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# Public health guidance for schools (K-12) and childcare programs (COVID-19)

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**February 28, 2020**

The Public Health Agency of Canada (PHAC), in collaboration with Canadian public health experts has developed this guidance for federal/provincial/territorial (F/P/T) public health authorities (PHA) on the prevention and management of novel coronavirus (COVID-19) in schools and childcare settings.

The strategy outlined in this guidance is containment (i.e. to reduce opportunities for transmission to contacts in the community) and is based on the Canadian context and [public health assumptions](#) that reflect the currently available scientific evidence and expert opinion. It is subject to change as new information on transmissibility and epidemiology becomes available. It should be read in conjunction with relevant P/T and local legislation, regulations and policies. For information regarding COVID-19, visit the [Canada.ca](#) and [WHO web site](#).

To date, there have been isolated cases in Canada with primarily mild illness but no widespread human-to-human transmission. COVID-19 is known to be spread from human to human primarily while the case is symptomatic. Within school settings, there are often respiratory viruses circulating amongst students/children and staff with symptoms similar to COVID-19 (e.g. influenza). Guidance for post-secondary dormitories or off-campus student housing is out of scope for this guidance. Guidance on Instructions for Self-Isolating in the home or co-living setting is available as an appendix to guidance on [Public Health Management of cases and contacts associated with novel coronavirus disease \(COVID-19\)](#).

# Current context

**There is currently no widespread transmission of COVID-19 in Canada; therefore, PHAC recommends that schools take standard respiratory illness precautions, the same precautions that are recommended every year for cold and influenza season.**

**At present, school closures are not recommended for the prevention of COVID-19.**

It is intended that this guidance will support PHAs to provide advice to school and childcare administrators to reduce opportunities for transmission of the virus that causes COVID-19 in schools and childcare settings. This guidance is based on currently available scientific evidence and expert opinion and is subject to change as new information on COVID-19 becomes available.

Virus transmission in the school/childcare setting, as well as in the home and community, is amplified as students/children are generally less compliant with effective hand hygiene and respiratory etiquette practices, they socialize with other students/children in a way that is likely to increase transmission and they can shed the virus up to twice as long as adults <sup>1</sup>.

To combat misinformation, it is important to provide accurate information and education targeted to school boards, educators, parents and students/children on COVID-19 and measures to protect themselves, while reinforcing the message that the risk to Canadians remains low.

**Schools** will refer to both public and private institutions providing Kindergarten to Grade 12 (K to 12) education programs to children and adolescents in the classroom setting. Other school-based activities which may be impacted by the advice in this guidance include sports, music and field trips into the community or to other schools, care provided outside of regular school hours (e.g. before and after care), professional development/activity days and school break day camps.

**Childcare settings** will refer to both licensed and unlicensed childcare programs providing care and education to children from infants and toddlers to preschool age, as well as providing before and after school care for school age children. Childcare programs are located in a variety of settings, including family homes, centre-based care and schools.

## General information

As information on COVID-19 illness is evolving, up to date information on symptoms can be found at the [Canada.ca](https://www.canada.ca) and [WHO Novel Coronavirus](https://www.who.int/emergencies/diseases/novel-coronavirus-2019) web sites. It will be important for schools/childcare centres to maintain communication with PHAs for evolving guidance including recommendations for those who have recently returned from travel to the [affected areas](#). [The Interim National Surveillance Guidelines for COVID-19](#) is available with up-to-date information on the [affected areas](#).

At present, symptoms currently associated with COVID-19 are similar to many common respiratory illnesses that may be circulating through schools/childcare settings. Key strategies to prevent and control respiratory viruses, including COVID-19, in schools and childcare settings are:

- For students/children and staff who are ill with fever and/or infectious respiratory symptoms to stay home from school/childcare <sup>2</sup>
- The consistent practice of good respiratory etiquette and hand hygiene
- To ensure regular and routine environmental cleaning of the facility

## Recommendations for school administrators

### Hand hygiene

Washing hands with plain soap and water is recommended in schools and childcare settings as the mechanical action of is effective at removing visible soil as well as microbes. In instances where hand washing sinks are not available, supervised use of alcohol based hand sanitizers (ABHS) containing

at least 60% alcohol may be considered. If hands are visibly soiled, alcohol based hand sanitizers may not be effective at eliminating respiratory viruses. Information on [Hand Hygiene](#) is available.

It is recommended that in addition to existing sinks, increased numbers of hand sanitizing stations (e.g. wall mounted hand sanitizer dispensers) as well as tissues and waste receptacles be provided. Schools and childcare centres should ensure:

- Additional tissue supplies and waste receptacles are made available.
- If ABHS are provided to supplement hand washing facilities, secured dispensers are to be located in supervised areas.
- Administration and staff are reminded that Material Safety Data Sheets and product labels provide additional information regarding placement, storage and warnings associated with ABHS.

## **Respiratory etiquette**

Respiratory etiquette in school/childcare settings includes covering the mouth and nose during coughing or sneezing with a tissue or a flexed elbow, and disposing of used tissues in a plastic-lined waste container, followed by [hand hygiene](#).

## **The use of masks**

Masks in general are not recommended for those without symptoms to protect themselves from respiratory illnesses, including COVID-19.

Students/children and staff who are experiencing symptoms of respiratory illness should stay home from the school/childcare setting. Surgical masks in school/childcare settings is not recommended, as these are not settings where people are typically trained on their use, and there is a potential risk of infection with improper mask use and disposal. In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes.

The following sections contain recommendations and information that PHAs can share with school/childcare administrators.

## Keeping parents/caregivers informed

Parents/caregivers will be a major source of comfort and reassurance to their children. It will be important for the school/childcare centre to keep parents/caregivers informed of what the school is doing to protect their children including how they are preventing the spread of respiratory infections and what parents can do at home (e.g. reinforce hand hygiene and respiratory etiquette, environmental cleaning and increased reassurance). Parents/caregivers will be the ones who will make decisions about keeping their children home if they are sick and as such, open and frequent communication to parents will be important in ensuring sick children are not sent to school.

## Supporting those self-monitoring for symptoms or self-isolating

If students/children or staff have been advised by the PHA to self-monitor for symptoms or self-isolate at home due to return from travel to affected area or illness, the school community should make efforts to support families to ensure:

- Sick leave policies are in place and school attendance is flexible. It would be important to discourage the use of perfect attendance awards and incentives.<sup>3</sup>
- Families are treated with respect, fairness and compassion with a focus on dignity and privacy protection.
- Steps are taken to reduce the potential for stigma and discrimination<sup>4</sup> (e.g., through outreach, information sharing and school/board level education).
- If students are self-isolating at home, measures are in place to provide meaningful homework to students so they do not fall behind in their studies and they can maintain a sense of meaning/belonging. Consider flexible/relaxed approaches to missed work due to self-isolation or illness.
- If students/children are self-monitoring for symptoms, measures are in place to recognize symptoms while in school/childcare and to **separate sick students/children and staff from others if symptoms develop.**

## Management of students/children with possible COVID-19

To prevent transmission, if a student/child or staff member who is self-monitoring begins to experience symptoms of COVID-19 while attending a school/childcare program, it is recommended that:

- Schools/childcare programs promptly separate students/children and staff who show symptoms of COVID-19 from others in a supervised area until they can go home. In addition, anyone who is required to provide care to the student/child should ensure a distance of two meters between them and the ill person.
- Hand hygiene and respiratory etiquette are practiced while the ill person is waiting to be picked up/excused/transported. Tissues should be provided for the student/child to ensure their use with respiratory etiquette. Proper disposal of the tissue and hand hygiene should be performed after coughing or sneezing. Environmental cleaning of the space the student/child was separated to should be conducted once they have been picked up.
- If a two meter distance cannot be maintained between the ill student/child or staff, advice from the PHA will be necessary to prevent/limit virus transmission to those providing care. Additional advice is available in [Public Health Management of cases and contacts associated with novel coronavirus disease \(COVID-19\) guidance](#).
- Schools/childcare programs have protocols in place to notify parents/guardians if their child begins to show symptoms of COVID-19 while at school/childcare including the need for immediate pick up. It will be important for schools/childcare programs to contact the PHA to ensure the appropriate mode of transportation is used (e.g. ambulance or private vehicle; avoid public transit including a school bus) and other precautions are followed during transit.
- Students/children who begin to show symptoms of COVID-19 who have no alternative options to travelling on a school bus should sit on a seat by themselves 2 meters away from other students (if feasible), and perform hand hygiene with ABHS if available. The student/child will need education to ensure their understanding of what is expected of

them while on the school bus. It will be important to ensure the PHA is contacted for guidance.

### **Reinforce "no sharing" policies**

It will be important to reinforce "no food sharing" policies in school/childcare settings. Though in general, these policies are put in place in an effort to reduce potential exposures to allergens, the practice of not sharing food in the school/childcare setting will support the efforts of reducing virus transmission between students/children.

To prevent the spread of respiratory viruses, water bottles used by sports teams should not be shared among the team players. Mouthpieces on musical instruments, especially on those used by more than one student/child, should be cleaned and disinfected as per standard practices recommended for the instrument. When feasible, students/children should have their own mouthpieces.

### **Maintain cleaning and disinfecting policies**

It is not yet known how long the virus causing COVID-19 lives on surfaces however preliminary evidence is suggesting it can live on objects and surfaces from a few hours to days. <sup>5</sup> Regular cleaning and disinfecting <sup>6</sup> of objects and high-touch surfaces will help to prevent the transmission of viruses from contaminated objects and surfaces.

Increased monitoring of hand cleaning supplies is also recommended to ensure all sinks in washrooms, kitchens and classrooms are well stocked with hand washing supplies at all times (i.e., soap and paper towels).

As per standard procedures, it is recommended that school/childcare programs have toys that are easily cleaned and disinfected (e.g., avoid plush toys). It may be prudent to increase the frequency of the cleaning schedule for these items, especially when illness is circulating in the setting or the local community or if symptomatic students/children have been playing with the toys.

School/childcare administrators are encouraged to review existing activities and practices within their settings to help determine where enhancements or increased cleaning frequencies may be recommended.

**High-Touch Surfaces:** It is recommended that high-touch objects and surfaces (e.g. pencil sharpeners, water fountain knobs and push buttons, doorknobs, faucet handles, toys, electronic devices and school bus hand rails) in schools and childcare centres are cleaned and disinfected regularly according to the school's standard procedures for routine cleaning, disinfecting, and waste handling.

There is no identified evidence to suggest that the mouthpieces of water fountains are considered to be a major source of virus transmission however they should be cleaned regularly according to manufacture recommendations. Water fountain knobs and push buttons are considered to be a significant source of virus transmission and should be cleaned and disinfected in line with school/childcare centre high-touch surfaces cleaning protocols. <sup>2</sup> Consideration can be given to having students/children fill water bottles rather than having them drink directly from the mouthpiece of the fountain.

**Cleaning Products:** Although there is lack of specific evidence for their effectiveness against COVID-19, cleaning with water and household detergents and use of common disinfectant products should be sufficient for cleaning and disinfection in schools. <sup>3</sup> If household or commercial disinfectant cleaning products are not readily available, hard surfaces can be disinfected using a mixture of 1 part bleach (5% sodium hypochlorite) and 9 parts water, ensuring the dilute solution makes contact with the surface for 1 minute for disinfection. <sup>2</sup>

If they can withstand the use of liquids for disinfection, high-touch electronic devices (e.g., keyboards, tablets, smartboards) may be disinfected with 70% alcohol (e.g. alcohol prep wipes) ensuring the dilute solution makes contact with the surface for 1 minute for disinfection. <sup>5</sup>

## Reporting to PHA

It will be important for administrators to understand the usual absenteeism patterns of their school/childcare centre. <sup>4</sup> It is recommended that notification to the PHA occur in outbreaks or unusual situations, such as when absenteeism of students/children or staff is greater than would be expected, or severe illness is observed. In some jurisdictions, schools have reporting requirements to PHAs for students suspected of having a communicable disease. PHAs can advise on the implementation of measures specific to COVID-19 that may be in addition to standard respiratory disease prevention, such as the separation and/or exclusion of ill students/children and staff from school.

## **Remote and isolated community considerations**

The overall health of Canadians living in remote and isolated communities can be affected by social, environmental and economic factors, including housing, water quality or access, food security, pre-existing health conditions, education and income. These factors, in addition to limited accessibility to health care are important to consider in the context of schools and childcare centres. Business continuity planning for how respiratory virus outbreaks would affect schools should be considered.

The PHA should provide information to students/children and staff on hand hygiene with alternative recommendations to hand washing if clean running water is not available, such as utilizing ABHS.

### **Strategies to consider**

- Schools in coordination with the PHA should participate in active school based illness surveillance in order to identify outbreaks or unusual situations such as when absenteeism of students/children or staff is greater than would be expected, or severe illness is observed.
- Schools should develop business continuity plans specific to their unique community needs.

# Psychosocial considerations

A new virus such as the one that causes COVID-19 can create anxiety and be difficult for students/children to understand, especially if someone in their school or family is sick, or they see or hear troubling messages on the radio, internet or television. It is normal for students/children to feel worried or nervous and have questions. Communication should reflect the diverse linguistic, literacy and cultural characteristics and needs of the students/children and their families. It will be important for schools/childcare programs to monitor for discrimination and/or bullying surrounding COVID-19, in particular towards those who may have been exposed to the virus and are self-isolating at home, or self-monitoring for symptoms. School/childcare programs should make all efforts to ensure that misinformation is clarified and anti-discrimination/bullying protocols are adhered to.

School/childcare staff will need to pay attention to students'/children's feelings and reactions. How the situation is handled will strongly affect how students/children will respond. The school/childcare centre can consider the following:

## Provide reassurance

Reassure students/children about their personal safety and health. Telling students/children that it is okay to be concerned is comforting. Reassure them they are safe and there are many things they can do to stay healthy:

- **Hand washing:** Wash hands often with soap and warm water for at least 20 seconds, or use an ABHS, especially after coughing or sneezing.
- **Cough/sneeze etiquette:** Cough and sneeze into arm or tissue.
- **Stay home when sick:** Students/children should tell parents if not feeling well, and together, make a plan to stay home from school.
- **Keep clean:** Keep hands away from face and mouth.
- **Stay healthy:** Stay healthy by eating healthy foods, keeping physically active, getting enough sleep.

## **Listen to students**

Students/children want to be heard. They do not need detailed information about events but they do need to talk about their feelings. Let them know they can ask questions. Answer questions honestly but make sure that the information is suitable for their age level. If you don't know the answers to their questions it's okay to say so and together look for resources that can answer their questions. Remember students/children are often listening when you talk to others about COVID-19. Administrators and staff should be mindful of how students/children share information in less supervised settings e.g. before and after school, lunch and snack times, recess and on the bus. It may be in these settings where students/children can become misinformed. It will be important for administrators and staff to correct this misinformation when they are made aware of it.

## **Maintain routines**

Maintain familiar activities and routines at schools and childcare programs as it can reinforce the sense of security of students/children.

## **Pay attention to media access**

Limit media exposure or ensure information being accessed on-line is reputable. Exposure to too much or misinformed resources/media coverage can give students/children an exaggerated view of the risks association with COVID-19. It may be easier to limit exposure in younger students/children but this may be more difficult with age. Where feasible, monitor for misinformation and assist students in accessing reliable sources of information. Explain the events as well as you can and help students/children put information into perspective. Keep students/children informed about what is happening and what may happen at a level that is suitable for their age.

## **References**

1. Guclu H, Read J, Vukotich CJ Jr, Galloway DD, Gao H, Rainey JJ, et al. (2016) Social Contact Networks and Mixing among Students in K-12

- Schools in Pittsburgh, PA. PLoS ONE 11(3): e0151139. [Accessed February 20 2020] <https://doi.org/10.1371/journal.pone.0151139>
2. PHAC. Interim guidance: Public health management of cases and contacts associated with novel coronavirus (2019-nCoV). [Accessed on 17 February 2020] <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html>
  3. CDC. Interim Guidance for Childcare Programs and K-12 Schools. [Accessed 18 February 2020]. <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>
  4. CDC. Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings. [Accessed 16 February 2020]. <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>
  5. Kampf G, Todt D, Pfaender S, Steinmann E, Persistence of coronaviruses on inanimate surfaces and its inactivation with biocidal agents, Journal of Hospital Infection. [Accessed 14 February 2020]. <https://doi.org/10.1016/j.jhin.2020.01.022>.
  6. European Centre for Disease Prevention and Control. Interim guidance for environmental cleaning in non-healthcare facilities exposed to 2019-nCoV. ECDC: Stockholm; 2020. [Accessed 16 February 2020]. <https://www.ecdc.europa.eu/sites/default/files/documents/novel-coronavirus-guidance-environmental-cleaning-non-healthcare-facilities.pdf>
  7. Pacific Institute. February 2017. Drinking Fountains and Public Health Improving National Water Infrastructure to Rebuild Trust and Ensure Access. Accessed February 12 2020. [Accessed 12 February 2020]. [https://pacinst.org/wp-content/uploads/2017/02/Drinking\\_Fountains\\_and\\_Public\\_Health\\_Feb\\_2017-1.pdf](https://pacinst.org/wp-content/uploads/2017/02/Drinking_Fountains_and_Public_Health_Feb_2017-1.pdf)
  8. WHO. Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza. [Online] October 2019. Accessed on February 27, 2020 [https://www.who.int/influenza/publications/public\\_health\\_measures/publication](https://www.who.int/influenza/publications/public_health_measures/publication)

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# Footnotes

- 1 Guclu H, Read J, Vukotich CJ Jr, Galloway DD, Gao H, Rainey JJ, et al. (2016) Social Contact Networks and Mixing among Students in K-12 Schools in Pittsburgh, PA. PLoS ONE 11(3): e0151139. [Accessed February 20 2020]  
<https://doi.org/10.1371/journal.pone.0151139>
- 2 If students/children and/or staff have been diagnosed with COVID-19 or are PUIs, and have been advised to self-isolate at home, they should stay home until symptoms have resolved and they are feeling well enough to resume normal activities and have met the clinical and/or laboratory criteria set out by the PHA for discontinuation of isolation. PHAC. Interim guidance: Public health management of cases and contacts associated with novel coronavirus (2019-nCoV). [Accessed on 17 February 2020]  
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html>
- 3 CDC. Interim Guidance for Childcare Programs and K-12 Schools. [Accessed 18 February 2020].  
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- 4 CDC. Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings. [Accessed 16 February 2020].  
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- 5 Kampf G, Todt D, Pfaender S, Steinmann E, Persistence of coronaviruses on inanimate surfaces and its inactivation with biocidal agents, Journal of Hospital Infection. [Accessed 14 February 2020]. <https://doi.org/10.1016/j.jhin.2020.01.022>.

- 6      **Cleaning** removes germs, dirt, and impurities from surfaces or objects by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. **Disinfecting** kills germs on surfaces or objects using chemicals. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. For effective disinfection, cleaning should be done first.
- 7      Pacific Institute. February 2017. Drinking Fountains and Public Health Improving National Water Infrastructure to Rebuild Trust and Ensure Access. Accessed February 12 2020. [Accessed 12 February 2020]. [https://pacinst.org/wp-content/uploads/2017/02/Drinking\\_Fountains\\_and\\_Public\\_Health\\_Feb\\_2017](https://pacinst.org/wp-content/uploads/2017/02/Drinking_Fountains_and_Public_Health_Feb_2017)
- 8      European Centre for Disease Prevention and Control. Interim guidance for environmental cleaning in non-healthcare facilities exposed to 2019-nCoV. ECDC: Stockholm; 2020. [Accessed 16 February 2020].  
<https://www.ecdc.europa.eu/sites/default/files/documents/novel-coronavirus-guidance-environmental-cleaning-non-healthcare-facilities.pdf>
- 9      To maintain its effectiveness, the diluted bleach solution should be prepared daily.
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