



Coronavirus COVID-19

BC Centre for Disease Control

Public Health Guidance for Child Care Settings

Updated: December 20, 2021

Introduction

This document provides guidance for child care providers to minimize the transmission of COVID-19 and 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.

Key changes to this document include:

- Updated information on the epidemiology of COVID-19 in B.C.;
- Information about the impact of COVID-19 vaccines on transmission; and
- Changes to guidance about use of non-medical masks and face coverings.

Child Care Setting

Child care programs support children's social, emotional, behavioral, and early learning development. Additionally, child care programs support parents to return to work. The benefits of keeping child care programs open need be balanced against the risks posed by COVID-19 spread within in child care settings.

Child care programs can be delivered in different settings and with different age mixes. For example, some child care programs are provided in a household setting where there are fewer children and often one adult while other child care programs are provided in large group settings where there are more children and typically, several adults. 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 adopt additional measures 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.



BC Centre for Disease Control

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



COVID-19 in B.C.

The most important measure to prevent COVID-19 transmission in the child care settings is to ensure that anyone eligible is fully vaccinated. Cases in the child care settings reflect cases and vaccination rates in that community. While overall the B.C. population is highly immunized, there is significant variation across communities. In particular, many communities currently have immunization rates that are below the provincial average. Immunization offers community protection against COVID-19, including against [variants of concern](#) detected in B.C.

COVID-19 is mainly spread by droplets released when people infected with the virus breathes, coughs, sneezes, or talks. COVID-19 can also spread when a person touches a surface or object with the virus on it and then touching their own eyes, nose, or mouth, although this is less likely. Variants spread the same way as the original COVID-19, which means established prevention measures continue to protect against it. As of when this guidance was published, the Delta variant was the most commonly detected variant in B.C. While the Delta variant appears to spread more easily, current evidence shows it presents the greatest risk to unvaccinated adults. Currently, it does not appear that the Delta variant results in a greater risk of serious outcomes for children. Children continue to be at low risk for serious outcomes from COVID-19, including variants of concern detected in B.C.

Nevertheless, as COVID-19 is present in our communities, there will continue to be COVID-19 exposures in child care settings and cases amongst children and staff. Because cases in child care settings reflect those in the community, these are more likely to occur in communities with lower vaccination uptake and during times of higher COVID-19 activity. COVID-19 cases can result in significant disruptions, both for families and communities. For this reason, vaccination of people who are eligible is the most effective measure to prevent COVID-19 infection and transmission. For up-to-date information on COVID-19, visit the [B.C. Centre for Disease Control's \(BCCDC\) website](#).

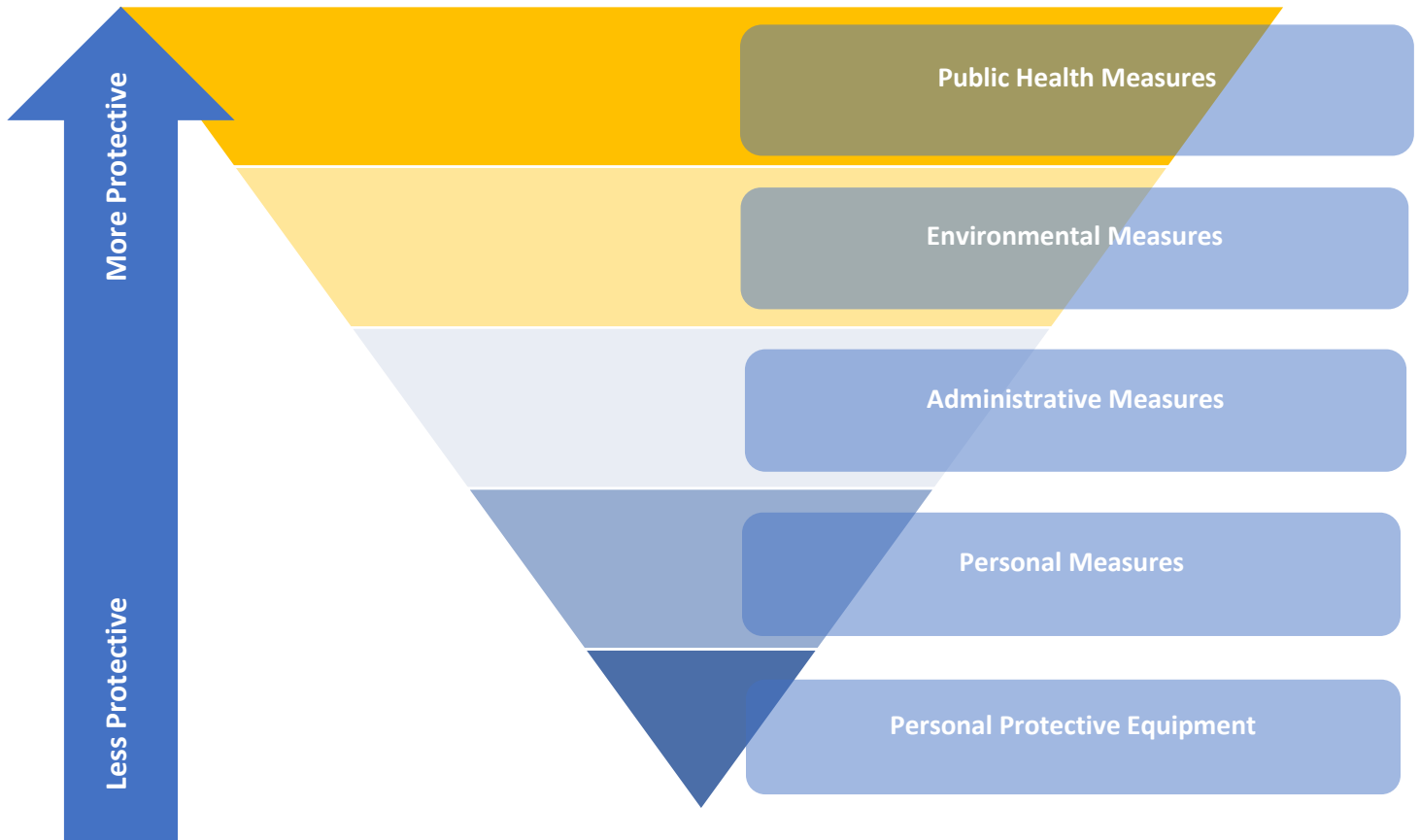
Infection Prevention and Exposure Control Measures

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

All individuals who are eligible for the COVID-19 vaccine are recommended to get vaccinated. Vaccination is the most effective way to protect staff and children from COVID-19. Vaccinations protect against serious complications and reduce the risk of spread of COVID-19. It is important to get all vaccine doses in the vaccine series 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.

The vaccines used in B.C. are highly effective against COVID-19, including against variants of concern. Vaccinated people tend to have milder illness if they get infected and are also less likely spread COVID-19 than unvaccinated people. It is strongly recommended that adults interacting with children be fully vaccinated. Up to date information on vaccination coverage is available from [BCCDC](#) website.

People who are not vaccinated are at higher risk of getting and spreading COVID-19. Most COVID-19 cases, hospitalizations, and deaths are among unvaccinated adults, and are predominantly occurring in communities where a



lower proportion of the population is vaccinated. Up to date information on COVID-19 cases in B.C. are available from the [BCCDC](#) website.

While COVID-19 is present in our communities, there will be COVID-19 exposures in child care settings and COVID-19 cases involving children and staff. However in communities with highly immunized population, exposures are unlikely to lead to further transmission. This is why increasing overall community immunization rates is so important. Public health considers vaccination status when investigating COVID-19 exposures. Staff and children who are not fully immunized and are identified as close contacts are more likely to be asked to self-isolate to prevent spread. This requirement to self-isolate may impact the overall operation of a child care facility or the ability for employees to work and may potentially impacting the livelihood of operators, employees, children and families.

COVID-19 vaccines are part of B.C.'s immunization program. Licensed child care operators should have a record of the vaccinations their staff have received, including COVID-19 vaccines. As private organizations, childcare 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 child care settings and 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.

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 alone cannot protect people from exposure to COVID-19; however, it may reduce risk 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. While pick-up and drop-off outside the facility is encouraged, indoor drop-off by parents or guardians may be accommodated with the other measures outlined in this guidance document.



- 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.
- Child care settings should keep a list of the date, names, and contact information for all visitors who enter the setting.
- All adult visitors should wear a mask when in the child care 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 non-medical mask or face covering.

Children should:

- Clean their hands before and after being in a bus or van.
- School-age children should wear a non-medical mask or face covering 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;
- Self-isolate if required by law or public health;
- Perform a daily health check; and
- Stay at home when sick and call 8-1-1 or use the [B.C. Self-Assessment Tool](#) to determine if further assessment or testing for COVID-19 is needed.

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 as per public health direction.

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) 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.

Those experiencing symptoms of COVID-19 can also use the [B.C. Self-Assessment Tool](#).

What to Do When Sick

Staff and other adults in the child care setting and parents/caregivers of children are expected to follow the guidance from BCCDC. This is outlined in the [When to Get Tested for COVID-19](#) resource. Nobody should attend child care if they are sick.

What to Do When Symptoms Develop At Child Care

If a staff member, child or other person develops symptoms while in the child care setting, follow the guidance in [Appendix A: What to Do if a Child or Staff Member Develops Symptoms](#).



Returning After Sickness

When a staff, child or other persons entering the setting can return to child care depends on the type of symptoms they experienced as outlined in the [When to Get Tested for COVID-19](#) resource.

If based on their symptoms a test was not recommended (e.g., the guidance includes ‘You do not need testing at this time’), the person can return when their symptoms improve and they feel well enough to participate in all activities.

If based on their symptoms a test is recommended (e.g., the guidance includes ‘Please get a COVID-19 test’), the person must stay home until they receive their test result.

- If the test is **negative**, they can return when symptoms improve and they feel well enough.
- If the test is **positive**, they must follow direction from public health on when they can return.

Staff, children and parents/caregivers can also use the [B.C. Self-Assessment Tool](#), call 8-1-1 or consult their health-care provider for guidance.

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.**

Children or staff may still attend child care settings if a member of their household develops new symptoms of illness provided the child or staff member has no symptoms themselves. If the household member tests positive for COVID-19, public health will advise the asymptomatic child or staff member on whether to self-isolate and when they may return to the child care setting. Most illness experienced in B.C. is not COVID-19, even if the symptoms are similar.

Hand Hygiene

Rigorous 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; therefore, 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. Masks provide some protection to the wearer and to those around them. The term “mask” in this document means a non-medical mask or face covering.

All adults (including staff, practicum students, volunteers and visitors) child care settings should wear a non-medical mask or face covering (a “mask”) at all times while indoors, subject to the following exceptions:

- 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;
- If the adult is eating or drinking;
- If the adult is behind a barrier (e.g., a divider or in a room by themselves); or
- While providing a service where visual cues, facial expressions and/or lip reading/movements are important.

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.

Children attending child care programs in family child care settings may wear a non-medical mask or face covering based on personal or family choice.

To align with requirements in other 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 should wear a non-medical mask or face covering at all times while indoors subject to the following exceptions:

- If the child is unable to wear a mask because they don’t tolerate it (for health or behavioural reasons, including health impacts experienced during excessive heat events or poor air quality);
- 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;
- 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, high-intensity physical activity, etc.);
- If the child is eating or drinking; or
- If the child is behind a barrier (e.g., a divider, a cubicle, or in a room by themselves).

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

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 non-medical masks is available from the [BCCDC](#) website.



Appendix A: What to Do if a Child or Staff Member Develops Symptoms

<p><i>If a Child Develops Any New Symptoms of Illness While in a Child Care Setting</i></p>	<p><i>If a Staff Member Develops Any New Symptoms of Illness While in a Child Care Setting</i></p>
<p>Staff must take the following steps:</p> <ol style="list-style-type: none"> 1. Immediately separate the symptomatic child from others in a supervised area. 2. Contact the child’s parent or caregiver to pick them up as soon as possible. 3. Where possible, maintain a two-metre distance from the ill child. If not possible, staff should wear a non-medical mask or face covering if available and tolerated or use a tissue to cover their nose and mouth. 4. Provide the child tissues to cover their coughs or sneezes. Throw away used tissues as soon as possible and perform hand hygiene. 5. Avoid touching the child’s body fluids (e.g., mucous, saliva). If you do, practice diligent hand hygiene. 6. Once the child is picked up, practice diligent hand hygiene. 7. Staff responsible for facility cleaning must clean and disinfect the space where the child was separated and any areas recently used by them (e.g., classroom, bathroom, common areas). <p>Parents or caregivers should pick up their child as soon as possible if they are notified their child is ill.</p>	<p>Staff should go home as soon as possible.</p> <p>If unable to leave immediately:</p> <ol style="list-style-type: none"> 1. Symptomatic staff should separate themselves into an area away from others. 2. Maintain a distance of two metres from others. 3. Use a tissue or non-medical mask to cover their nose and mouth while they wait to be picked up. 4. Staff responsible for facility cleaning must clean and disinfect the space where the staff member was separated and any areas used by them (e.g., classroom, bathroom, common areas).
<p>Children and staff should return to the child care facility according to the guidance in this document.</p> <p>A health-care provider note should not be required for children or staff to return.</p>	

