

COVID-19 Guidance for Child Care Settings

June 2020



© Crown copyright, Province of Nova Scotia, 2020
COVID-19 Guidance for Child Care Settings June 2020
Education and Early Childhood Development
ISBN: 978-1-77448-036-6

Table of Contents

Introduction	1
Preventing the Introduction of COVID-19 into Child Care Settings	2
Monitoring Staff, Children and Essential Visitors for Symptoms	2
Monitoring Staff for Symptoms	2
Monitoring Children for Symptoms	3
Monitoring Essential Visitors for Symptoms	3
Public Health Measures	4
Physical Distancing	5
Cohorting/Grouping	6
Hygiene Practices	6
Environmental cleaning	8
Laundry	9
Outdoor Activities	9
Other Considerations	10
Presentation of Symptoms of COVID 19 While in a Child Care Setting	10
Staff	10
Children	11
Outbreak Management	12
Personal Protective Equipment	12
Personal Protective Equipment for Staff	12
Non-medical Masks	13
Appendix A – Screening Tool for Children	14
Appendix B - Handwashing Poster	15
Appendix C - Use of Medical Masks (see PPE section)	16

Introduction

The goal of this document is to provide guidance on how to reduce the risk of transmission of the virus that causes COVID-19 in regulated child care settings, provide safe and healthy environments for children and staff, and balance the public health and safety measures with unintended impacts. Regulated child care settings include child care facilities and approved family day care homes.

All child care settings must follow the **Public Health Order** issued by the Chief Medical Officer of Health and direction arising from the Order given under the authority of the Health Protection Act.

This document provides guidance to staff for the prevention and control of COVID-19 in child care settings. The foundational document that must be used in conjunction with this guidance is the *Guidelines for Communicable Disease Prevention and Control for Child Care Settings*.

This guidance document is based on the latest available scientific evidence and expert opinion about this emerging disease and may change as new information becomes available. The Public Health Agency of Canada will be posting regular updates and related documents at <https://www.phac-aspc.gc.ca/>.

The risk level of the introduction and transmission of COVID-19 within a child care setting is impacted by transmission of the virus in the community. If there is COVID-19 activity in the community, the likelihood of it being introduced into the facility is higher. At the present time, the level of community transmission in Nova Scotia is low. As the situation evolves, facilities will need to stay informed and adjust processes and programming in order to support the health and safety of children and staff; child care settings are encouraged to be innovative and creative in implementing the public health measures. Although evidence suggests children are not the primary drivers of transmission, facilities need to be diligent in maintaining adherence to the public health guidance as outlined in this document. Ensure families are kept up to date on current information and policies related to COVID-19 as part of your regular communication to families. The Department of Education and Early Childhood Development will communicate any changes to this guidance as necessary.

This guidance document uses the term **staff** to include employees and volunteers of child care settings. Employees fulfill various functions within child care settings, such as but not limited to, early learning educators, kitchen workers, administration, practicum students, substitutes.

This guidance document uses the term **child/children** to refer to participants in child care programs.

This guidance document uses the term **family** to include parents/guardians of children who participate in child care programs.

This guidance document uses the term **visitor** to include those individuals who intermittently enter the facility. Only visitors that are required to provide essential services are permitted into the facility including, but not limited to essential external program providers (i.e. early intervention, EIBI service providers, licensing officers, etc.), delivery personnel and maintenance workers.

Preventing the Introduction of COVID-19 into Child Care Settings

Settings should strengthen communication strategies (including accessible signage) about when to stay home.

The following people should self-isolate and not enter child care settings:

- Any person who is experiencing symptoms suggestive of COVID-19
- Any person who travelled outside Nova Scotia in the previous 14 days
- Any person who is a close contact of a confirmed case of COVID-19
- Any person who is awaiting a COVID-19 test result

Anyone who is unsure whether they or their child should self-isolate should be directed to the 811 assessment tool at <https://when-to-call-about-covid19.novascotia.ca/en>

Monitoring Staff, Children and Essential Visitors for Symptoms

Monitoring for symptoms is important to identify any potential cases of COVID-19 as quickly as possible.

Monitoring Staff for Symptoms

- Child care settings should instruct all staff to self-monitor daily for symptoms of COVID-19 at home. Facilities must maintain records of staff absenteeism.
- Staff should monitor for signs and symptoms of COVID-19. The most up to date list of symptoms can be found on the 811 website: <https://when-to-call-about-covid19.novascotia.ca/en>
- Staff must be kept informed of the most updated list of signs and symptoms.
- Staff that have an elevated temperature or any of the symptoms listed above must stay home, isolate and must be excluded from work. Call 811 for an assessment for testing.

Monitoring Children for Symptoms

Child care settings should develop a plan to clearly communicate to families the need to monitor their child daily for symptoms before sending them to child care. A tool is provided in Appendix A.

The tool should be provided to parents and should be posted at drop-off locations. Parents should be asked daily to confirm that their child has no symptoms and is not otherwise required to self-isolate. Child care settings are not required to screen children for specific symptoms or take temperatures of children upon arrival.

A chronic stable cough, sneeze, runny nose, or nasal congestion that is unchanged and clearly linked to a known medical condition such as asthma or allergies is not an absolute requirement for exclusion. Changing or worsening of chronic symptoms requires isolation and contacting 811.

Monitoring Essential Visitors for Symptoms

- Before entering a child care setting, essential visitors should be directed to complete the 811 screening tool and confirm that they have no symptoms consistent with COVID-19 and are not required to self-isolate.
- Visitors with any symptoms should not enter the child care setting.
- Child care settings are required to keep a list of all essential visitors that entered the facility with confirmation that they have been screened.

Public Health Measures

COVID-19 is most commonly spread from an infected person through respiratory droplets generated through coughing, sneezing, laughing, singing, and talking. It spreads more easily when contact is close (within 2 metres) and prolonged (more than 15 minutes). COVID-19 can also be spread by close personal contact such as touching or shaking hands or touching something with the virus on it and then touching one's mouth, nose or eyes before washing one's hands. Some people who have few or no symptoms can still spread COVID-19.

Although public health measures can significantly reduce the risk of COVID-19 entering and being transmitted in child care settings, the risk is never zero. It is important to remember that while children tend to have less severe disease, this is not always the case. COVID-19 can also cause more severe illness among people who are 65 and over and those who have compromised immune systems or underlying medical conditions. Children under one year of age and those with immune suppression and complex medical histories are considered more vulnerable and at higher risk for severe illness. Parents, guardians, and staff are encouraged to consult with their health care provider if they have concerns about their own health, their child's health, or health of other household contacts.

The most effective measures to reduce the spread of COVID-19 include separating people by maintaining physical distance and the use of physical barriers. However, these measures are not always practical in child care settings. Therefore it is most effective to use a layered approach including multiple measures from the areas listed below, and to develop administrative measures that support individuals to consistently follow personal preventive practices (e.g., environmental cleaning, conducting frequent hand hygiene) that decrease the number of interactions and increase the safety of interactions that occur. Recognizing the difference between licensed family day care homes and centres, re-opening at a reduced capacity (50%) can benefit child care centres in effectively implementing the public health measures within their centre. Decisions to increase the number of children must balance the benefits to children and families with the risks related to transmission of COVID-19 and depends on the ability of the centre to maintain strong public health measures going forward.

Adapted responses and recommendations may be required in situations where health, age, ability, status, or other socio-economic and demographic circumstances may limit the ability of some groups or individuals to follow the recommended measures.

It is important to consider the mental health and wellbeing of children and staff. Fear and anxiety are normal responses to recent events. It is important to listen to children, recognize their concerns, and provide reassurance where possible (<https://www.caringforkids.cps.ca/handouts/the-2019-novel-coronavirus-covid-19>). Being a positive role model and maintaining familiar activities and routines (where appropriate) can decrease fear and anxiety. It is also important to be mindful of how COVID-19 is discussed around children.

Physical Distancing

- Physical distancing of 2 metres or 6 feet between all individuals helps reduce the spread of illness. However, it is not always practical in child and youth settings. Where possible, maintain physical distancing:
 - * between staff members and essential visitors
 - * in each play area/classroom
 - * during outdoor play
 - * during pickup and drop-offs (minimize the number of individuals entering the facility by having one family member designated for pickup and drop-off, consider doing drop-off and pick-up outside where appropriate)
- Arrange beds/cots so there is a 2 meter/6-foot separation between children's heads during nap time. This can be arranged by staggering cots or using a head-to-toe arrangement. If physical distancing is not possible, consider the use of dividers between children during naps if safe to do so.
- Signage should be posted to promote social/physical distancing.
- Visual cues can be used to encourage physical distancing such as floor markings (e.g. in pick-up/drop-off areas).
- Consider staggering drop-off/pick-up times or use separate entrances if feasible.
- Stagger staff break times.

Physical barriers can be used when physical distancing cannot be maintained where appropriate. Consider the need for additional cleaning and sanitizing of any barriers or dividers.

Cohorting/Grouping

Where physical distancing cannot be maintained between individual children, it is important to maintain at least 2 metres between groups of children.

- Assign children and staff to a group and keep them together throughout the day.
- Where possible, staff and children should remain with the same group each day.
- Limit movement of staff. Minimize travel between sites. Limit workers (i.e. cleaning staff) to one site if possible.
- Siblings should be grouped together when reasonable (e.g. siblings are within the same age range)
- Siblings are not required to physically distance from each other (e.g. siblings can hug, be within 2 metres/6 feet of each other), even if they are in different groups within the child care setting.
- Groups should not be in shared spaces (including hallways, entrances, foyers) at the same time. Where this is not possible, physical distancing is required.
- Child care settings should keep daily records that include the names of the children and staff participating in each group.

Hygiene Practices

- Everyone within the child care setting must wash their hands often with soap and water for at least 20 seconds. If soap and water is not available and if your hands are not visibly soiled, an alcohol-based hand sanitizer with a minimum alcohol concentration of 60% can be used. If hands are soiled, and you have no access to water, a two step approach must be taken. Hands must be wiped clean then use alcohol-based hand sanitizer with a minimum content of 60%.
- Staff and children should wash their hands upon arrival into the facility.
- Provide alcohol based hand sanitizer in areas throughout the facility, such as at entry points and outside of classrooms. Ensure these are situated so children cannot access it without supervision.

- If alcohol based hand sanitizer is used with children within the facility, and it has been deemed safe to do so based on age and ability (e.g. hand sanitizer should not be used for children who routinely put their hands in their mouth), staff should dispense the sanitizer into the child's hand and observe while the child thoroughly rubs in the sanitizer.
- Practice cough etiquette by coughing and sneezing into your sleeve or a tissue and discard immediately.
- Practice hand hygiene (wash hands or use hand sanitizer) often; including but not limited to:
 - * After:
 - Sneezing
 - Coughing
 - Blowing your nose
 - Toileting/diaper changing
 - Outdoor play
 - Handling pets
 - Eating/Drinking
 - Handling bodily fluid
 - Cleaning
 - * Before:
 - Entering the facility/classroom
 - Eating/drinking/handling food
- Staff need to stay home if they are ill, even if their symptoms are mild
- Children need to stay home if they are ill, even if their symptoms are mild (Refer to section 'Monitoring for symptoms for children' for further information on when a child needs to stay home)
- Avoid sharing personal items (i.e. backpacks, hats, hair pieces, lip chap, food/drinks, etc.)
- Avoid touching your mouth, nose or eyes
- Signage should be posted to encourage hand hygiene and proper cough etiquette

Environmental cleaning

Cleaning refers to the removal of visible dirt, grime and impurities. Cleaning does not kill germs but helps remove them from the surface. Disinfecting refers to using chemicals to kill germs on surfaces. This is most effective after surfaces are cleaned. Both steps are important to reduce the spread of infection. Do not mix cleaning agents and disinfectants together or use multiple disinfectants together.

- Daily environmental cleaning and disinfection is required throughout the facility (including cribs, cots and outdoor play equipment and toys).
- More frequent (twice daily or more often as needed) cleaning and disinfection of high-touch surfaces (e.g. doorknobs, railings, bathrooms, tables, light switches, etc.) is required.
- Clean and disinfect shared items between each use (e.g. toys, electronics, play areas, including outdoor play equipment/toys, etc.)
- Additional environmental cleaning should occur if a staff or child has been identified to be symptomatic. Focus should be in high-touch areas and areas where the staff or child spent time.
- Disinfectants should be used to eliminate the coronavirus that causes COVID-19. Consult the products Safety Data Sheets for proper use. Use products with a drug identification number (DIN) and labelled as a broad-spectrum virucide. A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada. For a list of approved disinfectants refer to: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>
- Check the expiry date of products you use and always follow manufacturer's instructions for use
- If an approved disinfectant is not available, use a diluted bleach (5.25% sodium hypochlorite) solution: Daily prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water (1:9 ratio of bleach/water). Discard leftover solution at the end of the day.
- Disinfect electronics and handheld devices with 70% alcohol or wipes.
- Remove toys that cannot be easily cleaned such as dress-up clothes, stuffed animals and sensory play (unless the sensory play can be cleaned and disinfected between use or each child is designated their own sensory play).

- Items/clothing should be laundered regularly in hot water and thoroughly dried.
- Waste should be disposed of regularly. Hands should be washed after waste removal. No touch waste receptacles should be used.

Laundry

- Follow regular laundry schedule.
- Any soiled bedding or clothing belonging to a child should be bagged and sent home with the family for laundering. If possible, do not shake laundry (minimizes possibility of dispersing virus through the air).
- Soiled facility linens/towels should be laundered using regular laundry detergent and hot water. If possible, do not shake laundry.
- If the laundry container comes in contact with contaminated laundry, it should be cleaned and disinfected.
- Wash hands after handling dirty laundry.

Outdoor Activities

- Move activities outdoors if possible
- Maintain Public Health Measures in outdoor spaces
- Avoid field trips (e.g. that require transportation or requires entry into another facility/building)
- If facility has a designated outdoor space:
 - * schedule outdoor play to maintain cohorts of children of staff
 - * if possible, designate space and toys within the play area for each cohort
 - * outdoor play area and toys should be cleaned and disinfected between use as per your regular cleaning and disinfection procedures
 - * Walks around neighbourhood and nearby trails are encouraged
 - * Access outdoor green spaces within walking distance of the facility where physical distancing can be maintained

- If facility does not have their own designated outdoor space:
 - * Walks around neighbourhood and nearby trails are encouraged
 - * Access outdoor green spaces within walking distance of the facility where physical distancing can be maintained

Other considerations

- Keep enough toys available to encourage individual play
- Ensure adequate supplies to minimize sharing (e.g. art supplies)
- Limit items from home to essential items only and ensure these items are not shared with others
- Increase ventilation – open windows if possible and it is safe to do so. Ensure ventilation system operates properly and is routinely maintained.
- Serve food rather than have family style eating (i.e. where children are involved in serving themselves). Do not involve children in the preparation or serving of food. Physically distance during meal time as much as possible.
- There may have been little to no water flow through the plumbing water systems within facilities. Therefore, appropriate actions must be taken in order to reduce the risk of poor water quality (e.g. flushing lines).
For more information, contact Nova Scotia Environment.

Presentation of Symptoms of COVID-19 While in a Child Care Setting

Staff

- Staff must not work while ill, even with mild symptoms.
- If a staff member becomes symptomatic while they are working in the child care setting, they should immediately wash their hands, tell their supervisor, avoid contact with other staff and children and go home to isolate. Staff with symptoms should call 811 for an assessment to determine if they need to be tested.
- If 811 deems they don't need to be tested, return to work once symptoms resolve.

- Staff can return to work once it has been determined that it is safe to do so. If staff is tested and are negative for COVID-19, then they can return to work once their symptoms resolve.
- If a staff has a positive test, staff will be followed by Public Health. Public Health will let the staff member know when they are able to return to work.
- Additional environmental cleaning should occur if a staff or child has been identified to be symptomatic. Focus should be in high-touch areas and areas where the staff or child spent time.

Children

Plans should allow a staff person to be available to supervise an unwell child if needed, ideally in a separate room with the door closed but minimally 2 meters from other children or staff. Parents and guardians should be aware that they will need to pick up their child promptly and contact 811 for an assessment if notified that their child has developed symptoms.

If a child develops symptoms consistent with possible COVID-19 infection:

- Identify staff member to supervise the child
- Immediately separate the child from others in a supervised area
- Notify family so designated family member can pick up the child and contact 811 for assessment
- If staff members cannot maintain 2 metre distance from the child, they should wear a medical mask. See PPE section for proper mask etiquette.
- Where appropriate, it is an option to close inside doors and open outside doors and windows to increase air circulation
- Support children to cough or sneeze into sleeve or tissue. Immediately discard used tissues and perform hand hygiene.
- Staff should perform frequent careful hand hygiene.
- Clean and disinfect any common areas and toys used by the child.

If concerned, contact local public health unit to seek further advice.

Outbreak Management

In the event that a case of COVID-19 is confirmed to be connected to a child care setting, Public Health will provide additional guidance including ensuring that appropriate supports are in place to coordinate the response. One (1) confirmed case of COVID-19 in a child care setting would be considered an outbreak.

Public Health actions and directions may include, but are not limited to:

- Contact tracing, which involves identifying contacts of a positive case and contacting those individuals
- Requesting records that identify cohorts/groups of staff and children in the child care setting for a specified time frame
- Testing of staff and children that may have been exposed to a positive case
- Enhancing environmental cleaning
- Assessing need for facility closure

Child care settings are expected to work with Public Health to ensure a prompt response to cases of COVID-19 that may have been exposed in or may have attended a child care setting.

Personal Protective Equipment

Personal Protective Equipment (PPE)

Children are not required to wear masks or other PPE in child care settings.

Staff should maintain current practices for the use of PPE with respect to the hazards normally encountered in their work, with one exception of wearing a medical mask (surgical/procedural mask) when unable to maintain a distance of 2 meters from a child who is exhibiting signs or symptoms suggestive of COVID-19. There is no role for the use of N95 respirators in this setting. Glove use is only required as per your regular practices and current policies.

To don (put on) the mask safely, clean hands with alcohol-based hand rub or soap and water. Place the mask on your face carefully so it covers your mouth and nose, handling it with the strings/elastic ear loops as much as possible, and mold the nose

bridge to ensure it does not move while on. Avoid touching the mask once you have put it on. If you need to adjust it, clean your hands before and after adjusting the mask. Never pull the mask down below your nose or mouth and chin. Never dangle the mask from one ear or both ears.

To remove the mask safely, remove the mask from behind using the strings/elastic ear loops; do not touch the front of the mask. Discard the mask immediately, ideally in a no touch receptacle. Clean hands with alcohol based hand rub or soap and water (See Appendix C).

Non-medical masks

The use of non-medical masks (cloth or home-made masks) within child care settings is not required. However, some staff and children may choose to bring and wear a non-medical mask while in the facility. Masks are not recommended for children under two years of age.

If a non-medical mask is used, hands should be cleaned before and after putting it on and taking it off. Avoid touching the mask once you have put it on as per recommendations for the use of medical masks above. Removed masks should be stored safely.

It is important to respect individual decisions and treat people who choose to wear a non-medical mask with respect. Family and staff can teach and reinforce these messages with the children.

Those that choose to wear a non-medical mask should consider the information found here: <https://novascotia.ca/coronavirus/staying-healthy/#masks>

Appendix A: Screening Tool for Children

Parents and guardians, please complete this checklist each day and be prepared to confirm your answers to your child care provider.

If you are unsure, contact 811 before bringing your child to child care.

1. Is your child unwell?	YES	NO
2. Does your child have any of these symptoms?		
Fever (or chills or sweats)	YES	NO
New or worsening of a previous cough	YES	NO
Sore throat	YES	NO
Headache	YES	NO
Shortness of breath	YES	NO
Muscle aches	YES	NO
New or worsening sneezing	YES	NO
New or worsening nasal congestion or runny nose	YES	NO
Hoarse voice	YES	NO
Diarrhea	YES	NO
Unusual fatigue	YES	NO
Loss of sense of smell or taste	YES	NO
Red, purple, or blueish lesions (spots) on the feet, toes or fingers without clear cause?	YES	NO
3. In the last 14 days, has your child travelled outside Nova Scotia?	YES	NO
4. In the last 14 days, had your child has close contact (within 2 metres / 6 feet) with someone confirmed to have COVID-19 infection?	YES	NO
5. Is your child awaiting result from a COVID-19 test?	YES	NO

If you answer YES to any one of these questions, your child is not able to attend child care.

Inform your child care provider of the reason for your child's absence.

If you answered YES in Question 1 or 2, or if you have any questions, **contact 811**.

A child with chronic stable cough, sneeze, runny nose, or nasal congestion that is unchanged and clearly linked to a known medical condition such as asthma or allergies may still be able to attend child care.

Changing or worsening of chronic symptoms requires isolation and contacting 811.

Appendix B: Handwashing Poster

**PROPER
HAND
WASHING**

Washing your hands frequently with soap and water is the best way to reduce the spread of germs.

- 

1 Wet your hands with warm running water
- 

2 Add soap and scrub for 15–20 seconds
- 

3 Wash backs, thumbs, between fingers, and under nails
- 

4 Rinse off soap under running water
- 

5 Dry your hands with a clean towel
- 

6 Turn off tap with a towel

When soap and water are not available, alcohol-based hand sanitizers can be used if hands are not visibly soiled.

 NOVA SCOTIA

Appendix C: Use of Medical Masks

#StopTheSpread

How to use a mask?

Source: World Health Organization

Before Putting on a Mask:

Clean hands with alcohol-based hand rub or soap and water.

While Wearing a Mask:

1. Cover your mouth and nose. Make sure there are no gaps between your face and the mask.
2. Avoid touching the mask. If you do, clean your hands with alcohol-based hand rub or soap and water.
3. Replace the mask with a new one as soon as it is damp. **Do not re-use single-use masks.**

To dispose of the mask:

1. Remove the mask from behind using the strings. **Do not touch the front of mask.**
2. Discard the mask **immediately** in a closed bin.
3. Clean hands with alcohol-based hand rub or soap and water.