



# Maples Met School

## SEVEN OAKS SCHOOL DIVISION

Maples MET School  
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1330 Jefferson Ave. Wpg R2P 1L3

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Dear Students + Families,

Attached are a number of documents put together by the Government of Manitoba that deal with protocols around COVID-19 prevention and safety.

Included here is information regarding **responses, mask guidance, screening and general facts**. I ask that you please read over all of these documents carefully **with your children**.

Each day, your child will need to do a pre-screen before entering the building. These documents provide clear and useful answers to how you do that properly and how you should treat the presence of certain symptoms should they appear.

It is very important to remember that Maples Met will not be responsible for determining the course of action needed should symptoms arise. We will certainly be of help in guiding you to the answer, but decisions will be **made by health officials only**.

As a reminder, each student at Maples Met will receive 3 reusable masks (no charge), and disposable masks will always be on hand. Each classroom now has a hand sanitizer dispenser in it, and all desks are at least 1 meter apart in each class. **Masks will be mandatory at Maples Met.**

Please ensure your child is coming to school with a backpack and a zip-lock bag or some type of container that a used mask can be safely stored in. As a reminder, we will not be issuing locker spaces to students this year.

**If you have concerns regarding your child wearing a mask, please be in touch with the school as soon as possible.**

If you require any translation assistance or help interpreting the guidelines, please call us at the school and we will be happy to assist.

When students are in school, we will review all of these provisions on a frequent basis to ensure we are following all recommendations made by provincial health authorities.

Please do not hesitate to be in touch with me or your advisor with any questions.

I know this is a lot to adjust to and take in. We're here for you and always open to listening to any concerns, questions, of feedback you may have.

Talk soon,

Ben

### Symptom and exposure screening questions (check all that apply)

Do you have a new onset, or worsening, of any ONE of the following symptoms?		Yes	No
<input type="checkbox"/>	• fever > 38°C or think you have a fever or chills		
<input type="checkbox"/>	• cough		
<input type="checkbox"/>	• sore throat/ hoarse voice		
<input type="checkbox"/>	• shortness of breath/ breathing difficulties		
<input type="checkbox"/>	• loss of taste or smell		
<input type="checkbox"/>	• vomiting or diarrhea for more than 24 hours		
<b>If "yes" to any one of the above, DO NOT ENTER</b>			
Do you have a new onset, or worsening, of any TWO of the following symptoms?		Yes	No
<input type="checkbox"/>	• runny nose		
<input type="checkbox"/>	• muscle aches		
<input type="checkbox"/>	• fatigue		
<input type="checkbox"/>	• conjunctivitis (pink eye)		
<input type="checkbox"/>	• headache		
<input type="checkbox"/>	• skin rash of unknown cause		
<input type="checkbox"/>	• nausea or loss of appetite		
<input type="checkbox"/>	• poor feeding (if an infant)		
<b>If "yes" to any two of the above, DO NOT ENTER</b>			
Exposure history		Yes	No
1.	Have you been in close contact (within two metres/ six feet for more than 15 minutes) in the last 14 days with a confirmed COVID-19 case?		
2.	Have you been exposed to COVID-19 in a work or public setting?		
3.	Have you travelled outside of Canada, or within Canada, east of Terrace Bay, Ontario in the past 14 days?		
4.	<b>A.</b> In the last 14 days has anyone living in your household travelled outside of Canada, or within Canada, east of Terrace Bay, Ontario? If yes, proceed to question 4B. If no, do not complete 4B or 4C.		
	<b>B.</b> IF YES to 4A, is your household traveller exempt from self-isolation (quarantine) requirements ( <a href="http://www.manitoba.ca/covid19/soe.html">www.manitoba.ca/covid19/soe.html</a> )? If no, proceed to question 4C. If yes, do not complete 4C.		
	<b>C.</b> If NO to 4B, have you been in close contact with the household traveller in the last 14 days since their return from travel?		
<b>If "yes" to question 1, 2, 3, or 4C - DO NOT ENTER</b>			

If the checklist advises you Not to Enter: stay home, isolate and refer to the online COVID-19 Screening Tool at <https://sharedhealthmb.ca/covid19/screening-tool/> or call Health Links – Info Santé at 204-788-8200 or toll free at 1-888-315-9257 for further guidance.

Up to date information on COVID-19 can be found at: [www.manitoba.ca/covid19](http://www.manitoba.ca/covid19)





August 26, 2020

# COVID-19 Response in K-12 Schools and Early Learning and Child Care Centres

## Overriding Principles

- People who are sick must stay home from their early learning and child care centre<sup>1</sup> or school, even if mildly ill or if they think their sickness is unrelated to COVID-19.
- People who have any symptoms of COVID-19 must stay home, isolate, be excluded from work/school/child care, and call Health Links – Info Santé to seek medical advice and information about COVID-19 testing.
- Physical distancing, hand hygiene, respiratory etiquette, and regular cleaning—particularly of high-touch surfaces—continue to help prevent the spread of respiratory illnesses, including COVID-19.
- Isolating and getting tested as soon as symptoms appear, as well as tracing and isolating contacts in a timely manner, is important for limiting the spread of COVID-19 in the class/cohort, centre, school, and community.
- Public health officials will contact you if there is a confirmed case of COVID-19 linked to the school/child care centre if the person in question was present in the school/child care centre during their infectious period.
- Public health officials will make the decision about whether a child care centre, school, or area of a school needs to close for a period of time and will determine who is required to undertake self-isolation (quarantine).

## Confirmed Case of COVID-19 in a School or Early Learning and Child Care (ELCC) Centre in a School

If there is a confirmed case of COVID-19 linked to a child care centre or school, the centre director and/or school administrator will be advised by the local public health authority if the case was present in the child care centre or school during the person in question's

<sup>1</sup> This fact sheet also applies to nursery schools and before and after school programs that are located within K-12 schools.

infectious period. Public health investigations of confirmed cases are initiated within 24 hours of notification of confirmatory laboratory results, seven days a week. If a case was present in a school setting during the period of infectivity, public health officials will inform the school. If there was no significant exposure in the school/centre, the school/centre will not be notified.

Child care centres and schools must coordinate with local public health officials to determine how to inform families and staff as appropriate. **Support will be provided to assist with communication to staff and the broader school/child care community. This includes key messages to share as well as a plan for how to determine impact on operations.**

## Notification Process

When a case of COVID-19 is confirmed, public health officials will lead the response. Local public health authorities will identify the close contacts of a positive case and contact those individuals who may have been exposed. Public health officials may

- request records that identify cohorts/groups of staff, children/students, volunteers, and visitors in the school for a specified timeframe
- contact children, staff and families if they have been in close contact with a confirmed case, and confirm whether they need to self-isolate (quarantine) and self-monitor for symptoms, and when they can return to the centre or school
- recommend testing, following established guidelines, to staff, children, students, volunteers and visitors that may have been exposed to a positive case
- assess the need for the centre/school or part of the centre/school to be closed for a period of time

Local public health officials will interview the person who tested positive for COVID-19 and/or their family members to identify individuals who are close contacts of the case.

Public health officials will contact staff and families if they are identified as close contacts to the individual who tested positive.

Close contacts<sup>2</sup> will be notified that they need to self-isolate (quarantine) at home for 14 days after their last contact with the person who tested positive. Public health officials may recommend that close contacts be tested to identify additional positive cases. Close contacts who test negative will still need to complete the full original 14-day self-isolation (quarantine) period. The notice to staff and families must maintain confidentiality.

Letters/scripts (standard message) for centre directors/school administrators will be available to share with parents, staff, children and students when a case is suspected or confirmed in a school or child care centre. Provincial media bulletins will announce if there is an outbreak at a school/centre and will confirm that public health officials will provide instructions to those who have been in close contact with a confirmed case.

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<sup>2</sup> A close contact is someone who has been within two metres of an infected person for a period greater than 15 minutes.



## Public Health Response

**The type of response in the school/child care centre will depend on a variety of factors:**

- the extent of exposure and whether there is risk/evidence of centre or school transmission
- whether the individual had been at the centre or school during the infectious period (which includes two days before the onset of symptoms and, in most cases, until ten days after symptom onset)
- whether the individual was symptomatic

In general, progressive recommendations will be made based on the number of cases in the centre or school.

If one case is identified, or multiple cases within the same class/group or cohort:

- The classroom and/or cohort may be considered close contacts, and all individuals in the class/cohort are advised to self-isolate (quarantine) for 14 days from the last known contact with the case. For school-age students, the class or cohort would move to remote learning during this timeframe.
- Children attending infant/preschool programming at a child care centre would remain home for the duration of the self-isolation (quarantine).
- An exception would be with confirmation of physical distancing and ability to identify specific close contacts of the case. This may be possible for older students in school environments where a full two metres physical distancing is occurring. In this situation, only the close contacts would be advised to self-isolate (quarantine) for 14 days, and the rest of the class/cohort could continue to attend school.

If more than one class has cases, but there is no evidence of wider transmission:

- If the cases in more than one group, cohort of children, or classroom can be linked to each other (e.g., siblings, community contact), and there is no evidence of transmission within the school or child care centre, more than one class/cohort may be advised to self-isolate (quarantine) following the above guidance. Similarly, if other cases in the school or child care centre are linked to known cases outside the school and there is no evidence of transmission within the school building, more than one class/group or cohort may be advised to self-isolate (quarantine).
- If the cases cannot be linked to other exposures, and transmission within the school building is suspected, the school may be advised to switch to remote learning.
  - Students and staff in the affected centre or classrooms will be advised to self-isolate (quarantine). The remaining staff, students, and children will either be advised to self-isolate (quarantine) or self-monitor for symptoms, based on the assessment of risk of transmission.
  - If a child care centre shares common space with the school, public health officials may advise families with children attending infant/preschool programming to have the children remain home for the duration of the school building closure.

If more than two classes are identified within the school building and there is evidence of wider transmission:

- If the cases cannot be linked to other exposures, and centre or school transmission is suspected, the school may be advised to switch to remote learning.
- Students, children, and staff in the affected classrooms may be advised to self-isolate (quarantine). The remaining staff, children, and students will either be advised to self-isolate (quarantine) or self-monitor for symptoms, based on the assessment of risk of transmission.
- Children attending infant/preschool programming at a child care centre may be advised by public health officials to remain home for the duration of the quarantine.

If the person who is a confirmed case has worked in or attended the centre or school when they could have been infectious, the class/group or cohort, school, or designated area (if access was restricted) may be closed to allow time for contact tracing and to clean the school/centre following public health guidelines. This will be advised by public health officials.

## Further Closure

Health authorities may require closure for longer periods of time. This may occur when there is identified high risk of community transmission or if there are a large number of cases within a school, resulting in a high proportion of children, students, and staff who could be considered close contacts and therefore need to self-isolate (quarantine). If no further cases occur after the case is detected in the 14-day period in students, children, and staff who remain attending school, all classes and child care programming might be able to resume. Public health officials will advise when it is safe to do so. If cases continue to occur, closures may be prolonged.

Schools and child care centres will need to work together to have plans in place for such eventualities and how intermittent remote learning will be conducted for school-age children.

## Cleaning and Disinfecting

Schools and centres will close off areas used by the infected person, including school transportation vehicles, and not use these areas until after cleaning and disinfecting. Students, children and others who are not designated to conduct cleaning and disinfecting should not be in the classroom, room, school transportation vehicle, or other area while it is being cleaned/disinfected.



## Response Scenarios for COVID-19

The below scenarios are examples of the response to illness or confirmed/probable cases of COVID-19 linked to a school.

Scenarios	Description	Response
<b>Scenario 1</b>	A child, young person, or staff member is <b>showing signs of illness</b> (but is not known to have had contact with a confirmed/probable case)	<ul style="list-style-type: none"> <li>■ They should remain at home and seek medical advice if they are showing flu-like/COVID-19-like symptoms and get tested for COVID-19 (if advised to do so).</li> <li>■ The school/child care centre will be advised by health authorities if the person tests positive for COVID-19 and if they were in the school or child care centre during their infectious period.</li> <li>■ If they begin to show signs of flu/COVID-19 when at a school or centre, isolate them away from others (preferably in a different room, but if not possible, they should be at least two meters/ six feet from others) until they can be safely taken home and they should seek medical advice through Health Links – Info Santé.</li> <li>■ If they have had COVID-19 symptoms and tested negative for COVID-19, they can return to school/child care 24 hours after symptoms resolve. If they do not get tested, they should isolate for 10 days from symptom onset, and may return if symptoms have resolved at that time.</li> <li>■ A chronic and stable cough, sneeze, runny nose, or nasal congestion that is unchanged and clearly linked to a known medical condition such as asthma or allergies is not an absolute requirement for exclusion. As well, children who are crying can exhibit a runny nose. Changing or worsening of chronic symptoms requires isolation and contacting Health Links – Info Santé. Staff should exercise judgment related to symptoms but, when in doubt, err on the side of caution, exclude the child and advise the parent/caregiver to contact Health Links – Info Santé or their health care provider.</li> <li>■ If the person is seriously unwell follow your usual procedure and call 911 for an ambulance if needed.</li> </ul>
<b>Scenario 2</b>	When a child, young person, or staff member has had <b>contact with someone who is a close contact of a confirmed/probable case</b>	<ul style="list-style-type: none"> <li>■ No action is required unless close contact(s) test(s) positive for COVID-19 (see scenario 3).</li> <li>■ Only the close contact(s) will need to self-isolate (quarantine). They will be instructed to do so by public health officials.</li> <li>■ The child, young person, or staff member does not need to self-isolate (quarantine), unless the person they are in close contact with subsequently tests positive for COVID-19.</li> </ul>

Scenarios	Description	Response
<p><b>Scenario 3</b></p>	<p>When a child, young person, or staff member <b>has no symptoms</b>, but has had <b>close contact with a confirmed case</b> (e.g., someone within their household)</p>	<ul style="list-style-type: none"> <li>■ The parent/caregiver will be responsible for contacting the school/centre to advise of their child's absence (as per routine protocol) and minimum length of time of their absence. The child/young person/staff member and likely the family, if exposed, will self-isolate (quarantine).</li> <li>■ Testing of the child/young person/staff member will occur if recommended by public health officials.</li> <li>■ Notification of the school/child care community will not occur, unless the contact becomes a case and was at school during their infectious period.</li> </ul>
<p><b>Scenario 4</b></p>	<p>When a child, young person, or staff member <b>has symptoms</b>, and has had <b>close contact with a confirmed case</b> (e.g., within their household)</p>	<ul style="list-style-type: none"> <li>■ Public health officials will notify the school principal only if the individual tests positive for COVID-19 and they were at the school or centre during their infectious period.</li> <li>■ The child/young person or staff member will isolate and remain at home because they have symptoms and likely the family, if exposed, will self-isolate.</li> <li>■ The child/young person or staff member will be tested if recommended by public health officials, a medical practitioner, or Health Links – Info Santé.</li> <li>■ The contact (i.e. the child/young person or staff member with symptoms who has had close contact with a confirmed case) will be assessed to determine if they meet the criteria for a probable case. If considered a probable case, the below scenario 5 will be followed. Otherwise, public health officials may wait for the test results for the contact before taking further action. If the person has <b>not</b> been in a school/child care centre while they are considered to be infectious, there is very low risk and the school/centre will remain open (health authorities will make the decision about closure).</li> <li>■ If the test is positive, undertake cleaning in the classroom/school/centre in line with guidance from health authorities.</li> <li>■ Provide information and resources to the parent community and enable opportunities to ask questions.</li> </ul>



Scenarios	Description	Response
Scenario 5	When a child, young person, or staff member tests positive and has been at a school or Early Learning and Child Care Centre within a school when considered to be infectious	<ul style="list-style-type: none"> <li>■ Close the classroom/school/centre if required to enable contact tracing, and cleaning and disinfection.</li> <li>■ Public health officials will advise if the classroom may be required to self-isolate (quarantine) for a period of up to 14 days from the last contact.</li> <li>■ The school/centre may be required to close for a period if there are large numbers of confirmed cases linked to the school/centre or very large numbers of close contacts in the school/centre.</li> <li>■ Public health officials will notify the principal.</li> <li>■ The child, young person, or staff member isolates for their period of infectivity as instructed by local public health.</li> <li>■ Contact tracing will be completed by local public health and they will advise close contacts to go into self-isolation (quarantine).</li> <li>■ Cleaning and disinfecting according to health specifications will be undertaken.</li> <li>■ Assess whether other programs can continue to operate (e.g., before and after school care).</li> <li>■ Provide information and resources to the parent community and enable opportunities to ask questions.</li> </ul>
Scenario 6	When a case is suspected or confirmed in a boarding school	<ul style="list-style-type: none"> <li>■ Guidelines have been developed with public health officials: <a href="#">Guidelines for Boarding Schools (K-12) and University/College Residences in Manitoba</a>.</li> <li>■ Public health officials will provide further guidance.</li> </ul>

## Communication

Public health officials will notify schools and child care centres of cases if they were in the schools/centres during their infectious period and will provide guidance on recommendations to exclude and advise self-isolation (quarantine) for contacts, classrooms, cohorts, or potentially the entire school. Communications to the school and child care community should be done in coordination with public health officials.

Template letters have been drafted by public health officials to facilitate communication.

Public notification will occur to advise of any cases who have been infectious in a school/centre, and will include measures advised by public health officials.

## Contact Information

If the school administrator becomes aware of a confirmed case associated with the school or a child care centre within a school, they should contact their local public health unit for information and support.

- Public Health Contact information ([www.gov.mb.ca/covid19/contact.html](http://www.gov.mb.ca/covid19/contact.html))

There is information about self-screening (<https://sharedhealthmb.ca/covid19/screening-tool/>) and other public health resources (<https://manitoba.ca/covid19/updates/resources.html>) on the Shared Health Manitoba website and the Province of Manitoba's website.

A reminder that Health Links – Info Santé continues to be available to support anyone who might be experiencing symptoms or who has been asked to self-isolate (quarantine). Call toll-free at 1-888-315-9257.





## COVID-19 Response Management in K-12 Schools and Early Learning Child Care Centres





August 31, 2020

## Guidance for Mask Use in Schools

### Summary Highlights

- Wearing a mask is a tool that, in addition to practising public health fundamentals, may help prevent spreading COVID-19 to others, especially in indoor public spaces if physical distancing cannot be maintained.
- The evidence supporting the use of non-medical masks in the community continues to evolve.
- Wearing a mask alone will not stop the spread of COVID-19. People must continue to practise important public health fundamentals, including staying home when sick, practising proper hand-washing and cough etiquette, and practising physical distancing.
- At this time, non-medical masks are required in schools for students in Grades 4 to 12, as well as for staff and visitors, when physical distancing of two metres is not possible.
- Masks are required on school buses for bus drivers, students, and any other passenger on the bus.
- Parents/guardians/caregivers will choose whether students in Grade 3 and under will wear a mask while in school.
- In situations where there are split classrooms, such as a Grades 3/4 split classroom, all students in the classroom should wear a mask when physical distancing of two metres is not possible.
- Knowing how to wear a mask properly is critical to everyone's safety. An improperly worn mask will not protect others from respiratory droplets and can increase the wearer's risk of getting an infection.
- Schools will have masks available for those who do not have a mask or for those who have forgotten to bring a mask to school.



## Why should one wear a non-medical mask?

Wearing a non-medical mask is a tool that, in addition to practising public health fundamentals, may help prevent spreading COVID-19 to others, especially in indoor public spaces such as schools, if physical distancing cannot be maintained. Wearing a non-medical mask does not protect the person wearing the mask, but it may help to protect the people around them.

People release respiratory droplets by sneezing, coughing, spitting, heavy breathing, singing, or talking. COVID-19 spreads mainly through close contact (within two metres or six feet) with an infected person's respiratory droplets. When worn properly, a person wearing a mask at school or on school buses may reduce the chance of their own respiratory droplets spreading to others or landing on surfaces. People may also get COVID-19 by touching a surface that has been contaminated by the virus and then touching their mouth, eyes, or nose.

## Are there limitations with non-medical masks?

The evidence supporting the use of non-medical masks in the community continues to evolve. Presently, wearing non-medical masks in settings where physical distancing is not consistently maintained is a reasonable measure that may help prevent the spread of COVID-19. It is important to remember that wearing a non-medical mask alone will not stop the spread of COVID-19. To be effective, wearing a mask must be combined with practising good public health fundamentals. This means staying at home when sick, practising frequent and proper hand washing, covering coughs, and physical distancing from people outside of one's immediate household.

Non-medical masks are not like personal protective equipment (PPE) used in health care. PPE used in health care, such as medical masks and respirators, must pass standards and regulations to be used. Non-medical masks may not provide protection from germs because of the materials used or because they are loose-fitting. As well, they can become damaged or the fabric can break down with time or with washing, which will reduce the effectiveness of a non-medical mask.

## Who should wear a non-medical mask?

At this time, masks are required in schools for students in Grades 4 to 12 as well as for staff and visitors, when physical distancing of two metres is not possible or cannot be consistently maintained. Parents/guardians/caregivers will choose whether students in Grade 3 and under will wear a mask in school. However, in situations where there are split classrooms, such as a Grades 3/4 split classroom, all students in the classroom should wear a mask when physical distancing of two metres is not possible, for the benefit of the other students and staff in the classroom.

Masks are required on school buses for bus drivers, students, and any other passenger on the bus.

Students in any grade may, or may not, be wearing a mask at school or on school buses, depending on their personal circumstances. It is important that children understand that no one should be treated differently for wearing a mask or for not wearing a mask. We're all in this together.

## What should parents/guardians/caregivers teach their children about wearing a mask?

When masks are not worn properly, they will not prevent the spread of COVID-19 to others and may also put the person wearing them at greater risk of infection. That is why parents/guardians/caregivers should practise proper mask usage at home with their children and teach their children the following:

- Do not touch your mask or face while wearing it.
- Practise good hand hygiene while wearing the mask.
- Wash your hands or use alcohol-based hand sanitizer immediately before putting your mask on and immediately after taking it off.
- Wash your hands or use alcohol-based hand sanitizer immediately after touching or adjusting your mask.
- Do not share your mask with others.
- Do not dangle your mask from one ear, or pull it below your nose or mouth so it is only covering your chin.
- Change your mask as soon as it becomes damp or soiled.
- To remove the mask safely, remove it from behind using the ear loops. Do not touch the front of the mask. Note: Masks with ear loops rather than strings/ties should be used for students, especially younger ones, as strings/ties may be a choking hazard.
- Immediately after removing the mask, either throw it out (if a disposable mask) or place it directly into the washing machine or into a designated container/bag and then into the washing machine (if a reusable mask). Wash your hands or use an alcohol-based hand sanitizer immediately after removing the mask.
- Reusable masks must be washed after each use in the laundry machine's hot water cycle and then thoroughly dried.

To be effective, parents/guardians/caregivers must ensure their child's mask fits well and covers the nose, mouth, and chin without any gaps. Masks can become contaminated by droplets in the air or when touched by the hands of the person wearing the mask. This is why avoiding touching one's face while wearing a mask, and proper hand hygiene before putting on a mask, after taking off a mask, and after touching a mask are so important. It is important for parents/guardians/caregivers to ensure that their child's mask is comfortable and does not require frequent adjustments.

Visit the Health Canada website (at [www.canada.ca/en/public-health/services/video/covid-19-wear-non-medical-mask-face-covering-properly.html](http://www.canada.ca/en/public-health/services/video/covid-19-wear-non-medical-mask-face-covering-properly.html)) for more information on how to wear a mask properly. The following Public Health Agency of Canada page



provides a poster and guidelines for how to safely use a non-medical mask or face covering: [www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-safely-use-non-medical-mask-face-covering.html](http://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-safely-use-non-medical-mask-face-covering.html). For information on how to talk to children about wearing masks, visit the following Canadian Paediatric Society website: [www.caringforkids.cps.ca/handouts/non-medical-masks-and-face-coverings-for-children-during-covid-19](http://www.caringforkids.cps.ca/handouts/non-medical-masks-and-face-coverings-for-children-during-covid-19).

## Who should *not* wear a mask?

Children who cannot wear a mask properly, as described above, should not wear one. However, this can depend on the situation and on how long the mask is worn. For example, a child may be able to properly wear a mask for a five-minute bus ride but not for a two-hour bus ride or a full morning in class. Like any new routine, practising the proper usage of a non-medical mask at home and slowly increasing the duration of wear will allow children to become more comfortable with it, and they will then be more likely to follow the guidance on proper mask use.

In addition, non-medical masks should not be worn by anyone who

- is unable to remove the mask without assistance (e.g., due to age, ability, or developmental status)
- is actively having breathing difficulties
- is under two years of age

In general, most people with underlying medical conditions can safely wear a mask. There is no evidence that wearing a mask will worsen an underlying medical condition. For example, in most situations, an individual with an underlying lung condition such as asthma or an underlying heart condition can safely wear a mask.

If a parent/guardian/caregiver is concerned about their child's ability to safely wear a mask, they should speak with their child's doctor. If the child is either unable to properly wear a mask or has a medical condition that does not allow them to wear a mask, the parent/guardian/caregiver must provide written notification to the child's school outlining the child's limitations with wearing a mask. A note from a health-care provider is **not** required.

Some people would like to use a face shield instead of a mask, but a face shield is **not** a replacement for a non-medical mask.

## What kind of non-medical mask should students wear?

Non-medical masks should be included in back-to-school supply lists for students and school staff this fall. To be effective, parents/guardians/caregivers should pay attention to the materials used. Not all masks are created equal. Homemade masks must be made of a minimum of two layers, use tightly woven material (e.g., cotton or linen), and fit securely with no gaps. Masks with ear loops are easier to put on and take off, and are recommended for younger students because ties/strings may be a choking hazard.

Further, reusable non-medical masks should not have any holes or valves that are open to the air. Holes or valves allow respiratory droplets to escape from the non-medical mask and decrease its ability to prevent the spread of COVID-19. It is important for parents/guardians/caregivers to ensure their child's mask is comfortable and does not require frequent adjustments.

Lanyards that go around the child's neck and tie to the ear loops of the mask to keep the child from losing or misplacing it are not recommended because dangling a mask from one's neck contaminates the mask, and encourages the wearer to touch, adjust, and/or move the mask unnecessarily. Instead, students should use either a clearly labelled clean bag or a clean container to store their reusable mask when they need to remove them (e.g., at lunch time). Once a reusable mask has been removed, it should be washed before being worn again. See the next section for more details.

For students with a hearing impairment who need to see someone's mouth to communicate, there are also non-medical masks with clear fronts.

Follow the directions on any store-bought non-medical masks regarding how many times it can be reused. Remember to wash and thoroughly dry the non-medical mask after each use. Do not reuse homemade non-medical masks if any breakdown in the fabric, such as a hole or a tear, is noticed.

## Should students wear the same mask all day long?

It is important to remember that masks can become contaminated when touched by the wearer's hands and that their usefulness is decreased when the masks become damp or soiled. It is therefore advised that children take off their mask midday, before lunchtime (or as needed), and place the used mask in a clearly labelled container or bag for cleaning at a later time. If it is a disposable mask, it should go directly into the garbage. It is important to follow all guidance related to properly taking off the mask, including cleaning their hands before and after touching the mask. Thereafter, children should take out a clean, unused mask from a clearly labelled container or bag to wear for the remainder of the day.

Parents/guardians/caregivers should wash non-medical masks in the hot cycle of the washing machine, dry them thoroughly, and store them in a clean bag/container. Disposable masks, including medical masks, can be thrown in the garbage once they have been used. Immediate hand washing or use of alcohol-based hand sanitizer before and after mask removal is important.

Schools will have masks available for those who do not have a mask or for those who have forgotten to bring a mask to school.