

These Questions and Answers are based on an interpretation from a COVID Town Hall Meeting on October 19th featuring Fraser Health's Executive Medical Director of Population and Public Health, Dr. Ingrid Tyler

These answers are subject to change and are not from the BTA.

Q: Should a teacher be contacted if a student in their cohort tests positive?

A: When Fraser Health (FH) identifies a case, they speak to the student and the parent/guardian. From these parties they usually get a good idea of the student's activities in a school and/or if the student attended school at all. There are times that they confer with the School District and teacher. If a student or the parent/guardian is unsure of details, FH could reach out with District/Principal or teacher to get a better sense of daily activities of the student.

Q: Why were the COVID Self Checklist symptoms reduced for schools and not the public? Why are we telling the public to stay home even if a little sick but not students?

A: Schools are a controlled environment and where FH can implement a targeted message. Whereas the general public is a wider range of people. There is a different transmission rate for children than adults. FH does not want to be excluding students from regular activities more than they need while at the same time recognizing the need to limit the risk of spreading COVID. It is a balance. FH acknowledge that these lists are not perfect and are not supposed to be predictive of COVID cases. As we learn more about COVID, FH will get better and more refined in this advice.

Q: Teachers, EA and support staff are exposed to many children all day, does this not put them at high risk?

A: FH provides schools with a notification if there has been an exposure at the school site. If FH think there is a higher than normal risk in a classroom or cohort then they do notify a whole cohort or classroom. By the time you are notified of a general exposure or there is a higher risk of transmission, it will be after the fact. At the time of notification, you are no longer at risk. You should always be taking the necessary precautions of hand washing, mask wearing and following health check list. By knowing if there was an exposure in your classroom, that shouldn't change your behavior. You should always be taking the necessary precautions.

Q: Can Fraser Health provide guidelines for sports and other extracurricular events to start again in a safe manner?

A: This is outside of Fraser Health and is being discussed by the Ministry.

Q: Don't parents have the right to know about exposures in schools?

A: It depends. FH finds out anywhere from 4-8 days if there may have been an exposure at that school. FH tries to identify anyone that is high risk at that point or was in close contact. FH will isolate people that are at high risk of incubating the disease and ask others who are lower risk to self-monitor. Public Health is the only one that can make the decision that an individual needs to isolate based on exposure as told by various parties. The case is isolated as well as the contacts. When there is an exposure at a school, it is actually the safest time to be there because FH is monitoring closely and making sure there is no more spread. FH's efforts are in quick turnarounds to ensure that students are kept in schools.



Q: Have there been any transmission in schools?

A: FH is unaware of any confirmed transmission at schools. Schools are a very safe environment in terms of transmission. That being said, there is no guarantee that this will not happen in the future. Compared to other work places and-settings, schools are safe.

Q: How does one determine whether they feel well enough to return to school?

A: FH do not want to exclude people from school who have allergies or acute asthma symptoms or gastro. FH is also realizing that many students have cough, sniffles and experience this often in the fall winter months. FH is trying to reduce transmission rates but have to use common sense in order to allow for students to attend school as much as possible. FH cannot exclude everyone with everything because the majority of these people are not COVID. It is not the administrator's job or the teacher's job to be the health police. Parents/guardians often know their children best and will be the best judges of this.

Q: Is a class cohort still considered a controlled environment although students intermingle with others, have siblings and play sports outside of school?

A: Cohorts typically have fairly low interaction in the grand scheme of things. Even in a classroom, it is relatively controlled environment. It is a layered approach. There is some screening (health checks), washing hands, keeping distances and wearing masks where appropriate.

Q: Why are students allowed to attend school while waiting for COVID test results?

A: This is not the case. If students are unwell enough to get a COVID test then they should be isolating until they get the test and results.

Q: Can we mandate masks in schools?

A: The overarching policies are outside of the purview of FH. This is a Ministry of Health decision.

Q: Have the health and safety plans considered the mental health and well-being of teachers and EAs and support staff?

A: Everyone's mental health is important. FH recognize that the fear of COVID is a significant contributor to people's mental health. The health and safety protocols that are in place are effective.

Q: Do teachers have a different 811 screening process than others?

A: If anything, the response is accelerated and not delayed.

Q: Should we be concerned about asymptomatic children?

A: Asymptomatic children/adults cannot be ruled out completely but it is not a driver of transmission. Excluding people who have symptoms is far more effective. There is no environment that is COVID risk free, it is in people's homes, workplaces and communities. There is no setting that we can make free of COVID. The idea that school will be a risk free environment is not possible, the goal is limiting the transmission.