

## **COVID-19 OPERATIONAL PLAN FOR SCHOOLS**

support for the requirements listed below. This completed document shall be submitted to Clare Tooley, clare.tooley@nbed.nb.ca for review safe environment needed for students and staff. Refer to the Return to School, September 2020 document and its appendices for primary distribution. by August 26th, 2020. It will then be signed off by Zoë Watson or John MacDonald and returned to the principal for implementation and Health and Safety Act and Regulations. All schools, and district offices, must develop a written COVID-19 Operational Plan to provide the To ensure each school environment safely applies risk mitigation measures consistent with Public Health guidance and the Occupational

owner, (school Principal), outline each school's Operational Plan. Communication plans must consider and include staff, students preparations and support for September operations and beyond. parents/guardians, visiting community professionals, and public. The District Occupational Health and Safety Coordinator is expected to be the primary support for staff and students. School Joint Health and Safety Committees (JHSCs) should be considered integral to The following document is intended to provide a check list with spaces for each main topic area along with resources. This will help the plan

CMame (January Review)	Name (December Review)	Name (Nayember Review)	Name (October Review)	From October to May, minimum monthly review is required. Principal will sign below to identifinternally (by the principal or JHSC) to assess any new risks or changes to regulatory guideling conditions warrant. Keep this original first page for a record of reviews as the rest of the	Plan Implementation Date	School District Official (Signature)	Principal (Signature)	School Name
Date	Date  Dan /18/202/	Date 1)cc/18/2020	Date N==120+12020	ly review is required. Principa assess any new risks or char first page for a record of re $0 ct/2t/2020$	Séptember 2020	Les Ration	"Made	Fundy Middle and High School
Name (May Review)	Name (April Review)	Name (March Review)	Name (February Review)	From October to May, minimum monthly review is required. Principal will sign below to identify when this plan has been reviewed internally (by the principal or JHSC) to assess any new risks or changes to regulatory guidelines; and as increased hazards/risk conditions warrant. Keep this original first page for a record of reviews as the rest of the document may change. $0 ct/2l/2020$				
Date	Date	Date	Date	an has been reviewed reased hazards/risk ay change.				