



# Coronavirus COVID-19

BC Centre for Disease Control

## Public Health Guidance for Child Care Settings

Updated: February 7, 2022

### Introduction

This document provides guidance for child care providers to maintain a safe and healthy environment for children and staff. It identifies key infection prevention and exposure control practices to implement in child care settings. Public health continues to review emerging evidence and monitor cases and transmission trends of COVID-19 to determine if actions should be taken to prevent COVID-19.

### Child Care Setting

Child care programs are important for children's social, emotional, behavioral, and early learning development, and are vital for working parents. These guidelines aim to support child care service providers to manage respiratory infections, including COVID-19.

Child care programs can be delivered in different settings and with different age mixes. There are also unique challenges facing families and child care providers in different urban, rural and remote communities. Given the differences in settings and situations, child care operators may adapt this guidance as appropriate.

Child care programs are not events and thus, the [Provincial Health Officer Order on Gatherings and Events](#) does not apply to child care programs.

### COVID-19 in B.C.

The goals of B.C.'s COVID-19 response are first, to minimize serious illness and overall deaths, and second, to minimize societal disruption due to COVID-19. The most important community measure to prevent serious illness from COVID-19 is immunization of those who are eligible to receive COVID-19 vaccine. While overall the B.C. population is highly immunized, there is significant variation across communities. In particular, some communities currently have immunization rates that are below the provincial average. All COVID-19 vaccines approved for use in Canada provide a high level of protection against serious illness from COVID-19, including against serious illness caused by [variants of concern](#) like the omicron variant.



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



COVID-19 is mainly spread by droplets released when people infected with the virus breathe, cough, sneeze, or talk. Droplets come in a wide range of sizes and they behave differently depending on their size. Larger droplets fall to the ground rapidly (within seconds or minutes) near the infected person, while smaller droplets, sometimes called aerosols, can linger in the air, especially in indoor spaces. COVID-19 can also spread when a person touches a surface or object with the virus on it and then touches their own eyes, nose, or mouth, although this is less likely.

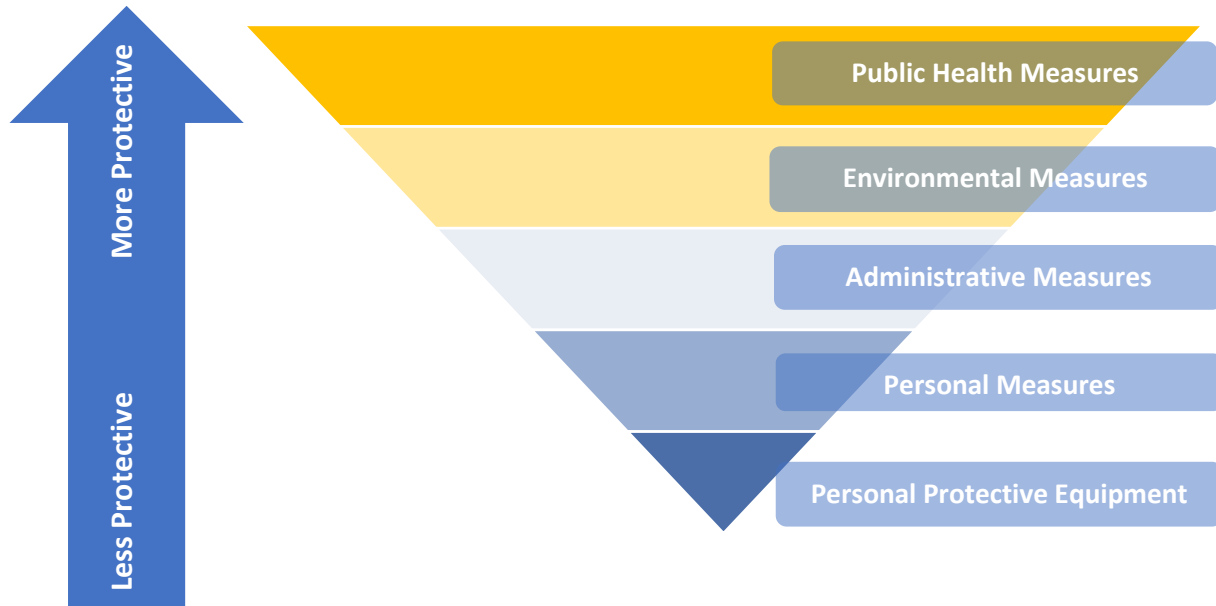
Currently, most COVID-19 infections in B.C. are caused by the omicron variant. The omicron variant is transmitted more easily than previous variants. For this reason, many people will be exposed to the omicron variant. However, data from around the world indicates that the omicron variant is less likely to cause serious illness than previous variants of COVID-19, both in children and adults. Children continue to be at low risk for serious outcomes from COVID-19.

We expect COVID-19 to continue to circulate in our population including within child care settings. Immunization continues to be the most effective means of reducing serious infection from COVID-19, and with high immunization rates in BC we can begin to transition to managing COVID-19 as we do other respiratory infections in the community. For up-to-date information on COVID-19, visit the [B.C. Centre for Disease Control’s \(BCCDC\) website](#).

### Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures (prevention measures) help create low-risk environments by reducing the spread of communicable diseases like COVID-19. *The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease* below describes different levels of prevention measures that can be taken to reduce the transmission of COVID-19 in child care settings. 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

### Vaccines

**Vaccination protects from serious illness due to COVID-19** and is the most effective way to reduce the impact of COVID-19 on our communities. It is strongly recommended that adults interacting with children be fully vaccinated. All COVID-19 vaccines approved for use in Canada protect against serious complications, including from the omicron variant. It is important to get all vaccine doses in the vaccine series, including booster doses of vaccine, to get the most effective protection against serious cases of COVID-19 and provide longer-lasting protection. More information about COVID-19 vaccines are available from the [BCCDC](#) website.

COVID-19 vaccines are part of B.C.'s immunization program. Licensed child care operators should have a current record of the vaccinations their staff have received, including COVID-19 vaccines, as per the [Child Care Licensing Regulation](#). As independent organizations, child care facility operators may choose to implement their own staff vaccination policies. More information on COVID-19 vaccination and the workplace is available on the [Work Safe B.C.](#) website.

Evidence-based immunization information and tools for B.C. residents are available from [BCCDC](#) and [ImmunizeBC](#) websites.

### Public Health Orders

Medical Health Officers continue to monitor cases and transmission trends of COVID-19 in the community. If deemed necessary, Medical Health Officer may place local public health Orders requiring additional health and safety measures beyond this guidance to protect the health of the community, based on their authority under provincial legislation. These may be put in place during times of increased community transmission of COVID-19, and within communities with low vaccination uptake. They are based on local epidemiology and are proportional to the risk of COVID-19.

Local public health Orders may be placed for whole regions or communities, or for specific businesses or activities within a health authority region. Child care providers should be aware of local public health Orders and implement the necessary measures to child care settings if applicable.

With broadly available and effective vaccines, it is expected that public health Orders will not be routinely required to manage COVID-19 in the community.

### Child Care Programs in First Nation Communities

First Nations have the authority to make decisions about child care operations, vaccines and COVID-19 response plans in the best interests of children and families in their communities. Child care programs operating in First Nation communities should follow the requirements and processes set out by their First Nation leadership and/or emergency response committee.

## Environmental Measures

### Ventilation and Air Exchange

Good indoor ventilation may reduce transmission when used in addition to other preventive measures. For activities that take place indoors, application of the basic principles of good indoor air quality should continue. All mechanical heating, ventilation, and air conditioning (HVAC) systems should be checked to ensure they are working properly. Where



possible, child care staff can open windows if weather permits and it doesn't impact the functioning of ventilation systems.

For more information, see WorkSafeBC guidance on [general ventilation and air circulation](#).

### Cleaning and Disinfection

While it is possible to be infected with COVID-19 through contact with surfaces contaminated with COVID-19 followed by touching of the eyes, mouth or nose, it is not considered to be the main route of COVID-19 transmission. Regular cleaning and disinfection can help prevent the spread of COVID-19 and other infectious agents.

Frequently touched surfaces should be cleaned and disinfected at least 1x/day and when visibly dirty. These include items touched by larger numbers of people (e.g., door handles, hand rails, tap faucets, shared gym equipment, etc.). Information on hard-surface disinfectants is available on the [Health Canada](#) website.

Surfaces touched by fewer people (e.g., tables, cubbies, manipulatives) should be cleaned at least 1x/day. Other general cleaning should occur in line with regular practices.

Clean and disinfect cots, cribs and sleeping surfaces weekly if dedicated to a single child or between uses if shared between multiple children. Clean and disinfect when visibly soiled. Clean and disinfect changing stations after each use.

Objects made of materials that are not easily cleaned (e.g., foam, playdough, etc.) or typically cleaned intermittently (e.g., fabrics, soft toys, etc.) can continue to be used. They should be cleaned (if possible) according to regular practices.

Books, paper, other paper-based products, laminated or glossy paper-based products and items with plastic covers do not need to be cleaned and disinfected, or quarantined for any period of time.

Measures to support effective cleaning and disinfection:

- Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.
- Empty garbage containers daily and when full.
- Wear disposable gloves when cleaning blood or contamination of surfaces with body fluids; wash hands before wearing and after removing gloves.
- Ensure good hand hygiene is practiced immediately after changing diapers or assisting with toileting.

## Administrative Measures

### Visitors

Parents, caregivers, health-care providers, volunteers, and other non-staff adults (e.g., visitors) entering child care settings should be limited to those supporting activities that are of benefit to children's development and wellbeing. All visitors should provide active confirmation (e.g., sign in at entry, e-mail before entry, etc.) that they have no symptoms of illness and are not required to self-isolate before entering. All adult visitors are required wear a well-fitting mask when in the child care setting.



Child care settings should keep a list of the date, names, and contact information for all visitors who enter the setting.

## Transportation

Buses and vans used for transporting children should be cleaned and disinfected according to routine cleaning practices.

### Drivers should:

- Clean their hands often, including before and after completing trips and to practice respiratory etiquette as needed.
- Use alcohol-based hand sanitizer with at least 60% alcohol during trips.
- Wear a well-fitting mask.

### Children should:

- Clean their hands before and after being in a bus or van.
- School-age children should wear a well-fitting mask on buses with exceptions outlined in the [Personal Protective Equipment](#) section of this document.

To reduce the number of close, in-person interactions, the following strategies are recommended:

- Use consistent and assigned seating arrangements; seating can be altered whenever necessary to support child health and safety.
- Prioritize children sharing a seat with a member of their household.
- On a bus, if space is available, each child should have their own seat, and sit beside the window.
- Open windows when the weather allows.

## Food and Beverages

[FOODSAFE](#) Level 1 covers important food safety and worker safety information including foodborne illness, receiving, and storing food, preparing food, serving food, and cleaning and sanitizing. It is a helpful resource for those seeking education and training on food safety practices.

For food contact surfaces, ensure any sanitizers or disinfectants used are approved for use in a food service application and are appropriate for use against COVID-19. These may be different than the products noted in this document for general cleaning and disinfection. Additional information is available on the [BCCDC](#) website. Child care centres can continue to accept food donations to support learning and the delivery of meal programs, breakfast clubs and other food access initiatives.

Food and beverages should not be shared. Children and staff can bring their own reusable food and drink containers to the facility for their own personal use. Reusable dishware, glasses and utensils should be cleaned and sanitized after each use.

## Personal Measures

People can take personal measures to protect themselves and others. Examples include physical distancing, minimizing physical contact, frequent hand washing, practicing respiratory etiquette, and staying home if sick. When COVID-19 is



present in the community, the risk of introducing COVID-19 into child care settings is reduced if staff, children and parents/caregivers:

- Follow public health recommendations and Orders;
- Perform a daily health check for [symptoms](#) of COVID-19;
- Use the [When to get a COVID-19 test](#) or the [B.C. Self-Assessment Tool](#) to determine if testing for COVID-19 is recommended;
- Stay at home when sick; and
- Self-isolate if required by law or public health;

### Daily Health Check

Child care administrators should ensure:

- Staff and other adults entering the setting are aware they should not come if they are sick or are required to self-isolate.
- Parents and caregivers are aware that their child should not go to child care if they are sick or are required to self-isolate.

Child care administrators can support this practice by communicating the requirement for everyone to do a **daily health check** for [symptoms](#) of COVID-19.

- For staff and other adults in the child care setting, an active daily health check should be completed.
- For children, this means ensuring their parent or caregiver is aware of common symptoms of COVID-19 and is checking their child daily to see if the child is experiencing any of these symptoms, as well as ensuring their child is not required to self-isolate.
- If the staff or children (or their parent or caregiver) indicates that the symptoms are consistent with a previously diagnosed health condition and are not unusual for that individual, they can continue to attend child care settings. No assessment or note should be required from a health care provider.

### What to Do When Sick

The management of COVID-19 in the community is now more aligned with the management of other respiratory infections.

Staff, children, or other persons in the child care setting who are exhibiting [symptoms](#) of COVID-19 should stay home until they are well enough to participate in regular activities. Staff, children, or other persons can attend child care if their symptoms are consistent with a previously diagnosed health condition (e.g., seasonal allergies) or symptoms have improved enough to where you feel well enough to return to regular activities and their fever has resolved without the use of fever-reducing medication (e.g. acetaminophen, ibuprofen). The [When to Get Tested for COVID-19](#) resource or the [B.C. Self-Assessment Tool](#) provides more information on whether you should get a test for COVID-19. If you are unsure or concerned about your symptoms, connect with your health care provider or call 8-1-1.



Staff, children, or other persons in the child care setting who test positive for COVID-19 should follow the guidance on the [BCCDC](#) website as to how long they should self-isolate. They can return to child care when they no longer need to self-isolate.

Child care facilities are not required to close unless directed to do so by public health. Operators can use their discretion to close if they have operational or business reasons. For instance, facilities experiencing illness amongst staff may need to close for operational reasons if they are unable to maintain staff to child ratios as required under the Child Care Licensing Regulation.

While not required by public health, child care operators may ask individuals who recently attended or worked in their program to notify them if they test/ed positive for COVID-19. Child care operators may notify people who may have been exposed to COVID-19 without breaching individual privacy. The following language is recommended to share with parents and caregivers if a person in child care recently tested positive for COVID-19:

*This notice is to inform you that a person in our child care in the [program] has tested positive for COVID-19. They last attended child care on [date] and began showing symptoms on [date]. You should monitor your child for symptoms of COVID-19. If your child is not experiencing symptoms of COVID-19, your child can continue to attend child care, unless advised by public health to stay home.*

### What to do if Exposed to COVID-19

In the context of COVID-19 circulation in the community, contact tracing is no longer an effective strategy for the prevention of COVID-19. For this reason, public health does not require people who have been exposed to COVID-19 to self-isolate provided they do not have [symptoms](#) of COVID-19.

People who have been exposed to COVID-19, including staff or children in child care, should monitor for symptoms of COVID-19. As long as they do not have any symptoms, they are not required to stay home and may continue to attend child care. If they develop symptoms of COVID-19 or test positive for COVID-19, follow the directions in [What to do When sick](#).

### Other Considerations for Managing Illness in Child Care Settings

Establish procedures for those who become sick in a child care setting to go home as soon as possible.

- Some children or staff may not be able to be picked up immediately. Consider having a space available where the child or staff member can wait comfortably, which is safe and is separated from others. This can include being in the same room as others, as long as the person experiencing illness is at least two metres away from others and wears a mask if they're able to. Provide supervision for younger children.
- **Do not require a health care provider note (i.e., a note from a doctor or nurse practitioner) to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practices.**

### Hand Hygiene

Hand washing with plain soap and water reduces the spread of illness. Provide regular opportunities for staff and children to wash hands with plain soap and water for at least 20 seconds or use alcohol-based hand rub containing at least 60% alcohol. Soap and water are preferred when hands are visibly dirty; otherwise, use a hand wipe followed by



alcohol-based hand rub. It is particularly important for hand hygiene to be practiced immediately before eating and immediately after using the toilet.

To learn more about how to perform hand hygiene, please refer to the BCCDC's [hand washing poster](#). Children should be supervised or assisted in using hand sanitizer. Hand sanitizer should not be used on infants. Some hand sanitizers should not be used on children, so labels should be read carefully. More information on the proper use of hand sanitizers is available on the [BCCDC](#) website.

## 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”).

## Personal Items and Books

Personal items (e.g., blankets, reusable food and drink containers) can be brought into the child care setting from home for individual use. Parents and caregivers should label these items and wash these items at the end of the day.

There is no evidence that COVID-19 is transmitted by books or paper. There is no need to limit the use of books and paper-based materials.

## Personal Protective Equipment

### Non-Medical Masks & Face Coverings (Masks)

Personal protective equipment (including masks) can provide an additional layer of protection to the infection prevention and exposure control measures described above. The term “mask” in this document means a non-medical mask or face covering.

A well-fitting and properly worn mask can help prevent you and others from being exposed to COVID-19. More information on how to make your mask fit properly is available on the [Public Health Agency of Canada](#) website. Wash or sanitize your hands before putting on your mask and after taking it off.

All adults (including staff, practicum students, volunteers and visitors) child care settings are required to wear a mask at all times while indoors, subject to the following exceptions:

- If the adult is unable to wear a mask because of a health condition;
- If the adult is unable to put on or remove a mask without the assistance of another person;
- If the mask is removed temporarily for the purposes of identifying the adult wearing it;
- While the adult is eating or drinking;
- If the mask is removed temporarily to engage in an educational activity that cannot be performed while wearing a mask (e.g. actively playing a wind instrument, participating in a high-intensity physical activity);
- While communicating with a person with a disability or diverse ability for whom visual cues, facial expressions, lip reading, or lip movements are important;





- If the adult is behind a barrier (e.g., a divider); or
- If the adult is alone in a space (i.e. no other children, staff, visitors, or other persons are present).

To align with requirements in other indoor settings, such as schools, school-aged children attending child care programs in non-family child care settings and children attending child care programs in K-12 school settings are required to wear a mask while indoors subject to the following exceptions:

- If the child is unable to wear a mask because of a health condition;
- If the child is unable to put on or remove a mask without the assistance of another person;
- If the mask is removed temporarily for the purposes of identifying the child wearing it;
- While the child is eating or drinking;
- If the mask is removed temporarily to engage in an educational activity that cannot be performed while wearing a mask (e.g. actively playing a wind instrument, participating in a high-intensity physical activity);
- While communicating with a person with a disability or diverse ability for whom visual cues, facial expressions, lip reading, or lip movements are important;
- If the child is behind a barrier (e.g., a divider, a cubicle); or
- If the child is alone in a space (i.e. no other children, staff, visitors, or other persons are present).

Younger children (i.e. pre-school aged children) attending child care programs in non-family child care settings may wear a mask based on personal or family choice.

Children attending child care programs in family child care settings may wear a mask based on personal or family choice.

Infants under two years of age should not wear masks as it may make it difficult for them to breathe and may become a choking hazard.

A health care provider's note (e.g. doctor's note) is not required for the above exceptions.

Child care staff should supervise and support children to ensure safe and proper use if masks are worn. Child care providers are encouraged to support mask use by children through positive and inclusive approaches, and not punitive or enforcement activities that exclude students from fully participating in activities or that could result in stigma. Child care providers are also encouraged to ensure there are opportunities throughout the day for children to remove their masks.

Face shields are a form of eye protection for the person wearing it. They may not prevent the spread of droplets from the wearer. Face shields should not be worn in place of masks, except for those communicating using lip-reading, when visual facial cues are essential, or when people may be unable to wear a mask. Clear masks that cover the nose and mouth are another option when visual communication is necessary.

Information on masks is available from the [BCCDC](#) website.

