

Ministry of Health

# COVID-19: Interim Guidance for Schools and Child Care: Omicron Surge

Version 1.0 – January 10, 2022

This guidance document provides basic information only. It is not intended to provide medical advice, diagnosis, treatment, or legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

Where there is conflicting information between this document and previously released documents, the information included within this guidance document prevails.

- Please check the Ministry of Health (MOH) [COVID-19 website](#) regularly for updates to this document, mental health resources, and other information.
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

## Introduction

In response to the evolving situation related to the COVID-19 Omicron (B.1.1.529) variant of concern (VOC), the Ministry of Health is providing interim public health guidance on case, contact, and outbreak management for schools and child care settings, including updated guidance for enhanced screening using polymerase chain reaction (PCR) and rapid antigen testing (RAT) (contingent on provincial supply).

This guidance is to be used as an interim update (until otherwise specified by the Ministry) to [COVID-19 Guidance: School Case, Contact, and Outbreak Management](#).

It is also to be used in conjunction with [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#).

The government has continued to monitor the COVID-19 situation in the province, including ongoing risks related to variants of concern (VOCs). The current goal is to mitigate further transmission of Omicron in Ontario by managing individuals with the highest risk of transmission (e.g., household contacts, acute care, and congregate living contacts), and mitigating outbreaks and transmission among vulnerable individuals at risk of severe outcomes. Ontario continues to strive to mitigate morbidity and mortality from COVID-19, and to mitigate impacts on hospitals and the broader health system. The Ontario government is committed to keeping schools and child care settings open for in-person attendance.

Based on the epidemiology of Omicron, an updated public health approach for schools and child care settings is outlined below.

## Symptom-based PCR and RAT Testing

PCR tests or RATs (contingent on provincial testing supply), may be used when a child/student or staff member is exhibiting the following symptoms:

- Fever and/or chills; OR
- Cough; OR
- Shortness of breath; OR
- Decrease or loss of taste or smell; OR
- **Two or more of:**
  - Runny nose/nasal congestion
  - Headache
  - Extreme fatigue
  - Sore throat
  - Muscle aches/joint pain
  - Gastrointestinal symptoms (i.e. vomiting or diarrhea)

The use of take-home PCR self-collection kits will only be used in limited circumstances. These kits are to be provided only to symptomatic elementary/secondary students and education staff who become symptomatic while at school that would require PCR testing, as listed above.

PCR self-collection kits will not be provided to individuals experiencing single symptoms that only require isolation until the symptom is improving for 24-48 hours (e.g., runny nose), or to entire cohorts/school populations.

While awaiting the results of a COVID-19 test, or if testing is not available, the individual and their household members, regardless of vaccination status, must remain at home and isolate as per the instructions below:

Where an individual is experiencing symptom(s) listed above and **does not have access** to a PCR test or RAT:

- The individual is presumed to have COVID-19 based on their symptoms and should isolate as per the below criteria for those who test positive on a RAT or PCR test. The number of Omicron cases is rising rapidly in Ontario such that individuals with symptoms indicative of COVID-19 can be presumed to be infected with COVID-19.

**All household members** of the symptomatic individual, regardless of vaccination status, should isolate while the symptomatic individual is isolating due to the high rate of transmission that may occur within households.

If they develop symptoms, they should follow isolation directions for symptomatic individuals and seek testing if eligible for testing.

Where an individual has **only one** of the following symptoms, or a different symptom (e.g., pink eye), the individual should isolate until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms are present), and household members are not required to isolate:

- Runny nose/nasal congestion
- Headache
- Extreme fatigue
- Sore throat
- Muscle aches/joint pain
- Gastrointestinal symptoms (i.e. vomiting or diarrhea)

## Test Results

### Positive COVID-19 Test (PCR, rapid molecular, or rapid antigen)

Individuals who test **positive** on a COVID-19 test (PCR, rapid molecular, or rapid antigen) should isolate immediately.

- If the individual is 12 years of age or older AND either partially vaccinated, or unvaccinated, they must isolate for **10 days** from the onset of symptoms, or from the date of their test (whichever came sooner).
- If the individual is immune compromised (regardless of age and vaccination status) they must isolate for **10 days** from the onset of symptoms, or from the date of their test (whichever came sooner).
- If the individual is 12 years of age or older AND fully vaccinated they must isolate for at least **5 days** from symptom onset **AND** until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms are present), whichever is longer in duration.
- If the individual is 11 years of age or younger (regardless of their vaccination status), they must isolate for at least **5 days** from symptom onset **AND** until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms are present), whichever is longer in duration.

**All household members** of an individual who tests positive, regardless of vaccination status, should isolate while the symptomatic individual is isolating. If they develop symptoms, they should follow isolation directions for symptomatic individuals, and seek testing if eligible/available.

### PCR

- Public health units can send all school and child care related COVID-19 cases confirmed with a lab-based PCR test to the Provincial Workforce (PWF) for initial contact and managed per the [COVID-19 Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#).

- The PWF will provide cases with isolation instructions as well as testing and isolation information to be passed onto their household members and other high-risk contacts (a virtual handout will be provided).

### **RAT**

- A positive RAT is highly indicative that the individual has COVID-19. A positive RAT does NOT need to be confirmed with a PCR test.
- Positive RATs do NOT need to be reported to the public health unit, school or child care.

Note: There is no requirement for parent(s)/guardian(s) to report their child's PCR/RAT results to the school or child care as part of absence reporting.

### **Negative COVID-19 Test**

#### **PCR**

Individuals who test **negative** on a PCR test must stay home until their symptom(s) have been improving for 24 hours (48 hours if gastrointestinal symptoms are present).

#### **RAT**

If two consecutive RATs, separated by 24-48 hours, are both negative, the symptomatic individual is less likely to have COVID-19 infection, and the individual should isolate until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms are present). The household members of the symptomatic individual with two negative tests may also discontinue isolation if there are two consecutive negative RAT results, separated by 24-48 hours.

## **Rapid Antigen Screen Testing: Ongoing Monitoring**

Screen testing is routine, systematic testing of people who are asymptomatic and without known exposure to a COVID-19 case, with the goal of identifying cases that are pre-symptomatic or asymptomatic.

All staff who are not fully vaccinated against COVID-19 must continue to comply with all existing RAT and reporting requirements outlined in the COVID-19 Immunization Disclosure Policy for all publicly-funded school board employees, and staff in private schools and licensed child care settings. The Ministry of Education requires individuals subject to testing requirements under the COVID-19 Immunization Disclosure Policy to provide verification of negative test results and are subject to any reporting requirements as set out by the school boards.

Based on a public health unit's local risk assessment and **when supply is available**, screen testing is strongly recommended for all staff and students to support school and child care operations.

## Updated Case and Contact Management for School and Child Care Related COVID-19 Cases

### Exposure to a Positive or Presumed COVID-19 Case

All cases (i.e. people who test positive on PCR, rapid molecular, or rapid antigen test OR who are presumed positive) should notify high-risk contacts of their exposure.

Individuals only exposed at school with all public health measures in place are not generally considered high-risk contacts. However, depending on the nature and frequency of the interactions, specific individuals could be considered a high-risk contact (e.g., breakroom close unprotected contact). More information regarding who is considered a high-risk contact is outlined in the [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#). Staff and students may be advised to self-isolate as a close contact based on their exposure to a case/symptomatic individual in the community.

Where a child, student, or staff member has been advised from a case that they may have been exposed to a positive case of COVID-19 at school, they should monitor for symptoms and seek testing if eligible/available, in alignment with [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#). If the contact does not have symptoms, has not been advised to isolate due to an exposure to a case/symptomatic individual in the community, and continues to pass the [COVID-19 School and Child Care Screening](#), they may continue to attend school or child care.

## Cohort Based Dismissals

Public health units will no longer be dismissing cohorts. Any dismissals or closures of a school or child care will be contingent on operational requirements determined by the school board, school and/or child care operator.

Given the widespread transmission and inability to test all symptomatic individuals, schools will not be routinely notifying students/pupils in classes with a positive case, or if a child/student or staff is absent due to symptoms associated with COVID-19.

Employers must continue to follow reporting requirements outlined in: [COVID-19 and workplace health and safety](#)