



## Appendix I: School-based COVID-19 outbreak investigation –

### School setting questionnaire

Objective: This detailed questionnaire is intended to elicit information about the school environment which may be relevant to a case or outbreak investigation. This questionnaire can be completed by local public health and school administration **in advance** of an identification of a case of COVID-19 at a school, as it is a reflection of policies in place in a school. Append a school or school board COVID-19 plan if available and relevant. Public health units and jurisdictions are encouraged to modify and customize these templates as appropriate.

Note: **Where additional information on specific topics is indicated based on the respondent’s answers to this questionnaire, you will be directed to complete supplementary questionnaires.**

These supplementary questionnaires for Sections 6, 8 and 9 can be found in Appendix I – Supplementary Questionnaires.

<b>Date questionnaire completed: (dd/mm/yyyy)</b>			
<b>Is school CURRENTLY experiencing an outbreak?</b>	<input type="checkbox"/> YES; Has a variant of interest/concern been identified for this outbreak? <input type="checkbox"/> yes, Specify name of VOI/VOC (e.g. Alpha B.1.1.7) _____ <input type="checkbox"/> no <input type="checkbox"/> unknown  <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
<b>Has school experienced an outbreak in the PAST?</b>	<input type="checkbox"/> YES: Start date: _____ End date: _____ Total Staff Cases: _____ Total Student Cases: _____ <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
<b>Are Staff vaccinated?</b>	<input type="checkbox"/> YES, Please provide details: <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
<b>Participant details</b>			
Name of participant:		Position/Job Title:	
Email:		Phone number:	

Section 1: School setting characteristics			
<b>School Name / Identifier:</b>			
<b>Address:</b> Number and Street			
City			
Province/Territory			
Postal Code			
<b>School Board:</b>			
<b>School population:</b>		<input type="checkbox"/> JK <input type="checkbox"/> SK <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12	
<b>Usual number of students pre-COVID-19:</b>		<b>Usual number of staff pre-COVID-19:</b>	
<b>Current no. of students attending in person daily:</b>		<b>Current no. staff attending in person daily:</b>	
<b>Before-school care program?</b>		<b>After school care program?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section 2: Use of masks at school				
<b>1. Does the school have a mask policy?</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>1a. If yes, please append or describe policy:</b>				
Name of school:		School Board:		
Address:				

Section 2: Use of masks at school			
<b>2. Are all STAFF required to wear a mask at school?</b>			
Teachers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Substitute teachers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Administrators	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Custodial staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Counseling	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Food Service Staff	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Other (list):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>3. Where are STAFF required to wear masks? (check all that apply)</b>	<b>Always</b>	<b>When unable to physically distance</b>	<b>Not required</b>
Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground / Yard / Outdoor grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff room / break room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Are any STAFF exempt from wearing a mask?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>4a. If yes, please describe:</b>			
Name of school:		School Board:	
Address:			

Section 2: Use of masks at school			
<b>5. Are all STUDENTS required to wear a mask?</b>			
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>5a. If no, then indicate grades/classes where masks not required:</b>			
<b>6. Where are STUDENTS required to wear masks? (check all that apply)</b>	<b>Always</b>	<b>When unable to physically distance</b>	<b>Not required</b>
Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground / Yard / Outdoor grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria / eating area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Are any STUDENTS exempt from wearing a mask?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>7a. If yes, please describe:</b>			

Name of school:		School Board:	
Address:			

Section 2: Use of masks at school				
<b>8. Are the following people required to wear masks? (check all that apply)</b>	<b>Not allowed on site</b>	<b>Always</b>	<b>When unable to physically distance</b>	<b>Not required</b>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Are any of the people from Q8 above exempt from wearing a mask?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
<b>9a. If yes, please describe:</b>				

Section 3: Cleaning			
<b>10. Has the school implemented a policy of enhanced cleaning (e.g. increased cleaning frequency)?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>10a. If yes, please append or describe policy:</b>			
Name of school:		School Board:	
Address:			

Section 3: Cleaning			
<b>11. Are the following areas subject to enhanced cleaning?</b>			
	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
Single student use areas (e.g. desks, lockers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High touch surfaces (e.g. door knobs, light switches, tables, chairs, keyboards, toys)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washrooms (e.g. door knobs, toilet handles, light switches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Please indicate frequency of cleaning:</b>	<b>Frequency</b> (e.g. 2 times)		<b>Unit</b> (e.g. per day, per hour)
Single student use areas (e.g. desks, lockers)			
High touch surfaces (e.g. door knobs, light switches, tables, chairs, keyboards, toys)			
Washrooms (e.g. door knobs, toilet handles, light switches)			

Section 4: Personal Hygiene			
<b>13. Is there daily symptom screening requirement?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>13a. If yes, is the screening <input type="checkbox"/> ACTIVE or <input type="checkbox"/> PASSIVE?</b> <b>Please append or describe the symptom screening policy:</b>			
<b>14. Who is subject to symptom screening? (check all that apply)</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of school:		School Board:	
Address:			

Section 4: Personal Hygiene			
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Under what conditions would individuals be denied entry to the school? (check all that apply)</b>			
If they have symptoms of COVID-19 (symptoms as indicated by the public health authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If they are a returning traveller from outside the country within their 14 days of self-isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If they are a returning traveller from outside the province within their 14 days of self-isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If they are a contact of a known COVID-19 case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a member of their household has symptoms of COVID-19 (symptoms as indicated by the public health authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a member of their household is being investigated for COVID-19 (e.g. test result pending)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Does the school have a hand hygiene policy?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16a. If yes, please append or describe policy:</b>			
<b>17. Is hand sanitizer alcohol based with at least 60% alcohol?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>18. Aside from sinks, are hand hygiene stations (e.g. hand sanitizing) available in school?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>18a. If yes, please describe where the hand hygiene stations are located:</b>			
<b>19. Are hand sanitizing stations available where staff and students eat?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Name of school:		School Board:	
Address:			

Section 5: Managing Illness at School			
<b>20. Does the school have a policy for managing a staff member or student who develops illness while at school?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
20a. If yes, please append or describe the policy or process for managing a symptomatic person at school:			
<b>21. When a staff member or student develops symptoms of COVID-19 at school, which of the following are required? (check all that apply)</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
Mask use by the symptomatic individual (type of mask: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mask use by anyone taking care of the symptomatic individual (type of mask: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face shield use by the symptomatic individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face shield use by anyone taking care of the symptomatic individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical distancing between symptomatic individual and persons taking care of symptomatic individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate physical location to isolate symptomatic individual until able to leave the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptomatic individual must leave the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Physical distancing and grouping			
<b>22. Have any of the following been implemented to increase physical distancing of students and staff at school? (check all that apply)</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
Classroom reorganization to allow increased physical distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class sizes reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assigned seating in classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotational outdoor time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding outdoor classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of school:		School Board:	
Address:			



Section 6: Physical distancing and grouping			
Cohorting or grouping of students, staff or both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washroom assignment by class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit school-based activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>***If yes answered to ANY of the above measures, please complete the Appendix I - Supplement to Section 6 Physical Distancing &amp; Grouping in a School Setting Questionnaire</b>			
<b>23. Does the school have a policy on Substitute Teachers ?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>23a. If yes, please append the policy or describe the COVID-19 restrictions set out for substitute teachers:</b>			
<b>24. Which of the following scenario BEST describes how interactions are being limited in your school?</b>			
Generally, students are in the SAME classroom, with the SAME classmates all day with the SAME teacher	<input type="checkbox"/>		
This applies to grades/classes:			
Generally, students are in the SAME classroom, with the SAME classmates, all day, with 2 OR MORE teachers coming in and out of the classroom			
This applies to grades/classes:			
Generally, students are in 2 OR MORE classrooms, with the SAME classmates, during the day with 2 OR MORE teachers	<input type="checkbox"/>		
This applies to grades/classes:			
Generally, students are in 2 OR MORE classrooms, with DIFFERENT classmates, with 2 OR MORE teachers.	<input type="checkbox"/>		
Name of school:		School Board:	
Address:			

Section 6: Physical distancing and grouping	
This applies to grades/classes:	

Section 7: Shared Items			
<b>25. Does the school have a policy for students to avoid sharing school supplies?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
25a. If yes, please append or describe the policy on shared school supplies:			
<b>26. For equipment such as computers, tablets, and other electronics that are shared, is there a policy of cleaning between use?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
26a. If yes, please append or describe the cleaning policy for shared electronics.			
<b>27. Are there common supplies as part of classes or extracurricular activities?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>27a. If common supplies are used, which supplies and which classes are they used in? (list below)</b>	<b>Supplies</b>	<b>Class</b>	
<b>27b. Are supplies cleaned prior to each use?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

Name of school:		School Board:	
Address:			

Section 8: Food Services				
<b>28. Where do students eat their meals and snacks?</b>	<b>In classroom</b>	<b>In cafeteria/ lunch room</b>	<b>Outdoors</b>	<b>Other (specify)</b>
Grade(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grade(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grade(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>29. Where do staff eat their meals and take breaks?</b>	<input type="checkbox"/> <b>In classroom</b>	<input type="checkbox"/> <b>In cafeteria</b>	<input type="checkbox"/> <b>In staff room / department office</b>	<input type="checkbox"/> <b>Other (specify)</b>
<b>30. Does the school offer food services?</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>	
Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>***If yes, please complete the Appendix I- Supplement to section 8: Food Services in a School Setting Questionnaire</b>				

Section 9: School Bus			
<b>31. Approximately what percentage of the student population take the school bus?</b>	_____ %		
<b>32. Does the school bus operator have a COVID-19 plan?</b>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>UNKNOWN</b>
<b>32a. If yes, please append or describe the bus operator plan:</b>			
<b>*** If yes, please complete Appendix I – Supplement to section 9: School Bus Questionnaire</b>			

Name of school:		School Board:	
Address:			

Section 10: Additional Support			
<b>33. Since the start of the school year, has the school ever run out of hand sanitizer?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>33a. If yes, provide the approximate dates of the shortage(s):</b>			
<b>34. Does the school have access to contactless thermometers?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>35. Does the school have access to COVID-19 testing for staff and students BEYOND what public health is offering to the general public?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
<b>35a. If yes, please indicate:</b>			
Staff and student given priority access to COVID-19 testing <u>at same facilities</u> as general public	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Staff and student given priority access to COVID-19 testing <u>at designated facilities</u> (e.g. on site)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Section 11: Ventilation			
<b>Please provide any information on the school's ventilation system operation and maintenance.</b>			
<p>EG) Is the demand-controlled ventilation turned off?</p> <p>Are HVAC filters properly sized and changed as per requirements?</p> <p>Are portable air cleaners being used in classrooms or anywhere else?</p> <p>Any other information you would like to provide:</p>			

Name of school:		School Board:	
Address:			

**Section 12: Additional Information**

**Please attach or describe any additional relevant information.**

Name of school:		School Board:	
Address:			