



Kimberley Independent School

Communicable Disease Prevention Plan

1. Purpose

Kimberley Independent School is committed to providing a safe and healthy workplace for all staff and students. A combination of measures will be used to minimize exposure to communicable diseases. Procedures will protect staff and students. It is important that all staff follow the procedures outlined to reduce exposure to communicable diseases.

2. Key Principals

- Aligning communicable disease prevention measures with public health guidance to support student and staff wellness.
- Using an inclusive and trauma-informed lens, with a focus on mental health and wellness.
- Focusing supports to address unique student and staff needs, recognizing the different impacts that communicable diseases may have on individuals and communities.
- Consulting and working with First Nations, Métis, and Inuit peoples to address the unique educational and learning needs of their communities.
- Engaging and collaborating with parents/caregivers, staff, and community partners to develop local solutions when needed.
- As required by WorkSafeBC, all boards of education, independent school authorities and schools must ensure the health of their workers by ensuring steps are taken to reduce the risk to workers from communicable diseases.
- The Provincial Health Officer or local Medical Health Officers may issue temporary provincial, regional or local recommendations or orders of additional prevention measures during times of increased communicable disease risk.

3. What type of prevention and continuity planning is Kimberley Independent School doing?

There may be large numbers of students and staff absent due to illness during a communicable disease. The Kimberley Independent School is working on the following plan emphasizing its most important element - prevention. The plan includes:

- Educating staff and students in hand washing frequency and technique and cough/sneeze etiquette
- Ensuring adequate soap in dispensers in classrooms that have a sink, and all washrooms
- Conducting routine cleaning of school
- Reminding staff of the 10% over what is typical illness reporting protocol and monitoring absence rates as they approach that rate.



- Advising staff and students who are ill, to stay home until they are able to fully participate as they usually would in work/school activities.
- Regular maintenance of HVAC systems and increase to external air flow.

4. Indigenous Students (First Nations, Métis and Inuit)

First Nations Students Living on Reserve

First Nations have the authority to declare states of emergency and have responsibility for the education of their citizens. In the spirit of Reconciliation and consistent with the [Declaration on the Rights of Indigenous Peoples Act](#), boards of education and independent schools (*excluding First Nations independent schools*) are expected to engage with First Nations communities who have First Nations learners living in community (*on-reserve*) enrolled in the school district/school as soon as possible to discuss school plans for upcoming school years. This will help to identify potential accommodations needed to support students who may not attend in-person classes.

First Nations may take increased safety measures to manage communicable diseases in their communities. This may mean that some First Nations learners will not attend in-person classes.

Indigenous Student Success and Achievement

Boards of education and independent school authorities are expected to continue to support equitable outcomes and opportunities for all Indigenous learners by maintaining Indigenous student supports and collaboration with local First Nations, Indigenous and education partners. Boards/authorities are expected to collaborate with local First Nations, and other Indigenous partners, on any changes/updates to the delivery of any programs including "Indigenous language and culture programs, Indigenous support services, and other approved Indigenous programs."

Communicable disease outbreaks and pandemics have disproportionate impact on First Nations and Indigenous communities. Boards/authorities should identify First Nations and Indigenous learners whose educational outcomes may be negatively impacted during periods of increased risk in communities and make accommodations to ensure these students are supported. The needs of First Nations and Indigenous learners who require additional supports should be planned for and prioritized in partnership with parents/caregivers and communities.

As per the [BC Tripartite Education Agreement \(BCTEA\)](#), Boards of Education are also expected to engage with First Nations to identify the transportation needs of First Nations learners living on reserve. Collaboration between boards and First Nations is necessary to ensure there are equitable and safe transportation opportunities for students.

Additional considerations for boards/authorities include:

- Collaboration between educators and Indigenous support staff on the development of Indigenous students' learning plans, including ensuring the integration of language and culture into these plans.
- Awareness and sensitivity regarding the complex and devastating history that pandemics have had on many First Nations and Indigenous communities.



- Understanding that some First Nations families and communities may continue to take increased safety measures, which may mean that some students will not attend in-person instruction during periods of increased risk in communities.

Communication

Boards/authorities have an obligation to work with the First Nations they serve regarding learning plans for Nominal Roll students, Enhancement Agreement goals, Local Education Agreements, Joint Transportation Plans and Equity in Action Plans.

5. Trauma-Informed Practice

Trauma-informed practice is a compassionate lens of understanding what is helpful to all children, youth and adults, especially those who have experienced traumatic events. Trauma-informed practice includes:

- Providing inclusive and compassionate learning environments.
- Understanding coping strategies.
- Supporting independence.
- Helping to minimize additional stress or trauma by addressing individual needs of students and staff.

Educators and support staff should be aware of changes in student behaviour, including trauma-related behaviours which may include fear, hyperactivity, aggression, body aches and pain, depression, self-harming behaviours, excessive shyness, or withdrawal. To support educators and staff in identifying and responding to the needs of students who have experienced trauma, the Ministry has created [trauma-informed practice resources](#) that are available on the [erase \(Expect Respect and a Safe Education\) website](#).

6. Communicable Disease Prevention Guidance

During periods of elevated risk, Interior Health, Provincial Health authority and the Ministry of Education will provide guidance about the risk and how it can be reduced. In order to minimize the impact of such events. As a school we must:

- Follow the direction by the aforementioned Medical Health Authorities and the Ministry of Education.
- Follow the direction of WorkSafe BC, and provide communication, training, and orientation to ensure the health and safety of their workers. WorkSafeBC communicable disease prevention guidance is aligned with the guidance provided by BCCDC. Please see their website for specific requirements and additional information.

Schools can be supportive environments for communicable disease prevention by:

- Having staff model personal practices (e.g., hand hygiene, respiratory etiquette), and assist younger students as needed.



- Sharing reliable information, including from the BC Centre for Disease Control, Office of the

Provincial Health Officer, and local health authorities and First Nations Health Authority to parents, families and caregivers.

- Promoting personal practices in the school (e.g., posters).
- Ensuring individual choices for personal practices (e.g., choosing to wear a mask or face covering) are supported and treated with respect, recognizing varying personal comfort levels.

Plan Overview

Organization and Structure of the Plan

The main body of this plan is organized in three sections, which outline the key roles and responsibilities of personnel in Kimberley Independent School in each of the planning phases.

Roles and Responsibilities

Principals

1. Maintain and distribute electronic communication.
2. Direct school closures as required.
3. Educate all staff and students about proper hand washing practices.
4. Educate all staff and students about cough/sneeze etiquette.
5. Advise staff and students not attend work or school when exhibiting symptoms of illness.
6. Discuss communicable diseases at safety committee meeting.
7. If greater than 10% over what is typical of the school population is absent due to illness.
8. Ensure routine cleaning and infection control practices are happening in the schools and district sites. If concerns arise, contact the Office team.
9. Ensure that parents/guardians have provided up-to-date emergency contact information to the school.
10. Continuation of core building functions.
11. Ensure custodial staff are trained in the use of cleaning chemicals provided any special contact disinfection techniques for communicable diseases.
12. Ensure custodial staff has appropriate personal protective equipment, training on use and care of equipment and cleaning supplies during all three phases of the plan.
13. Ensure adequate supply of soap and paper towels for increased hand washing vigilance during all three pandemic/epidemic phases.
14. Monitor infection control program in conjunction with the Board Chairperson.
15. Ensure meetings are virtual.
16. Ensure learning spaces are using adequate spacing.
17. Promoting safety measures in the school

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18. Maintain liaisons with FISA, Health Authorities, Ministry and City officials.
19. Advise and report to the COVID-19 Working Committee and District Joint Health and Safety committee on plans and preparedness.

Staff

Staff will need to follow communicable disease reduction strategies including staying home if they are not well enough to fully participate in regular school activities due to illness, practice good hand hygiene by washing their hands with soap and water regularly and coughing or sneezing into their elbow or a tissue.

School staff must report classroom illnesses in excess of 10% over what is typical to their Principal.

School Closure Decision-Making Process

1. The Provincial Health Officer will direct the province when it is time to take additional measures. The Medical Health Officer for Interior Health Authority will direct the Principal if closure of specific district site(s) is/are required. If, to minimize the spread of infection, activation of these plans is to include school closures, the Medical Health Officer will advise the FISA and the Principal of Schools.

Or

2. The Ministry of Education can direct that school closures occur to reduce the spread of infection in the school population or for other public health reasons.

Or

3. The Principal can implement a functional closure.

Functional Closures

A functional closure of a school is the temporary closure of a school determined by a school district or independent school authority due to a lack of staff to provide the required level of teaching, supervision, support, and/or custodial to ensure the health and safety of students. This would likely be due to a high number of staff or certain employees away who are required for a school to function, and the inability to temporarily replace them. School districts (or independent schools) should notify their Medical Health Officer and the Ministry of Education and Child Care (erase@gov.bc.ca) when they are considering or implementing a functional closure.

Public Health Closure

A public health closure is the temporary closing of a school ordered by a Medical Health Officer when they determine it is necessary to prevent the excessive transmission of a communicable disease.

Communicable Disease Management

Most communicable diseases experienced by students and staff within school settings can be managed by



the individual/family and through routine preventive measures, such as staying home from school until well enough to participate in regular activities. Information resources are available to support management of routine communicable diseases, including HealthLinkBC, the BCCDC Guide to Common Childhood Diseases, the Sneezes and Diseases website.

Public health works closely with education partners to support the health and wellbeing of students and staff in school settings. Public health may become directly involved if certain reportable diseases, such as measles, are identified where there are effective interventions available to prevent further spread and protect against severe disease. Additional time-limited public health measures may also be implemented at the discretion of the Medical Health Officer or Provincial Health Officer in response to broader risk of communicable disease transmission in the community. School or district administrators can contact public health if they have concerns about communicable disease transmission within the school setting and require additional support.

Communications and Protecting Personal Privacy

Medical Health Officers play the lead role in determining if, when and how to communicate information regarding increased communicable disease activity within a school.

Schools are encouraged to routinely communicate to their school community the need to practice health awareness, and to stay home when sick. This should include following public health measures, if in place. To protect personal privacy and to support accuracy, schools should exercise caution in providing communicable disease notifications beyond when they are recommended by public health.

Education and Training

- 1) If advised by Public Health, the Principal will inform Site Based Staff. Staff will receive information about:
 - the risk of the communicable disease in schools and the community,
 - the procedures to be followed to minimize risk of contracting the specific communicable disease,
 - how to report illness rates in excess of 10% over what is typical in either a classroom at the elementary level or as a whole school for all district sites
 - how to find more information from public health on the pathogen in the community.
- 2) Teachers will review the health check with students each day.
- 3) Teachers or EA's will notify the office if any students develop symptoms during the day. Students will isolate and then go home.

Hand Washing Education

Washing hands with soap and water is always preferred to any other method of hand sanitization.

Washing your hands properly consists of the following steps;

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1. Remove jewelry and watches from fingers and wrists.
2. Wet hands under running water.
3. Apply soap and vigorously rub hands together for 10 seconds to produce lather.
4. Wash all surfaces thoroughly, including wrists, palms, backs of hands, between fingers and thumbs, and under finger nails, for 20-30 seconds.
5. Rinse hands one at a time with fingers pointing downward.
6. Dry hands with a disposable towel.
7. Turn off the water with the same towel used to dry your hands. Do not turn off taps with solely your hands as this will only re-contaminate them.
8. Dispose of the towel in the nearest waste basket.

In the event that no running water and soap are available, and hands are not contaminated with visible dirt, hands may be sanitized with an alcohol based sanitizer (≥60% ethanol). Sanitizing your hands with waterless hand sanitizer consists of the following steps:

1. Remove jewelry and watches from your fingers and wrists.
2. Apply an alcohol-based hand sanitizer to your hands.
3. Rub all surfaces thoroughly, including wrists, palms, backs of hands, between fingers.
4. Do not touch eyes, nose or mouth until after product has evaporated.

A poster illustrating demonstration of proper hand washing is available in the school.

Respiratory Etiquette

Parents and staff can teach and reinforce good respiratory etiquette practices among students, including:

- Cough or sneeze into their elbow or a tissue. Throw away used tissues and immediately perform hand hygiene.

Refrain from touching their eyes, nose, or mouth with unwashed hands.

- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Non-Medical Masks and Face Coverings

The decision to wear a mask is a personal one, based on individual preference. Some students and staff may choose to wear a non-medical mask or face covering throughout the day or for certain activities. The choice of staff and students to choose whether they practice additional personal prevention measures should be respected. Information on non-medical masks is available from BCCDC.

Masks are one layer of protection used to prevent the spread of communicable disease. To be most effective, wearing a mask should be combined with other important protective measures such as getting



vaccinated, staying home when sick, and regularly practicing hand hygiene. Masks are most effective when fitted, worn and handled correctly.

The school will support those who choose to wear a mask, including:

- Promoting a supportive school environment for mask wearing through mask-specific messaging, including at assemblies, in announcements, signs, and written communications. Include that some people wear masks to reduce risk of communicable disease and it is important to be respectful of other's choices. Include evidence-based, trusted information on masks from [BCCDC](#).
- Continue school-wide efforts to create safe and inclusive learning environments free from discrimination, bullying and harassment. Set, communicate and consistently reinforce clear expectations that bullying and disrespectful behaviour and conduct related to personal mask use is unacceptable. Address behaviour in line with protocols and practices (e.g. student code of conduct).

Personal Space

Staff and students should be encouraged to respect others' personal space (the distance from which a person feels comfortable being next to another person).

PPE When Providing Student Services

Staff and those providing services to children with medical complexity, immune suppression, receiving direct or delegated care, or with disabilities and diverse abilities who are in close proximity to a child should follow routine infection control practices and care plans for the child, if applicable.

Vaccines

Vaccines are important tools to protect against serious outcomes of many communicable diseases, such as COVID-19 and influenza. Students and staff are encouraged to ensure they are up to date [on all recommended vaccines for communicable diseases](#).

Schools are encouraged to share evidence-based information and promote opportunities to be vaccinated in partnership with public health and the local medical health officer. For administrators and staff, more information on vaccination and communicable disease prevention in the workplace is available in the [Work Safe B.C.](#) website. Evidence-based immunization information and tools for B.C. Residents are available from [BCCDC](#) and [ImmunizeBC](#) websites.

A designated space will be made available for public health nurses or other qualified health personnel to carry out their duties (including immunizations).

Emergency and Evacuation Drills

A yearly table top drill is to be completed with all staff. The drill will include prevention measures, communication plan and procedures if an outbreak happens in the school.

Environmental

Effective Date: September 2023

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Ventilation and Air Exchange

Continue to ensure all mechanical heating, ventilation and air conditioning (HVAC) systems are designed, operated, and maintained as per standards and specifications for ongoing comfort of workers (Part 4 of OHS Regulation), and that they are working properly. Windows may be opened when the weather permits if it does not impact the **functioning of ventilation systems**.

It is important to think of HVAC systems holistically, factoring in both outdoor air supply and filtration. The combination of outdoor air supply and filtration can significantly influence indoor air quality. School districts and independent school authorities should regularly maintain HVAC systems for proper operation. Schools should consider guidance for school ventilation systems offered by [ASHRAE](#). [This includes considering:](#)

- Schools with recycled/recirculated air systems should consider upgrading filters to finer grain filters such as MERV 13 (if possible).
 - Increasing air exchanges by adjusting the HVAC system.
 - Managing air distribution through building automation control systems.
- Where possible, opening windows if weather permits and HVAC system function will not be negatively impacted.

When using air conditioners and fans in ventilated spaces, air should be moved from high places to lower places instead of blowing air directly from one person's breathing zone to another's. Avoid horizontal cross breezes.

Natural ventilation (operable windows, etc.) and portable HEPA filter units can be considered in regularly occupied classrooms that do not have mechanical ventilation systems.

Use of portable air conditioners and fans in unventilated spaces with doors and windows closed should be avoided, except when necessary (e.g., during high or excessive heat events). Schools are encouraged to use BCCDC resources, including on [Heat Event Response Planning](#) and/or [Wildfire Smoke](#), in planning for excessive heat events, and to consult their local health authority for guidance as needed.

Cleaning and Disinfection

Regular cleaning and disinfection can help prevent the spread of communicable diseases. Cleaning of frequently touched surfaces should occur in line with regular practices and when visibly dirty.

BCCDC Guidance

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General Cleaning

o Regular practices should include general cleaning of the premises. The Janitor will clean the school after each school day using the list of duties provided.

Products and Procedures

- o For **cleaning**, use water and detergent (e.g., liquid dishwashing soap), or common, commercially available products, along with good cleaning practices. For hard-to-reach areas, use a brush and rinse thoroughly prior to disinfecting.
- o For **disinfection**, use common, commercially available disinfectants. [Health Canada](#) provides information about products with evidence for use against specific communicable diseases that may be useful in selecting products.
- o Follow these procedures when cleaning and disinfecting:
 - ☐ Always wash hands before and after handling shared objects.
 - Items and surfaces that a person has placed in their mouths or that have been in contact with bodily fluids should be cleaned as soon as possible and between uses by different people.
 - A dishwasher can be used to clean and sanitize dishwasher-safe items if the sanitize setting is used with adequately hot water. Regular practices should include general cleaning of the premises.

Frequently Touched Surfaces and Shared Use Items

- o Cleaning and disinfection of frequently touched surfaces should occur at least once in a 24-hour period and when visibly dirty.
- o Frequently touched surfaces are items touched by larger numbers of students and staff. They can include doorknobs, light switches, hand railings, water fountains and toilet handles, as well as shared equipment (e.g., computer keyboards, PE/sports and music equipment), appliances (e.g., microwaves) and service counters (e.g., library circulation desk), and may change from day to day based on utilization.
- o Frequently touched items like toys or manipulatives that may not be able to be cleaned often (e.g., fabrics) or at all (e.g., sand, foam, playdough, etc.) can be used. Carpets and rugs (e.g., in Kindergarten and StrongStart classes) can also be used.
- o Proper hand hygiene should be practiced before and after shared equipment use. Equipment that touches the mouth (e.g., instrument mouth pieces, water bottles, utensils) or has been in contact with bodily fluids should not be shared unless cleaned and disinfected in between uses.

Cleaning and disinfection activities should focus on spaces that have been utilized by staff or students.

Cleaning and Disinfecting Bodily Fluids

- o Follow these procedures, in conjunction with school/district policies, when cleaning and disinfecting bodily fluids (e.g., runny nose, vomit, stool, urine):
 - Wear disposable gloves when cleaning blood or body fluids.
 - Wash hands before wearing and after removing gloves.

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Review: September 2026



- Follow regular health and safety procedures and regularly used PPE (e.g., gloves, protective or woven sleeves) for blood and bodily fluids (e.g., toileting, spitting, biting).

Other considerations:

Food Safety

Schools that provide food services regulated under the Food Premises Regulation should adhere to the required measures (e.g. a FOODSAFE trained staff member, a food safety plan, etc.). For special events or sites requiring food permits, please consult your local health authority environmental health officer.

Staff, students, or other persons in the school setting should also follow routine food safety practices, including diligent hand hygiene. More information may be found on the BCCDC Food Safety webpage.

Gatherings & Events

School extracurricular and social gatherings and events (including those occurring within and between schools), regardless of location. School gatherings and events should have communicable disease prevention measures in place in line with those in place in the school. In the case that measures are not in place, the schools Communicable Disease measures must be followed.

Space Arrangement

In learning environments, schools can use classroom and learning environment configurations and activities that best meet learner needs and preferred educational approaches.

Transportation

In a communicable disease situation the school shuttles, will implement the prevention measures included in this guidance document, where applicable.

Visitors and Community Use of Schools

Schools can follow normal practices for welcoming visitors and the community use of schools. Visitors, including community groups using the school, should follow applicable communicable disease prevention measures outlined in this document.

Field Trips

Students must follow the communicable disease prevention plan required by the facility or the field trip venue. Classes (or other similar groupings of students) participating in the field trips should follow the more stringent measures (if applicable) between the school and the facility/field trip destination's communicable disease prevention plans.



7. Administrative Practices

HEALTH AWARENESS AND WHAT TO DO WHEN SICK

BCCDC Guidance

School administrators should ensure that staff, other adults entering the school, parents, caregivers, and students are aware that they should not come to school if they are sick and unable to participate fully in routine activities. School administrators can support this practice by communicating the importance of not attending school if sick and unable to participate fully in routine activities.

A health check means a person regularly checking to ensure they (or their child) are not experiencing symptoms of illness that would limit their ability to participate fully in regular activities before coming to school to prevent spread of communicable diseases within the school settings. Schools do not need to monitor students or staff for symptoms of illness.

Staff, students, or other persons in the school setting who are exhibiting symptoms of illness, such as respiratory illness, should stay home until they are well enough to participate in regular activities or otherwise advised by a healthcare provider. Those experiencing certain illnesses, such as gastrointestinal illness caused by norovirus, may be advised to stay home for longer. Staff, children, or other persons can attend school if their symptoms are consistent with a previously diagnosed health condition (e.g., seasonal allergies) or symptoms have improved, and they feel well enough to return to regular activities. If you are unsure or concerned about your symptoms, connect with your health care provider or call 8-1-1.

The Principal will ensure that everyone entering a school is aware and routinely reminded of their responsibility to practice health awareness, including that they should not come to school if they are sick. This can be supported through communications (e.g., emails/letters to parents and staff), orientation activities (e.g., meetings, videos) and other reminders (e.g., signage on doors).

Schools should not require a health care provider note (i.e., a doctor's note) to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practice.

WHAT TO DO WHEN SICK AT SCHOOL/WORK

BCCDC Guidance

If a staff member, student, or other person develops symptoms of illness at school and is unable to participate in regular activities, they should be supported to go home until their symptoms have improved or otherwise advised by a healthcare provider. Appropriate infection control precautions should be taken while the person is preparing to leave the school premises, including use of appropriate hand hygiene and cleaning/disinfection of surfaces soiled with bodily fluids. They may use a mask if they are experiencing respiratory symptoms.

Procedures for students and staff who become sick while at school/work.



- Have non-medical masks on hand for those who would like to wear one (for both the person who is sick and for those who may be assisting them).
 - Make arrangements for the student/staff to go home as soon as possible (e.g., contact student's parent/caregiver for pick-up).
 - Take the student to a designated space where the student or staff can wait comfortably for pick-up and are separated from others.
- O Younger children must be supervised when separated. Supervising staff can wear a mask, should avoid touching bodily fluids as much as possible and practice diligent hand hygiene.
- Staff responsible for facility cleaning should clean and disinfect the surfaces/equipment which the person's bodily fluids may have been in contact with while they were ill (e.g., their desk in a classroom, the bathroom stall they used, etc.) prior to the surfaces/equipment being used by others. Cleaning/disinfecting the entire room the person was in (a "terminal" clean) is not required in these circumstances.
 - Request that the individual stay home until symptoms have improved and they feel well enough to participate in all school-related activities.

SUPPORTING STUDENTS WITH DISABILITIES/DIVERSE ABILITIES AND/OR RECEIVING HEALTH SERVICES

BCCDC Guidance

Staff and those providing services to students with medical complexity, immune suppression, receiving direct or delegated care, or with disabilities and diverse abilities who are in close proximity to a child should follow routine infection control practices and care plans for the child, if applicable.

In-class instruction may not be suitable for some children (or families) with a severe immune compromise or medical complexity, which should be determined on a case-by-case basis with a medical care provider. Arrangements will be made with the school and families to ensure a safe learning environment can be maintained for the student while there is risk to the individuals involved.

Those providing health services that require being in close proximity to a student should follow the student's individual care plan (if one is in place) and their standard risk assessment methods to determine what PPE is needed for communicable disease prevention (e.g., gloves for toileting).

The schools will have non-medical masks on hand for those who have forgotten theirs but would like to wear one.

Whole School Health Monitoring

Schools must report illness rates of 10% over what is typical and include symptoms when known to Interior Health.

In an effort to minimize the spread of infection, elementary classrooms with absences in excess



of 10% over what is typical due to similar symptoms should report the class to the Principal. The Janitor will coordinate targeted cleaning of affected rooms.

Record Keeping

The Principal will maintain records with information received regarding rates of illness at school during communicable disease outbreak.

In addition, first aid records will be maintained.

Annual Review

The communicable disease prevention plan will be reviewed annually and updated as required or as new information becomes available.

8. Key Contacts, Additional Resources & Links

- Board of education questions regarding collective agreements or employment related matters can be directed to the [BC Public School Employers' Association](#)
- [Office of the Provincial Health Officer](#)
- Medical Health Officer Contact Information by Health Authority (*general inquiries*):
- [o Interior Health T: \(250\) 469-7070 \(ext. 12791\)](#)
- [o First Nation Health Authority T: \(604\) 693-6500](#)
- [Special Educational Services: A Manual of Policy, Practices and Guidelines](#) (point of reference providing legislation, policy and guidelines to support the delivery of inclusive education supports and services)
- [Resources for parents/caregivers of children with disabilities and diverse abilities](#)
- [Provincial Outreach Programs](#) are available to support boards/authorities through professional learning, resources, consultation and training during recovery.
- [Indigenous Education in British Columbia](#)
- [Indigenous Education Teaching Tools and Resources](#)
- [BC Tripartite Education Agreement \(BCTEA\)](#)
- [Métis Nation BC Chartered Communities](#)
- [WorkSafeBC Communicable disease prevention \(G-P2-21\)](#)
- [WorkSafeBC Communicable disease prevention: A guide for employers](#)
- [WorkSafeBC Communicable disease prevention webpage](#)
- [Building Compassionate Communities in a New Normal - webinar](#)
- [Linda O'Neill – Trauma Informed in the Classroom](#)



- [MCFD: Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families](#)