

Work Safe BC Child Care Covid-19 Safety Plan June 2020

K.I.D.S. Child Care and Queensborough K.I.D.S.

All points have been cited: references at the end of the document

The document will be revised and updated as information is provided to child care providers

Understanding the Risk:

The virus that causes COVID-19 spreads in several ways, including through droplets when a person coughs or sneezes and from touching a contaminated surface before touching your face. Higher risk situations require adequate protocols to address the risk.

The risk of person- to -person transmission is increased the closer you come to other people, the amount of time you spend near them, the number of people you come near. Physical distancing measures help mitigate this risk.

The risk of surface transmission is increased when many people contact the same surface, and when those contacts happen in short intervals of time. Effective cleaning and hygiene practices help mitigate this risk. (Work Safe BC COVID-19 a guide to reducing the risk)

Access to the child care facilities- Health assessment staff and children

Pick up and drop off

Physical Distancing

Cleaning and disinfection

Hand Hygiene and respiratory etiquette

Use of personal protective equipment

Meals and snacks

Childcare is an essential service.

Children, educators and parents who are a part of a child care facility community should feel confident in facility efforts to ensure the child care environment is as safe - emotionally and physically - as possible.

Children are considered low risk, and are unlikely to spread Covid-19 to adults. When children become ill, they typically experience mild symptoms.¹

Handwashing is essential at all times. Soap and water is preferable to hand sanitizer.

Respect physical distancing rules, recognizing that not all physical distancing rules are appropriate or possible with young children.

Cleaning reduces the number of viruses and the risk of contagion. However, cleaning does not eliminate all viruses. Therefore, surfaces must also be disinfected with approved disinfectant products.

Look out for the signs of illness in children and adults and adhere to the facility health and wellness / sick policy at all times.

Provide consistent interactions between caregivers and children, while limiting group sizes whenever possible and reasonable.

Be aware of social and emotional needs of the children in your care.

¹ Province of BC, Covid-19 Go Forward Management Strategy, May 6, 2020
https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc_covid-19_go-forward_management_strategy_web.pdf

Arrivals and Departures

BC Guidelines

These procedures are in place for public health and refer parents to originally sourced government documents whenever possible.

- Pick-up and drop-off of children should occur outside the child care setting unless there is a need for the parent or caregiver to enter the setting (e.g. very young children). If a parent must enter the setting, they should maintain physical distance from staff and other children present and be reminded to practice diligent hand hygiene and maintain physical distance when they are in the facility. (6)
- **At Victoria Hill- only one family in the front entrance at a time, only one parent/adult with the child/ren, each family has an individualized pen/ pencil to sign in and where each family declares the health of the child, child's temperature is taken. In Queensborough the cubby entrance at the rear of the Community Centre.**
- Parents and caregivers should practice hand hygiene before and after touching the sign in/out sheet. (6) **Hand sanitizer is at the sign in desk. Child care staff are to wash their hands upon arrival at the child care site.**
- Drop off and pick up times are altered to allow for one family at a time to arrive and depart(6) **only one parent/caregiver in the entrance at a time**

All technical recommendations are from various Canadian child care authorities, CDC and BCCDC offices, as referenced.

Entrance - usage

(11)

- Have a single, dedicated entrance for all children and parents. **Front entrance at Victoria Hill and cubby entrance in Queensborough.**
- Limit access to parents at the entrance of the facility.

Entrance - environment

(7, 9,10,11)

- **The front door in the entrance at Victoria Hill is the space for parents to drop off and pick up their child; the rear entrance at Queensborough, each program has floor markings identifying where parent must not enter and any limits in the space. Children are escorted into the programs by a staff and go directly into the bathroom to wash their hands, parents in the infant/toddler program wash their children's hands in the bathroom, and then staff escorts those children into the playroom.**

- There are disinfecting wipes for pens used for sign in stations and for door handles after each family exits the building.
- Signs are posted to remind staff and children to perform hand hygiene (sneeze/cough into their elbow, put used tissues in a waste receptacle and to wash hands immediately after using tissues).
- Signs are posted to parents through visible signage (posters) at the child care facility and when children are first registered for the program **not to enter if they are sick** (even if symptoms resemble a mild cold)

Entrance Routines

(2, 7, 8, 9,10,11)

- One family at the child care entrance: one at a time.
- Parents are to restrict the number of people coming to collect the child and to avoid going back and forth during the day.
- Staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
- Allowing more time when arriving, as additional health and safety procedures upon arrival will take a little longer.

Sick Children & Staff

BC Guidelines

- We have a Covid-19 health and wellness policy. And if they have COVID-19 or other infectious respiratory diseases to remain at home. (6)
- Children or staff may return to the center once they are assessed by their family physician or nurse practitioner and it is determined that they do NOT have COVID-19, and their symptoms have resolved. (6)

For prevention purposes, people with symptoms of COVID-19 are restricted from attending the child care facility.

- We have included the sick child exclusion policy in the parent handbook, post it in the facility for staff and provide it directly to parents. (10)

When a child becomes sick

(2, 7, 8, 9, 10, 11, 12, 13)

- Symptomatic children are immediately separated from others in a supervised area until they can go home. A staff member must remain with the child at all times.
- The parent or emergency contact must be notified to pick up the child immediately.
- Hygiene and respiratory etiquette will be practiced while the child is waiting to be picked up.
- Tissues will be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene.
- Environmental cleaning of the space the child was separated will be conducted once the child has been picked up.
- Contact the local public health unit to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare center.
- Children or staff who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), will be excluded from the childcare setting for 14 days. (5)
- If a child who attended a child care center, or their family member, is being investigated by public health to confirm whether they have COVID-19, or if public health has confirmed a case of COVID-19, direction will be provided by regional health authority nurses.

Keeping parents/caregivers informed

(11)

- **Parents have all been provided with a copy of the COVID-19 Health and Wellness Policy in addition to the site's policy.**
- **Parents need to ensure that an authorized person will be available to come quickly to pick up the child from the child care facility if the child is sick.**

Use of masks and gloves

BC Guidelines

- There is no evidence to support the use of medical grade, cloth, or homemade masks in child care setting at his time. Wearing one is a personal choice. It is important to treat people wearing masks with respect. (6)

Update as of November 20, 2020: Masks at workplace and shared living areas

“Emergency Management BC is reviewing other community locations where a mask mandate may be advisable and anticipates issuing a further order to enforce requirements for masks in common areas of apartment buildings, condos and workplaces.”

It is strongly recommended that masks be worn in the following areas:

Shared indoor workplace spaces, including:

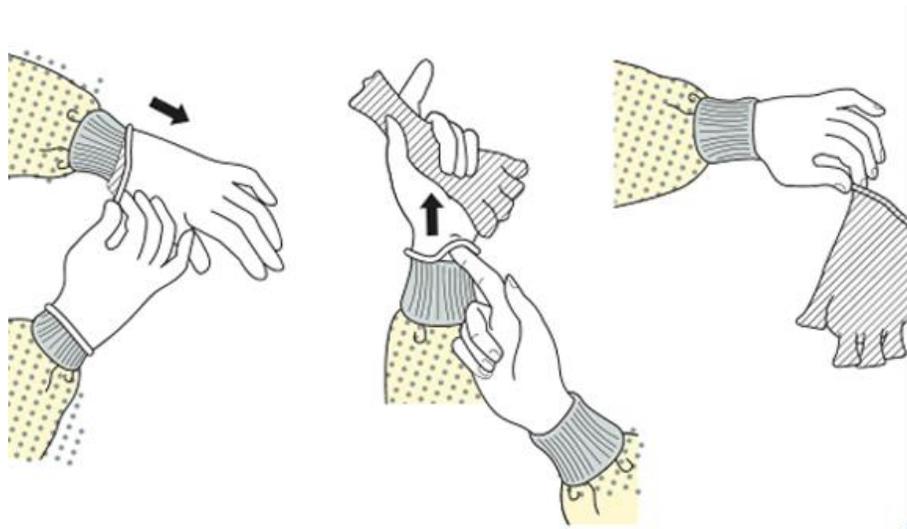
- Elevators
- Kitchens
- Hallways
- Break rooms

(Reference:<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/restrictions#holidays>)

Technical Recommendations

- Gloves must be worn for activities where gloves are usually required for sanitation purposes (e.g. cleaning, changing diapers, sick child, etc.). (10,11)
- Both the mask and gloves represent false safety, especially if they are not used properly.(10,11)
- When holding infants and toddlers (such as for feeding or rocking to sleep), educators can use blankets or cloths over childcare providers clothing and change the blankets or cloths between children. (10)
- Both masks and gloves must follow appropriate doffing and donning (Putting on/taking off) procedures. These procedures should be followed at all times that gloves are worn, including diaper changes. (4, 13)

Procedure	Rationale
<p>Doffing/Taking off gloves: Grasp the outside edge near your wrist and peel it away, rolling the glove inside out. Sliding fingers of ungloved hand under glove on other hand, peel off. Discard in garbage bin.</p>	<p>Proper technique for glove removal prevents contamination of the body or clothing</p>
<p>Donning/Putting on gloves: Roll up long sleeves prior to handwashing, as they should not be able to cover gloves once worn. Using soap and water or alcohol-based sanitizer follow hand washing guidelines. Once clean, take new gloves and place on hands</p>	



Greeting Children

BC Guidelines

Whenever possible staff will avoid close greetings (e.g. hugs, handshakes). (6)

- A member of staff will accompany the child to their cubby and place their outer clothing and belongings in the cubby. (11) **In the infant/toddler program the parent will store the child's belongings.**

- Leave distance between the personal belongings of each child ⁽¹¹⁾ **each child has his/her individual cubby.**
- **Wash children's hands (20 seconds) before going into the rooms/ before playing. The staff/parent accompanying the child should also wash their hands.** ⁽¹¹⁾
- **Whenever possible a designated staff member not required for ratio is designated for all greetings and sanitization of the facility.**
- **Parents are notified as to what belongings are required and ask parents only send those belongings, to reduce the amount of items coming in and out of the facility.**

Health Screening / Health Checks

BC Guidelines

“All children and staff who are ill with fever and/or infectious respiratory symptoms of any kind need to stay home.

Daily check at drop-off may be conducted by asking parents and caregivers to confirm that their child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease.⁽⁶⁾

Health Authorities have provided health screening/health check forms for facilities, which can be completed by the facility or by the parent prior to arrival”^(1, 2)

Technical Recommendations

Routine daily screening for all staff and students

⁽¹⁾

- Set up a health screening process for parents to complete, at arrival. ⁽¹⁷⁾ **on the sign in sheet parents must confirm their child's wellness-**
- Any child, parent, staff or visitor must not enter the child care space if they are sick, even if symptoms resemble a mild cold. ^(2, 7, 8, 9, 10, 11, 12, 13)
- Child care providers have the responsibility to exclude any child that exhibits any symptoms of illness
- If a child has any symptoms, they must be excluded from the child care center, as per the facility health policy. ^(2, 7, 8, 9, 10, 11, 12, 13)

Exclusion criteria for children and staff

(2, 7, 8, 9, 10, 11, 12, 13)

- People returning from any international travel (including from the United States).
- Sick people waiting for a test or test result for COVID-19.
- People with COVID-19.
- People who have been in close contact with COVID-19 cases during the period of isolation.
- People who have not travelled, but who develop flu-like symptoms (fever, cough, tiredness, aches or severe tiredness).

When a staff member becomes sick

(2, 7, 8, 9, 10, 11, 12, 13)

- Staff should stay home if they are feeling unwell.
 - If staff develops symptoms during their work day, they must leave the premises as quickly as possible. If immediate departure is not possible, they must self-isolate in an appropriate location away from other children and staff. Environmental cleaning will be performed upon the departure of the staff member.
 - Staff who are away sick, or self-isolated or self-monitoring, must follow the facility's health and wellness policy on being away from work.
 - If a staff who attended a child care center, or their family member, is being investigated by public health to confirm whether they have COVID-19, or if public health has confirmed a case of COVID-19, direction will be provided by regional health authority nurses.
 - Staff that have symptoms are able to get a COVID-19 test, and with a negative result, may return to work as long as no fever is present. (5)
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- In Victoria Hill- if a child/staff become sick they will be isolated in a crib room/and in the back corner of the preschool room. In Queensborough it will be in the office space.
 - Parents sign a memo of understanding indicating that they understand the health and wellness policy.
 - Ratios and Group Sizes

BC Guidelines

- Staff will minimize the frequency of direct physical contact with children and encourage children to minimize physical contact with each other. (6)
- Staff will maintain physical distancing from one another. (6)

Technical Recommendations

- **The number of people in the same facility should be kept as low as possible. (10)**
- **We will minimize the number of children in our groups depending on the day's attendance. (7,8, 9,10, 11, 12)**
- **We will avoid large group gatherings throughout the facility, including cubby areas and the outdoor play space. (10)**
- **Children are seated at a distance during lunch/ snack times.**
- **Reducing group sizes is not the same as reducing ratios. As adults are at higher risk than children, improved adult:child ratios will add individuals into the facility who are at higher risk. Reducing group size, wherever possible, can be beneficial if it improves physical distancing and reduces the number of individuals that staff and children are in contact with.**

Children's Naps and Rest Time

BC Guidelines

- **We are making use of all the space in your facility for napping to increase space between children. As well as increasing the distance between nap mats, if possible. (2, 6)**
- **Parents and caregivers have been asked to only bring personal comfort items (e.g. stuffies) if they are clean and can be laundered at the end of each day. (6)**
- **Mats and crib mattresses are cleaned and disinfected, and we launder linens**
- **Wash the bedding weekly or as needed. (8, 10)**
- **Educators should be mindful to place mats as far apart as possible with a recommendation of two meters. (8, 10)**
- **Children will be placed on mats "head to toe" to reduce possible transmission of illness. (i.e. child one has their head at the top of their cot. This creates additional spacing between children while sleeping, so that they are not directly breathing into one another's faces.) (28, 29)**
- **Disinfect mats as soon as sheets are removed and ensure sufficient disinfection time has passed before storing.**

Cleaning and Disinfecting Objects & Surfaces

BC Guidelines

Early evidence suggests COVID-19 can live on objects and surfaces from a few hours to days. Regular cleaning and disinfecting of objects and high touch surfaces is very important to cleaning and disinfect public settings from contaminated objects and surfaces.

Clean and disinfect frequently touched surfaces at **least twice** a day and general cleaning and disinfecting of the entire center must occur at least once a day. (6)

Technical Recommendations

Routine and Environmental Cleaning

(2, 7, 9, 10, 11, 12)

- Disinfect all surfaces (counters, chairs, tables, etc.), sinks, toilets and the different types of dispensers after each use, if possible.
- High-Touch Surfaces: It is recommended that high-touch objects and surfaces (e.g. pencil sharpeners, doorknobs, faucet handles, remote controls, toys, electronic devices and small appliances) in your facilities are cleaned and disinfected regularly.
- Keep a written record of the facility disinfection schedule.

Cleaning & Sanitization Solutions

(7, 12, 14, 18)

- Always follow the manufacturer's instructions when using commercially prepared disinfectants.
- Increased ventilation by opening doors and windows should be considered and/or isolate the area and disinfect by this method after everyone has left the building, if possible.
- Gloves should be worn when cleaning and disinfecting equipment and surfaces. After cleaning and disinfection of surfaces, it is recommended that gloves are discarded and hands are washed with soap and water or alcohol-based hand sanitizer solution.

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 cleaning and disinfecting surfaces (e.g., floors, walls, furnishings).

¹ Dellanno, Christine, Quinn Vega, and Diane Bossenborg. "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.

Classroom Supplies

Some child care licensing health authorities and/or provincial child care authorities have made the following suggestions:

Remove:

- Non-washable items: modelling clay, finger paints, storage bins (2, 7, 9, 10, 11, 12)
- Children should not use or handle *shared use* play dough sand and sensory tables, as these items cannot be easily disinfected. (9)
- Toys that cannot be cleaned and sanitized should not be used, such as soft toys, fabric dressing up clothes, rugs and blankets. Toys that are easy to clean or can be put in the dishwasher are best. (2, 6, 7, 9, 10, 11, 12, 13)
- Plush toys should be avoided. However, children's personal toys that they require offering them security and comfort is not to be shared with other children and should be stored in a way that ensures this. (6, 9)

Limit:

- To allow the use of playdoh, goop, or sand play, limit the use to being individual use only, to reduce hand-to-hand contact and cross contamination. Material must be discarded after individual use. (2)
- Water tables should not be used unless staff are able to change water between use, and use is restricted to single use only.
- Limit high-touch items

Remove & Replace throughout the day:

(2, 7, 9, 10, 11, 12, 13)

- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are sanitized or cleaned in a dishwasher.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
- Do not share toys between groups of children, unless they are washed and sanitized before being moved from one group to the other.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

- There are a "to be washed" bin in the classroom. Any toy that has been mouthed / sneezed on / snotted on, etc. goes straight into the bin and is not returned to the classroom until sanitized. This could be done at the end of the day as part of closing duties.

- Remove any toy or material that cannot be feasibly sanitized twice per day.

- Toys that can be sanitized but would be ruined by frequent sanitization can be available to staff, but not directly accessible in the classroom (i.e. in storage room or office), so that these can be placed out occasionally, to ensure a variety of materials over the course of a week.

- Sensory experiences are a vital part of early learning and finding creative ways to provide them is essential. Discretion may be used to provide non-washable sensory materials (i.e. playdoh, clay) to children under supervision and with rigorous hand washing protocol.

- Each staff team has been designated to be the disinfectors for the day, once mid-day and end of the day. This should include disinfecting any toys/ materials that are available in the classroom.

- We have shortened operational hours to allow for cleaning time at the end of the day.

Hand Washing

(2, 7, 9, 10, 11, 12, 13)

BC Guidelines

Hand washing with soap and water is still the single most effective way to reduce the spread of illness. (2, 6)

Technical Recommendations

- **Everyone - all staff and children should wash their hands more often!**

- **Sanitizers are also available to staff and children in the event there is not a sink available and/or they are off site**

Six steps to proper handwashing

1. Wet hands with warm running water.
2. Apply a small amount of liquid soap. Antibacterial soap is not required.
3. Rub hands together for at least 20 seconds (sing the ABC's). Rub palms, backs of hands, between fingers and under nails/creating a lather.
4. Rinse off all soap with running water.
5. Dry hands with a clean, disposable towel.
6. Discard the used towel in the waste container.

Children should wash their hands

- When they arrive at the centre and before they go home
- Before and after eating and drinking
- After a diaper change, using the toilet
- After playing outside or handling pets
- After sneezing or coughing into hands
- Whenever hands are visibly dirty

Staff should wash their hands

- When they arrive at the centre and before they go home
- Before and after eating
- After using the toilet
- After blowing the nose
- After coughing or sneezing into the hands

- Before and after giving or applying medication or ointment to a child or self
- After changing diapers, assisting a child to use the toilet, using the toilet
- After contact with body fluids (i.e. runny noses, spit, vomit, blood)
- After cleaning tasks
- After removing gloves
- After handling garbage
- Whenever hands are visibly dirty (2)

- Handwashing signs are posted throughout the child care facility, ensuring visual signs are clearly displayed at every handwashing station.
- Use hand sanitizer only when hand washing stations are not readily available.
- Check all dispensers daily to ensure soap and sanitizer pumps are in good working order
- Coughing/ Sneezing / Nose blowing (2, 7, 9, 10, 11, 12, 13)

Technical Recommendations

Coughing

We need to remind children that it is important to cough into the elbow.

Nose Blowing

When blowing a child's nose, be sure to use enough layers of tissue paper so that the fingers do not touch the secretions. Immediately dispose of tissue paper in a bin with a lid (make sure it contains a bag). Wash the hands with soap and water.

CCPBC Best Practices

Ensure staff model proper coughing and sneezing etiquette, finding teachable moments to remind children of these important precautions.

- Place tissue boxes - inside and outside - to ensure quick access.

Physical Distancing Strategies

BC Guidelines

- Understandably, **physical distancing** is challenging in a childcare setting. At the same time, it is important that we do what we can to try to assist children. We can accommodate smaller groups with more space. (2, 6)
- It is reasonable to establish different expectations based on age and/or developmental readiness. Younger children should be supported to have minimized direct contact with one another, while older children should be supported to maintain physical distance whenever possible. Children from the same household (e.g., siblings) do not need to maintain physical distance from each other. (2, 6)

Technical Recommendations

- When working in a child care setting: Children with no symptoms should continue to be treated as you typically would care for a child. (2, 9)
- Where possible, spaces have been arranged to encourage more separation. For example, spacing children to avoid close contact during meal and nap times and assigning a designated chair and table for each child. (2, 9)
- Have a group outside while another is inside, as another way to encourage physical distance. (2)

- At times we set up regular activities outside such as; snack time, and arts and art. (2)
- Set up mini environments within your facility to reduce number of children in a group, i.e., set up 2 or 3 craft areas for colouring or doing crafts. (2)
- We are avoiding activities that require direct contact between children (e.g. holding hands) or sharing objects. (10)
- As much as possible we assign staff to specific rooms and minimize movement of staff and children between rooms. (12)

Environmental Cues

- We have increased the space between children during activities such as snack/lunch. i.e., move or separate tables, move chairs farther apart; move sleep areas further apart. (2, 9)
- We need to remind everyone about "hands to yourself". (9)
- **Choose one chair per child to use throughout the day. Add a name tag or picture of the child to indicate which chair they should use. Chairs are disinfected after each meal and at the end of the day.**
- **Markers on the floor to indicate where it is safe to line up for the bathroom.**
- **Name or picture place cards taped to the circle area to indicate where a child should sit for circle or story time.**
- **Walking ropes for community walks. One rope between 2 children so they are not holding hands but are keeping each other safe.**

CCPBC Best Practices

- When on a community trip, children should not be directly holding hands. While walking ropes introduce safety issues (and must be sanitized), we might consider having a short "friendship rope" that two children can hold rather than holding hands. If you have a wagon for transport, children could hold each side of the wagon. Staffing placement: at the front, alongside the walking group and at the back, can help ensure child safety.
- In 3-seater strollers, children should be seated with an empty seat beside them. If seats face each other, children should be seated in diagonal seats and not directly across from one another.

Meal Times and Food Service

- Apply all the usual known hygiene rules.
- As far as possible, it is best to keep the space of an empty chair between each child at lunch.
- At this time we are doing no food preparation.
- Compost or put in the garbage all food.

Food Service

(7, 8, 10, 11)

The best practice is that parents provide their own food for their child.

- We have ceased activities involving child participation in food preparation.
- Implement other measures as necessary or appropriate, or if directed by local public health.
- Ensure that food handling staff practice meticulous hand hygiene (and) are excluded from work if they are symptomatic.

Environment

(7, 8, 10, 11)

- To avoid any cross contamination, ensure lunch kits are spaced apart or kept under the child's chair while eating.

Materials

(7, 8, 10, 11)

- Meals should be provided in containers individualized for each child.
- Utensils should be used to serve food items (not fingers).

Procedures

(7, 8, 10, 11)

- "No sharing" policies: It is important to reinforce no food or water bottle sharing policies for children. Generally, these policies are intended to reduce potential exposures to allergens, but the practice of not sharing food or water bottles in child care facilities also helps reduce virus transmission between staff and children.
- Eating meals and snacks are a time for companionship and connection and essential for social development. Family style meal time - with small groups of 4-6 children at a table - allow for easier conversation.
- We are limiting how many children should sit and eat together based on the size of the tables. Create a routine so that lunch kits are not added to the table. This leaves increased space on the table so items are not cross-contaminated.
- Surfaces are always washed before eating, first with soap and water and then sanitize with an approved solution. When eating outside, ensure the outdoor eating surface is covered with a table cloth that can be sanitized before and after, or a table cloth that is laundered after each use.

Staffing BC Guidelines

- Staff must assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to working and stay home if they are ill. (6)
- Staff should maintain physical distancing from one another. (6)

Technical Recommendations

(11)

- We are estimating the number of staff we need in order to physical distance and meet ratio with the required qualifications.
- We are limiting children and adults contact with different people, to lower the risk of contamination.
- For other staff, that are laid off need to be ready to support colleagues in the workplace in the event staff become ill.
- Disinfection is carried out in the rooms where there are no children.
- For office staff: working from home whenever possible or restricted contact. - and make sure that offices and equipment are also disinfected.
- Developing a succession plan in case of isolation, work stoppage due to illness, a work accident or other absences.
- We do not allow visits by off-duty staff.

CCPBC Best Practices

- Safety protocols are in place and staff are asked regularly how they are and asked for input into decisions that we make as the pandemic evolves. Currently, staff are comfortable not exceeding 50% of enrollment to ensure we can meet the Health Officers directives. We provide open and clear communication as much as possible. Post all health information from the province and other sources.
- The staff teams are encouraged to share their concerns and we will do our best to address them if possible and if it aligns with current safety recommendations. This has been and continues to be a traumatic experience for us all: empathy and kindness is required.

Administration & Management

BC Guidelines

As of May 8, 2020, licensed child care providers have not been provided with a recommendation from the health authority or MCFD.

Technical Recommendations

(11)

- Stay in the administrative offices as much as possible and ensure that you follow up with the team working with the children while respecting social distancing.
 - Maintain communication with the entire work team. In contact with Queensborough team 3 x a week.
 - Schedule frequent 3 way meetings at Victoria Hill
 - Provide information to all staff to keep them informed of the situation, emergency procedures and other matters.
 - Inform your staff of the division of labour, noting that it may need to change as the situation evolves.
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- **When public information misrepresents the facts about child care operational abilities, it can leave families and staff feeling underappreciated and ill informed.**

Suppliers & Visitors

BC Guidelines

As of May 8, 2020, licensed child care providers have not been provided with a recommendation from the health authority or MCFD.

Technical Recommendations

(9, 11)

- No entry the facility will be allowed to suppliers and visitors.
- Deliveries must be left at the entrance.
- If we need to buy supplies, we choose online shopping and delivery whenever possible. When you receive the delivery, we limit handling and its movement in the facility.
- There are no visitors or volunteers or tours at the child care centre program at this time.
- Parents or guardians, that enter the facility, must practice social distancing and hygiene practices- including hand washing - when on the premises.

References

British Columbia

1. Government of British Columbia. (2020, May 6). *BC's Restart Plan*.
<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-recovery/covid-19-provincial-support/bc-restart-plan>
2. B.C. Centre for Disease Control/BC Ministry of Health. (2020, March 24). *COVID 19: Public Health Guidance for Childcare Settings*. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_PublicHealthGuidanceChildcareFacilities.pdf
3. B.C. Centre for Disease Control/BC Ministry of Health. (2020, April 3). *COVID-19: Caring for Children with COVID-19*. <http://www.bccdc.ca/Health-Professionals-Site/Documents/Caring-for-children.pdf>
4. BC Children's Hospital. (2017, December 6). *BC Children's Hospital Child & Youth Health Policy and Procedure Manual*.
https://drive.google.com/open?id=10WJLFRXpMZ9VuEvwX0u_IMGyinR6xZjC
5. B.C. Centre for Disease Control. (2020). *Self-Isolation*.
http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation?fbclid=IwAR1aBby206n70gjmpAQi6B3RGMGyKgcWH82BsW6IoLR_CW2qDVquPGX3XlpY
6. B.C. Centre for Disease Control/BC Ministry of Health. (2020, May 14). *COVID-19: Public Health Guidance in Child Care Settings*
https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19_child_care_guidance_-_2020_may_15_-final.pdf

Alberta

8. Government of Alberta. (2020). *COVID-19 Response Conditions/or Re-opening Select Licensed Child Care Centres*. https://drive.google.com/open?id=Islg_QpPYMxibuKIKuscsjDB_ITUCPWQZ7

Saskatchewan

9. Government of Saskatchewan (2020, March 22). *Information/or Licensed Child Care Facilities: Coronavirus Disease (COVID-19)*.
<https://drive.google.com/open?id=I9KB8R7KtaNYJYSvgjjBP9I4Xcn46PuPF>

Manitoba

10. Government of Manitoba (2020, March 27). *Coronavirus (COVID-19): Manitoba early learning and child care practice guidance*.
[https://www.childcarecanada.org/sites/default/files/MB%20Covid-19%20ELCC%20Practice%20Guide%20-%20Maroh%2030%20\(2\).pdf](https://www.childcarecanada.org/sites/default/files/MB%20Covid-19%20ELCC%20Practice%20Guide%20-%20Maroh%2030%20(2).pdf)

Ontario

11. Ontario Ministry of Health. (2020, March 29). *COVID-19 Guidance: Emergency Childcare Centres*.
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_child_care_guidance.pdf

Quebec

12. AQCPE/Gouvernement du Quebec. (2020, March 22). *Good Practice Guide For the organization of educational childcare in Childcare Centers during the COVID-19 emergency health measures*.
http://www.aqcpe.com/content/uploads/2020/03/english_guide_22mars2020_cpe.pdf

New Brunswick

13. Education and Early Childhood Development, New Brunswick, Fact Sheet

Centre for Disease Control

14. Centers for Disease Control and Prevention. (2020, April 12). *Guidance for Child Care Programs that Remain Open*.
<https://www.cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/guidance-for-childcare.html#pickup>

BC Centre for Disease Control

15. BC Centre for Disease Control. (2020). *Cleaning and Disinfectants for Public Settings*.
http://www.bccdc.ca/Health-Info-Site/Documents/CleaningDisinfecting_PublicSettings.pdf

BC Health Authority Handouts

18. Vancouver Coastal Health. (2020, April 24). *Child Care Daily Health Check*.
<https://drive.google.com/open?id=ILiGXLNUoCrPtPhW72TDxpO57yYLaHLxW>
19. Fraser Health Authority. (2020, April 7). *Resource Package for Childcare Facilities*.
<https://drive.google.com/open?id=IYYK.aMWhGAsQ9HkgD404pADk:JCp3gtoVC>
20. Health Link BC. (2018, March). *How to Take a Temperature: Children and Adults*.
<https://www.healthlinkbc.ca/healthlinkbc-files/take-temperature>

Quality Assessment Tools

29. BCCOA. (2019). *BC Child Care Quality Assessment Standard, Version 1.0*.
<https://docs.google.com/document/d/184oc5ApUdIVPeGKJYK.c5yhKkSZUzCzdTSC6O9wtutU/edit>
30. City of Toronto. (2020). *Assessment for Quality Improvement (AQI)*. <https://www.toronto.ca/community-people/community-partners/early-learning-child-care-partners/assessment-for-quality-improvement-aqi/>

Cleaning and sanitizing schedule

How often	Cleaned and sanitized	Other cleaning methods and notes
Weekly and when soiled		
Kitchen		
Microwaves		
Sleeping areas		
Bedding		Laundry. Where possible, reserve for use by one child.
Cribs/cots/mats		Where possible, reserve for use by one child.
All areas		
Floor mats		
Garbage containers (inside)		Clean whenever garbage has leaked.
Tabletops not used for food preparation and eating		Clean.
Sofas, chairs		Vacuum.
Pillows and cushion covers used in activity areas		Laundry.
Toys		
Soft washable toys		Laundry. Where possible, reserve for use by one child.
Dress-up clothes		Laundry.
Sandbox toys		
Sand table toys		
Cleaning items		
Sponge mops		Hang head-side-up to air dry.
Monthly and when soiled		
Kitchen		
Refrigerators		Clean. Clean out the freezer every 6 months.
Ovens		Clean.
All areas		
Woodwork and cubbies		Damp-wipe.
Garbage containers (outside)		Clean whenever garbage has leaked.
Drapes and curtains		Vacuum. Laundry or dry clean yearly.
Air vents		Vacuum.
Door ledges and shelving		Damp-wipe.
Windows		Wash inside and out at least twice a year.
Toys		
Sand tables		
Preschoolers' toys		

Source: Department of Health and Human Services (Newfoundland and Labrador). 2005. *Standards and Guidelines for Health in Child Care Settings*. Adapted with permission.

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Child Care Professionals of BC

Covid19 Health and Wellness Policy

Last updated: May 16, 2020

Aligns with: BC CDC recommendations for child care settings (May 15, 2020)

Covid19 Health and Wellness Policy

Recognizing that child care programs may be the only option for essential service workers to secure child care in order to work, our program has elected to remain open (with reduced services) to families at this time. Please remember that the Covid19 public health emergency is rapidly changing, and our ability to remain open may change without notice; or we may be ordered closed in the upcoming weeks by BC's provincial health officer, Dr. Bonnie Henry, and/or our licensing officer. Additionally, due to the need for staff to also stay home when symptomatic we may have temporary interruptions to service delivery due to staffing shortages.

Dr. Henry maintains that, as of today, child care centres can safely care for children if they are following the prescribed health protocols.

Parents with children with any underlying health concerns need to evaluate if their children should attend child care programs during the Covid19 pandemic.

Accordingly, please note the following Covid19 Health and Wellness policy, which applies to all staff and children within this facility.

On arrival, staff will review the health of the child with the parent, before the child enters the facility. If the child has any symptoms, they must return home as per health policy.

Parents will additionally be asked to sign a statement each morning confirming that their child is symptom free and that their child has not been given acetaminophen or ibuprofen in the last 12 hours.

Symptom	May return when
Temperature of 100 F/ 37.8 C or higher (orally) or 99 F/ 37.2 C or higher (under the arm)	May return to child care after a doctor's note or negative Covid-19 test is provided AND or when symptom free
Runny nose	May return to child care after a doctor's note or negative Covid-19 test is provided AND or when symptom free
Cough	May return to child care after a doctor's note or negative Covid-19 test is provided AND or when symptom free
Sore throat	May return to child care after a doctor's note or negative Covid-19 test is provided AND or when symptom free
Difficulty breathing or wheezing	May return to child care after a doctor's note or negative Covid-19 test is provided AND or when symptom free
Unexplained fatigue, aches or cold/flu-like symptoms	May return to child care after a doctor's note or negative Covid-19 test is provided AND or when symptom free
Sinus congestion	May return to child care after a doctor's note or negative Covid-19 test is provided AND or when symptom free
Children who have, or children with others living in the same home who have just returned from international travel	May return after self-isolating for 14 days and being symptom free
Children who have, or children with others living in the same home who have been identified as at-risk of potential Covid19 exposure	May return after self-isolating for 14 days and being symptom free

(Reference: Health Authority Memo: Covid19 in childcare)

Additionally, our regular health and wellness policy stands:

Children may not attend child care programs while they have any of the following symptoms:

- Unusual, unexplained loss of appetite, fatigue, irritability, or headache
- Eye infection
- Unexplained rashes or any rash that is not confirmed by a doctor to be non-contagious
- Known or suspected communicable diseases (measles, chicken pox, pink eye, hand, foot, and mouth, etc.)
- Ear infection
- Nausea, vomiting and/or diarrhea in the last 48 hours

Parent Confirmation of Child Wellness

I _____ confirm that my child _____

(check all that apply)

has had their temperature taken and currently fever free

has not been given any fever reducing medication in the past 12 hours

does not have a runny nose OR has a runny nose, but has received a recent negative Covid test and is well enough to participate in daily child care activities

does not have a cough OR has a cough, but has received a recent negative Covid test and is well enough to participate in daily child care activities

does not have sinus congestion OR has sinus congestion, but has received a recent negative Covid test and is well enough to participate in daily child care activities

does not have difficult breathing or wheezy breathing

does not have unexplained fatigue, aches or cold/flu-like symptoms

has not been in contact with anyone that may have been exposed to Covid19 in the last 14 days to the best of my knowledge

has not left the country in the last 14 days

Signature _____

Date _____

On October 5th, 2020 we received a Covid-19 update

BCCDC and the Ministry of Health updated the Covid-19 Public Health Guidelines for Child Care Settings

(These updates are based on known evidence as of September 25, 2020)

The guidelines provide key updates and clarifications including

- How to manage grouping children and staff in different settings
- Ways staff can practically manage physical distancing, while recognizing children's emotional and physical needs
- Clarification on what symptoms require children and providers to stay home and what process will take place if symptoms develop

Please see the attached Daily Health Check for Covid-19. This document will replace the May to date-health check that was in effect.

But does not negate our current health policies outlined in the family handbook.

Recognizing that Covid-19 is rapidly changing, we may have temporary interruptions to service delivery due to staffing limitations and wellness and recommendations from the Public Health Officer.

Appendix B: Daily Health Check Example

The following is an example of a daily health check to determine if you or your child should attend a child care setting that day. **Remember, if you think your child is ill, please keep them at home.**

Daily Health Check			
1. Key Symptoms of Illness	Do you have any of the following new key symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Chills	YES	NO
	Cough or worsening of chronic cough	YES	NO
	Breathing difficulties (breathing fast or working hard to breathe)	YES	NO
	Loss of sense of smell or taste	YES	NO
	Diarrhea	YES	NO
	Nausea and vomiting	YES	NO
2. International Travel	Have you returned from travel outside Canada In the last 14 days?	YES	NO
3. Confirmed Contact	Are you a confirmed contact of a person confirmed to have COVID-19?	YES	NO

If you answered “YES” to two or more of the questions included under ‘Key Symptoms of Illness’, or you have a fever or difficulty breathing, seek a health assessment. A health assessment includes calling 8-1-1, or a primary care provider like a physician or nurse practitioner. If a health assessment is required, you should not return to the child care setting until COVID-19 has been excluded and your symptoms have improved.

If you answered “YES” to only one of the questions included under ‘Key Symptoms of Illness’ (excluding fever and difficulty breathing), you should stay home for 24 hours from when the symptom started. If the symptom improves, you may return to a child care facility when you feel well enough. If the symptom persists or worsens, seek a health assessment. A health assessment includes calling 8-1-1, or a primary care provider like a physician or nurse practitioner.

If you answered “YES” to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](#) to determine if you should seek testing for COVID-19.

If a COVID-19 test is recommended as a result of the health assessment, self-isolate while waiting for results (see information on how results are provided here).

- **If the COVID-19 test is positive,** self-isolate and follow the direction of public health
- **If the COVID-19 test is negative,** return to the child care facility once well enough to participate.
- **If a COVID-19 test is recommended but not done,** self-isolate for 10 days after the onset of symptoms and return when you or the child are well enough to participate

If a COVID-19 test is not recommended, staff or children may return when well enough to participate.

A health-care provider note (i.e., a doctor’s note) should not be required to confirm the health status of any individual.



Ministry of Health



BC Centre for Disease Control

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

