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The byline of this response was updated on May 29, 2021.

This is a joint response to the Premier of Ontario from the Ontario COVID-19 Science Advisory Table, the Children's Hospital of Eastern Ontario (CHEO) – Ottawa Children's Treatment Centre, the Hospital for Sick Children (SickKids), Children's Mental Health Ontario, the McMaster Children's Hospital, the Holland Bloorview Kids Rehabilitation Hospital, Children's Hospital – London Health Sciences Centre (LHSC), the Ontario Medical Association, Empowered Kids Ontario, the Pediatricians Alliance of Ontario, and the Council of Ontario Medical Officers of Health (on behalf of all Medical Officers of Health).

David Fisman of the Ontario COVID-19 Science Advisory Table has recused himself from this response to the Premier of Ontario. In their role as civil servants at the Ontario Ministry of Health, Anne Hayes, Michael Hillmer, Fiona Kouyoumdjian, and David McKeown of the Ontario COVID-19 Science Advisory Table have recused themselves from this response to the Premier of Ontario.

Dear Premier Ford,

Thank you for your request for advice. We believe you are asking the simple question of whether schools should re-open or not. We have met to consider as much of the scientific evidence that we can. This letter offers you our best advice. We recognize that the ultimate decisions rest with the government, which must weigh the risks and benefits of challenging decisions during a pandemic. Thank you for your leadership during these very challenging times.

A Clear Principle

We would like to start our advice with a simple principle that our organizations have stated repeatedly: *schools should be the last sector to close and the first sector to reopen*. Schools play a unique role in our society and should not be grouped together with other sectors when considering re-opening plans. School is the essential work of Ontario's children.

School Closures Create Significant Harms

While the pandemic was surging, school closures were a necessary step to control that surge. However, school closures create harm. Surveys show a substantial deterioration of mental health status among children and youth during the pandemic. This deterioration is now evident in the form of increased ambulatory care use and hospital admissions, most poignantly for children and youth with eating disorders. We believe these mental health indicators represent the tip of the iceberg and that children and youth mental health will present significant long-term challenges during our recovery from the pandemic. School closures also create ripple effects for both children and their families as the social and economic benefits of education go unrealized. These include losses of skills development, losses in lifetime earnings for Ontarians, losses of social connections and, for some Ontarians, even missing meals and other critical health services. Like so much of the pandemic, these harms and missed benefits are inequitable: those whom the pandemic is hitting hardest are also hardest hit by school closures.

Low Short-Term Impact

Science Table modelling suggests that the total increase in cases that would result from re-opening schools is small. Most public health units believe that they can mitigate and manage those increases in their communities.

Reopen Schools Regionally and Manage the Risks

Schools can re-open safely on a regional basis, on the advice of the Chief Medical Officer of Health, the local Medical Officers of Health, School Districts and health system partners. Schools that re-open should maintain their public health measures vigorously and build on the strategies they have already deployed to limit spread. Parents will also play an important role in limiting spread by recognizing that a school re-opening does not signify any other changes to the Stay-at-Home order, as long as it remains in place. In making this recommendation, we assume that the province's re-opening framework will continue as announced, and that other sectors will stay closed until the re-opening framework opens them.

Even as we re-open schools, we must do all that we can to reduce the transmission of the virus outside of schools. *The B.1.617.2 variant of concern presents a significant unknown*. To address that uncertainty, Ontario should ensure access to first doses for all eligible Ontarians and accelerate second doses for those most vulnerable to COVID, while keeping other sectors closed until they are re-opened by the framework. We

must keep case numbers low enough during the next three months to ensure a return to consistent, in-person schooling in September.

Look to the Long-Term

One month of in-person schooling will allow schools to re-establish contact with students. But that's not enough. The summer will provide an ideal time to make the whole school system even safer by continuing to improve ventilation in school buildings and by vaccinating students. Moreover, Ontario should now start developing recovery plans to address the long-term mental health, health and educational problems arising from COVID-19-related school closures. This will require investments.

We recognize that you face a challenging decision and – as you noted in your letter – that the safety and health of Ontarians are your paramount interests. We believe that Ontario can re-open schools safely on a regional basis to mitigate the significant short and long-term harms arising from school closures, while managing the risk of virus transmission in this sector.

Ontario COVID-19 Science Advisory Table

Children's Hospital of Eastern Ontario (CHEO) – Ottawa Children's Treatment Centre

The Hospital for Sick Children (SickKids)

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