



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## HOW YOU CAN SLOW THE SPREAD OF COVID-19

### Take care of others by taking care of yourself.

Wash your hands, don't touch your face, and stay home if you are sick.

### Stay at Home and Physically Distance

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

## COVID-19 Public Health Guidance for Child Care Settings

UPDATED: May 15, 2020

This guidance document is informed by [BC's Restart Plan: Next Steps to Move BC Through the Pandemic](#) and the [BC COVID-19 Go-Forward Management Strategy](#), and is also in keeping with [BC's COVID-19 Go-Forward Management Checklist](#) and information on [WorkSafe BC's COVID-19 Information and Resources](#) and [COVID-19 Frequently Asked Questions](#) websites.

This document provides interim guidance for child care services to prevent the transmission of COVID-19 and maintain safe and healthy environments for children and staff during the COVID-19 pandemic. It identifies key infection prevention and control practices to implement in child care settings and actions to take if a child or staff member develops [symptoms](#) of COVID-19.

Based on the current epidemiology of COVID-19 in B.C., and the fact that children are at a much lower risk of developing COVID-19, child care providers are encouraged to remain or re-open, while supporting the health and safety of children and adults. Child care services should adapt as much as possible to implement public health and infection prevention and control measures, including staying home when ill, physical distancing, minimized physical contact, hand hygiene, frequent cleaning and disinfection, as described in this guidance.

Child care services are also encouraged to update their policies for children or staff who have symptoms of a common cold, influenza or COVID-19 or other infectious respiratory diseases to remain at home. Children or staff may return to the centre 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.

For information on operating child care services during COVID-19, including on applying for Temporary Emergency Funding, child care providers and parents should visit the [BC Government's Child Care Response to COVID-19](#) page. For up-to-date general information on COVID-19, please visit the [BC Centre for Disease Control \(BCCDC\) website](#).

### COVID-19 and Children

- COVID-19 virus has a very low infection rate in children. In B.C., less than 1% of children and youth tested have been COVID-19 positive. Most children are not at high risk for COVID-19 infection.
- Children under 1 year of age and older children with immune suppression and medical complexity are considered more vulnerable and at higher risk for illness (visit the [BCCDC Priority Populations](#) page for further details).



- Children who are considered more vulnerable can attend child care. Parents and caregivers are encouraged to consult with their health care provider to determine if their child should attend child care if they are uncertain.
- Children and youth typically have much milder symptoms of COVID-19 most often presenting with low-grade fever and a dry cough. GI symptoms are more common over the course of disease, while skin changes and lesions, are less common.
- Many children have asymptomatic disease. However, there is no conclusive evidence that children who are asymptomatic pose a risk to other children or to adults.
- Evidence indicates transmission involving children is primarily limited to household settings, and from COVID-19 positive adults to children. Most cases in children have been linked to a symptomatic household member.
- Clusters and outbreaks involving children and youth are unusual and tend only to occur in areas where there are high levels of community spread.
- Children are not the primary drivers of COVID-19 spread in child care facilities, schools or in community settings. Childcare facility closures have significant negative mental health and socioeconomic impacts on vulnerable children and youth.
- Prevention measures and mitigation strategies involving children and youth must be commensurate with risk.
- Adolescent children should physically distance themselves where possible when outside the family unit or household.
- For younger children maintaining physical distance is less practical and the focus should be on minimizing physical contact instead.

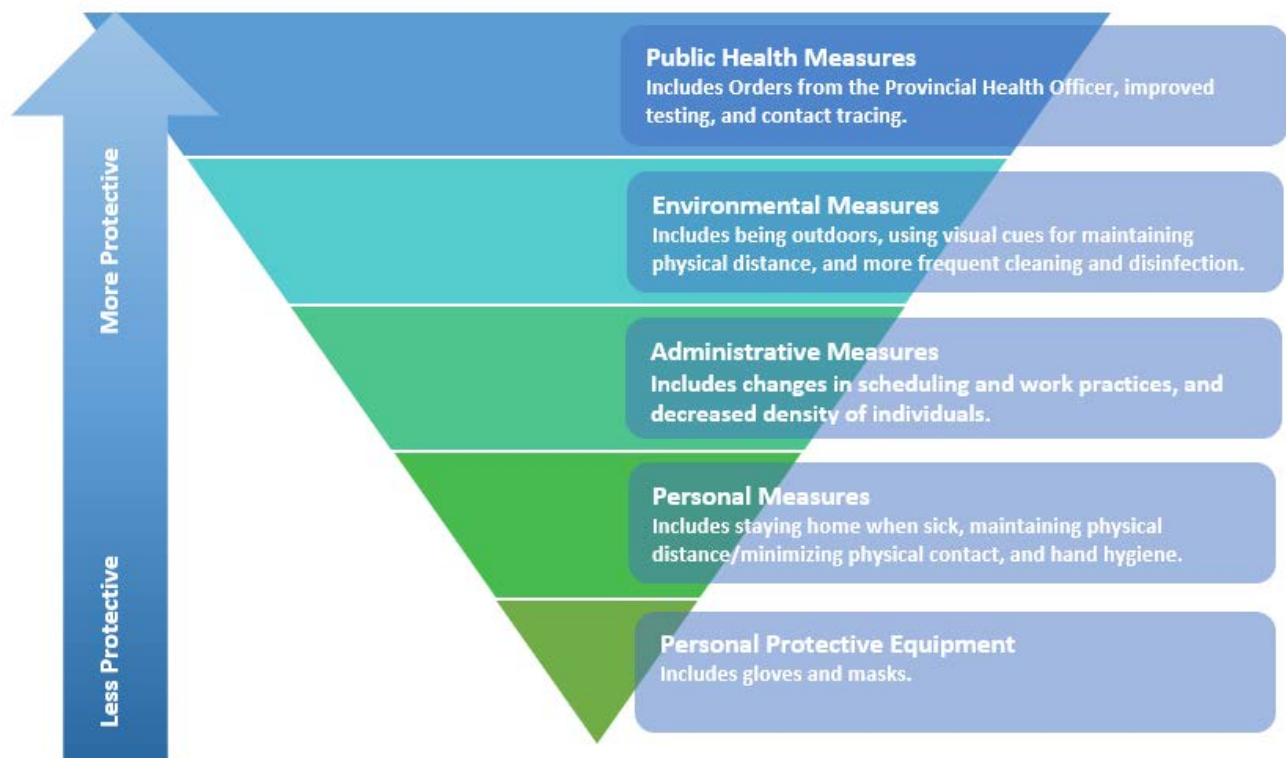
#### COVID-19 and Adults

- While COVID-19 impacts adults more than children, some adults with specific health circumstances are at an increased risk for more severe outcomes, including individuals:
  - Aged 65 and over,
  - With compromised immune systems, or
  - With underlying medical conditions.
- Most adults infected with COVID-19 will have mild symptoms that do not require care outside of the home.

## Infection Prevention and Exposure Control Measures

Infection prevention and control measures can help create a safe environment for children and staff. The *Hierarchy of Infection Prevention and Exposure Control Measures for Communicable Disease* describes the measures that can be taken to reduce the transmission of COVID-19. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

### The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



**Public Health Measures** are actions taken across society to limit the spread and reduce the impact of COVID-19. The Provincial Health Officer has implemented public health measures, including: prohibiting mass gatherings, requiring travellers to self-isolate upon arrival in B.C., effective case finding and contact tracing, and emphasizing the need for people to stay home when they are sick.

**Environmental Measures** are physical changes in the setting that reduce risk of exposure by isolation or ventilation. Examples include being in outdoor spaces, having good ventilation and air exchange, using visual cues for maintaining physical distance, erecting physical barriers where appropriate and frequent cleaning and disinfection.

**Administrative Measures** are measures enabled through the implementation of policies, procedures, training and education. Examples of these include changes in scheduling and work practices, and decreased density of individuals.

**Personal Measures** are actions individuals can take to both protect themselves and others. These include staying home when sick, physical distancing, minimizing direct physical contact, respiratory hygiene, and hand hygiene.

**Personal Protective Equipment (PPE)** is the last and least effective of the infection prevention and exposure control measure and should only be considered after exploring all other measures. PPE is not effective as a stand-alone

preventive measure, should be suited to the task, and must be worn and disposed of properly. Outside of the health care settings, the effectiveness of PPE is generally limited to protecting others should you be infected.

***Child care settings can implement a combination of measures at different levels, as described in this document. This document deals with Environmental, Administrative, Personal Measures and the use of PPE. A summary of control measures relevant to child care settings is provided in Appendix A.***

## Public Health Measures

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### Mass Gatherings

The Provincial Health Officer's Order for Mass Gatherings continues to prohibit gatherings and events of people in excess of 50 people, however this Order does not apply to child care settings. As such, there can be more than 50 children and staff at any given setting if they are not all in one area and if they are actively engaged in physical distancing to the greatest extent possible.

### Case Finding, Contact Tracing and Outbreak Management

Active testing of people with mild COVID-19 like symptoms (case finding) helps identify cases early in the course of their disease, determine whether others in close contact with them are at risk for infection (contact tracing), and ensure they get appropriate care and follow-up.

Should a COVID-19 positive person be identified by public health staff, significant efforts are undertaken to determine if they are part of a cluster of cases or part of a local outbreak. Specific public health measures are implemented in facilities where an outbreak occurs to prevent further transmission of COVID-19 and keep others safe.

### Self-isolation and Quarantine

Should children, youth and staff have symptoms similar to the common cold, influenza or COVID-19, they should be encouraged to stay home, be assessed by their health care provider and tested for COVID-19. When someone is symptomatic, they should self-isolate and follow directions provided by their health care provider. Self-isolation is also advised for those who are considered a close contact of a confirmed case and are waiting to see if they develop COVID-19 illness. Quarantine is a term typically reserved for persons who return from travel outside the country are at risk of developing COVID-19

If a person is found to be a confirmed case of COVID-19, public health staff will ensure there is robust contact tracing and management of any clusters or outbreaks. They will also ensure that children, staff and parents have access to health care providers and that appropriate supports are in place.

## Environmental Measures

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### Outdoor Spaces and Ventilation

- **Have children outside often**, including for learning activities, snack time and play time.
- Activities should be organized in a thoughtful way, taking into consideration personal measures.
- Reassure children and parents that **playgrounds are a safe environment**, and encourage appropriate hand hygiene practices before, during, after outdoor play.
- Ensure adequate ventilation and open windows if possible.

## Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. Child Care settings should be cleaned and disinfected in accordance with the BCCDC's [Cleaning and Disinfectants for Public Settings](#) document.

- General cleaning and disinfecting of the centre should occur at least **once a day**.
- Frequently-touched surfaces should be cleaned and disinfected at least **twice a day**
  - These include door knobs, light switches, faucet handles, table counters, chairs, electronic devices, and toys.
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and disinfectant products. Follow the instructions on the label. See the [BCCDC Cleaning and Disinfectants for Public Settings](#) guidance for more information.
- Remove toys and other items that cannot be easily cleaned (e.g., avoid plush/stuffed toys).
- Empty garbage containers daily, at minimum.
- Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine). Wash hands before wearing and after removing gloves.
- Clean and disinfect cots and cribs after each use, and launder crib linens between children. If parents are providing their own crib linen, the linens should be laundered and placed in a sealed plastic or washable bag before bringing to the centre. Do not shake the linens.
- Clean diapering stations after each use.
- There is no evidence that the COVID-19 virus is transmitted via textbooks, paper or other paper-based products. As such, there is no need to limit the distribution of books or paper based educational resources to children because of COVID-19.

## Administrative Measures

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### General

- Child care providers:
  - Must establish a policy and clearly communicate with parents and caregivers to assess their children daily for symptoms before sending them for child care.
  - Must establish a policy and procedures for children and staff who become sick while at the facility (see Appendix C).
  - May ask parents and caregivers about illness at drop-off to confirm that the child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease.
- There is no role for screening children or staff for specific symptoms, checking temperatures, or COVID-19 testing. Such activities are reserved for health care professionals.
- Signage to remind people not to enter the facility if they are sick is available [here](#) and may be posted at facility entrances.

### Physical Distancing and Minimizing Physical Contact

The physical space requirements for licensed child care settings set out in the [Child Care Licensing Regulation](#) mean that child care centres have sufficient space to support physical distancing (i.e., maintaining a distance of 2 metres between each other) between staff without reducing the number of children in care at any one time.

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

It is reasonable to establish different expectations based on age and/or developmental readiness. For example:

- 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.

The following physical distancing strategies should be implemented where possible in the child care setting:

- **Avoid close greetings** (e.g., hugs, handshakes). Regularly remind children to keep “Hands to yourself”.
- **Strive to minimize the number of different staff that interact with the same children throughout the day.**
- **Organize children into smaller groups and/or spread children out** to minimize direct physical contact.
  - Use different room configurations (e.g., separating tables).
  - Set up small group environments to reduce the number of children in a group, for example, set up 2 or 3 areas for colouring or doing crafts.
  - Incorporate more individual activities or activities that encourage more space between children and staff.
    - Remove toys that encourage group play in close proximity or increase the likelihood of physical contact. Keep toys that encourage individual play.
    - Help younger children learn about physical distancing and less physical contact by creating games that include basic principles such as “two arm lengths apart”.
    - Consider using books, individual games, video and online programs as a part of learning so children can sit independently and distanced from each other.
    - Increase the distance between nap mats, if possible. If space is tight, place children head-to-toe or toe-to-toe.
    - Have a separate, supervised area available for children who have symptoms of illness rest until they can be picked up and ensure these areas are cleaned and disinfected after the child has left.
- **Stagger snack or meal time** to allow spacing between children during meals.
- **Minimize the number of additional adults** entering the centre, unless that person is providing care and/or supporting inclusion of a child in care (e.g. supportive child care assistants, speech language pathologist, etc.)

### Transportation

- Buses or vans used for transporting children should be cleaned and disinfected according the guidance provided in the BCCDC’s [Cleaning and Disinfectants for Public Settings](#) document.
- Transportation should be limited to the transport of children to and from care. Recreational travel is discouraged.
- Additional measures that should be taken include:
  - Consider installing a physical barrier between the driver and passengers (e.g., plexiglass).
  - Having children sit in their own seat:
    - Children should be separated by 2 meters where possible.
    - Children from the same household can share seats if space is limited.

### Pick-up and Drop-Off

- **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.

- Parents and caregivers that are symptomatic must not enter the child care facility.
- **Stagger the timings of pick-up and drop-off.**
- If there are multiple entrances, pick-up and drop off can be split at separate entrances to avoid parents and caregivers gathering in large numbers.
- **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.
- Parents and caregivers should use their own pen and avoid touching the sign in/out sheet directly. Parents and caregivers should practice hand hygiene before and after touching the sign in/out sheet.

## Personal Measures

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### Daily Checks for Respiratory Illness and Staying Home When Sick

- All parents, caregivers, children and staff who have symptoms of COVID-19 **OR** travelled outside Canada in the last 14 days **OR** were identified by Public Health as a close contact of a confirmed case **must stay home and self-isolate.**
- **Parents and caregivers** must assess their child daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before sending them for child care.
  - A child may still receive care if another person in their home has symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease, but they remain asymptomatic.
- Children who are ill, including children of essential service providers, should not be permitted to attend child care.
- **Staff** must assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to working and stay home if they are ill.
- **Child care providers:**
  - Must clearly communicate with parents and caregivers to assess their children daily for symptoms before sending them for child care.
  - Must establish procedures for children and staff who become sick while at the facility.
  - Should conduct daily checks for respiratory illness at drop-off by asking parents and caregivers to confirm that the child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease.
- If a parent, caregiver or staff member is unsure if they or a child should self-isolate, they should be directed to use the [BC COVID-19 Self-Assessment Tool](#), contact 8-1-1 or the local public health unit. They can also be advised to contact a family physician or nurse practitioner to be assessed for COVID-19 and other respiratory diseases.

*Protocol to follow when a child or staff develops symptoms of COVID-19 at home or at the child care setting is available in Appendix B.*

### Hand Hygiene

Rigorous hand washing with plain soap and water is the single most effective way to reduce the spread of illness. Children and staff can pick up germs easily from anything they touch, and can spread those germs to objects, surfaces, food and people. Everyone should practice diligent hand hygiene. Parents and staff can teach and reinforce these practices amongst children.

#### How to perform hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds (sing the “ABC’s” or “Twinkle Twinkle Little Star”).
  - Antibacterial soap is **not** needed for COVID-19.

- If sinks are not available (e.g., children and staff are outside), supervised use of alcohol-based hand sanitizer containing at least 60% alcohol may be considered.
- If hands are visibly soiled, alcohol-based hand sanitizers may not be effective at eliminating respiratory viruses. Soap and water are preferred when hands are visibly dirty.
- To learn about how to perform hand hygiene, see [BCCDC's Hand Hygiene poster](#) and a [signage for children](#).

#### **Strategies to ensure diligent hand hygiene:**

- Hand hygiene stations should be set up at the entrance, so that children can clean their hands when they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol. Keep hand sanitizer out of children's reach and supervise its use.
- Incorporate additional hand hygiene opportunities into the daily schedule.
- Ensure the centre is well-stocked with hand washing supplies at all times including plain soap, clean towels, paper towels, waste bins, and where appropriate, hand sanitizer with a minimum of 60% alcohol.
- Children regularly forget about proper hand washing. Staff and children should practice often and staff should model washing hands properly in a fun and relaxed way.
- Staff should assist young children with hand hygiene as needed.

*An info sheet on when children and staff should practice hand hygiene is included as Appendix C.*

#### **Respiratory Etiquette**

Children and staff should:

- Cough or sneeze into their elbow sleeve or a tissue. Throw away used tissues and immediately perform hand hygiene ("Cover your coughs").
- Not touch their eyes, nose or mouth with unwashed hands ("Hands below your shoulders").
- It is not recommended that children wear cloth or homemade masks.

Parents and staff can teach and reinforce these practices amongst children.

#### **Other**

Children and staff should not share food, drinks, soothers, bottles, sippy cups, toothbrushes, facecloths, and other personal items.

- Label personal items with the child's name to discourage accidental sharing.
- If meals or snacks are provided, ensure each child has their own individual meal or snack. Reusable utensils must be cleaned and sanitized after each use.
- Children should not be allowed to prepare or serve food.
- Ask parents and caregivers to only bring personal comfort items (e.g., stuffies) if they are clean and can be laundered at the end of each day.

#### **Personal Protective Equipment**

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Personal protective equipment, such as masks and gloves are not needed in the child care setting, beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course of work. They should only be used when all other controls have been fully explored.



- Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine) and when diapering. Remember to wash your hands before wearing, and after removing gloves.
- Cloth or non-medical homemade masks are not recommended. Wearing one is a personal choice. More information about COVID-related mask use is available [here](#).
- In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes.

There is no evidence to support the use of medical grade, cloth, or homemade masks in child care setting at this time. Wearing one is a personal choice. It is important to treat people wearing masks with respect. More information about COVID-related mask use is available [here](#).

### Supporting Child Care Communities

The BC Centre for Disease Control is the source of information about COVID-19. Resources available there can be used to support learning and to respond to questions you may receive from members of your child care community. More information is available [here](#).

- Refer members of your child care community to the [BCCDC website](#) for up-to-date and accurate information regarding COVID-19.

## Appendix A. Summary of Child Care-Based Control Measures



### 1. STAY HOME WHEN SICK

*All children and staff with common cold, influenza, COVID-19, or other respiratory diseases must stay home and self-isolate.*



### 2. HAND HYGIENE

*Everyone should wash their hands more often!*

*Thorough hand washing with plain soap and water for at least 20 seconds is the most effective way to reduce the spread of illness.*



### 3. RESPIRATORY AND PERSONAL HYGIENE

*Cover your coughs.*

*Do not touch your face.*

*No sharing of food, drinks, or personal items.*



### 4. PHYSICAL DISTANCING AND MINIMIZING PHYSICAL CONTACT

*Spread children out to different areas.*

*Take them outside more often.*

*Stagger lunch times.  
Incorporate individual activities.*

*Remind children, "Hands to Yourself!"*



### 5. CLEANING AND DISINFECTION

*Clean and disinfect frequently touched surfaces at least twice a day.*

*General cleaning of the centre should occur at least once a day.*

*Use common cleaning and disinfectant products.*

## Appendix B. Protocol for child or staff with symptoms of COVID-19 in a child care setting

Child with Symptoms of COVID-19	Staff with Symptoms of COVID-19
<b>IF CHILD DEVELOPS SYMPTOMS AT HOME:</b>	<b>IF STAFF DEVELOPS SYMPTOMS AT HOME:</b>
<p><b>Parents or caregivers must keep their child at home</b> for a minimum of 10 days from the onset of symptoms AND until symptoms resolve, whichever is longer.</p>	<p><b>Staff must be excluded from work, stay home and self-isolate</b> for a minimum of 10 days from the onset of symptoms AND until all symptoms resolve, whichever is longer.</p>
<b>IF CHILD DEVELOPS SYMPTOMS WHILE AT CHILD CARE:</b>	<b>IF STAFF DEVELOPS SYMPTOMS WHILE AT WORK:</b>
<p><b>Staff must take the following steps:</b></p> <ol style="list-style-type: none"> <li>1. Identify a staff member to supervise the child.</li> <li>2. Identified staff member should immediately separate the symptomatic child from others in a supervised area until they can go home.</li> <li>3. Contact the child’s parent or caregiver to pick them up right away.</li> <li>4. Where possible, maintain a distance of 2 metres from the ill child. If this is not possible, the staff member may use a mask if available and tolerated, or use a tissue to cover their nose and mouth.</li> <li>5. Provide the child with tissues, and support as necessary so they can practice respiratory hygiene.</li> <li>6. Open outside doors and windows to increase air circulation in the area.</li> <li>7. Avoid touching the child’s body fluids. If you do, wash your hands.</li> <li>8. Once the child is picked up, wash your hands.</li> <li>9. Clean and disinfect the space where the child was separated and any areas used by the child (e.g., bathroom, common areas).</li> <li>10. If concerned, contact 8-1-1 or the local public health unit to seek further advice.</li> </ol> <p><b>Parents or caregivers must pick up their child promptly once notified that their child is ill.</b></p>	<p><b>Staff should go home right away where possible.</b></p> <p>If unable to leave immediately, the symptomatic staff person should:</p> <ol style="list-style-type: none"> <li>1. Separate themselves into an area away from others.</li> <li>2. Maintain a distance of 2 metres from others.</li> <li>3. Use a tissue or mask to cover their nose and mouth while they wait for a replacement or to be picked up.</li> <li>4. Remaining staff must clean and disinfect the space where staff was separated and any areas used by them (e.g., office, bathroom, common areas).</li> <li>5. If concerned, contact 8-1-1 or the local public health unit to seek further advice.</li> </ol>
<p><b><i>If a child or staff member is assessed by their family physician or nurse practitioner and it is determined that they do NOT have COVID-19, they may return to child care once symptoms resolve.</i></b></p>	

## Appendix C: When to perform hand hygiene

<b><i>Children should perform hand hygiene:</i></b>	<b><i>Staff should perform hand hygiene:</i></b>
<ul style="list-style-type: none"><li><input type="checkbox"/> When they arrive at the child care centre and before they go home</li><li><input type="checkbox"/> Before and after eating and drinking</li><li><input type="checkbox"/> After a diaper change</li><li><input type="checkbox"/> After using the toilet</li><li><input type="checkbox"/> After playing outside</li><li><input type="checkbox"/> After handling pets and animals</li><li><input type="checkbox"/> After sneezing or coughing</li><li><input type="checkbox"/> Whenever hands are visibly dirty</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> When they arrive at the child care centre and before they go home</li><li><input type="checkbox"/> Before and after handling food (raw, cooked or pre-packaged), preparing bottles or feeding children</li><li><input type="checkbox"/> Before and after giving or applying medication or ointment to a child or self</li><li><input type="checkbox"/> After changing diapers</li><li><input type="checkbox"/> After assisting a child to use the toilet</li><li><input type="checkbox"/> After using the toilet</li><li><input type="checkbox"/> After contact with body fluids (e.g., runny noses, spit, vomit, blood)</li><li><input type="checkbox"/> After cleaning tasks</li><li><input type="checkbox"/> After removing gloves</li><li><input type="checkbox"/> After handling garbage</li><li><input type="checkbox"/> Whenever hands are visibly dirty</li></ul>