

COVID-19 Public Health considerations for Aboriginal Head Start On-Reserve Programs in Alberta

The following information and checklist are intended to assist Head Start programs with re-opening during the COVID-19 pandemic. Re-opening of these facilities is not mandatory, but a decision to be made by community officials based on local circumstances as well as the needs and readiness of the community, and the facility. If the community requires assistance with decisions around re-opening please consult with local public health officials (e.g. Health Centre staff), or FNIHB staff (e.g. Medical Officer of Health, Environmental Public Health Officer).

Guidance documents relevant to Head Start programs can be found on the Government of Alberta [COVID-19 Info for Albertans](#) website:

- [Guidance for Preschools](#)

Head Start programs located in a community school should also follow any additional public health guidance or protocols implemented by the School/School Administration.

Guidance in the above noted document should be used in conjunction with the [Alberta Health Services Health and Safety Child Care Guidelines](#).

Head Start programs in First Nations communities that are planning to re-open must prepare for the possibility that there could be cases occurring within their setting and it is important that public health measures are in place to minimize the risks associated with COVID-19. Key preventative public health measures include:

- Daily screening of all staff and students for signs and symptoms of illness;
- A strict stay-at-home policy for any staff or students exhibiting symptoms of COVID-19;
- Promoting and facilitating personal hygiene practices;
- Physical distancing measures;
- Use of masks by staff when in contact with different cohorts and where physical distancing cannot be maintained
- Enhanced environmental cleaning and disinfection;
- Considerations for food service and shared use equipment.

It is acknowledged that Elders play an important role in Head Start programs. While COVID-19 can make anyone sick, some people are at risk of more severe disease or outcomes because of their age (>60 years) or if they have other medical conditions. It is advised that Head Start programs consider cancelling, postponing, or exploring alternative methods of including Elders, and those with chronic medical conditions. Examples of alternative methods can include online participation or pre-recorded sessions, etc.

The Indigenous Services Canada – Alberta Region Outbreak Response team will work with communities impacted by COVID-19 and may recommend additional measures, if necessary, to contain the spread of disease.

This document provides information on the public health measures to help mitigate the risk of COVID-19 within a Head Start setting. It is presented in a checklist format and is based on Alberta Relaunch Guidance documents. When using this checklist, the headings match those used in the Risk Mitigation Tables included in Alberta's School Guidance resources.

If you have questions relating to the public health considerations when re-opening your facilities please contact your community Environmental Public Health Officer, or send your questions to sac.cdemergenciesab-urgencesmtab.isc@canada.ca



COVID-19 Risk Mitigation in Head Start Programs Checklist

Note: This checklist is intended to be used in conjunction with the Alberta Relaunch Guidance documents. Please refer to the following documents for further details:

- [Guidance for Preschools](#)

General Guidance	Yes/No/✓
1. Thorough cleaning of the facility prior to re-entry.	
2. Water system checked and flushed. Refer to Guidance for Flushing Water Systems .	
3. Remove all area rugs and soft furnishings	
4. Close all shared sensory tables including water tables, sand tables, shared play dough.	
5. Hand hygiene procedures developed	
• Appropriate products selected	
• Placement of hand hygiene products in key areas	
6. Develop cleaning and disinfection protocol	
• Appropriate cleaning and disinfection products selected. Refer to Appendix A.	
• Develop cleaning schedules and sign-off sheets for:	
<input type="checkbox"/> Bathrooms	
<input type="checkbox"/> High touch surfaces (i.e. light switches, door handles, water fountains)	
<input type="checkbox"/> Shared equipment (computers, iPads, instruments, sports equipment, toys etc.)	
<input type="checkbox"/> Floors, classrooms, administration, other areas	
7. Establish policies relating to hand hygiene, respiratory etiquette.	
8. Appropriate signage posted.	
Screening Processes	
Goal: To ensure no one with symptoms will be in the facility.	
1. Develop policy for daily self-screening by all staff and students before leaving home, including:	
• Self-screening tool that is given to parents upon registration – see Appendix F.	
• Process to identify and record pre-existing health conditions;	
• Develop protocols/policies relating to staying home if sick.	
2. Appropriate signage posted. General Information Posters	
3. A communication strategy for parents has been developed, including:	
• A screening tool	
• Information about COVID-19 measures that will be implemented in the facility.	
4. Has a protocol been developed should anyone become symptomatic while at the Head Start, that includes:	
• A process to identify and document existing health conditions for all staff/students;	
• An isolation area where students can wait until their parents can pick them up;	
• HR policies for ill staff (including back fill plans).	

Response Plan (Community Health Staff/ISC Outbreak Response Team will provide guidance as required)	
<p>No symptomatic individuals should be in the facility– see screening process above</p> <ol style="list-style-type: none"> Have procedures been developed for staff that include the following: <ul style="list-style-type: none"> If they become sick at work, isolate until they can go home Strategies for coverage while staff are in isolation/quarantine (minimum of 10/14 days) Any required HR policies are updated as required Have procedures been developed for students that include the following: <ul style="list-style-type: none"> If they become sick at the facility, is there a location where a child can isolate until a parent/guardian can pick them up Are processes in place to connect with the Health Centre team on a regular basis? <ul style="list-style-type: none"> Surveillance processes and reporting are established <p>Note: Should there be COVID-19 cases in the facility, community health staff/ISC Environmental Public Health Officer/ISC MOH will provide additional direction to contain the spread of disease.</p>	

Physical Distancing and Cohorts Goal: To maintain 2 metre (6 feet) physical distancing throughout the day in all settings. <ul style="list-style-type: none"> If appropriate physical distancing is not possible, ensure increased emphasis on hand hygiene, respiratory etiquette, and cleaning and disinfecting of commonly touched surfaces. Non-medical masks to be used as directed by Alberta Chief Medical Officer of Health 	
<ol style="list-style-type: none"> Have cohort groups been identified? Aboriginal Head Start On-Reserve (AHSOR) programs may operate in cohorts of 30 people. This includes both staff and children. Definition: A cohort group is a group of students and/or teachers who will remain together throughout the day, every day. The size of the cohort will depend on the physical space available. 	
<ul style="list-style-type: none"> <input type="checkbox"/> Develop a process to keep a cohort together throughout the day <input type="checkbox"/> Establish specific movement times to minimize mixing of cohorts, i.e.: <ul style="list-style-type: none"> Breaks Meals Bathroom Library Physical activities Any use of hallways 	
<ol style="list-style-type: none"> Entering /exiting facility: <ul style="list-style-type: none"> <input type="checkbox"/> Do not allow non-essential visitors to enter the building/program. <ul style="list-style-type: none"> Parents or guardians are able to enter the facility when needed, but should minimize the time spent there, wear a non-medical mask and stay two metres away from staff and other children at all times <input type="checkbox"/> Traffic flow: <ul style="list-style-type: none"> Can different doors be designated for entry and exit? or Can arrival/departure times for various cohorts be staggered to avoid congestion? <input type="checkbox"/> Daily records: <ul style="list-style-type: none"> keep daily records of anyone entering the facility who stays for 15 minutes or 	

<p>longer (e.g. staff working each day, children, etc.).</p> <p>3. Has appropriate signage been posted?</p> <p>4. Has hand sanitizer been placed at the entrance (out of reach of children)?</p>	
<p>5. Use of Shared Spaces:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If more than one cohort will be using the same space, the entire space, toys and all surfaces are expected to be cleaned and disinfected between group use <ul style="list-style-type: none"> ○ Shared spaces, structures and toys that cannot be cleaned and disinfected between cohorts should not be used <input type="checkbox"/> Programs should consider activities outside of the facility that can be accessed by walking, are primarily outdoors and do not mix cohorts (e.g. a public park or playground) when weather permits <input type="checkbox"/> Programs are encouraged to also use alternatives to licensed outdoor play spaces, such as walks and supervised play in parks and safe open spaces. Follow physical distancing practices when possible. <ul style="list-style-type: none"> ○ If play structures are to be used by more than one group, the structures can only be used by one cohort at a time and when possible should be cleaned and disinfected before and after use by each cohort ○ If using a public or school playground, ensure that children engage in hand hygiene before and after play. <input type="checkbox"/> Each cohort should have designated equipment (e.g., balls, loose equipment) or clean and disinfect equipment between cohort uses. <input type="checkbox"/> Naps should take place within the cohort's designated room. <input type="checkbox"/> Establish a plan to prevent mingling of cohorts in washrooms and no unnecessary items should be stored in washrooms. 	
<p>6. Hallways:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use traffic flow, floor markings, or other measures to reduce number of students in the halls or potential line up areas, i.e. bathroom, entry/exit, etc. 	

Hand Hygiene and Respiratory Etiquette (i.e. covering coughs, sneezes, using disposal tissues)	
<ol style="list-style-type: none"> Hand hygiene protocols: <ol style="list-style-type: none"> Hand sanitizers – type has been selected (i.e. stations, wall mounts, free standing) <ol style="list-style-type: none"> Have the locations of hand sanitizers been determined? <ul style="list-style-type: none"> Entry/exit to facility, classrooms, identified high touch areas Have times/processes been established for when hand hygiene must occur at a minimum: <ul style="list-style-type: none"> Entry to facility, entry to classrooms, before and after any breaks, before and after any food, etc. Soap and Water <ol style="list-style-type: none"> Supplied in all washrooms and by any other sinks Disposable towels are provided in all washrooms and by any other sinks Has appropriate signage been posted? Examples include the following: <p>Cover Your Cough</p> <p>Visitors Must Wear a Mask</p> <p>Wash Your Hands</p> <p>Wash and Sanitize Your Hands</p> Do staff and students understand effective hand hygiene and how to cover coughs/sneezes? 	
Communication	
<ol style="list-style-type: none"> Have all staff been notified of protocols implemented to mitigate COVID-19 risk and of their role? Resource: OHS COVID-19 Guidelines; GOC Prevent COVID-19 In Workplace Has a process been established to keep all contact lists current? <ul style="list-style-type: none"> Protocols are in place to ensure timely communication with all parents/guardians/staff. Are clear protocols in place that outlines the use of any social media or other electronic sites? Have families of attendees been encouraged to stay up to date with developments related to COVID-19. Have families been notified of the steps being taken to prevent the risk of transmission, and the importance of their roles in these measures. 	
Personal Protective Equipment (PPE) and Non-Medical Masks - watch for updates from Alberta Health/Education	
Children attending a Head Start Program are not required to wear a mask.	
<ul style="list-style-type: none"> Are non-medical masks and eye protection available for staff in the event that they are required to provide care for a symptomatic child while they wait for a parent pick up? Have parents/guardians who enter the facility been notified that they are required to wear a non-medical mask or face covering, in addition to maintaining at least a 2 metre distance from all staff and children? Are staff aware of the requirement to wear a non-medical mask in the event that they will enter the space of more than one cohort, and that they should wash their hands (or use hand sanitizer) when entering or exiting each room? 	
Cleaning and Disinfection (see resources on Onehealth, and Appendix A & B)	
<p>Has an environmental cleaning protocol been developed?</p> <ol style="list-style-type: none"> Cleaning and disinfection should occur between each cohort using a space. <ul style="list-style-type: none"> Ensure mouthed toys are immediately put into a designated bucket to be cleaned and 	

<p>disinfected.</p> <ul style="list-style-type: none"> - Soft toys (plush toys and blankets), books and puzzles should not be shared at this time. Launder soft toys and blankets in hot water and dry thoroughly between children or discontinue use. 	
2. Are janitorial and other staff appropriately trained?	
3. Have appropriate products been selected and are the required products/equipment available?	
<p>4. Have cleaning schedules and sign-off sheets been developed for:</p> <ul style="list-style-type: none"> a. Bathrooms b. High touch surfaces (i.e. light switches, door handles, water fountains, vending machines if working) c. Shared equipment d. Floors, classrooms, administration, other areas. 	
Food Services	
Sharing of food in any way should not occur.	
<input type="checkbox"/> Are protocols in place regarding classroom meals and snacks? <ul style="list-style-type: none"> ○ No common food items (e.g. salt and pepper shakers) ○ Meals should be served in individual portions by a designated staff member to each child ○ Utensils should be used to serve food items (not fingers) 	
Transportation – if applicable see Appendix C - Public Health Considerations for School Bus Transportation During the COVID-19 Pandemic: First Nations in Alberta	

Other Areas for Consideration/Planning (if applicable)

Visitors and Other Service Providers entering School

Goal: To screen everyone entering the school so that no one in the school has symptoms.

- ☐ Are protocols and/or policies in place relating to others using school?
 - Process to keep a record of all visitors
 - General public
 - Parents/guardians
 - Service providers
-

Physical Activities/Gymnasium

- ☐ Physical distancing must be considered for all activities
 - Physical education (also consider outdoor activities)
 - ☐ Added space for education if extra “classroom” space is required
 - ☐ Are protocols in place regarding shared items and sports equipment?
 - Preferably avoid sharing
 - Cleaning and disinfecting protocols if anything is shared
 - Hand hygiene practices
-

Public Areas, hallways *(summarized from all sections)*

- ☐ Seating areas are rearranged to enable physical distancing
 - ☐ Area rugs and soft furniture are removed
 - ☐ Clear directions for traffic flow are in place
 - ☐ Staggered usage of these areas in order to minimize the number of people in the space at any one time
 - ☐ Personal storage areas are designated for staff and students (i.e. lockers, cubbies)
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Documentation *(summarized from all sections)*

- ☐ Cohort groups members – classroom, bus seating are established
 - ☐ Daily logs of attendance (staff and students) by cohort groups are maintained
 - ☐ Records of known pre-existing conditions for students are maintained
 - ☐ Environmental cleaning logs are developed
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Planning learning experiences

- ☐ Avoid field trips requiring busing or group transport
- ☐ Activities are selected to minimize risk
 - Refer to activity planning questions
 - Activities that generate potential aerosols (singing, wind instruments, cheering, heavy exertion) are minimized

APPENDIX A: Recommended Disinfectant Use in Public Facilities during COVID-19 Pandemic

Use	Disinfectant and Concentration Required	Contact Time
To Disinfect High Touch Surfaces and Common Areas (i.e. doorknobs, light switches, sink taps, washrooms, staff rooms, etc.)	Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim (efficacy against viruses). or Chlorine a solution of sodium hypochlorite which acts as a strong oxidizer. e.g. *Bleach (5.25% Chlorine) 1:50 solution of Javex® or Clorox® 1000ppm – 20mL (4 tsp) household bleach to 1 litre water	Follow manufacturer's instructions One minute
To Disinfect Food Contact Surfaces,*Toys, and other environmental surfaces	Chlorine a solution of sodium hypochlorite which acts as a strong oxidizer. e.g. 1:500 solution of Javex® or Clorox® bleach 100ppm – 2mL (1/2 tsp) household bleach to 1 litre water *Use a 100ppm chlorine solution to disinfect washable toys	Two minutes
	QUATS (Quaternary Ammonia Solution) 200ppm	Follow manufacturer's instructions Note: QUATS cannot be used with cotton cloths (microfiber recommended)
	0.5 % Hydrogen Peroxide Enhanced Action (with a disinfectant claim) Accelerated Hydrogen Peroxide e.g. Virox®	Follow manufacturer's instructions Product must have a DIN issued by Health Canada
	Iodine 12.5 – 25ppm	Follow manufacturer's instructions

<p>Always clean surfaces with soap and water before disinfecting.</p> <p>*Household Bleach Dilution ratio: These solutions should be mixed daily for best results.</p> <p>Refer to AHS COVID-19 Public Health Recommendations for Environmental Cleaning of Public Facilities: https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-environmental-cleaning-public-facilities.pdf</p>	<p>* Test disinfectants using appropriate test strips to ensure proper concentration</p>
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APPENDIX B: SAMPLE CLEANING SCHEDULE

Enhanced Environmental Cleaning Measures:

- Thorough cleaning and disinfection of common areas and frequently touched/“high touch” surfaces and equipment can assist in disrupting disease transmission.
- High touch surfaces must be cleaned and disinfected frequently during an outbreak i.e. if surfaces are being cleaned once this should be increased to **more than once a day and as needed**.
- Cleaning and disinfecting refers to a two-step process i.e. must clean before you disinfect.
- At the end of the outbreak a thorough cleaning and disinfection of all affected areas should be completed.

Community: _____

Facility: _____

Cleaned by: _____

Date: _____

	Entrance / Reception Area	After each use	Daily plus when necessary (increase frequency during outbreak)	Weekly	Monthly	Other
1	Floors are clean, including edges and corners. There is no dust or dirt present.		X			
2	Walls, doors, door frames, knobs and light switches have been wiped clean and disinfected.		X			
3	All furniture has been wiped clean.			X		When necessary
4	All washable toys have been wiped clean and disinfected. There are no soft toys present.	X				
5	Telephones have been wiped clean and disinfected.		X			
6	Counters have been wiped clean and disinfected.		X			
7	Waterless hand washing dispenser has been wiped clean and disinfected and the single cartridge replaced, if required.		X			
8	The area immediately inside the entrance door has been washed and disinfected.		X			
9	Garbage and recycling containers have been cleaned and disinfected and lined with new plastic bags.		X			

	Classroom/Office Areas	After each use	Daily plus when necessary (increase frequency during outbreak)	Weekly	Monthly	Other
1	Overall appearance of the environment is tidy and uncluttered.		X			
2	Floors are clean and disinfected, including edges and corners. There is no dust or dirt present.		X			
3	Walls, door, door frames, knobs and light switches have been cleaned and disinfected.		X			
4	Storage areas and shelves have been cleaned.				X	When necessary
5	Desks and chairs have been wiped clean.		X			
6	Telephones have been wiped clean.		X			
7	Window ledges have been wiped clean.			X		
8	Curtains or blinds are clean.				X	
10	Garbage container has been cleaned and disinfected and lined with a new plastic bag.			X		
	Bathroom	After each Use	Daily plus when necessary (increase frequency during outbreak)	Weekly	Monthly	Other
1	Floors are clean and disinfected, including edges and corners. There is no dust or dirt present.		X			
2	The walls, doorframes, knobs and light switches have been cleaned and disinfected.		X			
3	The sink and taps are clean and disinfected.		X			
4	The soap dispenser; paper towel dispenser and toilet paper holder are filled, wiped clean and disinfected.		X			
5	The mirror has been wiped clean.		X			When necessary

6	The garbage container has been emptied, wiped clean, disinfected and lined with a new plastic bag.		X			
7	The toilet tank, bowl, top, and underside of the seat have been cleaned and disinfected.		X			
	Kitchen and Food Preparation Area	After Each Use	Daily plus when necessary (increase frequency during outbreak)	Weekly	Monthly	Other
1	Floors are clean and disinfected, including edges and corners. There is no dust or dirt present.		X			
2	Door frames; knobs, and light switches have been cleaned and disinfected		X			
3	Counters and tables have been wiped clean and disinfected.		X			Before and after food prep
4	Microwave has been wiped clean, inside and outside.			X		When necessary
5	Refrigerator has been wiped clean, inside and outside; the freezer compartment is defrosted and clean.					When necessary
6	Stove top has been cleaned.		X			
7	Dishwasher has been wiped clean, inside and outside.		X			
8	Coffee maker has been wiped clean and the pot washed clean.		X			
9	All small appliances, e.g. toaster and kettle, have been wiped clean.		X			
10	Soap dispenser and paper towel dispenser are clean.		X			
11	Sink and taps have been thoroughly cleaned and disinfected.		X			
12	Garbage and recycle containers have been cleaned and disinfected and lined with new plastic bags.		X			

APPENDIX C: Public Health Considerations for School Bus Transportation During the COVID-19 Pandemic: First Nations in Alberta

The purpose of this document is to offer recommended measures to help minimize the spread of COVID-19 in the context of school bus operations and protect both students and drivers. The recommendations and guidance in this document are subject to change, based on the evolution of transmission of COVID-19 and the discovery of new evidence.

Drivers, teachers or students who are suspected and/or confirmed COVID-19 positive should not attend work or come to school. Wherever possible, alternative transportation to school is encouraged. Parents/caregivers/students may provide their own transportation, such as carpooling (only when a part of the same cohort), to avoid possible virus exposure on the bus.

How coronavirus (COVID-19) spreads

Human coronaviruses cause infections of the nose, throat and lungs. They are most commonly spread from an infected person through:

- droplets made when you cough, sneeze, sing or laugh
- having close, prolonged personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

Symptoms are similar to what you may get with influenza or other respiratory illnesses. COVID-19 symptoms may take up to 14 days to appear after exposure to the virus.

Most common symptoms: fever, cough, sore throat, runny nose, nasal congestion, shortness of breath and/or difficulty breathing.

Less common symptoms: chills, painful swallowing, headache, joint and muscle aches, tiredness (mild or severe), nausea, vomiting, diarrhea, not feeling hungry, loss of sense of smell or taste and/or pink eye.

Before the Trip:

- ☐ Stock the bus with the required supplies – see *Appendix D: Supplies*.
- ☐ Thoroughly clean and disinfect all high touch surfaces as per the procedures noted in *Appendix E: Cleaning and Disinfection Procedures*.
- ☐ Develop a daily list of passengers who ride the bus on each route. See *Appendix H* for a template.
- ☐ Develop a seating plan. See *Appendix G* for a seating plan template.
 - Students should be assigned seats and a record of this seating plan should be kept in order to assist with contact tracing in the event there is a COVID-19 positive individual.
 - Students who live in the same household should be seated together.
 - When developing seating plans take into consideration that buses should be loaded from back to front, and unloaded from front to back.
- ☐ Children should be reminded by parents or teachers to wash their hands with soap and water for 20 seconds before they leave home to take the bus, when they arrive at school, when they are leaving school prior to taking the bus, and when they get home.
- ☐ Place tape or other markings on the bus floors and/or seats to demonstrate to students a 2 metre physical distancing

- ❑ Consider posting signage at the entry of the bus to remind students and staff to not enter the bus if they have symptoms and reminders of respiratory etiquette, including cover coughs and sneezes, avoid touching your face, dispose of used tissues promptly and practice hand hygiene. The following are some examples of posters you can use.
 - [My Mask Your Mask](#)
 - [Stay Safe](#)
 - [Do Not Enter](#)
 - [Cover you Cough](#)
- ❑ The driver, staff and students (parents/school representative) are to complete the screening questionnaire daily for each person and continuously monitor themselves for any symptoms of COVID-19. See *Appendix F: Alberta Screening Questionnaire*.
 - Students with symptoms of COVID-19 must not attend school or be passengers on the bus. Drivers with symptoms must not attend work.
- ❑ Provide the driver with a protective zone. This may include: 2 metre physical distance, physical barrier, or a non-medical face mask. See [CMOH Order 33-2020](#).
 - School bus operators may consider adding a physical barrier, such as a Plexiglass shield, to limit direct contact and exposure to the virus between the driver and children during boarding and off-loading the school bus.
 - When installation of a physical barrier is not possible, maintain a 2 metre physical distance by blocking off the front seats and/or wear a non-medical face mask.
 - Considerations if a physical barrier is used:
 - The barrier should not have exposed sharp edges and should remain fixed in place either when in use or if stored away, while the vehicle is in motion.
 - Ensure the barrier does not create undesired reflections that could limit the driver's visibility. Reflections could also be limited by including a mechanism like a sun visor that the driver can engage/disengage as needed throughout a trip.
 - Ensure that school buses remain compliant with all applicable Canada Motor Vehicle Safety Standards under the Motor Vehicle Safety Regulations and to applicable CSA D250 Standards, including those for glazing, flammability and compartmentalization. For aftermarket installations of barriers the provincial and territorial authorities maintain jurisdiction and are responsible for setting and enforcing any requirements.
 - For additional information with respect to safety considerations when deciding to install a barrier with the intent to protect a school bus driver from exposure to COVID-19, please refer to the joint Transport Canada and Canada Standard Association D250 Technical Committee at: <https://www.tc.gc.ca/en/services/road/joint-guidance-document-transport-canada-csa-d250-school-bus-technical-committee.html>

During the Trip:

- ❑ Open windows and/or roof vents to allow for increased ventilation when possible and as weather permits.
- ❑ Only drivers, staff and students are permitted to enter the bus.

- ☐ Maintain 2 metre physical distancing when lining up to get on the bus, when seated, and when exiting the bus. Children in the same cohort do not need to physically distance.
- ☐ Load the bus from back to front and unload from front to back.
 - When unloading, one student or household should stand up and exit at a time to minimize close contact between students.
 - Passengers are to sit in assigned seating – household members and members of the same cohort can sit together. Others should be separated (may need to block off some seats).
- ☐ Maintain a daily list of passengers who ride the bus on each route. See Appendix H for a template.
- ☐ All school bus passengers (grade 4-12) are required to wear a non-medical mask. See [CMOH Order 33-2020](#). These should be put on before getting on the bus. Students in lower grades may also wear non-medical masks. Refer to [Guidelines on how to wear a mask](#).
 - Drivers are required to wear a non-medical mask when they cannot physically distance and/or do not have a physical barrier.
 - A very small number of individuals may not be able to wear masks due to sensory or health issues. Face shields are not considered to be equivalent to non-medical face masks. It is important to follow other personal preventative practices such as frequent hand hygiene and physical distancing as much as possible.
 - Discuss alternate options with the school principal, supervisor/manager, or other applicable individual if physical distancing is not possible.
- ☐ Perform hand hygiene upon entry onto the bus by applying hand sanitizer (60% alcohol or more) and rub until hands are dry.
 - Avoid touching face, eyes, nose or mouth, especially with unwashed hands.
 - Cough and sneeze into a tissue, or sleeve if a tissue is not available. Do not cough and sneeze into hands. Dispose of tissue in a no-touch waste receptacle and wash or sanitize hands afterwards.
- ☐ Bus pick-up and drop-off of students at the school should be staggered where possible, to avoid crowding at the school entrance.
- ☐ If a child becomes symptomatic during the bus trip, and is not wearing a mask, provide a mask. The driver should contact the school to make the appropriate arrangements to pick up the child/student.

After the Trip:

- ☐ **Clean and disinfect** all surfaces as per the procedures outlined in *Appendix E: Cleaning and Disinfection Procedures*.
 - It is recommended that vehicle cleaning logs be kept – for an example see Cleaning Checklist in Appendix E.
- ☐ Concerns regarding exposure to symptomatic individuals should be directed to 811 Alberta Health Link or the local health centre.
- ☐ Bus drivers who start to experience symptoms should stay home, self-isolate, and advise their employer so that additional steps can be taken to protect others.
 - Drivers/staff experiencing symptoms should take the [AHS on-line self assessment](#), call 811 Alberta Health Link, or contact the local health centre.

References:

Government of Alberta, School Re-entry Plan (2020-21 school year): <https://www.alberta.ca/k-to-12-school-re-entry-2020-21-school-year.aspx>
 Transport Canada, Federal Guidance for School Bus Operations during the COVID-19 Pandemic <https://www2.tc.gc.ca/en/services/road/federal-guidance-school-bus-operations-during-covid-19-pandemic.html>
 PHAC, Annex: Environmental Sanitation Practices for Airlines to Control the Spread of Novel Coronavirus

APPENDIX D: Supplies

Ensure each bus is **supplied with**:

- ☐ Seats made of a smooth and non-absorbent material (e.g. vinyl or leather) which are free from breaks, cracks, open seams, chops, pits and similar imperfections.
- ☐ Small garbage bin with liners and lid; if possible, use a non-touch garbage bin apply hand sanitizer after touching the lid.
- ☐ Alcohol based hand sanitizer (60% alcohol content or more) – at least 2 bottles: one for driver and one student(s) entering the bus
- ☐ Household cleaner/detergent
- ☐ Disinfectant – Hard-surface disinfectants or cleaning agents may be transported on a bus providing the product is secured and not accessible to students (maximum of 1 litre).
- ☐ Non-medical masks
- ☐ Personal Protective equipment (as per OHS and disinfectant label recommendations). Guidance for Personal Protective Equipment and their uses by Commercial Vehicle Drivers is available at this link: <https://tc.canada.ca/en/covid-19-measures-updates-guidance-issued-transport-canada/personal-protective-equipment-their-uses-commercial-vehicle-drivers>
 - Disposable gloves
 - If cleaning in the presence of blood or body fluids or cleaning following a symptomatic individual contact Community Health Nurse for required PPE.
- ☐ Disposable cloth/paper towels, tissues

APPENDIX E: Cleaning and Disinfection Procedures

What is Cleaning and Disinfection?

Cleaning refers to the removal of visible dirt, grime and impurities. Cleaning does not kill germs but helps remove them from the surface. **Clean** all frequently touched surfaces to remove visible dirt; use regular household soap or detergent and water.

Disinfecting refers to using a chemical to kill germs on surfaces. This is most effective after surfaces are cleaned. Both steps are important to reduce the spread of infection. **Disinfect** all frequently touched surfaces to kill germs and viruses on surfaces; most effective after surfaces are cleaned

- ☐ Commercial **disinfectant** that has a Drug Identification Number (DIN) and a virucidal claim (removes 99.9 % of viruses, bacteria). Follow the instructions on the label ([List of Hard-surface disinfectants](#)); or
- ☐ Bleach water solution: **mix 20 mL (4 teaspoons) unscented bleach and 1000 mL (4 cups) water** in a labelled spray bottle. Prepare a new solution daily.
- ☐ **Alternatively**, a combined cleaner/disinfectant product could be used.

1. Steps for Cleaning and Disinfecting:

1. Wash hands and put on recommended **personal protective equipment**. Always wear closed shoes/boots and disposable gloves.
2. Avoid touching your face, eyes, nose, and mouth.
3. Avoid direct contact with body fluids. If body fluids are present (nose/mouth excretions, blood, vomit, diarrhea, etc.) contact Community Health Nurse for guidance.
4. Clean visibly soiled surfaces with detergent/cleaner. Use only disposable cloths (paper towels or wipes).
5. Clean all **frequently touched surfaces** as per the **Cleaning Checklist** - see following page.
6. Place used paper towels in a non-touch garbage bin.
7. Apply disinfectant to the surface as per manufacturers' instructions. Surface should be moist. Allow to air dry.
8. Remove gloves, and any other personal protective equipment as per recommended protocol, and dispose of them in non-touch garbage bin.
9. Dispose of waste daily.
10. Perform hand hygiene after removal of PPE. Washing with soap and water or hand sanitizer (60% alcohol content or higher).

Checklist for Cleaning School Buses following each bus route

Vehicle Licence Plate: _____

[illegible]

APPENDIX F: COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR CHILDREN UNDER 18)

Overview

This checklist applies for all children, as well as all students who attend kindergarten to Grade 12, including high school students over 18. Children should be screened every day by completing this checklist before going to school, child care or other activities. Children may need a parent or guardian to assist them to complete this screening tool.

Screening Questions

1. Has the child:

(Choose any/all possible exposures)

Traveled outside Canada in the last 14 days? When entering or returning to Alberta from outside Canada, individuals are legally required to quarantine for 14 days unless enrolled in the Alberta COVID-19 International Border Pilot Project	YES	NO
Had close contact with a case of COVID-19 in the last 14 days? Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical contact such as hugging	YES	NO
If the child answered “YES” to any of the above: <ul style="list-style-type: none"> The child is required to quarantine for 14 days from the last day of exposure. <ul style="list-style-type: none"> If the child is participating in the Alberta COVID-19 International Border Pilot Project, they must comply with the program restrictions at all times. If the child develops any symptoms, use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended. 		
If the child answered “NO” to both of the above: <ul style="list-style-type: none"> Proceed to question 2. 		

2. Does the child have any new onset (or worsening) of the following core symptoms:

Fever Temperature of 38 degrees Celsius or higher	YES	NO
Cough Continuous, more than usual, not related to other known causes or conditions such as asthma	YES	NO
Shortness of breath Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma	YES	NO
Loss of sense of smell or taste Not related to other known causes or conditions like allergies or neurological disorders	YES	NO
If the child answered “YES” to any symptom in question 2: <ul style="list-style-type: none"> The child is to isolate for 10 days from onset of symptoms. Use the AHS Online Assessment Tool or call Health Link 811 to arrange for testing and to receive additional information on isolation. 		
If the child answered “NO” to all of the symptoms in question 2: <ul style="list-style-type: none"> Proceed to question 3. 		



3. Does the child have any new onset (or worsening) of the following other symptoms:

Chills Without fever, not related to being outside in cold weather	YES	NO
Sore throat/painful swallowing Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
Runny nose/congestion Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
Feeling unwell/fatigued Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury	YES	NO
Nausea, vomiting and/or diarrhea Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
Unexplained loss of appetite Not related to other known causes or conditions, such as anxiety or medication	YES	NO
Muscle/joint aches Not related to other known causes or conditions, such as arthritis or injury	YES	NO
Headache Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
Conjunctivitis (commonly known as pink eye)	YES	NO

If the child answered “YES” to ONE symptom in question 3:

- Keep your child home and monitor for 24 hours.
- If their symptom is **improving** after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.
- If the symptom **does not improve or worsens** after 24 hours (or if additional symptoms emerge), use the [AHS Online Assessment Tool](#) or call Health Link 811 to check if testing is recommended.

If the child answered “YES” to TWO OR MORE symptoms in question 3:

- Keep your child home.
- Use the [AHS Online Assessment Tool](#) or call Health Link 811 to determine if testing is recommended.
- Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.

If the child answered “NO” to all questions:

- Your child may attend school, child care and/or other activities.

Please note: If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care facility for 10 days from when symptoms started/until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.

COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR ADULTS 18 YEARS AND OLDER)

Overview

This tool was developed to support schools, activity organizers, employers, businesses and facility operators in reducing the risk of transmission of COVID-19 among attendees/staff. The tool is meant to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19.

Attendees should complete this checklist prior to participating in the activity or program.

If an individual answers **YES** to any of the questions, they **must not** be allowed to attend or participate in the activity or program. *Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days per [CMOH Order 05-2020](#) **OR** receive a negative COVID-19 test and feel better before returning to activities.

Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and follow information on [isolation requirements](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions

1.	Does the attendee have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
	• <i>Fever*</i>	YES	NO
	• <i>Cough*</i>	YES	NO
	• <i>Shortness of breath / difficulty breathing*</i>	YES	NO
	• <i>Runny nose*</i>	YES	NO
	• <i>Sore throat*</i>	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Nasal congestion	YES	NO
	• Feeling unwell / fatigued	YES	NO
	• Nausea / vomiting / diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Has the attendee travelled outside Canada in the last 14 days? (Individuals are legally required to quarantine for 14 days when entering or returning to Alberta from outside Canada unless exempted by the Alberta COVID-19 Border Testing Pilot Program.)	YES	NO
3.	Has the attendee had close contact ¹ with a case of COVID-19 in the last 14 days?	YES	NO

¹ Face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

APPENDIX G: School Bus Seating Plan Template

When developing a seating plan aim to maintain 2 metre physical distancing when lining up to get on the bus, when seated, and when exiting the bus.

- All students should be assigned a seat.
- Students who live in the same household should be seated together.
- Students within the same cohort do not need to physically distance.


A record of this seating plan should be kept in order to assist with contact tracing in the event there is a COVID-19 positive individual. Update the seating plan as needed.

Also take into consideration that buses should be loaded from back to front, and unloaded from front to back.

Date: _____

School (s): _____

Bus Number/Route: _____

Left Front	Aisle	Right Front
 Bus Driver Name:	Row	Door
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
Emergency Exit		
Back		

APPENDIX H: School Bus Daily Log Sheet

Maintain a daily list of passengers who ride the bus on each route.

A record of this log sheet should be kept for a minimum of 2 weeks in order to assist with contact tracing in the event there is a COVID-19 positive individual.

Week of: _____

School(s): _____

Bus Number/Route: _____

	Monday		Tuesday		Wednesday		Thursday		Friday	
Driver Name:										
Student Name	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
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