August 17, 2020	Version 1
September 16, 2020	<ul style="list-style-type: none">• Removed Appendix to create standalone sheets• Added version table• Updated testing to remove RPP and add clinic indications• Statement on Non-contact Infrared Thermometers