

**Submitted Questions from MCFD Child Care Health & Safety Guidelines Townhall Webinar**  
**Feb 16, 2021**

## **Guidelines Compliance and Clarification**

### **Why are we not alerted when there is a community outbreak or child care closure?**

Public health will directly contact anyone who is a confirmed [close contact](#) within child care facilities or other community settings. Additional notifications (including public notifications) are not part of routine practice, to ensure personal privacy is protected.

Additional notifications may be issued on a case-by-case basis, as determined by public health. This would include if public health was unable to reach all close contacts to advise they take preventive actions, such as self-isolation and testing.

### **Are kids not qualified for vaccines?**

Vaccines are tested in adults before being tested in children. The vaccines available in British Columbia at this time have been tested in adults and approved for use in adults. They are not recommended for most children, although clinical trials in people under the age of 18 are now underway. The current provincial immunization plan is also taking an age-based approach, ensuring that older adults are immunized first as they are at the highest risk of severe disease.

### **Why are child care programs operating before- and after-school programs shut down because of positive COVID cases, but a school classroom is not?**

The public health response to confirmed COVID-19 cases in child care or other settings is based on a risk assessment, which includes looking at the types of interactions that occur and determining who is a close contact and who else may have potentially been exposed.

Only those who public health determines are at increased risk for developing COVID-19 are asked to self-isolate.

Public health only suggests facilities close temporarily if it is necessary to stop COVID-19 from spreading amongst those who attend the facility.

### **Why not change ratios to reflect the hard time we are having surrounding a lack of staff in some centres?**

Changing ratios to allow for each staff member to provide care to a greater number of children will put those children at increased risk. The staff-to-child ratios provided in the [Child Care Licensing Regulation](#) ensure that each child is adequately cared for and supervised, based on their age and developmental stage.

### **If bedding only needs to be cleaned weekly, why are blankets considered a personal item needing to be cleaned daily?**

Bedding that touches a child's skin should be cleaned weekly, when soiled, or before use by another child. While children's bedding should be kept separate, if a blanket that is considered a personal item for a child is touched or used by multiple children, then it should be cleaned more frequently.

This was an error when the child care guidance was originally published; it has been corrected to now state: "Personal containers should be washed daily and blankets washed weekly" on page 8.

**It seems that the virus is not supposed to be readily transmitted via surfaces. But one of the steps that is considered highly effective to reduce transmission (in the pyramid) is cleaning of surfaces. Why would cleaning be effective if the virus is not transmitted via surfaces?**

While surfaces may not be the main way virus is spread, it is still possible. Cleaning of surfaces (particularly frequently touched surfaces) represents one of many important measures to reduce the risk of infection.

**Why are "Personal Measures" including staying home when sick, practicing physical distancing, and hand washing listed as "less effective" in the table (page 3)?**

The Hierarchy of Infection Prevention and Exposure Control Measures (i.e. the triangle from the guidelines on page 3) considers measures not requiring personal choice or actions to be more effective, as they apply the same for everyone and can be implemented at all times.

Personal measures are effective when practiced consistently and properly. They work best when most people follow them most of the time.

**Will guidelines be changed as vaccinations continue?**

The guidance reflects the current risk to British Columbians. The aim of immunization and other public health measures will be to reduce the risk of infection, particularly for those who are most vulnerable to severe disease. As the number of cases decreases and people who are vulnerable become protected through vaccination, hopefully we will be in a place to revise the guidance to reflect the lower risk. However, at the moment people who are vaccinated should continue to follow the same public health guidance.

## **Employees and workplace**

**When someone returns to the child care centre after 10 days since testing positive for COVID-19, can an employee refuse to work to avoid exposure?**

Workers have the right to refuse work if they believe it presents an undue hazard. An undue hazard is an "unwarranted, inappropriate, excessive, or disproportionate" hazard. For COVID-19, an "undue hazard" would be one where a worker's job role places them at increased risk of exposure and adequate controls are not in place to protect them from that exposure.

Provided the returning person is following public health recommendations for returning to work, a work refusal would not indicate there is an "undue hazard" to an employee. That said, any worker can initiate

a work refusal as is their right, and it would need to follow the process in accordance with Section 3.12 of the Occupational Health and Safety Regulation and related Guideline linked below:

- [Refusal of Unsafe Work](#)
- [Procedure for Refusal](#)

**Is it safe for practicum students in our centres and do we require any other health and safety measures for them?**

Practicum students would be expected to follow the employer's Safety Plan and related controls as would any other employee.

**How do we address ECE pandemic burnout?**

WorkSafeBC has produced a guide for employers that explains how the COVID-19 pandemic can have an impact on mental health and suggests ways you can support the mental health of your staff.

WorkSafeBC also has a guide for workers that offers advice about how they can manage stress and anxiety so they can better take care of themselves. Please see the links below for more information:

- [Managing the mental health effects of COVID-19 in the workplace: A guide for employers](#)
- [Addressing the mental health effects of COVID-19 in the workplace: A guide for workers](#)

**Additional resources include:**

- [COVID-19: Staying Well In Uncertain Times](#) (Canadian Mental Health Association – B.C.) – Tips and information on how to reduce and manage anxiety in the workplace due to the COVID-19 outbreak.
- [Managing COVID-19 Stress, Anxiety and Depression](#) (Ministry of Mental Health and Addictions) - Tips and resources on things we can do as individuals and collectively to deal with stress and support one another during these challenging times.
- [Mental Health and Psychosocial Considerations During COVID-19 Outbreak](#) (World Health Organization) – These mental health considerations were developed by the WHO's Department of Mental Health and Substance Use as messages targeting different groups to support for mental and psychosocial well-being during COVID-19 outbreak.
- [Mental Health and COVID-19](#) (Conference Board of Canada) – Videos on different aspects of mental health, including coping with anxiety, job loss, and dealing with isolation.
- [Taking Care of Your Mental Health](#) (COVID-19) (Public Health Agency of Canada) – Tips and resources for taking care of your mental health during the COVID-19 outbreak.
- [Mental Health and Cultural Supports During COVID-19](#) (First Nations Health Authority) – Comprehensive mental-health and cultural supports during COVID-19.

**Can you temperature check employees with their consent? Do employers require consent?**

The Occupational Health and Safety (OHS) Regulation and the *Workers Compensation Act* do not require employers to implement health monitoring for COVID-19, such as checking temperatures or recording symptoms. As a control measure, temperature checks alone may not provide enough information to determine whether or not a worker is ill. COVID-19 has a range of symptoms, so the presence of a fever alone may not be indicative of COVID-19, nor does its absence rule it out. However, in high-risk situations such as facility outbreaks, symptom and temperature checks could be considered if feasible in the workplace.

**NOTE:** For more information, please visit WorkSafeBC's [COVID-19 FAQs](#)

## **Questions with information available in the [Public Health Guidance for Child Care Settings](#)**

### **So staff need to wear masks even within 6-feet of other adults?**

Please see page 5 of the guidelines under the subheading, “Physical Distancing and Minimizing Physical Contact,” which states that staff should try to:

- Reduce prolonged face-to-face contact between other staff members and practice physical distancing where possible.
- Reduce the number of different staff that interact with the same children throughout the day.
- Minimize unnecessary physical contact with children.
- Minimize the number of visiting adults that enter the centre, unless that person is providing care or supporting
- the inclusion of a child in care.
- Organize more activities that encourage individual play and more space between children and staff.
- Encourage children to minimize physical contact with each other.

### **Why is the mask policy different for educators in child care settings versus school settings?**

Please see page 1 of the guidelines, 4<sup>th</sup> paragraph, which states that Child care settings differ from kindergarten to grade 12 (K-12) schools, as child care generally have smaller, consistent cohorts of staff and children, typically serve younger age groups (0-5 years of age), with different types of adult-child interactions, and a less structured environment due to the different developmental stages and needs of infants and young children. The public health guidance differs between the two settings to reflect these considerations. Child care provided for school-aged children in K-12 school settings should also follow the Public Health Guidance for K-12 Schools.

### **If someone in a child’s home has been exposed, tested positive or been told to isolate, can the child still come to care?**

Please see page 8 of the guidelines under sub-heading, “Other Considerations for Managing Illness in Child Care Settings.” Paragraph 2 states that 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 (even if they don't have symptoms) to quarantine or 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.

**If a child or staff member is sick and stays home, do they need a negative test in order to return, or is it enough if the symptoms have resolved?**

Please see page 7, under the sub-title, "Returning After Sickness," where the guidelines state that 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 is not recommended (i.e., the guidance is to 'stay home until you feel better'), 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 (i.e., the guidance includes 'get tested'), 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 public health directions on when they can return.

**If we operate in a school or operate a before- or after-school program, which guidelines do we follow?**

This is also considered a child care setting and therefore you can refer to the [Public Health Guidance for Childcare Settings](#) guidelines.

**Should parents be allowed in the child care centre?**

Please see page 5 of the guidelines under sub-heading, "Visitors." It states that 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 learning and wellbeing.

**If each child has their own blanket and individual cot does the blanket still need to be washed on a daily basis?**

Please see page 8 of the guidelines under sub-heading "Personal Items and Books." This section covers personal items, such as blankets, which should be washed weekly.

**Do toys need to be washed after each use?**

Please see page 4 of the guidelines under sub-heading "Cleaning and Disinfection." Frequently touched surfaces, such as toys used by multiple children, should be cleaned and disinfected at least twice every 24 hours and at least once during hours of operation.

**Are we required to do a prescreening daily upon sign in?**

Please see page 7 of the guidelines under sub-title, "Daily Health Check." The second bullet list states that for staff and other adults in the child care setting, an active daily health check should be completed in line with the requirements of the Provincial Health Officer's Order on Workplace Safety. The WorkSafeBC resource, "[Worker health checks: Public Health Order](#)," supports this information.

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 is required from a health-care provider.

**Is it safe to transport kids for recreational activities?**

Please see page 6 of the guidelines under sub-heading, “Transportation,” which covers guidance on what drivers and children should do during transportation, such as frequent hand washing before and after trips, and strategies to reduce the number of close, in-person interactions.

**What are the effective/safe sanitizers we need?**

Please see page 4 of the guidelines under sub-heading, “Cleaning and Disinfection.” It states that Child care settings should be cleaned and disinfected based on BCCDC’s guidance on cleaning and disinfectants for public settings, using a product from [Health Canada’s hard-surface disinfectants](#).

**Can or should providers set longer “stay-home” periods after a child is sent home sick without a COVID test being recommended?**

Please see page 7 of the guidelines under sub-section, “Returning After Sickness,” which states that if, based on their symptoms, a test is not recommended (i.e., the guidance is to ‘stay home until you feel better’), they can return when their symptoms improve and they feel well enough to participate in all activities.