

Reopening of BC Dance Studios Resource Guide



IDTS

International Dance
Teaching Standards

What you'll find compiled in this guide:

Fraser Health letter of guidance to business owners on reopening

Vancouver Coastal Health letter to Arts, Culture and Recreation Facility Operators

Vancouver Coastal Health Guideline for Recreation & Athletics Facilities

BC Community Guidance and Support for the Reopening of Dance Studios

Fraser Health notice to owners, occupiers and operators of indoor gyms and fitness facilities

B.C.'s Restart Plan

B.C.'s Covid-19 Go-Forward Management Strategy

B.C.'s Go-Forward Strategy Checklist

CDC Cleaning and Disinfecting for Public Settings

Alberta Dance and Performing Arts Schools Workplace Guidelines for COVID-19

Fraser Health COVID-19 Information and downloadable material



May 11, 2020

Dear Business Owners,

Re: Operating a business in the Fraser Health Authority during the COVID-19 pandemic

As businesses start to re-open, Fraser Health will be adhering to provincial guidance provided in the [BC Restart Plan](#). Details of the Plan's Phase 2 will be released the week of May 19th and will include guidance on restaurants, cafes, pubs, recreation/sports, parks, beaches and outdoor spaces, child care facilities, museums, art galleries, libraries, hair salons, the retail sector and other services.

For employers and retailers seeking detailed reopening information, please refer to the [BC COVID-19 Go-Forward Management Strategy](#) as well as resources from [WorkSafeBC](#). Inquiries regarding reopening plans also should be directed to WorkSafe BC at www.worksafebc.com

Fraser Health has been receiving a number of requests to review, provide guidance on and/or approve recovery plans. As a regional health authority, we are not in a position to review or approve these requests. Fraser Health may assist with the interpretation of public health aspects of provincial guidelines when these are released in mid-May, similar to what is shared below.

Most businesses can be safely operated. Business owners should follow guidance issued by the Provincial Health Officer to the hotel, retail food and grocery, food and beverage, farming, manufacturing, mining and constructions sectors, if applicable. We recommend referring to [Provincial Health Officer Orders](#), [Fraser Health Medical Health Officer Orders](#) and the [BC COVID-19 Go-Forward Management Checklist](#) and incorporate the following recommendations:

- Currently, food or beverage services are only allowed through take-out or delivery service. The Province will release Restaurant and Food Service Practice Standards mid-May with re-opening guidance.
- Gatherings of 50 people or more should not occur.
- Where possible, maintain distance from others. Where it is not possible, look for other ways to stop the spread of the virus between people, such as the actions as noted below:
 - Support people to wash hands regularly with soap and water.
 - Remind people to refrain from touching eyes, nose or mouth.
 - Stay at home and keep safe distance (3 to 6 feet/1-2 metres) from others, including family members, when you have a cold or flu symptoms including coughing, sneezing, runny nose, sore throat and fatigue. If anyone has symptoms, please refer them to the [BC self assessment tool](#), which will provide medical and testing guidance.
 - Follow routine cleaning practices with enhanced cleaning of high-touch surfaces or shared equipment. According to BCCDC guidance on [cleaning and disinfections for public settings](#) general cleaning and disinfecting of surfaces should occur at least once a day. Highly touched surfaces should be cleaned and disinfected at least twice a day and when visibly dirty (e.g., door knobs, light switches, cupboard handles, grab bars, hand rails, tables, phones, bathrooms, keyboards).
- Owners should ensure that handwashing, toilet and shower facilities, if available, are open, well stocked and cleaned regularly.
- Owners could consider plexi-glass barriers between staff and customers that mitigate face-to-face contact

- Customers should not be screened for temperature or symptoms upon entry and should not be required to wear a mask. Signage advising participants who are ill that they should not enter is acceptable.

There may be additional measures related to the type of business that owners can implement to further reduce the risk of COVID-19 such as limiting the number of customers, changing hours of operation or making changes to the environment by installing hand sanitizer stations or physical barriers.

Please refer to the [BCCDC](#), and [Fraser Health](#) websites for more information on COVID. [WorkSafe BC](#) website will be posting information for employers to support development of their safety plans. Fraser Health has [shareable resources](#) for community partners (e.g. COVID-19 notice for businesses, community partners and employers), and BCCDC has [resources at a glance](#) (e.g. prevention and handwashing posters).

Sincerely,

A handwritten signature in dark ink, appearing to read 'I. Tyler', with a stylized flourish at the end.

Ingrid Tyler MD, CCFP, MHSc, MEd, FRCPC
COVID Community Partnership Coordinating Center
Medical Health Officer, Fraser Health Authority
Suite 400, 13450 - 102nd Avenue
Surrey, BC V3T 0H1

May 7, 2020

Dear Arts, Culture and Recreation Facility Operators

Re: Operating arts, culture and recreation facilities in the Vancouver Coastal Health region during the COVID-19 pandemic

The Provincial Health Officer has not issued any orders requiring the closure of indoor arts, culture and recreation facilities such as community centres, libraries, theatres and rehearsal spaces, museums, art galleries and studios, gyms, fitness centres, swimming pools and ice rinks as a result of the COVID-19 pandemic. Vancouver Coastal Health believes that the risk of COVID-19 transmission in these environments can be mitigated and consistent with BC's Restart Plan, that it is possible to safely operate these facilities at this time.

Facility operators must comply with applicable Provincial Health Officer orders meaning that currently, they must not operate food or beverage services except for take-out or delivery service, they must not offer personal services and must not host mass gatherings involving more than 50 people (but could have more than 50 people on site if physical distancing remains possible given the size of the facility).

Facilities should implement strategies that allow both staff and participants to follow the Provincial Health Officer's physical distancing recommendations and keep themselves 2 metres apart from other people while on site as much as possible. Other strategies, such as plexi-glass barriers between staff and participants that mitigate face-to-face contact, are acceptable alternatives. Participants should not be screened for temperature or symptoms upon entry and should not be required to wear a mask. Signage advising participants who are ill that they should not enter is acceptable. Staff should be sent home if they are sick, and advised to contact their health care provider or 811.

Operators should follow routine cleaning practices with enhanced cleaning of high-touch surfaces or shared equipment. Operators should ensure that handwashing, toilet and shower facilities, if available, are open, well stocked and cleaned regularly.

There may be additional measures related to the type of facility that operators can implement to further reduce the risk of COVID-19 such as limiting the number of participants, modifying programs and services or making changes to the environment by installing hand sanitizer stations or physical barriers.

Vancouver Coastal Health COVID-19 resources for community partners can be found here:
www.sneezesdiseases.com/covid-19-community-resources

For advice regarding specific facilities please contact an Environmental Health Officer at ehvc@vch.ca.

Sincerely,



Mark Lysyshyn MD MPH FRCPC
Deputy Chief Medical Health Officer
Vancouver Coastal Health

Coronavirus Disease (COVID-19)

Guideline for Recreation & Athletics Facilities

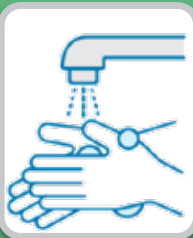
May 14, 2020

COVID-19 Prevention KEY POINTS



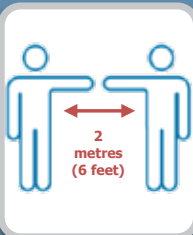
Stay HOME if you are sick

The most important measure to prevent spread of COVID-19 is to stay home if you are sick.



WASH your hands

Good personal hygiene helps reduce the risk of infection: cough/sneeze etiquette, avoid touching your face & hand washing.



Keep your DISTANCE

Prevent transmission through droplets by creating space between people, stay two metres (six feet) apart.



CLEAN surfaces often

Regular disinfection of high-touch areas reduces the risk of transmission from contaminated surfaces.

Guideline for Recreation & Athletics Facilities

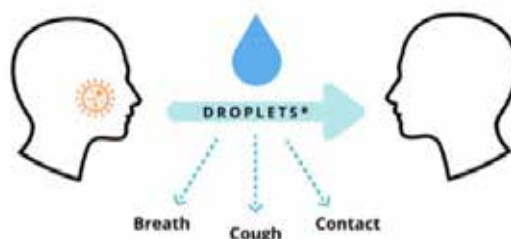
This document provides guidance for preventing transmission of COVID-19 to operators and customers of recreation and athletics facilities. It is based upon current knowledge and it should be understood that the guidance is subject to change as new data becomes available and developments arise with this new virus; furthermore, unique situations may require some discretion in adjusting these guidelines which are meant to be supportive, not prescriptive.

WHAT is COVID-19?

COVID-19 is a respiratory infection caused by a newly identified virus. The infection has symptoms similar to other respiratory illnesses, including the flu and common cold: cough, sneezing, fever, sore throat and difficulty breathing. Other symptoms can include fatigue, muscle aches, diarrhea, headache or lost sense of smell. While most people infected with COVID-19 experience only mild illness, severe illness can occur in some people, especially in those with weaker immune systems, the elderly and those with chronic medical conditions.

HOW COVID-19 Spreads

COVID-19 is spread through liquid droplets when an infected person coughs or sneezes. The virus in these droplets can enter through the eyes, nose or mouth of another person if they are in close contact with the person who coughed or sneezed. COVID-19 is not transmitted through particles in the air and is not something that can enter the body through the skin.



Resources:

- [VIDEO: Transmission of the COVID-19 coronavirus](#)

WHERE can I get more Information about COVID-19?

The province of British Columbia has created a phone service to provide non-medical information about COVID-19 which is available from 7:30 a.m. - 8 p.m. at 1-888-COVID19 (1-888-268-4319) or via text message at 604-630-0300.

More information on COVID-19 can also be found online:

- Vancouver Coastal Health <http://www.vch.ca/covid-19>
- BC Centre for Disease Control <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>

Guideline for Recreation & Athletics Facilities

WHO should read this Guideline?

Owners and operators of all recreation and athletics facilities should read this guideline. It may also be of interest to members of the public who enter these facilities. The following are some examples of recreation and athletics facilities. The list is not exhaustive.

- Fitness Centres
- Yoga Studios
- Weight Training Facilities
- CrossFit Affiliates
- Martial Arts Clubs
- Dance Studios
- Climbing Centres
- Indoor Courts & Racket Clubs
- Ice Rinks & Curling Clubs
- Batting Cages

CAN Recreation and Athletics Facilities operate?

Yes. A letter issued on May 7, 2020 by the Deputy Chief Medical Health Officer of Vancouver Coastal Health states: “the Provincial Health Officer has not issued any orders requiring the closure of indoor arts, culture and recreation facilities such as community centres, libraries, theatres and rehearsal spaces, museums, art galleries and studios, gyms, fitness centres, swimming pools and ice rinks as a result of the COVID-19 pandemic. Vancouver Coastal Health believes that the risk of COVID-19 transmission in these environments can be mitigated and consistent with BC’s Restart Plan, that it is possible to safely operate these facilities at this time.” A full copy of the letter can be accessed [here](#).

Many recreation and athletics facilities may have within them, food services (e.g. juice bars, concessions), personal services (massage, tanning), and retail areas. Separate guidance documents have been prepared for these spaces; owners/operators are encouraged to read the applicable guidelines, available at <http://www.vch.ca/public-health/environmental-health-inspections>

Information in this Guideline will be presented as a Series of Tip Sheets:

- Employee Sickness
- Personal Hygiene
- Physical Distancing
- Sanitation
- Handling Shared Equipment
- Site Management
- Scheduling
- Signage and Communications

Guideline for Recreation & Athletics Facilities

HOW to use this Guideline:

This guideline describes a number of potential actions for reducing the risk of transmission in recreation and athletics facilities. Each business must do their own risk assessment such that the appropriate combination of measures can be implemented.

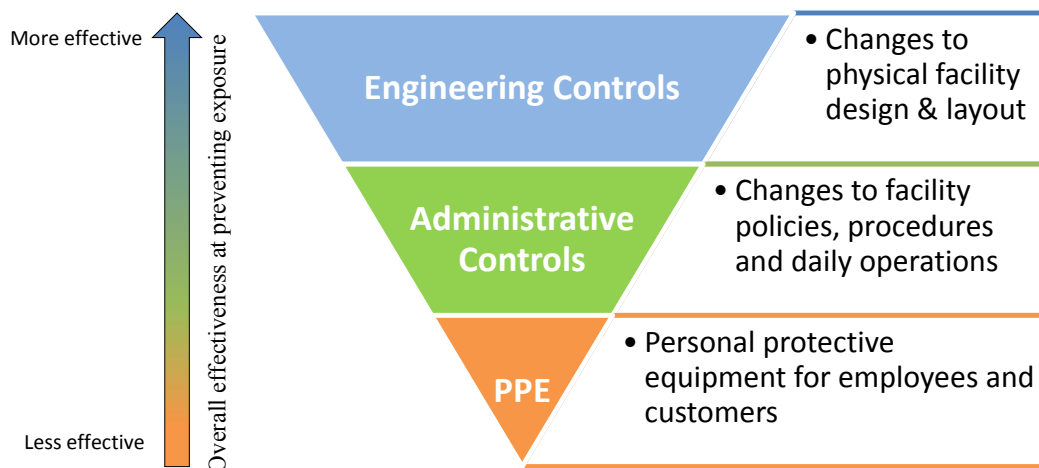
In all cases, it remains important for everyone to stay home if you are sick, to wash your hands often, to keep your distance, and to disinfect high touch surfaces often.

Prioritizing Action

It may be helpful to understand the rationale behind the recommendations in this guideline, and the relative impacts each can have on controlling the spread of COVID-19 in your workplace. Some controls will be more difficult to implement but may have a greater overall impact, while other controls will be easier to implement but may have less overall impact.

Levels of Control

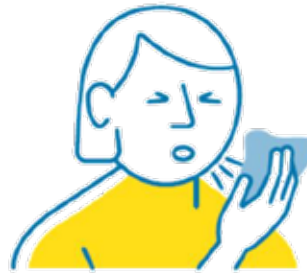
In the model shown below, control methods at the top of the pyramid are generally more effective and protective than those at the bottom. Following this model normally leads to the implementation of inherently safer systems, where the risk of illness exposure and/or transmission has been substantially reduced.



Typically, engineering controls are favored over administrative and personal protective equipment (PPE) for controlling exposures. This is because most engineering controls are designed to prevent people from coming into contact with an infectious person or contaminated surface in the first place.

COVID-19

Guideline for Recreation & Athletics Facilities



Tip Sheet – Employee Sickness

Goal: To maintain a healthy workforce by ensuring employees, coaches and trainers stay home if they are ill.

Administrative Controls

- Inform your staff and volunteers that if they are sick with any symptoms of respiratory illness consistent with cold, influenza, or COVID-19, even if symptoms are mild, they must not work, they must remain at home, and they should contact their family physician, primary care provider or Health Link BC at 8-1-1.
- Thoughtfully plan and communicate your sick-leave policy to create an environment where all staff members feel supported in staying home when they are sick.
- Prepare operational contingency plans in cases where staff must remain home when sick.
- Have staff declare they are symptom-free when signing in for the day. If they have any symptoms, even mild symptoms they must go home.
- If while at work, a staff person starts experiencing symptoms of illness, even if they are mild, ask them to don a mask and to leave work immediately, go straight home, and have them contact their family physician/primary care provider or 8-1-1 for further guidance.
- Ensure that objects and surfaces touched by sick staff are disinfected before being used by others.
- Sick staff should use the BC COVID-19 self-assessment tool.
- Anyone with symptoms can now be assessed and receive a COVID-19 test.
- Testing is not recommended for people who do not have symptoms.
- If a staff person has a COVID-19 diagnosis, the local Public Health department will identify any co-workers who may have been exposed to the sick person.
- The employer and staff members should be reassured that if they haven't been contacted by Public Health then there is no issue or concern that was identified by Public Health.

Resources:

- [COVID-19 Self-Assessment Tool](#)
- [Poster: COVID-19 Testing for all who Need It](#)

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Guideline for Recreation & Athletics Facilities



Tip Sheet – Personal Hygiene

GOAL: To limit spread of the virus by promoting good personal hygiene through hand washing, hand sanitization, and cough/sneeze etiquette.

Engineering Controls

- Provide hand sanitizer at entrances and posters reminding of the importance of handwashing/sanitizing following contact with common touch surfaces.
- All hand sinks, including those in washrooms and changing rooms, must have liquid soap, single-use paper towels and warm running water at all times.
- Additional portable hand washing stations in the premises may be appropriate.

Administrative Controls

- If hand sanitization stations are limited in number or not possible, direct clients to the nearest hand washing sink to wash their hands, and encourage hand washing especially immediately upon arrival, and before they leave the premises.
- Train employees about the virus so they know how to minimize its spread.
- Consider providing electronic COVID-19 resources to all employees.
- Communicate information in multiple languages.
- Staff should be reminded to practice good hygiene throughout their shift.
- Staff must avoid touching their face without first cleaning their hands.
- Replace physical greetings (high-fives, fist-bumps, hugs) with non-contact greetings.

Personal Protective Equipment

- While the use of masks for prevention of COVID-19 among people without symptoms in non-healthcare settings is generally not recommended by Vancouver Coastal Health, some people using the facility (including staff and customers) may prefer to wear masks. This may help prevent transmission from the person wearing the mask.
- If masks are used, users should be aware that masks can become contaminated on the outside when touched by hands, and may hinder breathing during strenuous activity.
- Avoid touching or adjusting masks often, and do not share them with others.

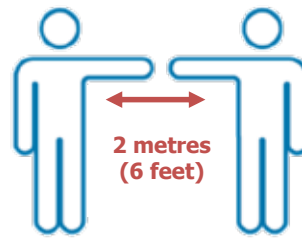
Resources:

- Video: [Hand Washing](#)
- Video: [Cough & Sneeze Etiquette](#)
- Health Canada: [Hard-surface Disinfectants and Hand Sanitizers](#)

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Guideline for Recreation & Athletics Facilities

Tip Sheet – Physical Distancing



Goal: To modify the physical environment and increase space between people to eliminate transmission of the virus through respiratory droplets.

Engineering Controls

- Increase empty floor space by removing unnecessary materials, equipment, and merchandise displays, especially in hallways, high traffic areas, and other small spaces.
- Make clear divisions between different areas/rooms and cap the number of people allowed in each area/room to allow for physical distancing, mark with signage.
- Use visual markers or physical barriers to delineate different areas.
- Mark 2 metre (6 foot) increments on floors where crowds normally form (e.g. washrooms, line-up areas inside and outside, payment areas etc.).
- Where possible, increase the space between cardio machines and other stationary equipment to achieve adequate distancing between users, or block access to equipment if it cannot be moved so that 2 metre distances are maintained.
- Place markers on the floor so clients know where weight benches are to be positioned in case they are moved by clients.
- Consider marking out squares on the floor in rooms that conduct group classes.

Administrative Controls

- Monitor the number of customers and staff in the facility. Once the maximum number of persons is reached, allow one person in for every person that leaves.

Personal Protective Equipment

- Consider use of full face shields for sports that use helmets (hockey, lacrosse, etc.).

Resources:

- Video: [Why do we need to socially distance?](#)

COVID-19

Guideline for Recreation & Athletics Facilities



Tip Sheet – Sanitation

Goal: Increase cleaning and disinfection of common high touch points to prevent COVID-19 from spreading through contaminated surfaces.

Engineering Controls

- Place numerous bottles of disinfectant & single-use paper towel throughout premises.

Administrative Controls

- In addition to regular morning and end-of-day cleaning activities, create a list of high-touch surfaces, for example: weights, mats, blocks, balls, machines, hand holds, bars, door knobs, switches, touch screens, sales registers, counters, railings, faucets, etc.
- Using the list, make a schedule for cleaning and disinfection (this will depend on how the facility is used; disinfection may happen between classes or throughout the day).
- Post the schedule in a visible location, assign and train staff with specific disinfection responsibilities, and have them initial after completing each disinfection cycle.
- Allow staff extra time to clean and disinfect equipment.
- Some facilities may require a significant amount of time and effort to fully disinfect (e.g. rock climbing or gymnastic facilities), and it may not be possible to do this while open. These premises may need to consider modifying their operating hours (e.g. closing mid-day for a short time) to fully clean and disinfect all surfaces.

Personal Protective Equipment

- Employees responsible for cleaning shall be equipped with any personal protective equipment deemed necessary, depending on the cleaning process and chemicals used.

HOW to select and use a disinfectant

- Disinfectants must have a DIN (drug identification number).
- Always follow the instructions on the label.
- Make sure the appropriate contact time is met. Surfaces must remain wet with disinfectant for the correct length of time in order to destroy any contamination).
- Surfaces that are dirty must be cleaned with soap and water first, before disinfecting.

Resources:

- [Health Canada approved disinfectants for COVID-19](#)
- [BCCDC Guideline for Cleaning and Disinfecting](#)

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Guideline for Recreation & Athletics Facilities



Tip Sheet – Handling Shared Equipment

Goal: To provide supplemental guidance for shared equipment.

Engineering Controls

- If you cannot disinfect shared equipment properly it should be removed from use.
- Organize shared equipment and non-stationary equipment so clients can easily pick-up the item they want without having to touch many others.
- Consider keeping all non-stationary equipment in one area to facilitate cleaning and disinfection in between uses. Station an employee there such that items could be wiped down by the employee after each use before being put back into circulation. Some examples of non-stationary equipment include balls, blocks, mats, resistance bands, paralletes, skipping ropes, wobble boards, and foam rollers.
- Provide sanitizing wipes or spray bottles of disinfectant with single-use paper towels in all areas where shared equipment is kept, so clients can wipe down items themselves.

Administrative Controls

- Direct customers and athletes to handwashing stations after using equipment.
- Customers should be encouraged to wash hands or use sanitizer prior to renting/borrowing any equipment.
- Employees should wash their hands after touching anything that has been in the client's possession and before helping the next client.
- Extend times between rentals to allow for thorough cleaning and disinfection.
- Launder linens normally, using the hottest water possible, and dry thoroughly.

CUSTOMERS should be encouraged to bring their own gear for personal use whenever practical to reduce sharing of equipment

- | | |
|-------------------------------|----------------------------|
| • Helmets | • Gloves |
| • Racquets | • Shin/wrist/ankle guards |
| • Goggles | • Weight belts/wrist wraps |
| • Yoga mats and blocks | |
| • Hockey sticks/baseball bats | |

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Guideline for Recreation & Athletics Facilities



TIP Sheet – Site Management

Goal: To modify normal business operations to minimize the potential for COVID-19 to spread in the facility.

Engineering Controls

- Make use of outdoor spaces as much as possible.
- Prop doors open so people can pass through without touching handles.
- Increase ventilation whenever possible by opening windows, doors, and increasing the fresh air intake on air handling units.
- Eliminate communal storage areas and instead provide separate bins or lockers.
- Clearly demarcate employee-only areas and do not allow clients to enter these spaces.
- Install protective shields at customer service and client consultation spaces.

Administrative Controls

- Consider providing an on-line sign-up schedule with fixed blocks of time for the entire facility, rather than allowing staggered drop-ins throughout the day.
- Generally discourage training activities that necessitate close contact with other people (e.g. need of spotters during weight training, sparring in martial arts studios, games in contact sports, etc.).
- As much as possible, coaching sessions should be conducted in a manner that avoids touching clients. Consider using verbal cues while coaching or using technology to share instructional material and practice plans.
- Where activities involving direct contact take place, ensure that hand hygiene is practiced using an alcohol-based hand rub or hand washing before and after contact.
- Facilities should only be open when at least one staff member is present to monitor control measures that are in place; facilities offering 24-hour unrestricted access without staff present may want to consider temporarily suspending this service.
- To avoid obstructing access to equipment, or requiring clients to handle/move each other's personal belongings, everyone should be encouraged contain their belongings in a gym bag when not in use (cell phones, clothing, water bottles, towels etc.).
- Encourage customers to use their own water bottles, or provide bottled water, rather than communal drinking fountains.
- Encourage use of pre-payment using online services, or touch-free payment.

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Guideline for Recreation & Athletics Facilities



TIP Sheet – Scheduling

Goal: To make schedule adjustments that limits contact between people.

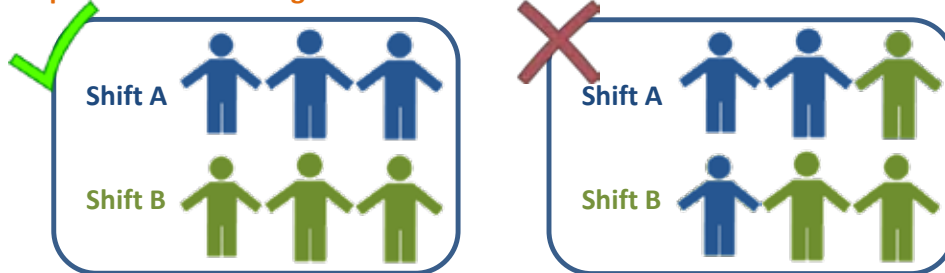
Engineering Controls

- Designate additional rooms or areas for breaks, and encourage use of outdoor spaces.
- Use large rooms, outdoor spaces, or virtual options for meetings.

Administrative Controls

- Consider developing online fitness participation classes, if practical, until such time that physical distancing recommendations are suspended.
- Staff who can work from home should do so.
- Group classes should be scheduled with extra time between classes to allow time to disinfect equipment, and avoid interaction between incoming and outgoing clients.
- Try to keep staff in the same location as much as possible within larger facilities.
- Consider implementing 'cohort staffing' – this means forming small groups of staff who will consistently work together without crossover.

Example of cohort staffing:



- Allow staff to group themselves so that they feel as comfortable as possible.
- If your company operates multiple facilities, identify staff that work at different locations and find a way to eliminate or reduce travel between sites.
- Have staff or a manager keep daily records of the people who worked together and retain these records for at least two months.
- Stagger breaks for individuals or cohorts, and maintain a predictable break schedule.
- Staff training should be done in small groups with social distancing, or online.

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Guideline for Recreation & Athletics Facilities



Tip Sheet – Signage & Communications

GOAL: To communicate important information and provide instructions in a way that is easily understood by everyone.

Engineering Controls

- Place signs on front doors to tell anyone entering not to enter if they are feeling ill or experiencing symptoms potentially related to COVID-19.
- Post physical distancing and handwashing/hand sanitizing signs in common, gym and court areas etc.
- Place posters near to all bathroom and kitchen sinks, reminding users of good hand washing practice.

Administrative Controls

- Maintain up-to-date and consistent messaging on websites, in social media, emails, press releases, and during conversations with customers to ensure all details are aligned, timely and accurate.
- Communicate information in multiple languages.
- Wherever possible, use diagrams and pictures to communicate information.
- Ensure the font size on signage is large enough for everyone to read if the person was standing 2 metres (6 feet) away from the sign.
- In wet areas and outdoors, put posters in plastic sleeves to protect them from water damage.
- Any important signage should be placed in conspicuous areas and away from other posted information so it is clearly visible and distinguishable. Avoid posting signs next to product advertisements or coupon boards.
- Encourage staff to provide regular feedback on any issues with COVID-19 prevention measures. Consider providing a means for them to do this anonymously.

Resources:

- Poster: [Physical Distancing](#)
- Poster: [Do Not Enter when Sick](#)
- Poster: [Hand Washing Poster](#)



British Columbia Community Guidance and Support for the Re-Opening of Dance Studios

Health & safety assistance

Prevention Information Line

For help with workplace health and safety issues, e.g., requesting a consultation or health and safety information.

Phone toll-free (Canada):

1.888.621.7233 (1.888.621.SAFE)

Monday to Friday

8:05 a.m. to 4:30 p.m.

Mandatory Measures (Health Canada)	
	There are no mandatory safety measures yet available for the opening of dance studios. This information will be updated as it becomes available. The school district safety guidelines will be included in this resource.
Studio Specific Suggestive Measures <small>*brought forward by studio directors, dance teachers and dance parents</small>	<small>*We do not claim any responsibility or personal/company preference over these suggestions, we are simply bringing the community together and sharing ideas. These ideas are simply for your review, we are the volunteer “messenger” of ideas. Please make the best decisions for your studio according to your unique needs</small>
Close Studio Lobby	To reduce traffic in and out of the building and overall head count inside the facility
Staggered Class Start Times	Modify schedule if possible to stagger the arrival of dancers to reduce congestion and transition in and out of studio
Recommended Amount of Floor Space per Dancer	This information has not been reviewed for what is an ideal recommendation/guide yet, we will continue to work with studios to come up with strategies around what is a functional suggestion relative to the size of the studio. Considerations to revenue and the social and logistical complexity of splitting existing groups will need to be considered by your studio
Smaller Class Sizes	Modify schedule to reduce the size of classes. Consider the revenue changes and logistics involved in this
Washing Floors Between Classes	As dancers are sweating and moving through the space, cleaning the floors between classes will help with sanitation. Studio directors estimate the cleaning to take about 3-5 minutes and 10 minutes to dry. 15-minute cleaning intervals until sanitation recommendations are lightened
Temporarily Reduce Class Times to Allow for Sanitation Between Classes	Reduce class times from 1 hours to 45 minutes. Discussion around not changing tuition or schedule for this as classes will become the full hour once sanitation expectations are softened and changing scheduling is too difficult mid-season
Sanitation Practices Implement a Cleaning Protocol After Each Class	-sanitize ballet bars between classes -sanitize dance mats between classes -sanitize door handles between classes Suggestion: have older dancers wipe down areas after their classes, and have more cleaning staff for intense cleanings



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Suggestive Measures <i>*brought forward by studio directors, dance teachers and dance parents</i>	<p><i>*We do not claim any responsibility or personal/company preference over these suggestions, we are simply bringing the community together and sharing ideas. These ideas are simply for your review, we are the volunteer “messenger” of ideas. Please make the best decisions for your studio according to your unique needs</i></p>
Floor Markings to Help Aide Social Distancing	As young children may struggle to keep distance between them use yoga mats as space identifiers to help aide this process. -OR- Tape boxes on floor to ensure dancers stay in their space
Restructure “normal” arrival system to separate entrances when possible	If the studio allows for the changing of formal entrances, while still ensuring the safety of young children, consider a multi- entry system to reduce congestion
Dancers stay in the same room as much as possible	Dancers stay in the same room for all of their classes (as much as possible) and only teachers move rooms to reduce congestion and traffic through lobby areas
Minimize Touching as Much as Possible	Acrobatics teachers should avoid partnering and return to foundational technique that does not require spotting. Rechoreograph dances where possible to reduce contact if possible
Temperature Checks Prior to Classes	Temperature checks (digital point and shoot thermometers most suggested) before classes. There is some concern that some dancers have higher resting temperatures as well as they will be doing multiple classes/sweaty. Concern for the logistics required to orchestrate this. Encouraging parents to complete this at home and screen dancers
Loosen clothing requirements so that dancers don’t need to change (only shoes)	Modify the dress code for classes so that dancers do not need to change or use bathroom/dressing room areas for changing. Footwear is the only change required, only small dance bags with their shoes encouraged, strive to reduce number of personal items needed to attend classes
Temporarily move to Technique only	Consider temporarily moving to technique classes until the situation improves to reduce the amount of touching that occurs in choreography
No eating in the lobby (eat at home, or vehicles)	Dancers should eat outside, in the car or at home before class and should wash their hands before and after eating
Eliminate Cellphone Usage	As cellphones are typically quite dirty, work with dancers to reduce or eliminate cellphone usage and disinfect them frequently. No touching cell phones during class times except emergencies

Masks/Gloves

A discussion of Masks and Gloves in the Dance Studio

Health & safety assistance

Prevention Information Line

For help with workplace health and safety issues, e.g., requesting a consultation or health and safety information.

Phone toll-free (Canada):

1.888.621.7233 (1.888.621.SAFE)

Monday to Friday

8:05 a.m. to 4:30 p.m.

Suggestive Measures *brought forward by studio directors, dance teachers and dance parents	*We do not claim any responsibility or personal/company preference over these suggestions, we are simply bringing the community together and sharing ideas. These ideas are simply for your review, we are the volunteer “messenger” of ideas. Please make the best decisions for your studio according to your unique needs																						
Gloves (Optional)	Complications to consider with making Gloves mandatory: Sizing: They do not readily make children’s sized medical gloves, and young children wearing adult sized gloves with fingers hanging over would be distracting and uncomfortable Supply and Waste: There is already a shortage of gloves in the province, where will the supply of these gloves come from? Consider the waste of hundreds of gloves HOURLY/DAILY. Children/families are unlikely to remember or have their own gloves, and the studio supplying gloves for that many families is both financially, and logistically draining. The distribution of gloves to all dancers daily is also complex Sensory Dancers: There is an increasing number of dancers with sensory concerns, these dancers may not be able to tolerate the feeling of gloves on their skin while dancing Touching Surfaces: Touching the face and then other surfaces in gloves is similar to that of touching the face and other surfaces without gloves																						
Masks/ Face Shields (Optional)	Complications to consider with making Masks mandatory: CO2 Consumption: It is not healthy for dancers to be consuming CO2 (exhaled air) while exercising, dancers may have difficulties breathing and feel dizziness if they wear masks Fuss/Fidgeting: We know how much dancers fidget with their hair during class, imagine how much they will fidget/touch/adjust their masks. This fidgeting of the masks will INCREASE how much the dancer is touching their mouth and face, which will be more counterproductive than good Sizing: Children have smaller heads and masks will not be readily available in the appropriate size Supply and Waste: There is already a shortage of masks in the province, where will the supply of these come from? Consider the waste of hundreds of masks HOURLY/DAILY. Children/families are unlikely to remember or have their own masks, and the studio supplying masks for that many families is both financially, and logistically draining. The distribution of masks to all dancers daily is also complex Sensory Dancers: There is an increasing number of dancers with sensory concerns, these dancers may not be able to tolerate the feeling of a mask on their face while dancing Fear/Scary: For young dancers seeing people with faces covered could be scary Face Shields as an alternative option to Masks can provide some benefits however being highly physical in nature additional structures interfere with the ability to dance with easy. <div data-bbox="506 1486 948 1944"> <p>The infographic compares Face Masks and Face Shields. It lists pros and cons for each, with icons for each item. The Face Mask pros include creating a seal, being easy to disinfect, and being easy for manufacturers to produce. The Face Mask cons include difficulty in disinfecting at home, requiring specific machinery, difficulty in communication, limited durability, and discomfort. The Face Shield pros include being open on the sides for aerosols, easy disinfection, ease of production, lip reading, easy washing, and preventing face touching. The Face Shield cons include providing some possibility for aerosols and small particles to float in.</p> <table border="1"> <thead> <tr> <th>Face Mask</th> <th>Face Shield</th> </tr> </thead> <tbody> <tr> <td>Pros:</td> <td>Pros:</td> </tr> <tr> <td>Can create a complete—or near—complete seal on sides of the face</td> <td>Open on the sides—providing some possibility for aerosols and small particles to float in</td> </tr> <tr> <td>Cons:</td> <td>Cons:</td> </tr> <tr> <td>Difficult to disinfect at home</td> <td>Easily disinfected with household cleaners</td> </tr> <tr> <td>Requires specific machinery for production</td> <td>Easy for manufacturers to produce (Apple, Nike, etc)</td> </tr> <tr> <td>Difficult to communicate or talk to others in</td> <td>Makes lip reading possible for the deaf/hard of hearing</td> </tr> <tr> <td>Limited durability</td> <td>Easily washed or re-used</td> </tr> <tr> <td>Requires touching your face to put on or adjust</td> <td>Prevents wearer from touching their face</td> </tr> <tr> <td>Not comfortable, difficult to breathe in</td> <td>Comfortable to wear and breathe in</td> </tr> <tr> <td></td> <td>Reinforces the importance of physical distancing</td> </tr> </tbody> </table> </div>	Face Mask	Face Shield	Pros:	Pros:	Can create a complete—or near—complete seal on sides of the face	Open on the sides—providing some possibility for aerosols and small particles to float in	Cons:	Cons:	Difficult to disinfect at home	Easily disinfected with household cleaners	Requires specific machinery for production	Easy for manufacturers to produce (Apple, Nike, etc)	Difficult to communicate or talk to others in	Makes lip reading possible for the deaf/hard of hearing	Limited durability	Easily washed or re-used	Requires touching your face to put on or adjust	Prevents wearer from touching their face	Not comfortable, difficult to breathe in	Comfortable to wear and breathe in		Reinforces the importance of physical distancing
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Encourage the Reduction of Bathroom Usage	Limited bathroom breaks (or none at all) if possible for students as it is hard to clean after each student, instead work to create a culture of reminding dancers to use the bathroom before leaving home to hopefully reduce the amount it is used (bonus incentive- save on your toilet paper bill!)
Hand Sanitizing Immediately After Entering Studio	Sanitation stations (mini tables) at the entrance to studio and have dancers use as they enter
Open Windows/Doors	Open garage bays, doors, to increase fresh air flow
Do Not Attend if Family Illness is Present	No coming to the studio if the dancer or anyone at home is sick with until everyone has shown no symptoms and/or for the 14 days of quarantine
Limit Hand Held Prop Usage	Limit props and equipment that isn't necessary or require each student to have their own that they bring to and from the studio in order to eliminate sharing (eg blocks, thera bands, etc)
Option to Consider Mixed In Person/Online Delivery if Needed	Have some dancers attend class from home via Zoom (or other) if needed, some students come to studio one week and do the classes through zoom the next week in order to keep class sizes smaller if this makes sense for your studio
Teach via Zoom if the Instructor is Ill, Watch via Zoom if the dancer feels Ill	Arrange a plan in place should there be any signs of illness. Dancers should not attend to watch if they are ill, they can watch from Zoom at home. Teachers should not attend if they are ill, studios should have backup alternative arrangements in place in the event there is a last-minute illness. Follow 14 day period if illness presents
Update Studio With Appropriate Signage	Signage throughout studio and outside studio with new rules/procedures
Proper Training of All Staff on New Protocols	Create a studio guide book for faculty and ensure proper training of all staff on new protocols
Consider Water bottle Strategies	Consider a plan of action for water bottles that makes sense for your studio: No water bottles (disposable cups only) No sharing of water bottle Designated spot in room for water bottle (which may be different for each dancer) No refilling of water bottles
Drop Off/Pick Up Plan	Consider your safety and security plan of action for drop off/pick up safety if studio lobbies will be closed. Pay attention to strategies for younger kinder dancers, preschool children might need parents to come into the studio to drop them off safely



CLASS ORDER (Fitness Facilities) RE: COVID-19

NOTICE TO OWNERS, OCCUPIERS AND OPERATORS OF INDOOR GYMS AND FITNESS FACILITIES (INCLUDING WEIGHT TRAINING / GYMNASTICS / MARTIAL ARTS FACILITIES, YOGA / DANCE STUDIOS & OTHER SIMILAR SPORT OR EXERCISE FACILITIES) IN THE FRASER HEALTH REGION (CLASS)

**ORDER OF THE MEDICAL HEALTH OFFICER
(Pursuant to Sections 30, 31, 32, 39 (3) & 54(1) of the *Public Health Act*, S.B.C. 2008)**

The *Public Health Act* can be found at:

http://www.bclaws.ca/civix/document/id/complete/statreg/08028_01

TO : Individuals, societies, corporations or other organizations which are the owner, occupier or operator of or otherwise responsible for an indoor gym or fitness facility (including weight training, gymnastics or martial arts facilities, yoga or dance studios, and other similar sport or exercise facilities) which is accessible by the public or an organization's members, clients or guests (collectively, "**Fitness Facilities**") in the Fraser Health Region (as defined under the *Health Authorities Act*, BC)

WHEREAS:

- A. A communicable disease known as COVID-19 has emerged in British Columbia;
- B. SARS-CoV-2, an infectious agent, can cause outbreaks of serious illness known as COVID-19 among the public;
- C. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- D. On March 17, 2020, the Provincial Health Officer, Dr. Bonnie Henry declared the COVID-19 pandemic to be an emergency pursuant to Part 5 of the *Public Health Act*, S.B.C. 2008, c. 28;
- E. The gathering of people in close contact with one another and/or using shared Fitness Facilities or equipment can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19;
- F. You belong to a class of persons who are the owners, occupiers, operators of or are otherwise responsible for Fitness Facilities situated within the FHA Region;

G. I have reason to believe and do believe that the risk of an outbreak of COVID-19 among the public constitutes a health hazard under the *Public Health Act*.

THEREFORE it is in the public interest for me to exercise the powers in sections 30, 31, 32, 39(3) and 54(1) of the *Public Health Act* TO ORDER AS FOLLOWS:

1. All Fitness Facilities in the Fraser Health Region must close immediately.

For the sake of clarity, this Order does not apply to personal use of fitness facilities in single family dwellings.

This Order expires on May 31, 2020 and is subject to revision, cancellation or extension by me or another Medical Health Officer ("**MHO**") employed by Fraser Health.

You are required under section 42 of the *Public Health Act* to comply with this Order. Failure to comply with this Order is an offence under section 99 (1) (k) of the *Public Health Act*.

Pursuant to section 54(1)(h) of the *Public Health Act*, and in accordance with the emergency powers set out in part 5 of the *Public Health Act*, no MHO employed by Fraser Health will be accepting requests for reconsideration, requests for review, or requests for reassessment of this Order.

If you fail to comply with this Order, I have the authority to take enforcement action against you under Part 4, Division 6 of the *Public Health Act*.

You may contact me at:

Martin Lavoie, MD, FRCPC
Chief Medical Health Officer, Fraser Health Authority
400 - 13450 - 102nd Avenue Surrey, BC
V3T 0H1
Telephone: 604-587-3828

EFFECTIVE DATE: April 14, 2020.

SIGNED:



Martin Lavoie, MD, FRCPC
Chief Medical Health Officer
Fraser Health Authority

DELIVERED BY Posting to the Fraser Health website.

Enclosures: Excerpts of *Public Health Act* and Regulations

Excerpts of the PUBLIC HEALTH ACT and Regulations

Definitions 1

In this Act:

"health hazard" means

- (a) a condition, a thing or an activity that
 - (i) endangers, or is likely to endanger, public health, or
 - (ii) interferes, or is likely to interfere, with the suppression of infectious agents or hazardous agents, or
- (b) a prescribed condition, thing or activity, including a prescribed condition, thing or activity that
 - (i) is associated with injury or illness, or
 - (ii) fails to meet a prescribed standard in relation to health, injury or illness;

Division 4 — Orders Respecting Health Hazards and Contraventions

When orders respecting health hazards and contraventions may be made

30 (1) A health officer may issue an order under this Division only if the health officer reasonably believes that

- (a) a health hazard exists,
- (b) a condition, a thing or an activity presents a significant risk of causing a health hazard,
- (c) a person has contravened a provision of the Act or a regulation made under it, or (d) a person has contravened a term or condition of a licence or permit held by the person under this Act.

(2) For greater certainty, subsection (1) (a) to (c) applies even if the person subject to the order is complying with all terms and conditions of a licence, a permit, an approval or another authorization issued under this or any other enactment.

General powers respecting health hazards and contraventions

31 (1) If the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, a health officer may order a person to do anything that the health officer reasonably believes is necessary for any of the following purposes:

- (a) to determine whether a health hazard exists;

- (b) to prevent or stop a health hazard, or mitigate the harm or prevent further harm from a health hazard;
- (c) to bring the person into compliance with the Act or a regulation made under it;
- (d) to bring the person into compliance with a term or condition of a licence or permit held by that person under this Act.

(2) A health officer may issue an order under subsection (1) to any of the following persons:

- (a) a person whose action or omission
 - (i) is causing or has caused a health hazard, or
 - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
- (b) a person who has custody or control of a thing, or control of a condition, that
 - (i) is a health hazard or is causing or has caused a health hazard, or
 - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
- (c) the owner or occupier of a place where
 - (i) a health hazard is located, or
 - (ii) an activity is occurring that is not in compliance with the Act or a regulation made under it, or a term or condition of the licence or permit of the person doing the activity.

Specific powers respecting health hazards and contraventions

32 (1) An order may be made under this section only

- (a) if the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, and
- (b) for the purposes set out in section 31 (1) [*general powers respecting health hazards and contraventions*].

(2) Without limiting section 31, a health officer may order a person to do one or more of the following:

- (a) have a thing examined, disinfected, decontaminated, altered or destroyed, including
 - (i) by a specified person, or under the supervision or instructions of a specified person,
 - (ii) moving the thing to a specified place, and
 - (iii) taking samples of the thing, or permitting samples of the thing to be taken;
- (b) in respect of a place,
 - (i) leave the place,
 - (ii) not enter the place,
 - (iii) do specific work, including removing or altering things found in the place, and altering or locking the place to restrict or prevent entry to the place,

- (iv) neither deal with a thing in or on the place nor dispose of a thing from the place, or deal with or dispose of the thing only in accordance with a specified procedure, and
- (v) if the person has control of the place, assist in evacuating the place or examining persons found in the place, or taking preventive measures in respect of the place or persons found in the place;
- (c) stop operating, or not operate, a thing;
- (d) keep a thing in a specified place or in accordance with a specified procedure;
- (e) prevent persons from accessing a thing;
- (f) not dispose of, alter or destroy a thing, or dispose of, alter or destroy a thing only in accordance with a specified procedure;
- (g) provide to the health officer or a specified person information, records, samples or other matters relevant to a thing's possible infection with an infectious agent or contamination with a hazardous agent, including information respecting persons who may have been exposed to an infectious agent or hazardous agent by the thing;
- (h) wear a type of clothing or personal protective equipment, or change, remove or alter clothing or personal protective equipment, to protect the health and safety of persons;
- (i) use a type of equipment or implement a process, or remove equipment or alter equipment or processes, to protect the health and safety of persons; (j) provide evidence of complying with the order, including
 - (i) getting a certificate of compliance from a medical practitioner, nurse practitioner or specified person, and
 - (ii) providing to a health officer any relevant record; (k) take a prescribed action.
- (3) If a health officer orders a thing to be destroyed, the health officer must give the person having custody or control of the thing reasonable time to request reconsideration and review of the order under sections 43 and 44 unless
 - (a) the person consents in writing to the destruction of the thing, or (b) Part 5 *[Emergency Powers]* applies.

Contents of orders

39 (3) An order may be made in respect of a class of persons.

Duty to comply with orders

42 (1) A person named or described in an order made under this Part must comply with the order.

(2) Subsection (1) applies regardless of whether the person leaves the geographic area for which the health officer who made the order is designated.

Part 5 — Emergency Powers

Division 1 — Application of this Part

Definitions for this Part 51 In this Part:

"emergency" means a localized event or regional event that meets the conditions set out in section 52 (1) or (2) [*conditions to be met before this Part applies*], respectively;

"localized event" means an immediate and significant risk to public health in a localized area;

"regional event" means an immediate and significant risk to public health throughout a region or the province.

Conditions to be met before this Part applies

52 (1) A person must not exercise powers under this Part in respect of a localized event unless the person reasonably believes that

- (a) the action is immediately necessary to protect public health from significant harm, and
- (b) compliance with this Act, other than this Part, or a regulation made under this Act would hinder that person from acting in a manner that would avoid or mitigate an immediate and significant risk to public health.

(2) Subject to subsection (3), a person must not exercise powers under this Part in respect of a regional event unless the provincial health officer provides notice that the provincial health officer reasonably believes that at least 2 of the following criteria exist:

- (a) the regional event could have a serious impact on public health;
- (b) the regional event is unusual or unexpected;
- (c) there is a significant risk of the spread of an infectious agent or a hazardous agent;

(d) there is a significant risk of travel or trade restrictions as a result of the regional event. (3) If the provincial health officer is not immediately available to give notice under subsection (2), a person may exercise powers under this Part until the provincial health officer becomes available.

Part applies despite other enactments

53 During an emergency, this Part applies despite any provision of this or any other enactment, including

- (a) in respect of the collection, use or disclosure of personal information, the *Freedom of Information and Protection of Privacy Act* and the *Personal Information Protection Act*, and
- (b) a provision that would impose a specific duty, limit or procedural requirement in respect of a specific person or thing,

to the extent there is any inconsistency or conflict with the provision or other enactment.

Division 2 — Emergency Powers

General emergency powers

- 54** (1) A health officer may, in an emergency, do one or more of the following:
- (a) act in a shorter or longer time period than is otherwise required;
 - (b) not provide a notice that is otherwise required;
 - (c) do orally what must otherwise be done in writing;
 - (d) in respect of a licence or permit over which the health officer has authority under section 55 *[acting outside designated terms during emergencies]* or the regulations, suspend or vary the licence or permit without providing an opportunity to dispute the action;
 - (e) specify in an order a facility, place, person or procedure other than as required under section 63 *[power to establish directives and standards]*, unless an order under that section specifies that the order applies in an emergency; (f) omit from an order things that are otherwise required;
 - (g) serve an order in any manner;
 - (h) not reconsider an order under section 43 *[reconsideration of orders]*, not review an order under section 44 *[review of orders]* or not reassess an order under section 45 *[mandatory reassessment of orders]*;
 - (i) exempt an examiner from providing examination results to an examined person; (j) conduct an inspection at any time, with or without a warrant, including of a private dwelling;
 - (k) collect, use or disclose information, including personal information, (i) that could not otherwise be collected, used or disclosed, or (ii) in a form or manner other than the form or manner required.
- (2) An order that may be made under this Part may be made in respect of a class of persons or things, and may make different requirements for different persons or things or classes of persons or things or for different geographic areas.

Offences

- 99** (1) A person who contravenes any of the following provisions commits an offence:
- (k) section 42 *[failure to comply with an order of a health officer]*, except in respect of an order made under section 29 (2) (e) to (g) *[orders respecting examinations, diagnostic examinations or preventive measures]*;

BC'S RESTART PLAN

Next steps to move BC through the pandemic

Stay Informed
www.gov.bc.ca/restartbc



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Message from the Premier

COVID-19 HAS TESTED PEOPLE AND BUSINESSES

throughout BC in ways we never imagined.

Many of us know someone who has been infected by this dangerous virus, and tragically, some have lost people dear to them.

Our kids have struggled to understand why they can't see their friends or hug their grandparents. And some of our neighbours have lost their jobs or closed their shops.

I join British Columbians all around our province in thanking the essential workers who have kept our grocery stores, gas stations, and pharmacies open — and the doctors, nurses and health care workers on the frontlines of the pandemic who have put themselves in harm's way to protect the rest of us.

Your actions are making a difference. And every day British Columbians are stepping up and doing their part too.

Our combined efforts have meant BC has fared better than most. We have seen the rate of transmission decline and we are flattening the curve, but we know pandemics come in waves. COVID-19 is no different and it won't truly be behind us until a vaccine is ready.

That time could be more than a year away. But, as we look ahead to this next stage in the COVID-19 pandemic, there are reasons to be hopeful.

- British Columbians are pulling together and your government is pulling in the same direction.
- There is already strong public awareness of the risks of transmission and people remain vigilant.
- And we are in incredibly capable hands with our public service, Dr. Bonnie Henry and the team at the Ministry of Health – their mathematical modelling has held up and provides us with a path forward.



We are making headway in the struggle against COVID-19 because we're all in this together.

We can't allow division and intolerance to take the place of our unity and determination. Let's reject racism and hatred wherever we encounter it.

After Victoria Day, we will move further towards a recovery. With safe operations plans in place, more and more industries will reopen and get people back to work. And we will ease some of the restrictions in place to improve our quality of life, while reducing the risk of a spike in transmission.

This is not a return to normal. Moving too quickly could put all of our combined efforts and progress in jeopardy. But at each and every step forward, your government will be working with you to make sure the people who need support are getting it.

COVID-19 is a wakeup call for all of us. We need to be better prepared so our health care system and our economy are never again so dramatically impacted by a pandemic.

I know that together we can do this.

A handwritten signature in black ink, reading "John J. Horgan", with a horizontal line extending from the end of the signature.

JOHN HORGAN

Premier of British Columbia

Message from the Provincial Health Officer

WE HAVE UNITED IN A SINGULAR PURPOSE – to flatten our curve. Now, we have reached an important milestone with our COVID-19 pandemic in BC: we are at the end of our beginning. COVID-19 and the risks to our province are far from gone, but we can now begin to chart our path forward.

There are still many unknowns for all of us. Like others around the world, we learn more each day to guide our decision making. What we do know is that we must continue to be cautious and thoughtful in our approach to move forward safely. Our goals are clear:

- Protect lives by suppressing transmission as low as possible for our at-risk populations;
- Ensure our health system has capacity to provide quality care to non-COVID-19 and COVID-19 patients alike;
- Alleviate the physical, social and mental health challenges that come with restricting social interaction;
- Rebuild a resilient economy and provide supports for people to safely return to work; and,
- Strengthen the social fabric of our families and communities.

It is a careful balance and one that we are working hard to achieve. And, it will require every one of us to remain committed to be successful.



Our “new normal” is based on principles that apply to every person and every situation. These principles are the foundation of how we need to move forward with our BC plan, and will remain in place for the weeks and months ahead. These principles include:

1. Staying informed, being prepared and following public health advice;
2. Practising good hygiene – hand hygiene, avoid touching your face and respiratory etiquette;
3. Staying at home and away from others if you are feeling ill – with no exceptions – whether for school, work or socializing;
4. Maintaining physical distancing outside the household, e.g., no handshakes or hugs, keeping your number of contacts low and keeping a safe distance;
5. Making necessary contacts safer with appropriate controls, e.g., using plexiglass barriers or redesigning spaces;
6. Increasing cleaning of frequently touched surfaces at home and work;
7. Considering the use of non-medical masks in situations where physical distancing cannot be maintained, such as on transit or while shopping; and,
8. Continuing to minimize non-essential personal travel.

I have seen the strength and resilience in British Columbians that I know will hold us in good stead in the months ahead. We must continue to keep our firewall strong and remain committed to our efforts to protect our province.

Be kind, be calm, be safe.



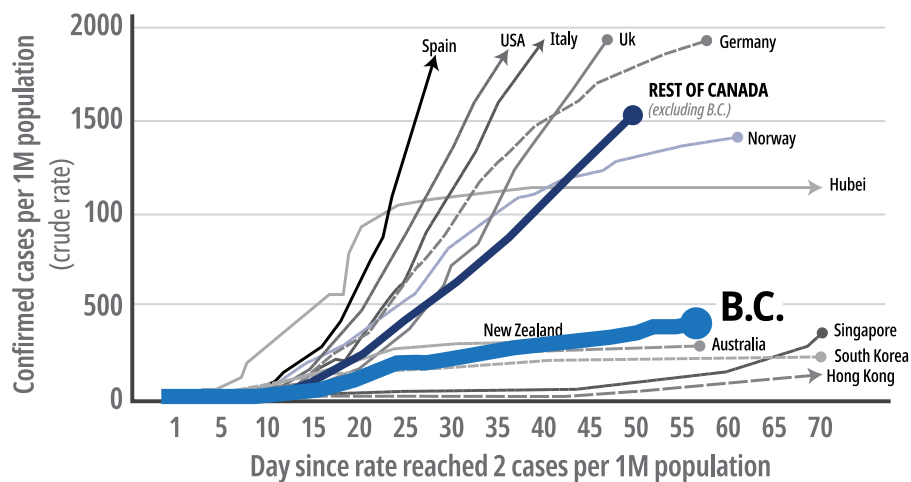
DR. BONNIE HENRY
Provincial Health Officer

Overview

As of May 1, 2020, more than 2,100 British Columbians have tested positive for COVID-19 and more than 100 people have died.

As the pandemic hit BC, we asked British Columbians to do their part, and they took action to stay home and help flatten the curve. With each day, the rate of growth in COVID-19 cases has steadily declined and more than 1,350 people have recovered. And we have the lowest mortality of any jurisdiction in North America or Europe with a population of more than five million.

FIGURE 1: Cumulative diagnosed COVID-19 case rates by select countries



From the outset, the focus of our efforts in BC have been on protecting people by slowing the rate of transmission.

BC's Restart Plan is the first in a series of steps we will take together to protect people and ensure our province can come back from COVID-19 stronger than before.

Protective measures we've taken in BC have made a difference

Around the world, governments have taken different approaches to try to bend and flatten the curve of transmission — from complete lockdowns, to quarantines and varying intensities of physical distancing.

From the outset, BC established clear guidance, transparency and an evidence-based approach as hallmarks of our fight against COVID-19. Protective measures BC has taken have included:

- Providing physical distancing and hygiene guidelines for people, businesses and essential services to follow;
- Banning mass gathering of more than 50 people to reduce the risk of outbreaks;
- Closing bars, dine-in service at restaurants, and personal service operators, like barbers and dentists, to reduce the risk of transmission;
- Reducing in-classroom learning and child care;
- Requiring travelers to develop and stick to a 14-day isolation plan when arriving in BC from abroad;
- Restricting visitors to health care and assisted-living facilities to protect some of our most vulnerable people; and
- Postponing non-urgent and elective surgeries – while maintaining urgent and emergency procedures.

Working together we've made a lot of progress. These protective measures and restrictions have directly saved lives, but we also know that the public health benefit has come at some expense, including the economic, social and personal well-being of many British Columbians.

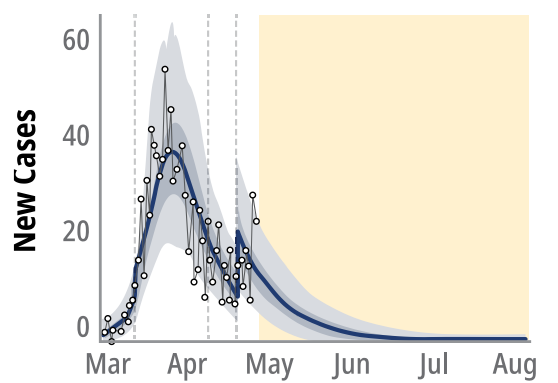
The next stage of our challenge

BC has made extensive use of modelling and planning in our decision-making process, including the Oxford Stringency Index.

While mathematical models of pandemics are just that – models – BC's modelling has accurately predicted several key indicators in our efforts to flatten the pandemic curve, including trends in hospitalization rates, visits to ICUs and recently confirmed infections.

Data showing the movements of British Columbians indicates that, to do their part to flatten transmission, people in the province have reduced their social interactions and contact with others to about 30% of normal. By sticking with the existing protective measures, we can expect a further decline in the rate of new infections.

FIGURE 2: Contacts stay at approximately 30% (70% physical distancing)



The same mathematical modelling indicates a return to pre-COVID-19 normal in our social interactions would have a disastrous effect, dramatically increasing infections, undoing our combined efforts and putting people at risk. Even at 80%, there could be a significant spike in transmissions.

FIGURE 3: Contacts increase to 100% (return to pre-COVID-19)

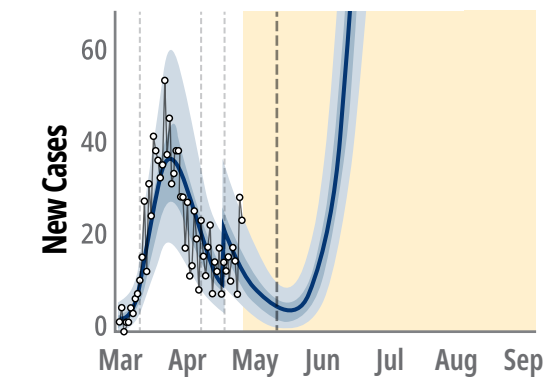
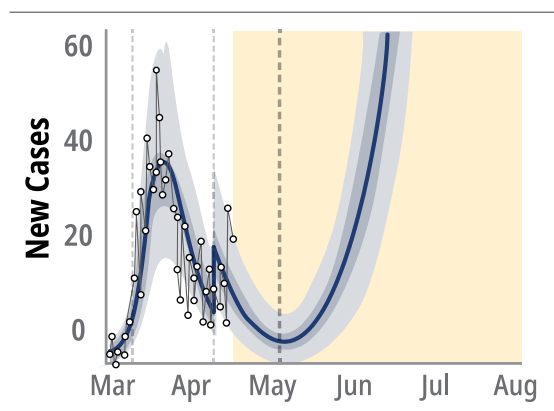
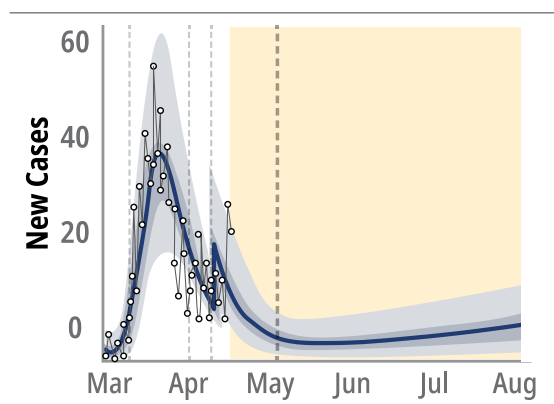


FIGURE 4: Contacts increase to 80% (20% physical distancing)



However, the modelling does show we can increase our rate of contact to about 60% of pre-COVID-19 normal, while maintaining a flat rate of transmission. In other words, we can double the amount of social contacts we have now and still flatten the curve.

FIGURE 5: Contacts increase to 60% (40% physical distancing)



Medical professionals speculate it could be 12–18 months before a vaccine is developed.

Until then, the challenge for all British Columbians will be modifying our behaviour and protective measures cautiously to allow for greater interactions without putting the health of our loved ones, friends and neighbours at risk.

How we'll keep transmission low

WHAT THE NEW NORMAL MEANS FOR YOU

BC's progress in the fight against COVID-19 is a direct result of the sacrifices and decisions we have all made. To continue to protect seniors and at-risk people, and ensure our health care system can respond to this dangerous virus we all have to keep doing our part – at home, in the community and at work.

- Stay at home and keep a safe distance from family when you have cold or flu symptoms, including coughing, sneezing, runny nose, sore throat and fatigue.
- No handshaking or hugs outside of your household.
- Practice good hygiene, e.g., regular hand washing, avoiding touching your face, covering coughs and sneezes, disinfect frequently touched surfaces.
- Keep physical distancing, as much as possible, when in the community; and where not possible, consider using a non-medical mask or face covering.

And in personal settings, when you're seeing friends and family who don't live with you:

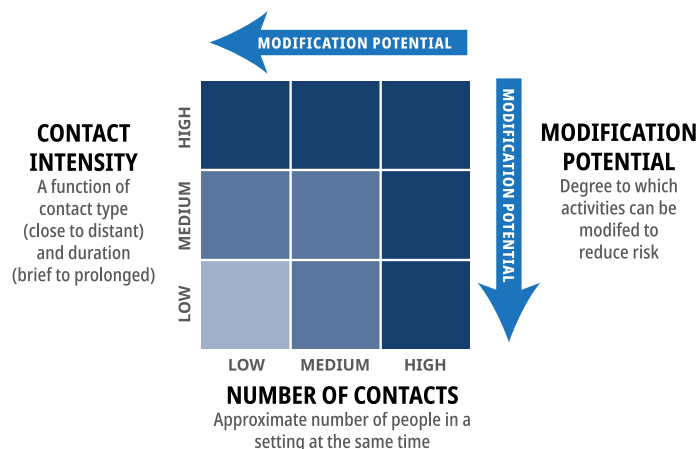
- Only get together in small groups of around 2–6 people and keep a physical distance.
- Stay home and away from others if you have cold or flu symptoms.

If you are at greater risk (over the age of 60 or with underlying medical conditions), be informed of your risk, think through your risk tolerance and take extra precautions.

WHAT THE NEW NORMAL MEANS FOR EMPLOYERS AND PUBLIC INSTITUTIONS

The risk of transmission at busy workplaces and other institutions is a direct function of two variables: the number of contacts (the number of people present at the same time) and the contact intensity (the type of contact – i.e., close or distant, and the length of contact – i.e., brief or prolonged). These are factors we can rate as low, medium and high risks.

FIGURE 6: Reducing transmission



Based on these factors, steps can be taken to reduce the risk, including:

- Physical distancing measures – measures to reduce the density of people.
- Engineering controls – physical barriers (like plexiglass at checkouts), or increased ventilation.
- Administrative controls – clear rules and guidelines.
- Personal protective equipment – e.g. use of non-medical masks.

These modifications and controls, combined with the following measures, can reduce the risk of transmission.

- Create clear workplace policies that ensure people with cold or flu symptoms do not come to work.
- Implement sick day policies that allow people to be off or work safely from home when they are ill or have symptoms of a cold or flu.
- Provide work from home options, when possible, to reduce contact intensity. When it's not an option, consider measures such as staggered shifts and virtual meetings as much as possible.
- Implement strategies that reduce the number and intensity of contacts – from greater use of non-medical masks to more checkouts and increased shopping hours.
- Clean “high-touch” areas in workplaces and retail outlets frequently and provide hand sanitizer at entrances.
- Focus on higher-risk employees including those 60+ and those with underlying medical conditions – from more flexible hours, to work from home options and workspace accommodation.

Additional measures specific to various organizational settings are being developed. More will be created as various sectors are engaged and industry or sector wide norms are adopted and required.

For employers and retailers seeking detailed information, please refer to the BC COVID-19 Go-Forward Management Strategy and Checklist, as well as resources at [WorkSafeBC.com](https://www.worksafebc.com).

How we'll start getting people back to work

Unlike many other places that imposed strict “lockdown” policies, BC’s approach was to require safe operation of a broad range of services designated as essential services, to protect our health care system and maintain access to key services and supplies. Many non-essential businesses remained open, provided they could operate safely.

PHASE 1 (WHERE WE ARE TODAY)

ESSENTIAL SERVICES OPERATING DURING COVID-19

- Essential health care and health services
- Law enforcement, public safety, first responders and emergency response personnel
- Vulnerable population service providers
- Critical infrastructure
- Food and agriculture service providers
- Transportation
- Industry and manufacturing
- Sanitation
- Communications and information technology
- Financial institutions
- Non-health essential service providers

Industries that were designated as essential services developed safe operation plans, in consultation with WorkSafeBC and in compliance with the public health orders issued by the Provincial Health Officer.

As a result, BC’s economy has continued to operate in ways other provinces haven’t. But it’s undeniable that local businesses have suffered.

Many businesses closed for other reasons, including reduced demand, such as in the retail, hospitality and export industries. Others closed to do their part in helping to flatten the curve — protecting their customers and employees.

To help these businesses and other organizations get back on their feet, we need workplace practices that ensure British Columbians feel safe, whether they are returning to work or going out as a customer. That means employers will need to engage with their employees to find the right solutions and consider the concerns and needs of their customers.

A SAFER RESTART WITH WORKSAFEBC

Like essential services during the pandemic, all employers must demonstrate they can operate safely. In fact, all employers are required under the Workers Compensation Act to ensure the safety of their employees at work.

As local businesses, non-profits and organizations plan for their restart, WorkSafeBC is here to help.

WorkSafeBC will work with industry associations to ensure the direction and guidance they provide to their members meets the requirements set out by the Provincial Health Officer.

WorkSafeBC will work with employers and workers through educational materials, consultation and workplace inspections to help them restart safely.

Employers will be required to:

- Review the new Health and Safety Guidelines, best practices and other resources at [WorkSafeBC.com](https://www.worksafebc.com).
- Adapt these materials into appropriate COVID Safe Plans for your workplace.

Sectors that have operated during the pandemic may need to update their COVID Safe Plans to fit with updated Health and Safety Guidelines, best practices and resources.

For resources, visit [WorkSafeBC.com](https://www.worksafebc.com) or call WorkSafeBC's Prevention Information Line at 888-621-7233.

A CAREFUL RESTART

BC's restart will be a careful, step-by-step process to ensure all of our combined efforts and sacrifices are not squandered.

For the different organizational sectors to move forward, they will be asked to develop enhanced protocols aligned with the Public Health and Safety Guidelines. A cross-ministry committee of deputy ministers will monitor the process and ensure overall alignment with Public Health and Safety Guidelines and WorkSafeBC. The Provincial Health Officer will continue to provide input and advice, as needed, throughout the review process. In some instances, this will require consideration by the Provincial Health Officer of lifting or modifying existing orders before certain businesses re-open. Businesses and organizations that are not covered by a PHO order may re-open or continue to operate, but they will be expected to adopt and implement sector safety plans as they are finalized.

PHASE 2 (MID MAY ONWARDS)

UNDER ENHANCED PROTOCOLS

- Restoration of health services
 - » Re-scheduling elective surgery
 - » Medically related services
 - ▶ dentistry, physiotherapy, registered massage therapy, chiropractors
 - ▶ physical therapy, speech therapy, and similar services

➤ Retail sector

➤ Hair salons/ barbers/other personal service establishments

➤ In-person counselling

➤ Restaurants, cafes, pubs – with sufficient distancing measures

➤ Museums, art galleries, libraries

➤ Office-based worksites

➤ Recreation/sports

➤ Parks, beaches and outdoor spaces

➤ Child care

PHASE 3 (JUNE-SEPTEMBER, IF TRANSMISSION RATE REMAINS LOW OR IN DECLINE)

UNDER ENHANCED PROTOCOLS

➤ Hotels and resorts (June)

➤ Parks – broader reopening, including some overnight camping (June)

➤ Film industry – beginning with domestic productions (June/July)

➤ Select entertainment – movies and symphony, but not large concerts (July)

➤ Post-secondary education – with mix of online and in-class (September)

➤ K-12 education – partial return in June, full return in September

PHASE 4 (TBD)

CONDITIONAL ON AT LEAST ONE OF: WIDE VACCINATION; “COMMUNITY” IMMUNITY; BROAD SUCCESSFUL TREATMENTS.

- Activities requiring large gatherings, such as:
 - » conventions
 - » live audience professional sports
 - » concerts

➤ International tourism

The timing of a safe restart of night clubs, casinos and bars is a more complicated consideration. As with other sectors, industry associations will be expected to develop safe operations plans, for review, that are in keeping with Public Health and Safety Guidelines, as well as WorkSafeBC.

Resources to assist businesses and sectors as they restart their activities including new Health Guidelines and Checklists are available at [WorkSafeBC.com](https://www.worksafebc.com).

Some next steps to make life a little easier

RE-OPENING OUR PARKS

Re-opening BC's iconic parks, recreation sites and trails will happen in managed stages. Our priority is providing safe access and services to people throughout the province, while maintaining the safety of park staff and park operators.

BC Parks and Recreation Sites and Trails BC will reintroduce services in keeping with direction from the Provincial Health Officer.

PARKS REOPENING AT A GLANCE

➤ Initial park re-opening (day-use only)	MAY 14
➤ Camping resumes	JUNE 1

Beginning on May 14, 2020, those BC Parks, recreation sites and trails that can accommodate physical distancing will re-open for day use. This will include day-use sites and protected areas.

Parks and recreation sites that can safely provide existing service levels, such as garbage disposal and washroom facilities, will do so. These facilities will be cleaned more frequently.

Some areas and facilities remain closed, including playgrounds, picnic shelters and visitor centres. Check [BCParks.ca](https://www.bcparks.ca) for the most up to date information.

Camping at provincial parks and recreation sites will reopen beginning June 1, 2020 with some exceptions. [BCParks.ca](https://www.bcparks.ca) will carry information about the status of camping in provincial parks.

RE-OPENING OUR SCHOOLS

As COVID-19 spread, governments everywhere took action to slow the rate of transmission, including reducing in-classroom learning.

For most British Columbians with young children, this meant having to stay at home to look after their kids. While many workplaces have made work-from-home accommodations, that hasn't been an option for everyone.

Our schools and educators rose to the challenge with online instruction and resources to keep our kids learning, but this placed a heavy burden on parents to support their kids as they learned at home.

We know there is no substitute for in-class instruction — and an important step toward our recovery is getting kids back into the classroom, so parents can get back into the workplace.

Initial health data indicates children are less affected than adults by the COVID-19 virus. Public health staff and officials will continue to review the health data. And the Ministry of Education and school divisions all around BC are reviewing options to allow for a safe return to school.

An announcement on a phased approach to resuming in-class instruction will be made in the coming weeks.

This will not be a return to normal. With weeks left in the school year, we anticipate many kids will not return to the classroom until September.

But we are also exploring ways to safely get some kids back to school before the summer, to allow more parents to return to work. How these changes unfold are the focus of intensive discussion among Ministry of Education officials, school trustees, the BC Teachers' Federation, CUPE, and other education sector partners.

For more information on protective measures that will be required of schools and post-secondary institutions, please refer to: BC COVID-19 Go-Forward Management Strategy and Checklist.

RE-OPENING CHILD CARE AND SUMMER CAMPS

Summer camps and child care services give our kids the chance to explore their interests and develop physically, mentally and emotionally. They also allow parents to continue to work knowing their children are being well taken care of.

Like all businesses, child care centres and camps will need to take additional precautions to maintain the health and safety of their employees and the children they are caring for. For many child care centres that operated as essential services during the pandemic, they have already adapted and are operating safely. But reopening more child care centres will be a key part of getting more parents back to work.

The basics will include routine daily screening of staff and kids; frequent cleaning; and ensuring staff and children who have cold or flu symptoms do not attend child care or summer camps.

But these sectors will also be required to review and work through new practices in their specific sectoral standards such as the Child Care Setting Practice Standards.

For more information on protective measures that will be required of day cares and summer camps, please refer to: BC COVID-19 Go-Forward Management Strategy and Checklist.



EXPANDING PUBLIC TRANSIT SERVICES

Many of us know what it means to ride on a tightly packed bus or SkyTrain. Before the pandemic, physical distancing was not always an option.

British Columbians were quick to act on direction from the Provincial Health Officer, including staying home and avoiding unnecessary trips outside the home. This made riding public transit easier for people working in essential services.

As BC begins our restart and more people gradually return to the workplace, there will be greater pressures on our public transportation networks to help people get around safely.

Ensuring operators and passengers can safely use public transit is critical. Enhanced health and safety precautions, including frequent cleaning; wearing non-medical masks for riders and staff; use of plexiglass or physical barriers where possible for drivers; and staying home when sick will be a part of the new normal for the foreseeable future.

The safe operation of public transit is a priority for all British Columbians. Over the coming weeks, we will be working with our transit agencies on more detailed plans to gradually restore service levels as restrictions begin to lift – both to help people get around and to ensure people can continue to respect physical distancing.

How we'll keep taking care of each other

SUPPORTING FAMILIES AND BUSINESSES

When the pandemic hit, the governments of British Columbia and Canada came together to identify critical supports for people, businesses and community organizations. The urgency of COVID-19 made it critical to plan, announce and deliver on vital supports for people and businesses across our province in record time.

SUPPORTS FOR INDIVIDUALS AND FAMILIES

- BC Emergency Benefit for Workers – a one-time, tax-free payment of \$1,000 to people whose income has been affected by COVID-19
- A COVID-19 crisis supplement for people with low-incomes, people with disabilities
- BC Hydro relief
- ICBC payment relief
- Financial support through the BC Climate Action Tax Credit
- Emergency relief for families with children with special needs
- Continued support to youth in care
- New, temporary rental supplement for renters and landlords
- Freezing all new annual rent increases
- Stopping all new and existing evictions to protect renters
- Freezing BC student loan repayments until September 2020
- Over 2,700 safe spaces for vulnerable people to self-isolate
- More spaces for people leaving violence
- Supporting seniors through funding to the United Way & bc211
- Supporting family caregivers through funding to Family Caregivers BC
- New job-protected leave through changes to the Employment Standards Act
- Child care matching for essential service workers
- Launching Keep Learning BC, so kids can continue their education online
- Emergency financial assistance for post-secondary students

SUPPORTS FOR BUSINESSES, ORGANIZATIONS, AND INDUSTRY

- Tax relief for commercial property owners and tenants
- Rent reduction by 75% for small businesses with federal-provincial Canada Emergency Commercial Rent Assistance Program (CECRA)
- Creating the COVID-19 Supply Hub to help source medical and non-medical products and services
- BC Hydro relief
- ICBC payment relief
- Launching the BC Business COVID-19 Support Service for one-on-one support

These supports have helped people stay in their homes, support their families and make ends meet. But we know that the recovery will take longer for some British Columbians than others. Working with the Government of Canada, local leaders and community organizations, we will be there to help them get through this.

PROTECTING PATIENTS AND OUR HEALTH CARE SYSTEM

Over the last three years, BC implemented an ambitious strategy to increase patient access to surgeries, expand priority programs and reduce wait times.

The strategy was working, providing 35,000 more people with access to critical surgery. Hip and knee replacement wait times were reduced by 11% and dental surgery wait times were reduced by 6.8%, with plans to expand both.

COVID-19 has wiped-out that progress. In March, the Province reluctantly cancelled elective and non-urgent surgeries – while still performing more than 8,200 urgent or emergency procedures. This resulted in the cancellation of thousands of scheduled elective surgeries, which was necessary to ensure British Columbians with COVID-19 would have access to hospital beds.

Beginning on May 18, 2020, elective and non-urgent surgeries will resume.

Beyond restarting elective surgeries, we will make new investments in public health and the BCCDC to ensure BC is able to undertake timely testing, case tracking and contact tracing, while also building our hospital capacity to quickly respond to a new outbreak.

WORKING WITH INDIGENOUS, RURAL AND REMOTE COMMUNITIES

We know people living in rural, remote and Indigenous communities have unique challenges in accessing the care they need. A new, collaborative framework will help ensure people living in these communities have access to the care and unique supports they need.

The framework outlines immediate actions to improve health care services, including:

- Improved medical transportation options to larger centres, including flight and ambulance;
- Housing options for people looking to self-isolate near their families, while remaining in their home communities;
- New and faster COVID-19 testing technology;
- Culturally safe contact tracing that respects privacy in small communities;
- Access to virtual doctor of the day, a program that connects First Nations members and their families in remote communities to a doctor or nurse practitioner using videoconferencing;
- Options for accommodation near larger centres with more medical services; and
- Increased mental-health supports in communities.

Local leaders will determine how these services will operate in their communities, with priority being given to ensuring residents can make informed decisions about how they receive care.

The little things make a big difference

It will be a while before COVID-19 is behind us. Until then restrictions on large gatherings and international travel will remain. But some things will become a little easier. Over time, our parks, schools, child care facilities and camps will re-open. Neighbourhood stores and restaurants will re-open too.

Guidelines will be in place for these businesses and organizations to ensure your safety and the safety of your loved ones. We're not through this yet, but there are important things you can do to protect you and your loved ones, neighbours and colleagues. The little things make a big difference.

- Stay informed, be prepared and follow public health advice
- Practice good hygiene (frequent hand washing, avoid touching face, cough into your sleeve, disinfect frequently touched surfaces)
- Stay at home and away from others if you're feeling ill (don't go to school or work sick)
- Maintain physical distancing outside your household (no handshaking or hugging, small numbers of contacts, keep a safe distance)
- Clean your home and workspace more often
- Consider using non-medical masks when physical distancing isn't possible (on transit, shopping)

Together, we can take these actions to keep the curve flat, while doing more to improve our personal well-being, restart our economy and strengthen our connections in our communities.



Practice physical distancing



Clean your hands



Stay at home
if you're feeling ill
- no exceptions



Increase cleaning at
home and at work



Stay informed



Cover your cough



Minimize
non-essential travel



Make spaces safer



BRITISH
COLUMBIA

COVID-19 IN BC

BC COVID-19 Go-Forward Management Strategy

Stay Informed
gov.bc.ca/COVID-19



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The Context¹

Pandemics of respiratory viruses, such as COVID-19, can be declared over when the proportion of the population that is immune is large enough that transmission between people is no longer sustained.

That can happen in two ways:

- after enough people have been infected and have recovered and/or
- when enough people have been immunized with a vaccine (this is most likely, but not definitely, up to 18 months away from development, to manufacturing, to mass immunization).

Both outcomes will likely happen, but both are going to take time. Until that time, our goal is to slow the spread of COVID-19, especially among those most vulnerable to severe disease, to provide time for development of a vaccine and to enable the health care system to respond to a moderate increase in demand. Without a vaccine or treatment, the only way to achieve this was through the public health measures we have seen imposed in BC, in Canada and around the world. All jurisdictions needed to act very quickly in the face of a great deal of uncertainty about the new virus. As a result, BC, along with many other jurisdictions, imposed, over a very short period of time, a full range of public health measures, including: isolation of people with symptoms, quarantine of contacts of people with COVID-19, closure of schools, closure of dine-in restaurants and bars, cancellation of mass gatherings, and restrictions on travel. Additional voluntary measures were taken by individuals, service providers and businesses. This approach worked and the COVID-19 epidemic in British Columbia is currently under control. The slowing of COVID-19 spread has also given British Columbia the ability to expand testing, public health and clinical capacity to respond to future increases in COVID-19 transmission. It has also given us the chance to learn more about how this virus behaves. We now know a great deal more about COVID-19 than we did only a few weeks ago. We know that 82% of people have a mild, self-limiting illness, and that severe illness and death are much more likely in the elderly and in those with chronic medical conditions. We also know that, unlike with influenza, children are much less likely to get sick or transmit the virus than adults. The virus is largely transmitted through close, prolonged contact in households or congregate settings, and it is not easily transmitted outdoors. Staying home when you are sick and washing hands frequently remain essential parts of prevention.

In this next phase of our response, this information will be critical to help us return to essential activities of society. During any pandemic, public health measures need to be re-evaluated in the light of new information, to determine how effective each measure is and if the benefits of each measure outweighs the harms.

¹ A range of papers and think pieces have been used in preparing this draft exploring and discussing how best to move forward in managing the COVID-19 outbreak after the first wave of flattening the curve; including a thoughtful paper by Dr. Leung, an infectious disease epidemiologist and dean of medicine at the University of Hong Kong, which was shared by the PHO. In addition, we need to recognize the analysis and great work provided by the BCCDC.

While COVID-19 transmission is likely to continue to some degree, measures to limit transmission will aim to both protect people and ensure we have adequate capacity in our health system to appropriately care for infected people. However, since measures that limit transmission have substantial negative health, economic and social consequences, a strong imperative exists that reducing COVID-19 transmission must be done, while also resuming a healthy and safe level of social and economic activity. The current situation is neither sustainable nor healthy, bringing its own significant costs and damage to individuals socially, emotionally and economically.

Two sides will likely be debated as we move forward as a community:

1. Current lockdowns are becoming harmful in both social, economic, and health terms and need to be lifted, so as not to cause enormous damage to economies, civil society, and emotional and mental health well-being.
2. Current lockdowns are both needed and must be sustained for a significant period to protect a percentage of individuals within our communities from dying due to COVID-19 and to protect our health system from being overwhelmed (impacting our ability to care for both non-COVID-19 and COVID-19-related serious illnesses)

These two narratives are in fact two ends of a continuum, with a range of potential actions that government can take in between. In either direction, there is potential for significant human cost. There is an imperative to hit “just enough” restrictions to adequately slow transmission, but these actions do not outweigh the harms caused by those restrictions. Inevitably, it will be impossible to get this perfect, but step-wise lifting of restrictions with mitigation strategies in place is the most prudent way to go forward.

The current “lockdown” strategies implemented, predominantly starting mid-March, reflected the fact that our Province had to respond the rapid growth rate of transmission in BC. That action worked. Our most recent modelling and analysis suggests we now have an opportunity to try to better manage the ongoing transmission and a potential wave two of the pandemic in the fall/winter by adopting a sustainable and more moderate public-health strategy to carry us through to “community” immunity, through either gradual infection and/or immunization by vaccine.

This situation is complex and without precedent in the modern age. We have never confined so many people and so, by definition, have never relaxed confinement of such a large number of people. This plan has been developed by public health and the Ministry of Health based on an evidence-based framework. It sets out what public health measures might be optimal to slow the spread and what steps the health system can take to be as robust as possible to meet possible total health care demand in the coming 12 to 18 months. It also sets out proposed requirements to safely optimize both economic activity and social activity.

This will require the full engagement of individual citizens, key institutions, and employers to hard wire these requirements in to day-to-day practice, starting in May, and then refining them over the next 12 to 18 months based on our go-forward experience of the pandemic. This will need to be done in collaboration with the Office of the Provincial Health Officer and broader government. The overall goal is to find the right balance for BC against five goals:

1. Protect lives by suppressing the transmission rate to the lowest rate possible for at-risk populations, until a vaccine becomes available. Ongoing monitoring and assessment of this possibility will be important, and our strategies will need to evolve based on what materializes or does not materialize over the coming 12 to 18 months.
2. Make sure the health system does not get overwhelmed to the point that it can't offer quality care to both non-COVID-19 and COVID-19 patients. This includes managing the transmission rate within the capacity of the health system until a vaccine is available.

Balanced against:

3. Meeting the very real, ongoing physical and mental health needs of non-COVID-19 patients and populations
4. Getting people back to work and rebuilding the economy
5. Optimizing the social fabric of our families and communities

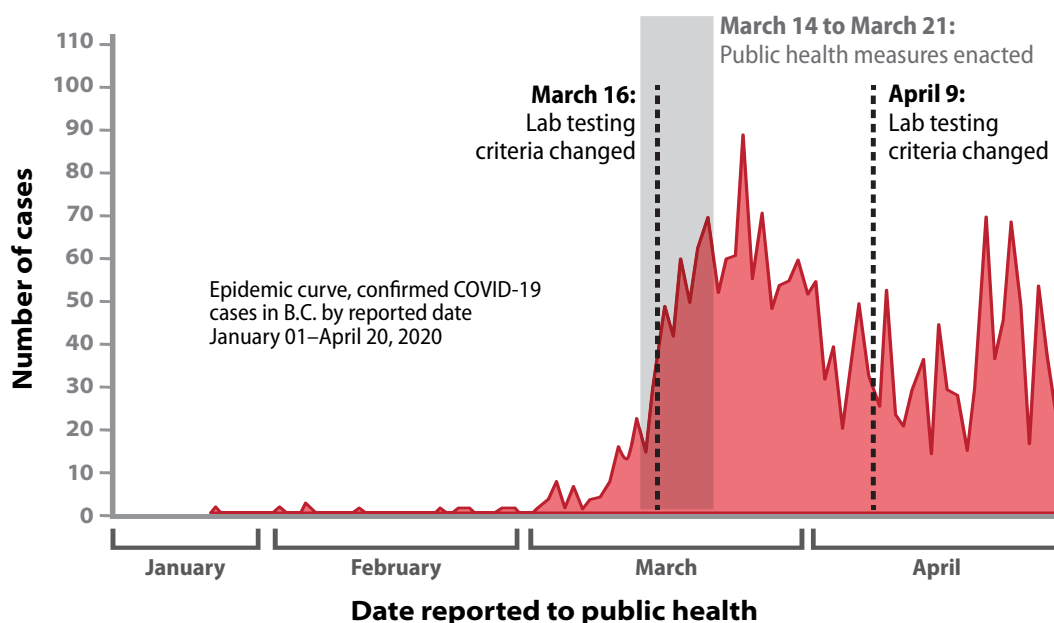
How to safely increase our opportunity for broader social interaction by carefully relaxing what are very taxing social-distancing measures. How to safely and sensibly reboot the economy as much as possible, while keeping people safe. This is not a simple trade-off, but an extremely complex exercise for all of us in optimizing the physical, mental, social, and economic health of the people of British Columbia in the face of an epidemic that is more challenging than we have seen in generations. Physical, emotional, social and economic health rise and fall together.

This plan sets out the proposed dimensions of this balancing act based on hitting a “sweet spot” using dynamic modelling based on BC data – moving from the current targeted lockdown restrictions resulting in approximately 30% of normal social interaction, toward a sustainable 60% of social interaction, with restated levels of targeted restrictions. Our dynamic modelling suggests that going above this level will result in a significant and unsustainable growth in transmission of the virus. These models give us an indication that there is room to move. Monitoring both infection rates, but also unintended consequences of measures, will be required to find the right balance in practice. As referenced by other jurisdictions, this will involve “turning the dial” or “adjusting up the dimmer switch”, not flicking an “on/off switch”.

Dynamic compartmental modelling of social contacts as the basis for moving forward

BC has pursued an evidence-based and transparent approach to managing the pandemic, with daily briefings and several detailed updates on our modelling and planning.

As demonstrated by the graph below, the significant and “stringent” (Oxford Stringency Index) measures taken by BC were both needed and are working in flattening BC’s epidemic curve.



However, these measures have come with significant economic and social costs, which will have their own significant impact on the health of the population. The benefit at a population level is that these stringent measures have created hyper-awareness of COVID-19 transmission risks, which should provide a more secure platform for us to achieve a “new normal” to get us through the coming 12 to 18 months. In setting out this plan, it is worth restating the epidemiological evidence as we currently understand it and then to use this evidence to shape our actions moving forward.

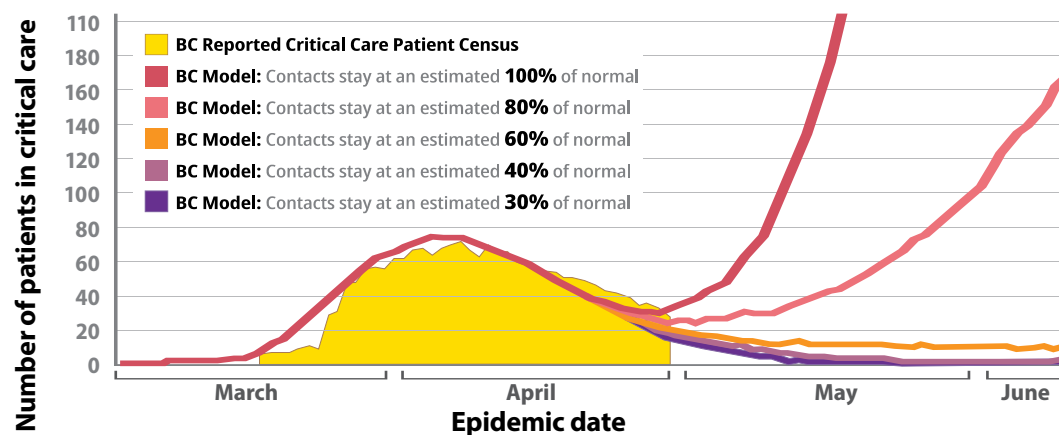
Rates of infection are very dependent on contacts between people. A dynamic compartmental model estimates the rate at which susceptible people transition to being infected and on to recovery or death. These transitions are determined by contact rates between people, which have been inferred directly from epidemiological observations in BC. The models are based on our own observed data. The models illustrate different possible future states for different levels of contact.

While all models are just that, we have some confidence in these simulations because:

1. They have accurately predicted trends in hospitalization, ICU visits and new confirmed infections over the last month.
2. The BCCDC works with several, quite different modelling approaches and these agree with each other.
3. BCCDC's general findings of increasing risk of rebound once a threshold of increased contact is reached are echoed in models from elsewhere.

Models help guide our thinking. They indicate that BC can move cautiously to lift restrictions, while maintaining enhanced surveillance and determining thresholds of actual hospitalizations, ICU, and ventilated cases, which might then require us to enhance efforts.

The modelling in the graph below points to the current level of social contacts being estimated at 30% of normal, based on the significant and targeted restrictions on social contacts following the partial lockdown measures implemented in mid-March 2020.



A model released by the BC government of how critical care cases for COVID-19 could develop over the coming months based on the level of social contacts. (BC Centre for Disease Control)

While a return to normal levels, or near normal levels, is predicted to radically increase transmission, the move to 60% of normal is forecast to result in a flat transmission rate, as indicated by the number of patients requiring critical care. This would be a “new normal” level for the coming 12 to 18 months while a vaccine is hopefully developed and deployed.

The challenge is to translate what is currently a theoretical space into a practical suite of actions. These actions are linked from a population health perspective to suppressing the rate of transmission or viral spread in the population, and from a health system perspective to its capacity to offer appropriate (1) public health capacity to detect, test, contact trace and therefore manage cases to prevent outbreaks in the community and (2) provide appropriate levels of hospital, critical, and ventilated care to patients with a more severe experience of the infection. Each of these will now be considered in sequence setting out the analysis and then proposed actions.

Managing transmission in organizational and specific settings

Key to deciding which actions to take is understanding the what, where, and how of virus transmission.

Coronavirus is transmitted via larger liquid droplets when a person coughs or sneezes, but also, potentially, when they are talking in very close proximity to another person. The virus in these droplets then can enter the body of another person when that person breathes in the droplets or when the droplets touch the eyes, nose or throat of that person. This requires you to be in close contact – less than the so-called social distancing of 2 metres. This is referred to as droplet transmission and is believed to be the primary way COVID-19 is transmitted.

In addition, droplet transmission is much more likely when in close contact in an indoor setting. COVID-19 can also be transmitted through droplets in the environment if someone touches a contaminated area, then touches their face or eyes without cleaning their hands. Unfortunately, humans touch their mouths, noses, and eyes with a very high level of frequency per hour. This speaks to the importance of regularly cleaning one's hands and also cleaning high-touch areas in the environment.

A key issue in transmission is the median incubation period (the time from infection to appearance of symptoms) and the serial interval (the time between successive cases) for the COVID-19 virus. The serial interval for COVID-19 virus is estimated to be 5-6 days. There are some emerging indications that there are people who can shed COVID 24-48 hours prior to symptom onset, but at present, the WHO suggests that this does not appear to be a major driver of transmission. However, we need to acknowledge that there is debate about this and that at this time we cannot be categorical.

The direction and measures set out in this paper focus on three areas: personal self-care; social interaction with extended family and friends; and social interaction in organizations and public institutions. Actions across all three areas will be critical to our efforts to continue to successfully suppress transmission.

REDUCING TRANSMISSION – *Core Measures for Personal Self Care*

This is the foundation to reduce transmission:

- No handshaking as the new norm.
- Practice good hygiene (frequent hand washing with soap and water and use of hand sanitizers; avoid touching one's face; respiratory etiquette; disinfect frequently touched surfaces).
- Maintain reasonable physical distancing as much as possible when outside the home and using a non-medical mask or face covering in situations where reasonable physical distancing cannot be consistently maintained, or engineering controls are not available (e.g. plexiglass barriers).
- If you have the symptoms of a cold, flu, or COVID-19, including a cough, sneezing, runny nose, sore throat, or fatigue, you must stay at home (not going to school/work) and keep a safe distance from others in your family until those symptoms have completely disappeared.
- A further consideration is for individuals at risk of a more severe illness (because they are over 60 years old, have compromised immune systems, or underlying chronic medical conditions) to properly inform themselves of risk, assess their own risk-tolerance, and think through extra precautions they may wish to take over the coming months.

REDUCING TRANSMISSION – *Core Measures for Managing Social Interaction with Extended Family and Friends*

Social interaction is critical to our individual well-being and health. Increased social interaction must balance this fundamental human need with key actions to reduce transmission. A further consideration are the extra precautions for those at increased risk of a more severe illness if they contract COVID-19, in terms of the older population and individuals with compromised immune systems or certain underlying medical conditions. In addition to the personal measures set out above, there are several additional measures that can be taken to reduce transmission:

- Maintain a zero-tolerance standard for yourself, family and close friends to not socialize when any of you have the symptoms of a cold, flu, or COVID-19, including coughing or sneezing.
- Maintain regular social contact with extended family or a small group of friends, but only get together in small groups (2-6 people) and maintain reasonable physical distance (cautiously expand our circles of social contact, while protecting those more at risk).

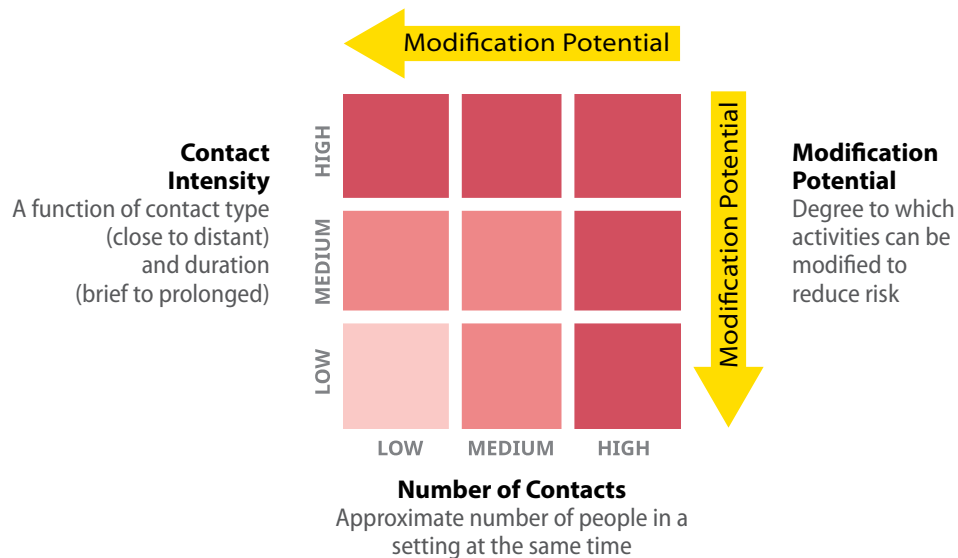
These measures require a sustained and strong in-group code of behaviour and then also across the multiple groups where you are a member.

REDUCING TRANSMISSION – Core Measures to Implement Safe Practices in Organizations and Public Institutions

Assessing the risk of transmission from social interaction in organizational settings and public institutions is a function of two variables (rated as low, medium, and high) supported by a range of actions you can take to further reduce the risk of transmission:

1. What is the contact intensity in your setting – the type of contact (close/distant) and duration of contact (brief/prolonged)?
2. What is the number of contacts in your setting – the number of people present in the setting at the same time²?

By completing these ratings, you can position your organizational setting on the risk matrix below:



However, the medium and high categories are also subject to potential modification or controls which can help you move to a lower risk category by taking a combination of actions:

- Physical distancing measures – measures to reduce the density (intensity and number of contacts) of people in your setting
- Engineering controls – physical barriers (e.g. plexiglass barriers; one-way systems for customer flow; physical space between seating)
- Administrative controls – rules and guidelines to reduce the likelihood of transmission in your setting (e.g. stay away if sick; hours of operation)
- PPE – use of non-medical masks

² John Hopkins University, Bloomberg School of Public Health, Centre for Health Security April 2020

Using this assessment and applying the potential modifications or controls to further reduce risk of transmission, organizations (workplaces, retail outlets, public institutions, community organizations) are being asked to develop explicit plans for the measures they will implement and maintain over the coming 12-18 months. Specifically, they are being asked to apply a series of core measures across three areas (personal, social, organizational) that set parameters for the “new normal” in terms of formal and required actions that are the basis for workplaces and commercial businesses being in operation until the PHO lifts the public emergency requirements. This assessment framework combined with specific measures set out below will be used by organizations and public institutions to reduce the risk of transmission.

REDUCING TRANSMISSION – Core Measures to Implement Safe Organizational Practices

- Actively promote and monitor personal self care actions in your organization
- Actively promote and implement the core measures for managing social interaction in your organizational setting in congregate social settings (kitchens, staff room, canteens, shared public spaces)
- You **must** have clear policies to enable and ensure that **individuals who have the symptoms of a cold, flu, or COVID-19 including coughing or sneezing should not come into the workplace.** As part of opening your specific settings, you should implement sick day policies for the coming 12 months that actively work with individual staff being off sick more often or working safely at home during these illnesses. As employers you must take leadership in this regard with routine screening/questions of staff for symptoms checking.
- Require and sustain higher levels of **frequent cleaning of “high touch” areas** in workplaces and retail outlets throughout the day and availability of hand sanitizer stands at entrances or around workplaces and shops.
- Where appropriate and practical increase **use of temporary physical barriers** (such as plexiglass at service counters or checkouts)
- Focus on how you will **support and accommodate higher-risk populations** including those 65+ and those with underlying medical conditions. Workplaces, retail and personal service businesses are encouraged to exercise greater accommodation for these age groups in terms of work space, more flexible hours of work or shopping (earlier, later, mid-day) or working at home options.

Additional core measures specific to organizational settings (more will be developed as sectors are engaged and sector wide norms are adopted/required as set out later in this section):

- For **Office-Based Organizations**, where possible continue to encourage working from home part of the time to reduce “contact intensity” and “number of contacts” in the workplace. Where this is not possible or in addition to working from home policies, enable employees to have less contacts by using staggered shifts or work hours, creating smaller teams working together virtually; forgoing in person group meetings as much as possible.

- For **Retail Organizations** implement strategies that support sensible physical distancing (2 metres) and sensible volume of customers in the retail space based on the transmission fact basics.

Note: Guidelines have been provided for retail grocery stores that will continue to be reviewed – lining up outside retail stores, especially in the rain or cold fall and winter months may not socially sustainable, practical or healthy. For all retail outlets density of customers needs to be considered – there appears to be confusion with respect to applying the “mass gathering” number of no greater than 50 people to a number of organizational settings. This was not the intent of that directive.

Best practice for the retail sector will be open to discussion as the sector develops its proposed plans. There are several actions the sector should think through in developing their proposed plans:

- Ability to increase throughput of customers and reduce line-ups by opening and maintaining a higher number of check-outs once physical plexiglass barriers are installed between checkouts
- Increased or continued encouragement of on-line shopping, deliveries, and/or pick-ups to reduce volume of visits
- Increasing hours of shopping to decrease density of customers throughout the day
- Encourage or require utilization of basic non-medical masks while shopping in the store to reduce the spread through individuals coughing, sneezing, or close interpersonal contact and therefore increase density
- Use of physical barriers such as plexi-glass
- Messaging re not shopping while sick (cold, flu, COVID-19 symptoms) and routine screening/questions of customers for symptoms checking

For **Personal Service Organizations** (barbers, hair salons, nail salons)

- Messaging about not accessing services while sick (cold, flu, COVID-19 symptoms) and routine screening/questions of customers for symptoms checking
- Manage in terms of physical distancing or eliminate waiting areas
- Require appointments or bookings to manage customer flow
- Use of non medical masks and maintaining distance between customers while being served
- Use of physical barriers such as plexi-glass where practical

For **Child Care Centres and Education Settings/Camps**

- Child care centres an important part of the social infrastructure to support parents returning to work.
- While it is well established that children are important drivers of influenza virus transmission in the community; for the COVID-19 virus, initial data indicates that children are less affected than adults and that clinical attack rates in the 0-19 age group are low. Further preliminary data from household transmission studies in China suggest that children are infected from adults, rather than vice versa. This is an important consideration with respect to school closures and reopening but is an area in which the evidentiary base will continue to develop.

- The evidence of the impact of COVID-19 on young adults appears to be evolving although the data to date suggests that they are very likely to experience mild symptoms.
- In general, educational settings are critical to a child's and youth's psycho-social development as well as learning but also for younger children, important to a parent's ability to maintain employment. Any actions taken in this area should take in to consideration all these dimensions.
- Recreation and involvement in sports are also important developmental activities for many children and young people.

CHILD CARES CENTRES

- ▶ Routine daily screening for all staff and students
- ▶ Routine and frequent environmental cleaning
- ▶ Explicit policy for children or staff who have the symptoms of a cold, flu, or COVID-19 with coughing or sneezing **not** coming into child care.

SCHOOLS (K-12)

- ▶ Routine daily screening for all staff and students
- ▶ Routine and frequent environmental cleaning
- ▶ Implement a range of options to reduce transmission including smaller class sizes; separation of desks; potential of differential school attendance on a routine basis each week; strong focus in the daily routine on frequent washing of hands and other hygiene practices; small group activities and wearing of non-medical masks for those group activities; no high contact sports; limit group sizes of extracurricular activities.
- ▶ Explicit policy for children, youth and staff who have the symptoms of a cold, flu, or COVID-19 with coughing or sneezing not coming into school or taking part in extra curricula activities and sports.
- ▶ Planning over the summer for increased use of remote online learning, especially for high school children.
- ▶ Early arrival and self-isolation for 14 days of international students.

POST SECONDARY INSTITUTIONS

- ▶ Routine daily screening for all staff and students
- ▶ Routine and frequent environmental cleaning
- ▶ Explicit policy for students and staff who have the symptoms of a cold, flu, or COVID-19 with coughing or sneezing not coming into classes or taking part in extra curricula activities and sports.
- ▶ Increased use of on-line learning balanced against the need of social interaction for learning and development
- ▶ Early arrival and self-isolation for 14 days of international students.

RECREATION/SPORTS/CAMPS


- ▶ Routine daily screening for all staff and participants
- ▶ Support low contact sports (especially outdoor). Identify high contact sports that should not take place during the pandemic.
- ▶ Explicit policy for participants and staff who have the symptoms of a cold, flu, or COVID-19 symptoms with coughing or sneezing **not** being engaged in recreation, sports, or camps
- ▶ Staff and participants at higher risk of experiencing severe illness should not take part in recreational, sporting, or camp activities.

These core measures, supported by the Public Health Officer, are helpful for government and its sector partners when thinking about resuming businesses and institutions. Decision to reopen businesses and institutions is based on a sector analysis done through multiple relevant ministries and partnership tables. It is intended to help each sector think through and plan a cautious return towards the 60% social contact maximum of the pre-COVID-19 normal. There will be review of plans by a cross ministry oversight committee supported by guidance and advice through the PHO/BCCDC and WorkSafe BC.

Key sectors that will need to work through in detail and then implement approved “new normal” practice standards include:

- | | |
|---|---|
| ▶ Office Workplace Practice Standards | ▶ Child Care Settings Practice Standards |
| ▶ Personal Service Workplace Practice Standards (hairdresser/barbers; spas) | ▶ School and Post Secondary Institutions Practice Standards |
| ▶ Retail Practice Standards (including grocery stores) | ▶ Recreational Facilities Practice Standards |
| ▶ Resource Sector Standards | ▶ Outdoor Recreational Setting Practice Standards |
| ▶ Restaurant and Food Service Practice Standards | ▶ Parks, Beaches and Outdoor Space Standards |
| ▶ Hotels and Resorts (Including Camping) Practice Standards | ▶ Bar, Casino, Night Club Practice Standards |

To further assist organizations a COVID-19 site will be maintained to host all core measures and guidance; allow organizations to pose questions/receive answers, and curate a Q&A record for public access and information.



Beyond specific settings, BC will in the coming several weeks bring further clarity on its medium-to-longer-term position on several other areas for the coming 12 to 18 months on:

- Travel Management Measures will require careful consideration with no immediate change in the status of international travel measures. Other areas for further consideration will be Internal travel guidance in province particularly over the summer months; inter-provincial travel for family visits or tourism; international travel (outbound and inbound) for family visits; business; or tourism over the coming months
- Further consideration as to whether there needs to be formal enforcement or legislative provisions attached to some of the measures.

One area where there will be no change in the immediate future are large scale public events. The PHO has restated total bans on mass gatherings and will maintain the direction on gatherings being of no more than 50 people with required physical distance and health hygiene practices for groups under that number.

Managing public health and healthcare service capacity

A key argument made in the response to the COVID-19 epidemic has been the need to protect the health system and health workers from being overwhelmed to the point of not being able to provide appropriate care to both non-COVID-19 and COVID-19 patients. This is linked to both the experience of the severity of the illness at a population level and the ability of the health system to respond to the volume of patients requiring care at any one point in time.

As noted earlier in the discussion paper, from a health system perspective we need to consider our capacity to offer appropriate (1) public health services to detect, test, contact trace and therefore manage cases to prevent outbreaks in the community and (2) provide appropriate levels of hospital, critical, and ventilatory care to patients with a more severe experience of the infection. This is against the backdrop of allowing non-urgent health care services to resume (such as scheduled routine public health functions; primary care; dental care; physiotherapy and chiropractic care; scheduled surgeries; outpatient clinics, screening, and imaging services)

Public Health Strategies, Safeguards, and Capacity

A number of articles and think pieces argue that the reality of the next 18 months (nominal time for a vaccine) will be characterized by a cycle of lockdowns and unlocking with restrictions partially relaxed for a period of a few weeks at a time on a geographical, age group, or other factors until infection rates start to climb again with clear messaging on this reality to the public and encouragement to stay with this challenge. Is this practical? Would this be managed at a geographical level based on a community level analysis? Public health leadership in BC is focussed trying to find a steady state “sweet spot” for the coming 12 to 18 months but will monitor transmission and hospital rates closely and take additional restrictive action if required.

Testing will remain an important part of the management strategy going forward. BC’s testing strategy has evolved and changed over the course of the pandemic. Public Health has recently revised guidance for COVID-19 Testing by Nucleic Acid Tests (NATs) as follows:

1. Test all individuals with new respiratory or symptoms compatible with COVID-19, however mild. Symptoms may include fever, chills, cough, shortness of breath, sore throat, odynophagia, rhinorrhea, nasal congestion, loss of sense of smell, headache, muscle aches, fatigue, or loss of appetite.
2. Individuals in the following groups should be prioritized for testing :
 - a. Residents and staff of long-term care facilities
 - b. Individuals requiring admission to hospital or likely to be admitted, such as pregnant individuals near-term, patients on hemodialysis, or cancer patients receiving radiation or chemotherapy.
 - c. Health-care workers

- d. Individuals with a higher probability of being infected with COVID-19 such as contacts of a known case of COVID-19 and travellers just returned to Canada
 - e. Residents of remote, isolated communities, including remote and isolated Indigenous communities
 - f. People living in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences
 - g. People who are homeless or have unstable housing
 - h. Essential service providers, such as first responders
3. Health-care providers can order a COVID-19 test for any patient based on their clinical judgment.
 4. COVID-19 testing is not recommended for individuals without symptoms.
 5. The Medical Health Officer may recommend testing for others, such as those who are part of an investigation of a cluster or outbreak.

In public health, contact tracing is the process of identification of persons who may have come into contact with an infected person ("contacts") and subsequent collection of further information about these contacts. This will remain a key tool moving forward and it will be essential that we build up sufficient capacity to carry out this important measure.

Core Public Health Measures for the "New Normal"

- BC will make net new investments in Public Health/BCCDC capacity over the summer to ensure it is able to undertake timely testing, case tracking and contact tracing; as well as rapid response capacity for outbreak event management:
 - ▶ Adequate capacity for appropriate and rapid testing and laboratory capacity
 - ▶ Adequate capacity for contact tracing/self isolation
 - Build out adequate capacity to conduct contact tracing and analytics to support appropriate evidence based targeted actions to suppress transmissions
 - Explore, develop and use technology to supplement traditional contact tracing:
 - Aim to selectively detect and isolate as many cases and contacts as possible whilst leaving everyone else to move around freely
- Is in process of validating and then will introduce serological testing
- Preparation and resourcing to quickly respond to outbreaks as required including using emergency powers as required:
 - ▶ A singular large public exposure
 - ▶ A wide spread hospital or long-term care facility exposure
 - ▶ A community based organizational exposure (e.g. workplace, church population)
 - ▶ Specific wide spread localized community spread virus activity
 - ▶ Novel clinical presentation

- Provide additional risk-based guidelines targeted at at-risk populations to help individuals and families think through how to healthily self manage over the coming 12 to 18 months
- Explore developing an APP and support materials as an Alert System (amber/red) signalling the need for individuals and organizations to take immediate social distancing measures.(see for example New Zealand's Alert System – <https://COVID19.govt.nz/alert-system/COVID-19-alert-system/>)
- A sustained public communication strategy
- Net new investment in Provincial Health Services Authority and BCCDC for data analytics, modelling, and reporting

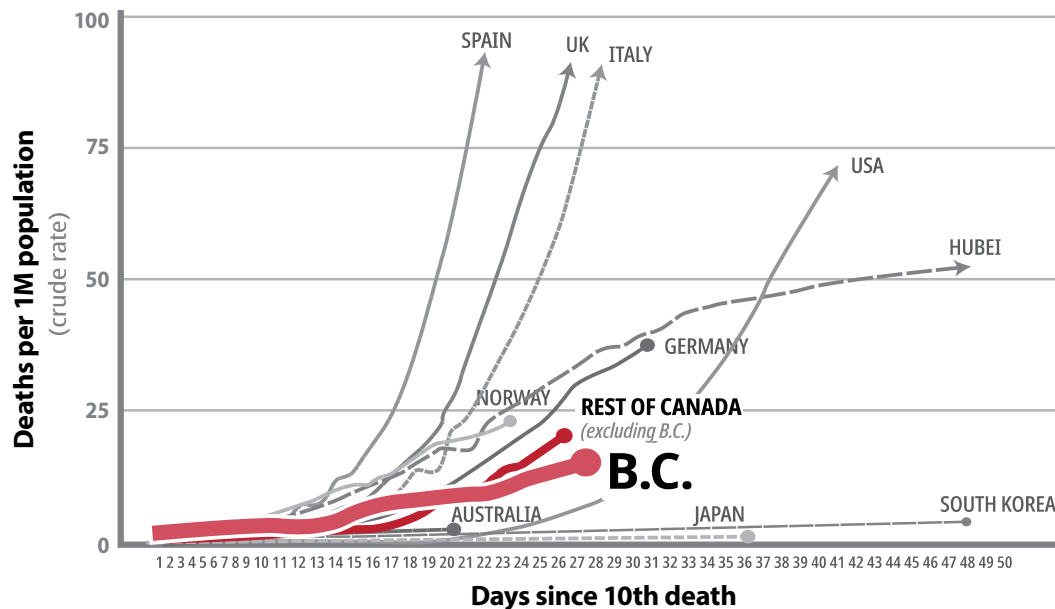
Health Service Strategies, Safeguards, and Capacity

For COVID-19, data to date suggest that 80% of infections are mild or asymptomatic, 15% are severe infection, requiring oxygen and 5% are critical infections, requiring ventilation. BC clinical experience has been slightly different in that 22% of infected patients have been assessed as benefiting from hospitalization, 11% have been provided critical care and 9% have been ventilated. For COVID-19, our current understanding remains that older age and underlying conditions increase the risk for severe infection.

The experience of the pandemic in BC aligns with the broader experience of the severity and impact of the disease impacting the older population. As of April 14, 2020, the median age of people who have died in BC was 86 (in total only one person died in the 40-49 age group and two people died in the 60-69 age group). As reported earlier in the pandemic, the data from China reported that percentage of people with an underlying condition or disease diagnosed with COVID-19 who died (from China CDC February 2020) was as follows:

- | | |
|--------------------------------------|------------------------------|
| ➤ Cardiovascular disease – 10.5% | ➤ Hypertension – 6% |
| ➤ Diabetes – 7.3% | ➤ Cancer – 5.6% |
| ➤ Chronic Respiratory Disease – 6.3% | ➤ No Health Condition – 0.9% |

The researchers found that the crude mortality ratio for those with an underlying health condition is much higher than for those without. By comparison, the crude mortality rate was only 0.9% – more than ten times lower – for those without a pre-existing health condition. In BC we are still at the early stages of analysis but have reported that 35.8% of 707 cases reviewed to date had at least one chronic condition (cancer, diabetes, cardiac disease, liver disease, neurological disorder, renal disease, or respiratory disease). There is little that can be concluded from this at this time but as the analysis advances it will better inform our understanding of the severity of the disease for classes of the population. In particular we need to determine the underlying illnesses and age for hospitalized, ICU, and ventilated patients and deaths.



In broader terms, there are significant difference in the rates of death per million population across jurisdictions, which may be linked to the ability of a health system to respond in a timely and appropriate way to the progress of the illness in a subset of the population who become more severely ill. This likely relates to the capacity of the health system at the time of the surge in the pandemic to provide access to critical care and ventilated critical care. By continuing to flatten the curve we save lives today and tomorrow, by protecting the capacity of the system and postponing exposure until better treatments and vaccines become available.

The capacity of the health-care system is referenced as critical to considerations of how to respond to the pandemic. If there are more critically ill people than there are intensive care facilities and ventilators, people will die who otherwise might not have. This requires close monitoring of hospitalization, ICU, and ventilator utilization that the health system can handle without becoming overwhelmed:

Underpinning this consideration is the transmission rate that BC can manage. Transmission ideally should be understood in terms the COVID-19 real-time, effective reproduction number, or its actual ability to spread at a particular time. The rate at which a virus is transmitted – known as the R-naught (R_0), or basic reproductive number – refers to the average number of people to whom an infected person passes on the virus in a population with no pre-existing immunity. The R_0 can vary from place to place because of the population's age structure and how frequently people come into close contact with each other. The "effective" version of that number, the R_t – or the reproductive number at time "t" – is the virus's actual transmission rate at a given moment. It varies according to the measures to control the epidemic – quarantine and self-isolation protocols, travel restrictions, actions to reduce transmission – that have been put in place and the level of immunity gradually building in the population post-infection and recovery.

At this stage of our pandemic BCCDC suggests this is not possible to get an accurate timely estimate of R_t and as such it is proposed that we use hospitalization and in particular critical care census data for COVID-19 and non-COVID-19 patients as a practical and easily measured/reported reference point linked to our capacity in any community or region.

We must determine the real-time effective number that the BC health system can appropriately manage given our hospital (medical in-patient bed) and critical care capacity that includes both COVID-19 and routine inpatient demand for these services. There will need to be conservative thresholds for numbers in critical care that would trigger rapid review and action as any measures taken will take up to fifteen to twenty days to have an impact as we saw after our interventions in March.

Based on the BC experience and that of other jurisdictions one of our most vulnerable populations is our citizens in long-term care (LTC) and to a slightly lesser extent assisted living (AL). Several measures have been taken to provide greater protection to these individuals and better manage an outbreak when it occurs. These measures will need to continue to evolve over the coming weeks and months. Other populations include older individuals (60+ and especially in to late 70s+) and individuals with underlying medical conditions (cardiac; diabetes; chronic respiratory illnesses; compromised immune systems).

Unintended consequences:

Measures we have taken have unintended health, social and economic consequences, which must be balanced against risk of COVID-19. We have a responsibility to monitor these consequences over the coming months and adjust our strategy accordingly. Two strategies are being developed to achieve this:

- A population health survey, which can be repeated as necessary to understand the effect of COVID-19 and the measures used to control the pandemic
- Establishment of an unintended consequences working group to monitor health and social consequences of public health measures.

In summary:

- Maintain infection rates at a low level that is manageable in terms of providing optimal ICU and ventilator care to a sub-group of patients who experience a severe form of the illness – it won't be zero;
- Focus on protecting our citizens who are most vulnerable to a severe form of the illness
- Establish an upper limit on ICU cases at a low level to protect some surge capacity;
- Understand that an outbreak could take off in a few days and that responsive measures could take 15 to 20 days to have an impact and so will need ongoing vigilance and nimble responses.

Core Health System Measures for the “New Normal”

- PHSA/BCCDC to fully complete **modelling** to establish sustainable hospitalization rates for the BC system to be able to manage inclusive of normal demand. This modelling will also include potential transmission, in hospital bed, critical care thresholds that would be used to trip review and action for increased public health measures.
- Continue to operationalize **urgent and primary care centres** as a key service element to reduce pressure on ERs and to respond to COVID-19 testing and care in the community. These could be used as separate “respiratory care centres” for the coming fall/winter flu/COVID-19 season. Continue implementation of Primary Care Networks with enhanced access to the **virtual care initiatives** initiated in the early stages of the pandemic crisis in BC
- Safely **reboot key areas of the health-care system** including clinic based medical and dental care; out patient care; scheduled surgeries. A high level of attention and care will need to be given to the re-densification of hospitals and with that both the contact intensity and number of contacts in key hospital settings. Health Care Settings Practice Standards will be fully developed and implemented over the coming month.
- Continue focused efforts to maximize safety of individuals in **LTC and AL settings**
 - ▶ Ongoing daily monitoring and strong policies in place for staff and visitors with respiratory illnesses not working at or visiting facilities.
 - ▶ Ongoing appropriate use of PPE in these settings
 - ▶ Supporting employers by continuing single site working directive and better structuring contracts through a template contract creating equitable funding structures and clear requirements for quality, including safety. This direction will remain in place as a permeant policy both during and after the COVID-19 epidemic.
- Continue focus on health and safety for individuals more likely to experience a serious form of the illness; care being provided in community service setting; homeless and vulnerable populations.
- Expedite operationalization and build out of the proposed **“hospital at home”** model (adopted from Australia) for implementation in fall and winter of 2020/21 across BC to reduce pressure on hospital in-patient medical beds. This involves identifying which sub-group of patients that are currently cared for in a hospital setting might be cared for at home by a team of outreach hospitalists and nursing staff providing daily care and monitoring to a virtual “community ward”.
- Continue to build out **ICU, HAU, ventilator capacity** (including building out urgently health care professional capacity required) over the balance of spring and summer based on modelling
- Move ahead with repatriation of cleaning and food services over the coming 12 months.
- Securing **PPE supplies and capacity** for the immediate and potential needs through the fall and winter and focus on ongoing training and support to staff in the appropriate and safe use of PPE.
- Refresh health system budget for consideration, review and approval of Treasury Board.

Conclusion and next steps

British Columbia, like all other jurisdictions, will likely face a potentially challenging transition from a virus-related lockdown to carefully restarting social and commercial life balancing warnings from public health officials of health risks with other warnings of the significant potential damage to economic and social life.

The challenge is a three-way balancing act between combating the disease, protecting or rebooting the economy and keeping society on an even keel. This requires carefully thinking through trade-offs that are proportionate as government works through decision making aligned with the legislated role of the Provincial Health Officer. The overall goal will be to make decisions about the trade-offs and consequences of those decisions:

The overall goal is to find the right balance for BC against five goals:

1. Protect lives by suppressing transmission rate to lowest rate possible for at-risk populations until a vaccine becomes available (ongoing monitoring and assessment of this possibility will be important, and our strategies will need to evolve based on what materializes or does not materialize over the coming 12 to 18 months)
2. Make sure the health system does not get overwhelmed to the point that it can't offer quality care to both non-COVID-19 and COVID-19 patients. This includes managing the transmission rate within the capacity of the health system until a vaccine is available

Balanced with:

3. Meeting the very real ongoing physical and mental health needs of non-COVID-19 BC patients and populations
4. Getting people back to work and rebuilding the economy
5. Optimizing the social fabric of our families and communities.

British Columbia should not implement an “all at once, everywhere and for everyone” lifting of restrictions but rather a step wise process based on the measures set out in this paper. The “unlocking and partial reboot” phase will need significant coordination between different parts of government, the business sector, and civil society supported by a significant and consistent communication strategy. There is no right or wrong answer about the best way to respond to a threat as great and as complex as this pandemic, but individuals, institutions, and government will be judged on the outcomes. The BC government will establish a number of “multi-sector partnership tables” to monitor and further fine tune response for the coming 12 to 18 months.

Overall, the go-forward management plan must remain flexible enough to allow the Province to fine-tune our interventions quickly enough to stay ahead of the outbreak's trajectory. This can be done through either an acceptable steady state (contemplated by the <60% social interaction modelling) and/or a series of moderate “lift and suppress” policies and actions – cycles during which restrictions are relaxed and then reapplied in ways that can keep the pandemic under control but at an acceptable economic and social cost.

KEY STEPS TO SAFELY OPERATING YOUR BUSINESS OR ORGANIZATION AND REDUCING COVID-19 TRANSMISSION

The core measures set out below provide the basis for Government and sector partners to think through and plan for business and institutional resumption based on a sectoral analysis through its multiple ministries and sectoral partnership tables. It is intended to help the sectors think through and plan a cautious return towards the 60% social contact maximum of the pre-Covid-19 normal.

Key sectors that will need to work through in detail and then implement the “new normal” practice standards include:

- Office Workplace Practice Standards
- Health Workplace Standards
- Personal Service Workplace Practice Standards (hairstylist/barbers; spas)
- Retail Practice Standards (including grocery stores)
- Resource Sector Standards
- Restaurant and Food Service Practice Standards
- Bar, Casino, Night Club Practice Standards
- Hotels and Resorts (Including Camping) Practice Standards
- Child Care Settings Practice Standards
- School and Post-Secondary Institutions Practice Standards
- Recreational Facilities Practice Standards
- Outdoor Recreational Setting Practice Standards
- Parks, Beaches and Outdoor Space Standards

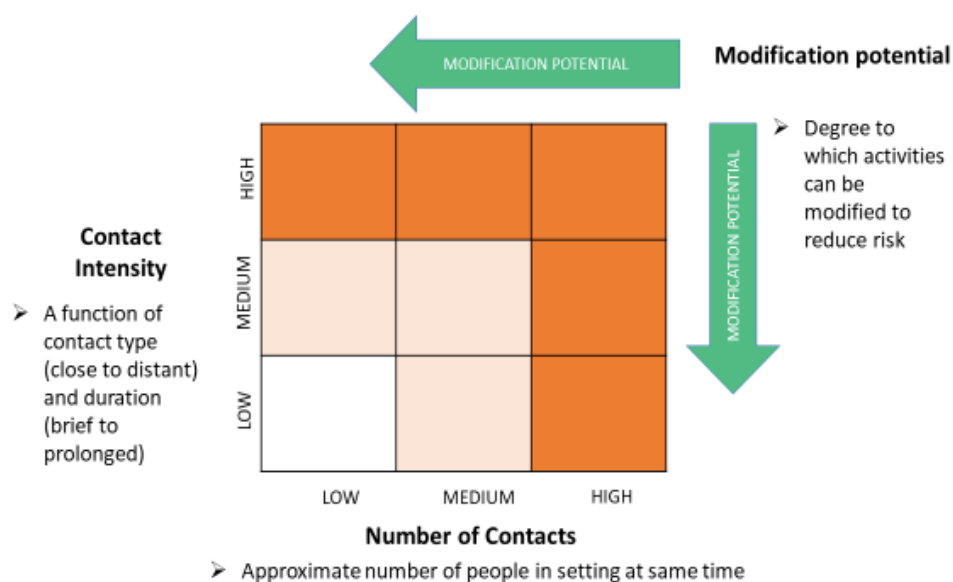
1. You and your staff need to know the basic transmission facts and work with them:

- Coronavirus is transmitted via **larger liquid droplets when a person coughs or sneezes but also potentially when they are talking in very close proximity to another person.** The virus in these droplets then can enter the body of another person when that person breathes in the droplets or when the droplets touch the **eyes, nose or throat** of that person.
- This requires you to be in close contact – less than the so-called social distancing of 3 – 6 feet. This is referred to as ‘droplet’ transmission and is believed to be the primary way COVID-19 is transmitted.
- In addition, droplet transmission is much more likely when in close contact in an indoor setting. COVID-19 can also be transmitted through droplets in the environment if someone **touches the contaminated area then touches their face or eyes without cleaning their hands.** This speaks to the importance of regularly cleaning one’s hands and also cleaning of high touch areas in the environment.
- A key issue in transmission is the median incubation period (the time from infection to appearance of symptoms) and the serial interval (the time between successive cases) for the Covid-19 virus. The **serial interval for Covid-19 virus is estimated to be 5-6 days.** The serial interval is 3 days for influenza with transmission taking place in the first 1-3 days of illness, **pre-symptomatic transmission** (transmission of the virus before the appearance of symptoms) being a major driver of transmission for influenza. For Covid-19 there are some emerging indications that there are people who can shed Covid-19 virus 24-48 hours prior to symptom onset, but at present, the WHO suggests that this **does not appear to be a major driver of transmission.** However, we need to acknowledge that there is debate about this and that at this time we cannot be categorical.

2. Use the tool below to assess the risk of transmission from social interaction in your organizational settings based on two dimensions based on an assessment of low, medium, high:

- (1) What is the **contact intensity** in your setting – the type of contact (close/distant) and the duration of contact (brief/prolonged);
- (2) What is the **number of contacts** in your setting – the number of people present in the setting at the same time¹.

By doing these ratings you can position your organization on the risk matrix below:



¹ John Hopkins University, Bloomberg School of Public Health, Centre for Health Security April 2020

3. Low is low risk; however, the medium and high categories are also subject to potential modification or controls which can help move you to a lower risk category by taking a range of actions:
 - Physical distancing measures – measures to reduce the density (intensity and number of contacts) of people in your setting.
 - Engineering controls – physical barriers (plexiglass for example)
 - Administrative controls – rules and guidelines to help employees, students, customers reduce the risk of transmission.
 - Use of personal protective equipment in the form of non-medical masks.

4. Using the assessment and potential modifications or controls to further reduce risk of transmission, you are being asked to **develop an explicit plan for the measures you will implement and maintain over the coming 12-18 months** thinking through three areas that will become the “new normal” in terms of formal and required actions that are the basis for workplaces and commercial businesses being in operation until the PHO lifts the public emergency requirements:

Reducing Transmission - Personal Self Care in Organizational Settings

This is the foundation to reduce transmission:

Core Personal Measures for the “New Normal”:

- No hand shaking as the new normal.
- Practice good hygiene (frequent hand washing with soap and water and use of hand sanitizers; avoid touching one’s face; respiratory etiquette; disinfect frequently touched surfaces).
- Maintain reasonable physical distancing as much as possible and use a non-medical mask or face covering in situations where reasonable physical distancing cannot be consistently maintained, and engineering controls are not available (e.g. plexiglass barriers).
- If you have the symptoms of a cold, flu, or Covid-19 including a cough, sneezing, runny nose, sore throat, fatigue you must stay at home (not going to school/work) and keep a safe distance from others in your family until those symptoms have completely disappeared. Retail malls, shops, and supermarkets should implement clear policies to strongly encourage customers who have the symptoms of a cold, flu, or Covid-19 with any coughing or sneezing to not come into their stores through highly visible signage and verbal prompts if required.
- A further consideration are the extra precautions individuals should consider if they are at increased risk of a more severe illness because they are over 60 years old, or if they have compromised immune systems or underlying chronic medical conditions.

Reducing Transmission – Managing Social Interaction in Organizational Settings

Social interaction is critical to our individual well-being and health. It is a key part of our organizational settings. Increased social interaction must balance this fundamental human need with key actions to reduce transmission. In addition to the personal measures set out above there are two additional measures can be taken to reduce transmission.

Core Social Interaction Measures for the “New Normal”:

- Ensure congregate social settings (kitchens, staff rooms, canteens) in the organization maintain best practice in terms of social distance.
- Ensure increased cleaning throughout the day when in use.

Reducing Transmission – Implement Safe Organizational Practices

Core Institutional and Work Place Measures for the “New Normal”

- You must have clear policies to enable and ensure that individuals who have the symptoms of a cold, flu, or Covid-19 including any coughing or sneezing should not come into the workplace. As part of opening up your specific settings, you should implement sick day policies for the coming twelve months that actively support individual staff being off sick more often or working safely at home during these illnesses. As employers you must take leadership in this regard.
- For office-based organizations, where possible encourage working from home part of the time to reduce “contact intensity” and “number of contacts” in the work place. Where this is not possible or in addition to working from home policies, ensure employees have less contacts by using staggered shifts or work hours, creating smaller teams working together virtually; forgoing in person meetings as much as possible.
- For retail organizations implement strategies that reduce contact intensity and number of contacts by continuing to promote sensible social distancing (3-6 feet) and sensible volume of customers in the retail space based on the transmission fact basics. The 50 number is for large social gatherings not larger shopping or retail spaces. Lining up outside retail stores, especially in the rain or cold winter months is not socially sustainable or healthy. A number of strategies can be used: increasing throughput of customers by maintaining a high number of check-outs; increasing hours of shopping to decrease density of customers; encourage or require utilization of basic non-medical masks to reduce the spread through individuals coughing, sneezing, or close interpersonal contact; manage or eliminate waiting areas; increased use of

appointments or bookings; increased on-line shopping/deliveries and/or pickups; use of physical barriers such as plexi-glass.

- Focus on higher-risk populations including those 65+ and those with underlying medical conditions. Workplaces, retail and personal service businesses are encouraged to exercise greater accommodation for these age groups in terms of work space, more flexible hours of work or shopping (earlier, later, mid-day) or working at home options.
- Require and sustain higher levels of frequent cleaning of “high touch” areas in workplaces and retail outlets throughout the day and availability of hand sanitizer stands at entrances or around workplaces and shops.
- Where appropriate and practical increase use of temporary physical barriers (such as plexiglass at service counters or checkouts).

Reducing Transmission – Child Care and Education Settings/Camps

Daycares are an important part of the social infrastructure to support parents returning to work.

While it is well established that children are important drivers of influenza virus transmission in the community; for the COVID-19 virus, initial data indicates that **children are less affected than adults and that clinical attack rates in the 0-19 age group are low**. Further preliminary data from household transmission studies in China suggest that children are infected from adults, rather than vice versa. This is an important consideration with respect to school closures and reopening but is an area in which the evidentiary base will continue to develop.

The evidence of the impact of covid-19 on young adults appears to be evolving although the data to date suggests that they are more likely to experience mild symptoms.

In general, educational settings are critical to a child's and youth's psycho-social development as well as learning but also for younger children, important to a parent's ability to maintain employment. Any actions taken in this area should take in to consideration all these dimensions.

Recreation and involvement in sports are also important developmental activities for many children and young people.

Specific Additional Measures for Child Care and Education Settings/Camps for the “New Normal”:

Child Care

- Routine daily symptom screening for all staff and students.
- Routine and frequent environmental cleaning.
- Explicit policy for children or staff who have the symptoms of a cold, flu, or Covid-19 with any coughing or sneezing not coming in to child care settings.

Schools (K-12)

- Routine daily screening for all staff and students.
- Routine and frequent environmental cleaning.
- Smaller class sizes, increased space between desks, alternating attendance arrangements, frequent hand washing, wearing non-medical masks for group activities and sports, and limiting group sizes.
- Clear policy for children, youth and staff who have symptoms of a cold, flu, or COVID-19, with any coughing or sneezing not coming into school or taking part in extracurricular activities and sports.
- Planning over the summer for increased use of remote online learning, especially for high school children.
- Early arrival and self-isolation for 14 days of international students.

Post-Secondary Institutions

- Routine daily screening for all staff and students.
- Routine and frequent environmental cleaning.
- Clear policy for students and staff who have symptoms of a cold, flu, or COVID-19, with any coughing or sneezing not to attend classes, extra curricula activities, sports or work.
- Increased use of on-line learning balanced against the need of social interaction for learning and development.
- Early arrival and self-isolation for 14 days of international students.

Recreation/Sports/Camps

- Routine daily symptom screening for all staff and participants.
- Support low contact sports (especially outdoor). Identify high contact sports that should not take place during the pandemic.
- Clear policy for participants and staff who have the symptoms of a cold, flu, or COVID-19 symptoms, with any coughing or sneezing not participating.
- Staff and students at higher risk of experiencing severe illness should not take part in recreational, sporting, or camp activities.



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



CLEANING AND DISINFECTANTS FOR PUBLIC SETTINGS

Good cleaning and disinfection are essential to prevent the spread of COVID-19 in BC.

This document provides advice to public groups, transit, schools, universities, and other institutions in BC on cleaning for non-health care settings.

Make sure to wash hands with plain soap and water after cleaning or use an alcohol-based hand sanitizer.



OR



Cleaning: the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth.

Disinfection: the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

All visibly soiled surfaces should be cleaned before disinfection.

Cleaning for the COVID-19 virus is the same as for other common viruses.

Cleaning products and disinfectants that are regularly used in households are strong enough to deactivate coronaviruses and prevent their spread.

Recommendations:

- General cleaning and disinfecting of surfaces should occur at least once a day.
- Clean and disinfect highly touched surfaces at least twice a day and when visibly dirty (e.g., door knobs, light switches, cupboard handles, grab bars, hand rails, tables, phones, bathrooms, keyboards).
- Remove items that cannot be easily cleaned (e.g., newspapers, magazines, books, toys).

Cleaning

For cleaning, water and detergent (e.g., liquid dishwashing soap), or common household cleaning wipes should be used, along with good physical cleaning practices (i.e., using strong action on surfaces).

Disinfection

For disinfection, common household disinfectants such as ready-to-use disinfecting wipes and pre-made solutions (no dilution needed) can be used. Use the figure and table below for guidance. Always follow the manufacturer's instructions printed on the bottle.

IPC v2.0



Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries (ex. travel, physical distancing): **1-888-COVID19 (1888-268-4319) or text 604-630-0300**





Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



CLEANING AND DISINFECTANTS FOR PUBLIC SETTINGS

See Health Canada's **List of hard-surface disinfectants for use against coronavirus (COVID-19)** for specific brands and disinfectant products.

IMPORTANT NOTES:

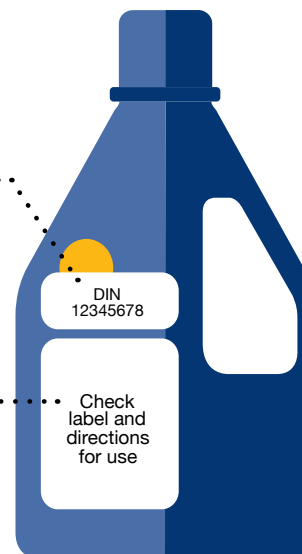
- Ensure disinfectant product has a Drug Identification Number (DIN) on its label.
- Follow product instructions for dilution, contact time and safe use.
- All visibly dirty surfaces should be cleaned **BEFORE** disinfecting (unless otherwise stated on the product).

Drug Identification Number (DIN):

A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.

Agents effective against coronavirus:

- Bleach: sodium hypochlorite (5.25%)
- Hydrogen peroxide (0.5%)
- Alkyl dimethyl ammonium chlorides



List of disinfecting agents and their working concentrations known to be effective against coronaviruses^{1,2}:

Agent and concentration	Uses
1. 1:100 dilution Chlorine: household bleach – sodium hypochlorite (5.25%)* 10 ml bleach to 990 ml water	Used for disinfecting surfaces (e.g., hand railings, grab handles, door knobs, cupboard handles). Make fresh daily and allow surface to air dry naturally.
2. 1:50 dilution Chlorine: household bleach – sodium hypochlorite (5.25%)* 20 ml bleach to 980 ml water	Used for disinfecting surfaces contaminated with bodily fluids and waste like vomit, diarrhea, mucus, or feces (after cleaning with soap and water first). Make fresh daily and allow surface to air dry naturally.
3. Hydrogen Peroxide 0.5%	Used for cleaning and disinfecting surfaces (e.g., counters, hand rails, door knobs).
4. Quaternary Ammonium Compounds (QUATs): noted as 'alkyl dimethyl ammonium chlorides' on the product label	Used for disinfecting surfaces (e.g., floors, walls, furnishings).

¹ Dellanno, Christine, Quinn Vega, and Diane Boesenberg. "The antiviral action of common household disinfectants and antiseptics against murine hepatitis virus, a potential surrogate for SARS coronavirus." *American journal of infection control* 37.8 (2009): 649-652.

² Provincial Infection Prevention Control Network of British Columbia. "Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community." (2014). https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf

The BC Ministry of Health does not endorse or promote any specific brands of disinfectant products. IPC v2.0



Ministry of Health



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If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries (ex. travel, physical distancing): 1-888-COVID19 (1888-268-4319) or text 604-630-0300





Stereo	Teacher	Student	Student	Student
	Student	Student	Student	Student
	Student	Student	Student	Student
Doorway				

Alberta Dance and Performing Arts Schools

Workplace Guidelines for COVID-19

May 8, 2020

Acknowledgement:

The purpose of this document is to provide the Government of Alberta with the procedures and precautions that the signatory Alberta dance and performing arts school business owners will adhere to, or employ a similar strategy, in order to meet the expectations and objectives specified in the Alberta workplace guidelines and open our businesses.

The coordinated response herein addresses the criteria communicated in the Province of Alberta's COVID-19 Workplace Guidance for Business Owners.

This "Workplace Guidelines for Independent Performance Arts & Dance Studios" submission has been created by:

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A list of businesses in this industry who have reviewed and support the document accompanies this submission.

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I. Executive Summary

Dance and Performing Arts businesses, commonly referred to as “Dance Studios”, deliver skilled instructor-led programming to registered participants.

Given the nature of our work, we are accustomed to enacting and following robust protocols to ensure careful adherence to the health and safety considerations associated with serving the needs of clients from children to adults in an instructional setting.

Although the dance industry does not have a single unified governing body that oversees the delivery of dance instruction at any level in Canada, Alberta-based dance and performing arts business owners have **collaborated to create this set of procedures and guidelines for ministerial review and approval to proceed in reopening our businesses** with explicit understanding of the core requirements to do so:

- A. Ensuring active daily screening of staff, contractors, students and visitors for all COVID-19 symptoms recognized by Alberta Health.
- B. Ensuring gathering sizes are maintained at or below established thresholds under Provincial and regional Public Health and Emergency Orders.
- C. Ensuring staff are aware, reminded and supported in the event of requirement to self-isolate if showing symptoms or testing positive for COVID-19.
- D. Ensuring hygiene protocols are clearly communicated to and followed by all employees, contractors, students and visitors and that the tools to provide education and reinforcement of these practices are present, including posters, equipment and supplies at the place of business.
- E. Ensuring cleaning and disinfection protocols are clearly communicated to and followed by all employees and contractors, and that students and visitors help where they can to keep all areas tidy, clean, and sanitary.




The nature of our business is such that we provide a registered instructional activity, using structured scope and sequencing to deliver planned lessons. We have the ability to effectively limit our class sizes within a public gatherings threshold that meets the requirements of the Province of Alberta and our regions, minimizes cross-over of visitors by having set arrival and departure times, keeps students within same or similar class groupings with the same teacher on a regular basis for their lesson, maintains full and complete identification records of who has been in our business and precisely when, and finally, provides our staff with assurance that their job is protected and they have our support in the event necessary self-isolation resulting from exposure, infection, or having to care for family members.

Dance and Performing Arts business owners recognize our critical role and responsibility in preventing the risks of COVID-19 in our place of business. The health and safety of our staff and clients are of utmost importance, and we are committed to supporting their ability to work and learn in an environment that excels at protecting them.

II. Communication Plan for COVID-19

Businesses will be accountable for understanding 1) the Provincial/regional stage of business operations, 2) the Provincial Emergency level, and 3) adjust business operations in accordance with the guidelines and orders of the overseeing agencies.

The following visual Communication Response System can be used by the business to communicate the operational stage to employees, contractors, students and visitors of the dance studio.

		
<p>Operating premises are under mandated closure by Province/ regional authority.</p> <p>Continuance of service obligation provided in a distance/virtual form.</p>	<p>Changes to operating protocols enacted by Studio Owner or designate, in accordance with Province/ regional authority: patrons and employees are notified and responsible for adhering to revised protocols</p>	<p>Operating premises are open at service capacity permitted by Province/ regional authority.</p>

1. Communication Response System

A. Red Level: Safer At Home

Alberta Emergency conditions and public health orders have seriously impaired or halted business operations. Increased probability of cases or prediction of health system overload. Coordination of resources required in accordance with government mandated closures, and the business enacts distance learning protocols. Full

Emergency Operations Center is enacted at the business level. The business employees, contractors, and patrons are advised of immediate actions to take.

B. Yellow Level: Proceed with Cautionary Updates

Controlled opening of business with strict protocols in place to ensure provincial safety and health guidelines are being met. Two metre physical distancing requirements and other public health guidelines in place, including disinfecting, hand hygiene, screening staff and patrons, and controlled use of business operating space at 50% in effect. Likely gatherings of 15 or less. The business is informed of precautions relevant to the condition.

C. Green Level: Proceed with New Precautions

Monitoring of potential hazards is ongoing with advised social distancing requirements. Fully reopening business, with limited restrictions. Larger gatherings permitted (number of people to be determined by Alberta Health Services).

2. Contact Tracking and Tracing

A. Studio owners and/or designates will communicate frequently with employees, contractors, students and visitors with clear signage and notices regarding when it is necessary to Stay Home from their dance class or their work at the business.

B. The business will accurately track all absences from classes, as they occur, to assist with contact tracing in the event the absence is due to illness with symptoms or diagnosis consistent with COVID-19. Record management may be kept digitally or manually, privacy-protected and with redundant backup systems.

C. The business maintains accurate and up-to-date contact information for all staff, contractors, students and volunteers (if applicable) including:

- Full Name
- Date of Birth
- Home Address
- Medical Conditions
- Parent/Guardian Name and Contact Information
- Alternate Emergency Contact
- Agreement to Business's Policies and Guidelines

D. For the purposes of tracing close contacts, employers will maintain daily records in order to identify:

- who was working onsite at any given time,
- who an employee may have worked with on any given shift,
- lists of patrons by time and date of attendance at the operating premises.

- E. The business will provide records for the purpose of conducting contact-tracing during the COVID-19 pandemic response to manage the public health emergency under the Public Health Act. Due to the nature of registered and scheduled clientele and staff, records can be easily provided.

3. Rapid Response

What To Watch and Listen For, and How To Respond

Student/Visitor/ Staff Presents with:	Who to Contact:	Action:	Protocol:
<p>Mild or Severe Cold/Flu Symptoms</p> <ul style="list-style-type: none"> • Fever • Sore Throat • Runny Nose • Cough • Difficulty Breathing 	Parent or Guardian or Primary Contact	<p>Immediate telephone call to pick-up the unwell individual.</p> <p>Provide notice at pick-up that the Student must refrain from attending the premises and may return to the studio after full recovery period and are cleared for in-studio classes in accordance with the Public Health Order.</p>	<p>Stay home and isolate under appropriate Alberta Health Services protocol in effect.</p> <p>Track Absence in reporting system</p>
<p>Intense Coughing and/or Vomiting with or without other cold/flu symptoms</p> <p>Ensure safety and comfort Use Sick Kit if needed (PPE mask, blanket, bucket, disinfecting wipes), watch them closely for any changes in their condition until their support arrives.</p>	Parent or Guardian or Primary Contact	<p>Immediate telephone call to pick-up the unwell individual.</p> <p>Provide notice at pick-up that the Student must refrain from attending the premises and may return to the studio after full recovery period and are cleared for in-studio classes in accordance with the Public Health Order.</p> <p>Note to student file: what student was doing prior to intense coughing/vomiting</p>	<p>Stay home and isolate under appropriate Alberta Health Services protocol in effect.</p> <p>Track Absence in reporting system</p> <p>Note on Cleaning Chart / areas the unwell participant was in, and location of cleaned and sanitized intense coughing/vomit</p> <p><i>(cont'd next page)</i></p>

Student/Visitor/ Staff Presents with:	Who to Contact:	Action:	Protocol:
A Student is absent due to illness - with notice	Parent/Guardian/ Primary Contact	Email acknowledgement of absence same day as notice of absence Students must refrain from attending the premises and may return to dance after they've fully recovered and are cleared for in-studio classes in accordance with the public health order.	Track Absence in reporting system, with any relevant notes on expected return.
A Student is absent - with no notice provided	Parent/Guardian/ Primary Contact	Email acknowledgement of absence same day of absence Student absence recorded; please contact our office at your earliest to advise as to the reason for the absence.	Track Absence in reporting system. Designated Safety Officer or alternate monitors response and acts accordingly.

III. Sick Employees, Contractors and Volunteers

1. Employee/Contractors/Volunteers with Symptoms and NOT Diagnosed with COVID -19

- A. Alberta CMHO Order [05-2020](#) legally obligates individuals who have a cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to be in isolation for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer.
- B. Employees, contractors or volunteers with symptoms such as cough, fever, shortness of breath, runny nose, or sore throat symptoms are encouraged to complete the self assessment and get tested for COVID-19. Source: [Alberta Workplace Guidelines - May 5, 2020](#)
- C. If an employee, contractor or volunteer does come to work sick, or becomes sick while at work, the following requirements apply. These requirements must be followed regardless of whether or not the individual has been tested for COVID-19:
 - Employees, volunteers or patrons who appear to have acute respiratory illness symptoms (e.g., cough, shortness of breath) upon arrival to the workplace, or become sick while at the workplace, should begin isolation at home immediately.
 - After being directed to leave the business, symptomatic employees should follow hand hygiene and respiratory etiquette and maintain at least 2 meters of distance from other employees, volunteers and patrons.
 - Arrangements should be made by the employer for transportation home where needed; public transportation like buses, taxis or ride sharing should be avoided.
 - Once a sick individual has left the workplace, clean and disinfect all surfaces and areas with which they may have come into contact.
 - The employer should immediately consider and record the names of all close contacts the sick worker has been in contact with that day and in the 48 hours prior to when the symptoms started in the case. This information may be necessary if the sick worker later tests positive for COVID-19.

2. Employee/Contractor/Volunteer Diagnosed with COVID-19

- A. Order [05-2020](#) legally requires individuals to be in isolation for a minimum of 14 days if they have tested positive for COVID-19.
- B. For clarity, the isolation period is 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer.
- C. If an employee or volunteer is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, Alberta Health Services (AHS)

may be in contact with the business to provide the necessary public health guidance. Records may be sought up to two-weeks prior to the individual becoming ill.

- D. Employers agree to work cooperatively with AHS to ensure those potentially exposed to the individual receive the correct guidance.

3. Job Protection

- A. Job-protected leave, if needed, will be provided in accordance with Alberta's Employment Standards Act.
- B. We understand that Alberta's Employment Standards Code will allow full and part-time employees to take 14 days of job-protected leave if they are:
 - required to isolate
 - caring for a child or dependent adult who is required to isolate.
- C. Employees are **not** required to have a medical note for absence.

IV. Prevention

The same methods people use to prevent colds and the flu can prevent COVID-19 transmission:

- wash hands with soap for a minimum of 20 seconds, frequently,
- cover your mouth when you cough or sneeze,
- avoid going to work or school when you're displaying symptoms,
- avoid touching your face and/or eyes, and
- ensure a minimum of 2 metres physical distance between patrons/staff.

1. Screening

- A. Studio owner or designate ensures daily screening of staff, patrons, volunteers and service delivery personnel for cough, fever, runny nose, sore throat, or shortness of breath.
- B. The health and wellness of all is of utmost importance. There is no disincentive for staff, contractors, students, and visitors to stay home while sick or isolating. Anyone reporting or presenting with these symptoms will be required to return home.
- C. If a visitor answers YES to any of the following Screening questions, the individual **SHOULD NOT** be allowed on the business premises. Facilities should observe patrons for any of the symptoms listed above.

Screening Questionnaire

1.	Do you have any of the below symptoms:		
	• Fever (greater than 38.0C)	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat	YES	NO
	• Runny Nose	YES	NO
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO
4.	Are you currently being investigated as a suspect case of COVID-19?	YES	NO
5.	Have you tested positive for COVID-19 within the last 10 days?	YES	NO

2. Hygiene

- A. Employees, contractors, students and visitors will be advised to wash their hands upon entry and as often as needed, with soap and water for at least 20 seconds, or use approved hand sanitizer.
- B. Hand sanitizing stations will be placed at points of entry to the business and at other locations in the business where people are known to place hands. Health Canada-approved hand sanitizer with greater than 60% alcohol content will be provided.
- C. Glove use alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.
- D. Avoid touching eyes, nose, and mouth; posters displayed in visible areas.
- E. Encourage respiratory etiquette (e.g., coughing or sneezing into a bent elbow, promptly disposing of used tissues in the trash) is followed; posters displayed in visible areas.
- F. AHS precaution and prevention posters will be clearly and visibly displayed in all appropriate areas.

3. Cleaning and Disinfecting Methods & Supplies

- A. Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned; cleaning will precede disinfection.
- B. Use a “wipe-twice” method to clean and disinfect. Wipe surfaces with a cleaning agent to clean off soil and wipe again with a disinfectant.
- C. Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim (efficacy against viruses).
- D. Alternatively, a bleach-water solution with current application of 1000ppm (4tsp bleach to 4 cups water) may be used. When advised that measures have relaxed, may use a usual mixture of 100ppm 1tsp bleach to 4 cups water. This solution is strongest in the first 6 hours of mixing.

- E. Health Canada has approved several hard-surface disinfectants and hand sanitizers for use against COVID-19. Employers will use these lists to look up the DIN number of the approved product they intend to use.
- F. Make sure to follow instructions on the product label to disinfect effectively.
- G. Disposable towels and spray cleaners, or disposable wipes, are made available to regularly clean commonly used surfaces.
- H. Remove all communal items that cannot be easily cleaned, such as newspapers, magazines, and stuffed toys.

Business Cleaning & Disinfecting Tasks

Safer at Home Under New Protocols / as advised by AHS	Enhanced Daily Tasks	Daily Tasks
Current Conditions	Alberta Stage 1	Alberta Stage 2
Office: Open Classrooms: Programming offered Virtually or 1:1	Office: Open Classrooms: Open per AHS approval with increased restrictions	Office: Open Classrooms: Open per AHS approval
Full Disinfect OR replacement before continuing operations: desks, worktops, countertops, ledges, lobby benches, sinks, faucets, toilets, handrails, ballet barres, interior door handles, exterior door handles AND SURROUNDING AREAS	Disinfect each class change: desks, worktops, countertops, ledges, lobby benches, sinks, faucets, toilets, handrails, ballet barres, interior door handles, exterior door handles	Disinfect each class change: desks, worktops, countertops, ledges, lobby benches, sinks, faucets, toilets, handrails, ballet barres, interior door handles, exterior door handles
REMOVE: teaching aids, gym mats, props, barres (portable, if not regularly disinfecting) Full Disinfect /replacement stereo component knobs/buttons and surrounding areas	REMOVE: teaching aids, gym mats, props, barres (portable, if not regularly disinfecting) Full Disinfect /replacement stereo component knobs/buttons and surrounding areas	INTRODUCE: Personal teaching aids, Personal props, Personal mats Full Disinfect /replacement stereo component knobs/buttons and surrounding areas

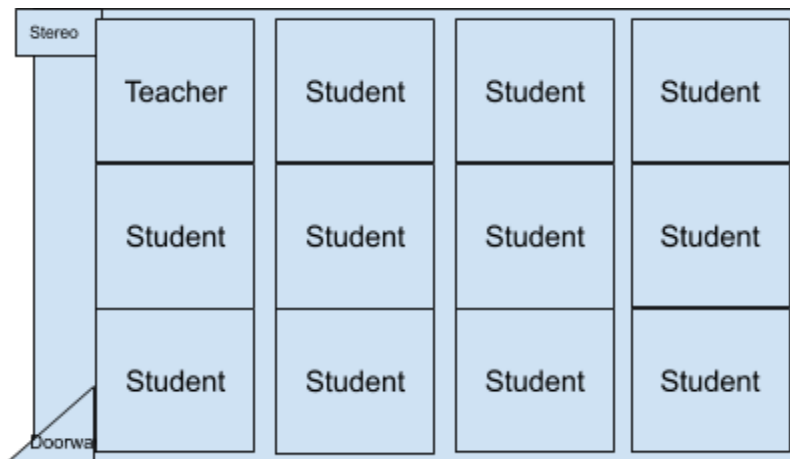
4. Personal Protective Equipment (PPE)

- A. Business owners will conduct a site-specific hazard assessment for all operating sites and areas within to identify existing and potential hazards related to COVID-19. Where elimination of these hazards is not possible or reasonable, they should be controlled.
- B. PPE is based on risk of exposure to a pathogen that considers both the risk associated with a specific task/activity as well as the source of infection (e.g. ill person). PPE that is chosen should be appropriate to the hazard, and checked to ensure it fits the employees/contractors/volunteers effectively.
- C. When hazards related to COVID-19 cannot be completely eliminated, the following hierarchy of controls are required:
 - **First choice: Engineering Controls** These control the hazard at the source. Examples include placing barriers or partitions between staff, removing seats from lunch rooms and dining areas, rearranging lockers, restricting general access to the business and increasing ventilation.
 - **Second choice: Administrative Controls** These controls change the way workers, volunteers and patrons interact. Examples include policies for physical distancing, limiting hours of operations and respiratory etiquette and providing adequate facilities, supplies and reminders for hand hygiene. Increased frequency of cleaning as outlined above is also required.
 - **Third choice: PPE** PPE is necessary when physical distancing of 2 metres or physical barriers cannot be maintained by administrative and engineering controls. PPE controls the hazard at the worker, volunteer and client level. Examples of PPE include gloves, eye protection, gown, face protections, procedure/surgical masks or NIOSH-N95 masks.
- D. When a hazard cannot be controlled by a single control method, the business owner will utilize a combination of these controls to provide an acceptable level of safety.
- E. PPE will be stored, used and maintained as per the manufacturer's instruction for use
- F. If a mask is deemed necessary, surgical and non-surgical masks are most often sufficient, and respirators (e.g. N95 masks) are only required when the work might cause large droplets to be aerosolized into tiny airborne particles (unlikely scenario).
- G. PPE should be discarded in a lined garbage bag in between clients.
- H. PPE, such as eye protection, may be reused by the same user, only if the manufacturer allows it and has provided clear cleaning and disinfecting instructions.

5. Distancing and Gatherings in the Workplace

- A. Only registered students may enter the building, when advised by the business, to reduce cross-over and maintain appropriate physical distance before and after their scheduled class time.
- B. Class start and end times will be staggered so no more than 14 students and a teacher will be in the common space at the same time, while still adhering to physical distancing requirements.
- C. All outdoor belongings (Shoes, Jackets) will be placed in a storage receptacle that is at least 2 m apart from the next, or will be placed in a bin to bring with the student.
- D. Waiting rooms will be closed, other than drop off of students under the age of 7, and visitors will be advised of necessary physical distancing requirements and maximum gathering restrictions in the area.
- E. Parent/guardian will be advised to greet their child outside the building after class; childrens' safe exiting of the building to parent/guardian care is monitored by staff.
- F. Space markers will be placed in waiting rooms or common areas to ensure 2m physical distancing spacing requirements are adhered to at all times. Removing chairs from waiting rooms.
- G. Students must be registered participants with parental/guardian acknowledgement of signed policy agreements.
- H. Multiple entrances and exits will be used where possible. Students will enter and exit their studio space utilizing fire doors limiting the access to common areas.
- I. Class schedules will be adjusted to allow for thorough cleaning of studios, barres and any equipment used between classes.

Safe Physical Distancing Placement Examples



6. Retail Items

- A. The business will create strategies to minimize the handling of retail objects before purchase, if offered, including:
- Avoid 'trying-on' of garments
 - If 'trying-on' is necessary, encourage customers to sanitize hands before trying on clothes.
 - Surfaces in change rooms will be cleaned and disinfected after use.

- B. Update return policies to prevent the risk of transmission of COVID-19 to workers, volunteers and patrons. This may include:
- Eliminating the opportunity to return purchased goods (i.e. final sale only), or
 - Isolating, cleaning and disinfecting soft-surface items for a minimum period of 24 hours prior to resale.
 - Isolating, cleaning and disinfecting hard-surfaced, returned goods prior to placing them back onto the sales floor and only after disinfection has appropriately taken effect.

Appendices

Appendix A: COVID-19 Definition

What is it?

Coronaviruses have been identified as human pathogens since the 1960s. To date, seven coronaviruses have been shown to infect humans, including the 2019-nCoVii. Common coronaviruses include OC-43, HKU1, 229E, NL63; these cause illness ranging from common colds to severe respiratory illnesses. Other coronaviruses have emerged in recent years: SARS-CoV (2002) and MERS-CoV (2012). In late 2019, a novel coronavirus related to a cluster of pneumonia cases in Wuhan, China (2019-nCoV) was identified.

What are the symptoms of COVID-19?

Symptoms can include fever, runny nose, cough and shortness of breath. Symptoms present similar to common cold and seasonal flu viruses.

What is the incubation period?

The incubation period is believed to be between two and 14 days.

Who is at risk of contracting COVID-19?

COVID-19 spreads via respiratory droplets, primarily from an infected person's cough or sneeze. Some people who contract COVID-19 have no symptoms or mild symptoms, while others develop severe illness and die from the disease. Limited data suggests that elderly patients and people with compromised immune systems may be more likely to develop severe illness after contracting COVID-19.

Appendix B: Instructional Scenarios and Group Size

	<i>Scenario</i>	<i>Description</i>	<i>Prevention</i>
Current Condition	Private Lesson Instructor to Student 1:1	<ul style="list-style-type: none"> 1 instructor, 1 student in classroom Lowest risk of virus spread 	<ul style="list-style-type: none"> Symptom check, PPE as required Hand washing on entry /hand sanitizer available Direct route from the entry to the studio to reduce contact touching No use of lobbies or waiting areas All contact surfaces clean and disinfected Clear signage and social distancing expectations Separate doors when possible Stagger start times Mark floors to ensure a minimum of 2m between patrons upon arrival, during class and exiting
Stage 1	Group Class 14 Instructor to 14 students 1:14 *could be camps	<ul style="list-style-type: none"> 15 people in a classroom or fewer pending square footage of the classroom physical distancing limitations but the precautions are in place to minimize the risk of spread. 2m x 2m dance space 	<ul style="list-style-type: none"> Symptom check, PPE as required Hand washing on entry /hand sanitizer available Direct route from the entry to the studio to reduce contact touching No use of lobbies or waiting areas All contact surfaces clean and disinfected Clear Signage and social distancing expectations Separate doors when possible Stagger start times Mark floors to ensure a minimum of 2m between patrons upon arrival, during class and exiting
Stage 2	Size of gatherings will increase as permitted	<ul style="list-style-type: none"> physical distancing limitations but the precautions are in place to minimize the risk of spread. Class sizes will be capped as space allows for 2m x 2m dance space 	<ul style="list-style-type: none"> Symptom check, PPE as required Hand washing on entry /hand sanitizer available Direct route from the entry to the studio to reduce contact touching No use of lobbies or waiting areas All contact surfaces clean and disinfected Clear Signage and social distancing expectations Separate doors when possible Stagger start times Mark floors to ensure a minimum of 2m between patrons upon arrival, during class and exiting

Appendix C: Important Contacts & Resources

Alberta Health Services (AHS) Contact Information

Contact will be immediately made with AHS if we've been advised of an unconfirmed OR confirmed test positive. AHS will advise of further communication protocol needed.

Phone: 780-342-2000

Toll free: 1-888-342-2471

Fax: 780-342-2060

Staff Resources

<https://www.alberta.ca/coronavirus-info-for-albertans.aspx>

<https://www.alberta.ca/covid-19-supports-for-albertans.aspx>

<https://www.albertahealthservices.ca/amh/Page16759.aspx>

Posters and Videos

<https://open.alberta.ca/publications/covid-19-information-help-prevent-the-spread-poster>

<https://www.albertahealthservices.ca/info/Page14955.aspx>

Definitions

Business, The: Commonly referred to as 'Dance Studio', 'Dance School', 'Dance Company', 'Performing/Performance Arts', 'Fine Arts School', 'Music School', 'Theatre Schools'

Change Rooms: Private Area for changing into required classwear

Classroom: Refers to closed learning space, some studios have multiple classrooms(closed learning spaces) inside the facility

Common Area/Outside: Some locations have common areas shared with other business in the same building, some open to the parking lot directly

Designated Safety Officer (DSO): Enforces HSE Policies, Conducts Audits and Inspections, Investigates Accidents/Incidents, Ensures Compliance, Trains Employees on HSE Requirements

Lobby/Waiting/Lounge area: Where patrons wait for services to begin, typical gathering areas

Patrons/Students: Paying registered customers and their guardians/parents

Registered Student: Participant who is enrolled in a class or series of classes and has agreed to conditions of enrollment including complete identification and contact information, and acceptance of policies and guidelines.

Studio: Refers to the brick and mortar facility in totality, the entire physical location

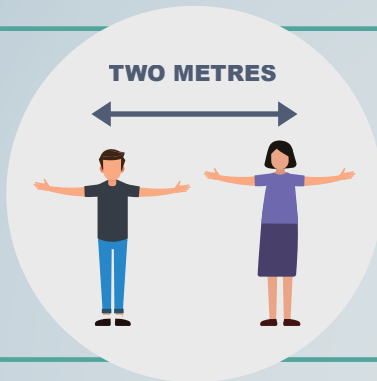
Information and downloadable material to
help answer questions about COVID-19
from Fraser Health

COVID-19

HOW TO PRACTICE PHYSICAL DISTANCING

**STAY HOME AS MUCH
AS POSSIBLE.**

Stay home when you are sick.



**KEEP TWO METRES
BETWEEN YOURSELF
AND OTHERS.**

**LIMIT CONTACT WITH OTHERS
WHEN OUTSIDE YOUR HOME.**



**USE VIRTUAL OPTIONS TO
CONNECT WITH OTHERS.**

**AVOID GREETINGS
LIKE HANDSHAKES
AND HUGS.**



Learn more about COVID-19 at fraserhealth.ca/COVID19

MANAGING ANXIETY AROUND COVID-19



MAINTAIN ROUTINE

Stick to your normal activities as much as possible: wake and sleep at usual times, maintain regular meal schedules and adapt where needed (e.g. doing YouTube fitness videos at home instead of going to the gym).

LIMIT YOUR MEDIA INTAKE

Schedule your information exposure instead of having a constant stream of news coming at you all day. Get your facts from the right sources: BC Centre for Disease Control, Fraser Health, Public Health Agency of Canada and the World Health Organization.



KEEP CONNECTED

Socialize while social distancing. Phone calls, FaceTime, and Skype are all still great ways to connect. Find non-COVID-19 things to talk about to give yourself a mental break. The 24/7 Fraser Health Crisis Line is also here for you if you're feeling anxious and need to talk: (604) 951-8855 or toll free 1 (877) 820-7444.

GET SOME FRESH AIR

Go for a walk, a hike or a bike ride. It does the heart and mind good to get outside.



TAKE ADVANTAGE OF DOWNTIME

Now is the time to clean out that closet, junk drawer, corner of the garage and tackle other to-do list items around your home/yard. Enjoy some quiet time, read a book and catch-up on movies.

KEEP PERSPECTIVE

Focus on your part for fighting the spread (e.g. proper hand washing, coughing and sneezing into your elbow, staying home when you're not well and practicing social distancing) and trust that the public health and government officials are working hard on their parts.



NON-MEDICAL COVID-19 QUESTIONS?
CALL 1 (888) COVID19 OR TEXT (604) 630-0300

MORE INFORMATION AND RESOURCES AT
WWW.FRASERHEALTH.CA/CORONAVIRUS



NOTICE

COVID-19

Important Information

Do not enter if you are sick or have respiratory symptoms.

To help support the health and safety of our community we would like to remind you of the following:

- Wash your hands frequently with soap and warm water.
- Cover your cough or sneeze using your elbow.
- For general information about COVID-19 call 1-888-COVID-19 or text 604-630-0300. Information is available in more than 110 languages.



If you are concerned that you may have symptoms of COVID-19, call your primary care provider or speak with a registered nurse at 8-1-1.

Visit fraserhealth.ca/COVID19

7 TIPS FOR TALKING TO KIDS ABOUT COVID-19



1

Don't be afraid to talk about it.

Convey the facts and set an emotionally reassuring tone.

2

Be age-appropriate.

Older kids can generally handle more detail than younger kids. Focus on answering their questions. Do your best to answer honestly and clearly, and it's okay if you can't answer everything.

3

Follow their lead.

Encourage them to ask questions and share their perspective. Invite them to tell you anything they may have heard about COVID-19 and express how they feel.

4

Check yourself.

Feeling anxious? Take some time to calm down before trying to have a conversation or answer your child or student's questions.

5

Focus on actions you can take.

Emphasize safety precautions everyone can take to help keep themselves and others healthy: good hand hygiene, cough and sneeze etiquette, social distancing and staying home if you aren't feeling well.

6

Stick to routine.

Structured days with regular mealtimes and bedtimes are an essential part of keeping kids happy and healthy.

7

Keep talking.

Let them know the lines of communication are going to be open and as you learn more, you will share the information with them.

Credit: Child Mind Institute

www.fraserhealth.ca/coronavirus

