

**Government of BC**  
Child care Health and Safety Conference Call  
April 29, 2020

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OPERATOR: Good day, ladies and gentlemen. Welcome to the Child Care Health and Safety teleconference. I would like to introduce Shannon Renault. Please go ahead.

SHANNON RENAULT: Thank you. Thank you, Mike. Good evening everybody. Thank you for your patience as we got things together in the background. Happy that you were all able to join us this evening.

I just wanted to let you know that we do have approximately 1,000 people on the telephone lines. If you have colleagues or friends that are texting you and saying, "Oh, we can't get in", please just tell them to stay on the line because we're anticipating more spaces to be opened up shortly, and so they'll be able to join us. So, thank you for joining us this evening.

Without further ado, I'm going to turn the call over to Minister Conroy and Minister Chen, who will welcome you this evening. So, thank you.

MINISTER KATRINE CONROY: Thanks so much, Shannon. Hi and good evening to everybody. I'm Katrine Conroy. I'm the Minister of Children and Family, and—and my colleague Katrina Chen, the Minister of State for Child Care, is on the line too, and—and I want to acknowledge all of the Indigenous people on whose traditional territories we are gathered tonight, because we are representatives from all across the province.

And I just—I want to begin by thanking all of you who joined us on the call. As Shannon said, there's approximately 1,000 of you on the call, because you, you know, are here to discuss the health and safety of the children in your care during this—this unprecedented time. And I also want to thank Dr. Daly for taking time out of her really busy schedule.

And, you know, whether your centre has remained open or is temporarily closed during this pandemic, I—I just want to acknowledge the unrelenting

dedication, and the support, and patience of all the child care providers and early learning and child care professionals, who care for our children right throughout the province. As a former early childhood educator, I have a pretty good understanding of the work you are doing and I'm just so grateful, and I know our government is just incredibly grateful for the work you do.

So, thank you all, to just all of you for all you do each and every day and especially during these really challenging times, because I know how much families are depending on you. And now, I'm going to ask Katrina, who would also like to say a few words.

**MINISTER OF STATE KATRINA CHEN:** Thank you so much, Minister Conroy, and good evening everyone. I also want to thank you all for joining the call, and being your Wednesday evening on this very important discussion. So, thank you very much.

We—I do feel like we have worked really hard together during the past two years on the new Child Care BC plan and have really learned from you, many of you – I'm pretty sure there is a lot of people we have worked with on the line as well – to make some real progress over the past two years with new supports and solutions to address the child care crisis in British Columbia.

However, and unfortunately, this pandemic has really highlighted and really shown the challenges that early learning and child care professionals, and the whole child care sector, continue to face. It also highlighted that we already know that, really, child care is a key building block of our community, our social support systems, and really our economy.

So, we hope that the discussion tonight on health and safety with Dr. Daly, and thank you again Dr. Daly, would really help to answer some of the questions you have, and we again continue to thank you for the work that you are doing during this challenging time as we move into recovery, to continue our Child Care BC plan with a new lens to see what we can do to support and continue to learn from each other and, really, to build an affordable,

accessible and inclusive early learning and child care system for all families in BC. So, thank you again everyone, and back to you, Shannon.

SHANNON RENAULT: Thank you. Thanks very much. Ok, just before we jump into questions with Dr. Daly, I just wanted to let everybody on the line know, sort of, how we came to our questions for this evening. As you recall when we sent out the initial invitation and information about the call tonight, we also asked you to send in your questions so that we could get a good idea of what all of our child care providers were hoping to get out of the call, and by doing that we've received just over 90 questions. So, thank you for sending those in.

And we were able to theme those questions, and I've got 19 I believe it is, 19 or 20 questions that I'm going to ask of Dr. Daly this evening, and they fall into five categories. So, we've got a question about personal protective equipment, we have questions about safety of staff, social and physical distancing, about sanitization, and then also about symptom management.

So, I will be posing those questions that you have sent to Dr. Daly. And, by way of introductions, Dr. Patricia Daly is Vice President of Public Health and the Chief Medical Officer for the Vancouver Health Authority, and we've been fortunate to have her speak with us a couple of times. Thank you for joining us, Dr. Daly.

DR. PATRICIA DALY: My pleasure.

SHANNON RENAULT: Ok, so—so, I'm just going to jump right into the questions. I'll read them out for you, Dr. Daly, and then we'll just all pause and listen to your answers. So, the first one is on personal protective equipment. The question says, "According to Dr. Theresa Tam, it's ok for people to wear non-medical masks for added protection if they can't maintain physical distancing. Therefore, should child care workers wear masks at work, where social distancing is not possible?"

DR. PATRICIA DALY: Thank you for that. The question of non-medical masks is one that we get quite frequently, and I think there's a lot of

misunderstanding about the—why it's recommended, for example, in the United States. The public health officials in Canada have actually not recommended the people wear non-medical masks out in public, but we have a permissive policy, as you've noticed.

But, I think the under—misunderstanding is that wearing of a non-medical mask does not protect the wearer of being exposed to COVID-19. There is very little evidence of that. The rationale and why it's being recommended in the United States, is because if you are infected – so, if you as the staff member are infected with COVID-19 – it can protect—it can prevent you from exposing others to your droplets.

So, it's very similar to the advice that we give that if you're out in public you cough into your elbow, and that's so you don't expose people around you to those droplets. A cloth mask also can keep your droplets in, and so if you were infected with COVID-19 and you were out in public, it can prevent you from exposing others.

Now, one of the reasons why we don't—there is a couple reasons why we actually don't recommend that people wear masks here in Canada. One is that we have advised people who are sick with symptoms consistent with COVID-19, you should be staying home. You shouldn't be going out in public. We don't want people to think, "Well, if I wear a cloth mask, even if I'm sick I can go out now because I won't expose other people." The second reason is that there's some risk if you decide to wear a mask. When you take them on and off, you could expose—if you touch your face, you could actually expose yourself to the virus that might be on the surface of your mask, and they need to be washed carefully.

So, I have actually said that I do not recommend people wear a mask in public for those reasons, and I personally don't wear a mask. So, in a child care setting, I think you as staff may be concerned about being exposed to children who are sick. In fact, wearing a mask would – and I'll get to this in the next question – but the risk is very, very low of COVID amongst children in BC based on the data we have, that there is no really added

protection, that's protecting you from being infected. So, I would not recommend that—that staff within child care settings wear masks.

SHANNON RENAULT: Ok, thank you. Thank you for that, and you're right, the next section is about safety of staff. So, let's talk about that a little bit.

So, we know that some groups of people are said to be more vulnerable than others to COVID-19. And so, thinking about different groups of people, can you tell us, Dr. Daly, if that safe for the following staff to come into work. So, thinking about staff, what about staff that have underlying—underlying conditions that make them immune compromised? Or, if staff have immune compromised family members?

I'm going to just say three categories of people here and then you can answer them individually if you want. So that was the immune compromised individual or family member, a staff person who has asthma, or has a family member with asthma, or an older staff person, somebody who is perhaps in their late sixties or early seventies.

DR. PATRICIA DALY: Mmm-hmm. Now, this question is being asked, because you have heard that we are concerned about people who might get COVID-19 and might be at risk for more severe disease. And what we know is that by far the most important risk factor is age. That if we look at, for example, among those who have died of COVID-19 in—in British Columbia that the median age is in the 80s, and nearly three quarters of those who have died have been 80 years of age and older. The vast majority are residents of long-term care, who are very frail elderly people.

While there is some evidence in the literature about those who might be younger who have underlying health conditions, we have had very few cases of severe disease of those who are younger in British Columbia.

I can tell you because this question has come up across health authority staff. When you think about staff working in health care, first of all you think about your own personal risk because you may have an underlying health condition, but also your risk of being exposed in the workplace. And

in the health care setting, you would anticipate that you might have a higher risk of being exposed to COVID-19.

As I'm going to talk about in a minute, in a child care setting, given how uncommon we have found infection amongst and in children, your risk is actually not very high of being exposed to COVID-19. But even in a health care setting, we have said to our staff, if your physician says that you are safe to work in a health care setting before COVID-19, depending on whatever your underlying health condition might be, then you are safe to work with COVID-19. So, there may be some people with very, very compromised immune systems. People who are getting certain kinds of therapy or have cancer, and their physician may say you shouldn't work with children, or shouldn't work in a child care setting; the same would apply to COVID-19. But for others, we have said it's ok to work.

And same for if you have family members who are immune compromised. If you follow all the guidance that we—we provide about washing your hands, and if you get symptoms consistent with COVID-19 to isolate yourself and get yourself tested, then you shouldn't be concerned about family members.

In terms of asthma, actually it's interesting. When we look at some of the new data in North America about people at higher risk for severe disease, asthma is not as common as we would have thought among those who are getting severe COVID-19. And, if your asthma is controlled and your physician says it is ok for you to work, I don't see any reason why you cannot continue to work.

Now older child care workers is interesting, because as you just heard me say that age is the most important indicator of severity of COVID-19, and we—if you get over 70, after that we have seen that your risk of severe disease is higher, certainly than those who are younger. So here, I think the staff need to think about their own comfort with potentially being exposed if they are out. It doesn't necessarily mean they are higher risk in a child care setting than if they went up to the grocery store for example,

because children are at much lower risk of getting COVID-19. But, I think that's an individual decision for those that might be older.

I can tell you that within our health care setting, that question has arisen as well, that we do actually have quite a large number of staff who are in their sixties, and some who even volunteer who have retired and who have come back in their seventies, and I think that they've decided that they feel comfortable with the precautions in place to continue working.

So, it—older staff are the ones that I think might want to have a discussion with their physicians. And, I know that we are going to get this in the next question, that one of the factors that you need to consider, is not just your personal—not just your personal risk, but how likely am I to get close to COVID-19 in my workplace? So, maybe I will let you ask the next question.

SHANNON RENAULT: Ok. Good. Good, thank you. Yes, the next question is, “What are the risks in any of those categories that we just spoke of, in—if any people in those categories that we just spoke of choose to come to work. And how do child care centres keep them safe?”

DR. PATRICIA DALY: So, this—when you think about risk, you're thinking about personal risk, as we talked about before, and the personal risk is really about if “I'm exposed, will I get more severe disease?” But then, we need to think about how likely are you to be exposed to COVID-19.

So, right now you know that in British Columbia, we have actually bent the curve for COVID-19. So, we—our peak of cases with that was in mid-March; we've done far better than many other jurisdictions in Canada and elsewhere. There's—there's a number of reasons of why that might be. It could be a bit of luck, but we have very low levels of disease in our community. In fact almost all the cases that we're identifying now are people that are connected to known outbreaks of COVID-19.

In terms of children, we actually have some data now, and I know I have spoken to some—to the care providers before and we didn't have this

data. But now, I can tell you that we've been doing a lot of testing in the province, and only a very small number of children, aged 0-9 years of age, have been found positive for COVID-19.

In fact, we've only had just over 20 cases of 1,000s of people tested, and so our—our positivity rate — and these are children that have presented with symptoms is less than 1%. And the young children might have only 0.05% of the cases we've had in the province. It's a much lower percentage than the actual percentage of the population made up of children.

And what we've come to realize, and there's some evidence now in the literature, other places said the same thing. We're not seeing very many cases in children. This is different than influenza or other respiratory viruses which, as you know, are actually much more common among children. And there does seem to be some evidence now that children are less likely to be infected with COVID-19. We don't know why. But, there is also evidence that they are less likely to transmit COVID-19 than adults.

So, even where we have found cases among children, there's actually been no reported cases of any child ever infecting an adult, anywhere in the world. We haven't heard outbreaks reported in day cares. So, the risk is very low that young children in BC will—will—will have COVID-19, especially at this time where we are at very low levels in general in the population. And, even if they were to get it, that they would pose a risk for adults around them.

So, what that means is that coming to work in a daycare setting, unlike perhaps going into a health care setting or long-term care where we have cases occurring right now, in a daycare setting your risk is very low that you will be exposed to COVID-19.

SHANNON RENAULT: Great. Oh good. That's a good—thank you for that answer. Ok, I have one more question in this category related to safety of staff. So, sometimes an educator will need to go to another location, to

ensure that centres can maintain a working ratio at locations. So, this sounds like this is perhaps where—where an operator maybe owns a couple of different centres. Do you have any updates, Dr. Daly, or recommendations regarding working in different locations for child care providers?

DR. PATRICIA DALY: I have no concerns about this practice. I think it's more important that you have the right ratio. And I'm presuming that this question came forward because we have had concerns about staff in long term care facilities going from site to site. The reason why we have had those concerns is because we've actually had a number of outbreaks in long term care; as you know, we've had no outbreaks in child care facilities.

It's often the staff that bring it in, and it's because we're concerned about the staff exposing very frail elderly people who are at the highest risk of severe COVID-19 that we don't want staff, and we've had situations unfortunately where a single staff person with symptoms has worked in more than one facility and exposed residents in two facilities and we've had more than one outbreak. Inadvertently, because the staff might not even know that they had COVID-19.

So, that's why we've locked down staff in long term care, because staff working across the sector may expose multiple groups of people who are at high risk. We don't have that same concern in child care because children are not a high-risk group for COVID-19. So, I think it's more important that you have the right ratios and I don't have concerns about that practice.

SHANNON RENAULT: Ok, good. Thank you. So, those are the three questions that we have about safety of staff in particular. Now, I've got three questions on social or physical distancing. And the first one is maybe a little bit—of a relationship to that last group of questions, but child care facilities have parents who are doctors and nurses and/or other front line workers and therefore may work with COVID patients on a regular basis.

What does this mean in terms of their children coming to child care? Is it safe for their child to be accepted into a child care environment? Should the children not be required to self-isolate because of the exposure to their parents?

DR. PATRICIA DALY: Well, health care workers are not at higher risk of COVID-19 infection in BC. And, I think this is—people may be concerned because they're worried that health care workers might be caring for COVID-19 patients. But, in fact, our health care workers now are all wearing personal protective equipment all the time, not just in caring for COVID patients, but all the time while at work and at hospitals and other care settings. So, they are the most protected people out there.

And, we are also, we have always, since the beginning of the outbreak, been offering testing to health care workers who even have mild symptoms. So, they probably—they are the most tested group in our population in BC.

Only very small numbers of health care workers have ever tested positive. And I can tell you, because we follow them up, that we believe that almost all of those except for some of the staff in long term care where they have outbreaks. The other positive cases, we believe those health care workers acquired COVID-19 not in the workplace, but in a community setting.

So, they're not at higher risk, they're actually highly protected at work. They're regularly tested if they have symptoms. So, they must be amongst the people that you can be most assured that they don't have COVID-19, if they don't have symptoms and they are bringing their children to child care.

If a health care worker does get—test positive for COVID-19, just like anybody else, they are required to self-isolate at home and their children would not be permitted to come to day care. And that would be the same for the children of any known positive case. So, I have no concerns about you looking after children of health care workers.

SHANNON RENAULT: Thank you for that. The next question is again about social distancing. Dr. Daly, do you have any practical recommendations on the allocation of space to best promote physical distancing measures within child care?

DR. PATRICIA DALY: This is really challenging, and I know I have talked about this on previous calls, and people get upset when I say that physical distancing is, we know, is not something that is practical for young children and it is not expected, and it is not the only workplace where physical distancing is not practical.

Outside of health care settings, think about some of our first responders; police, for example, have to make an arrest, clearly they have to be in close contact with people. But with—in day care settings, because of young children, it would not be reasonable or practical to try and enforce physical distancing.

And, given what I said before about the risk, the physical distancing is important for two reasons. One, at an overall population level, just spreading out the population can reduce the transmission of COVID-19. I think most people interpret it differently; they think it reduces their individual risk. That's true if you're exposed to someone with COVID.

What I have said before is there's very little COVID-19 among children, so—and so that should provide some reassurance knowing that it's not practical always to have physical distancing. But, we have given some practical advice. We've said you can be role models; for example, not hugging the children or shaking the hands of kids or parents when they arrive at day care. You can, when children are eating or napping, try and have them spaced apart and not congregate too closely together. Maybe reducing activities where children have to crowd around, for example. You know, if you're baking bread or taking turns putting something into the bowl and those types of activities.

Encouraging outdoor play. One of the things we've realized is, and I've been saying this throughout all my briefing and all the Public Health Officers are saying this, is that being outdoors is not only healthy, but we actually have evidence that COVID-19 is much less likely to be transmitted in an outdoor setting. So, outdoor play is a great activity.

So, some of those measures about if they are sitting down and at a time when you've got—when you've got group activity or reading to the kids, you know you can practice some social distancing. You don't have to—it may be impractical can be two meters apart, doing more small group play and trying to avoid those activities in the past where you might have had kids really clumped close together. But—but, we're really trying to model behaviours. We still think the risk is very low in this setting and knowing that you can't always stay two meters apart.

SHANNON RENAULT: Ok, thank you. This is an interesting question about social distancing. There's a concern that physically isolating children will cause them to feel disconnected from each other. At this time, child care providers are wanting to know how far they should go in terms of physically—physically distancing children up to the age of five.

DR. PATRICIA DALY: I think this is a great question, because it shows, which is fantastic, that you understand how important physical contact is for children. So—although, actually, we have had very similar questions about some of those people for whom they're—they have tried really to avoid physical contact, like frail elderly people, who are missing that contact with family members.

I do think children need physical connection, and certainly with their families they should be having that. And when people, you know, I've had complaints about people outdoors, and they're not practicing physical distancing, and its often families that are together and we don't—we would never recommend that parents physically distance from their children.

And, I don't think you should be enforcing it among young children if they are close to one another. I would not be punishing kids or pulling them apart if they are close together. It really is about encouraging activities where perhaps they're not all congregated close together. But, if they're in smaller groups, that's fine.

So, I would not—I completely agree with you. We—we have to be cautious about not going too far with physical distancing. Especially since there are other things that I think that are actually more important over all, like modelling hand washing.

There's lots of talk about physical distancing, but—but, in fact, we see it in the questions. The most important thing anyone can do to reduce their risk of COVID-19, or other things probably in the long term is handwashing, and you can—you can model that and educate kids about that in child care, as you know, and that can help them for the rest of their lives as it reduces the risk of lots of other things.

So, don't go too far in enforcing what I would call, enforcing physical distancing in a way that may be harmful to the kids.

SHANNON RENAULT: Great, thank you. Actually, there is a question about handwashing, I am going to ask that one now. So, if we think about sanitization, the question is, if everything has been sanitized and staff and children have washed their hands at the beginning of the day, is it necessary to keep handwashing every hour? Or, is it sort of the normal pattern of before meals and after, you know—know, cleaning your nose and toileting and such. Is that enough?

DR. PATRICIA DALY: Yes. You don't need to keep washing every hour. So, I like the—the advice that staff come to work, they wash their hands. Kids arrive, they wash their hands, and then you should do it all the normal times that you know about. After going to the bathroom, before they eat; if they've been outside, when they come in they can wash their hands.

You don't have to keep washing your hands every hours. It's similar for adults too. I tell people when I come home from work, first thing I do when I walk in the house is wash my hands and then I do it around all those other times, but you don't have to keep doing it. So, I think that's very reasonable. To just do it when they arrive, and then at the normal times to have kids wash their hands.

SHANNON RENAULT: Ok, great. And similarly, there's a question about frequency of sanitization. How often is it necessary to sanitize toys and surfaces such as, you know, countertops and touch sites. Is that something that needs to be done multiple times a day? Or weekly? Or what—what is your recommendation there?

DR. PATRICIA DALY: I would, my recommendation, I know we've been a bit vague on this advice, that I would do it daily. But, we're going to get to this—that, you know you don't want to have disinfectant—be using disinfectant when the kids are there, because of some of the risk of touching and putting their hands in their mouth.

So, I would certainly sanitize those surfaces on a daily basis. And, perhaps think about surfaces that you would not normally sanitize. But, I think daycares are normally very good about bathrooms, sanitizing those toys that have—that have hard surfaces. So, think about the handles of the doors, and perhaps some other areas that you wouldn't normally sanitize, the tabletops. And then, you can do it if it's obviously soiled as well.

But, I don't think you have to do it multiple times a day when the kids are at the child care facility. You can do it at the end of the day, or early in the morning before the kids arrive.

SHANNON RENAULT: Ok, so that does actually, sort of, lead in to this one question, I'm not sure if you wanted to elaborate on this anymore, but many of the child care providers have been using, you know, sanitizing wipes and sprays for their tables and countertops. So, is it ok for toddlers or children to be around those chemicals and cleaning products?

DR. PATRICIA DALY: Yes, and I know this—this is a concern, so. I think you have to be—it depends on what disinfectant you are using. We do recommend the good old-fashioned bleach, in our advice to child care providers, of one part bleach and nine parts water as a disinfectant, and letting it air dry and then it should be ok.

But, some chemicals and some disinfectants may be harmful for kids and you might need to wash off the surface after you've disinfected it. The disinfection is to kill any organisms on there, virus and bacteria, and COVID-19 is very sensitive to any disinfectants.

But, if you're going to do it while the kids are there, and you are worried about them touching that surface, I would wash it off with soap and water afterwards. That's why I think bleach is better, and letting it dry and doing it at the end of the day, or early before the kids come to the daycare.

SHANNON RENAULT: Ok, thank you. And, is there any extra or different type of a sanitization process, or guidelines if there has been a suspected case of COVID or confirmed case of COVID? Would child care providers have to do anything different in terms of their cleaning in that situation?

DR. PATRICIA DALY: Now, we haven't had that situation in a child care, but we're going to talk about that – I think it's one of the later questions. If you have a child—first of all, we want—we have recommended that kids who have symptoms of—develop symptoms of COVID-19, so new fever, new onset of cough, we have previously been advising that they stay off day care 10 days. That was at a time when we weren't offering testing to all people with mild symptoms.

Now that we've got testing more widely available, actually we would recommend that those parents take the child to be tested, because the vast majority of kids will not have COVID. It's a very good test. I think I've told you that we have tested thousands of kids and have had very few positive. They can go for testing, come back. If they're negative, then they can come back to day care.

So, let's say you have somebody in your child care and they develop symptoms during the day, of fever and cough, you might have—you'd call the parents to pick them up, try to separate them from the other kids while they're waiting to pick them up, and if it does turn out that—it did—did turn out to be positive, we would say you should do an extra sanitization.

But, actually, most of what you're doing in child care, because you're sanitizing surfaces every day anyways, is probably going to be sufficient. But, if you suspected that—then any toy that child has handled you might want to put aside and wash and disinfect them before letting the other kids play with them, in addition to your normal cleaning.

SHANNON RENAULT: Ok, good. And the—just one more question on sanitization. Is it safe for children to play with items that cannot be cleaned regularly? Or items that are difficult to clean? Like stuffed animals, or, you know, larger wooden type structures, or sand tables, those sorts of things?

DR. PATRICIA DALY: Right. We have recommended that—that you not have children playing with toys that can't be obviously cleaned and sanitized between kids. Like, some of those stuffed animals. I would say that the exception would be if kids had their own. Or, if you have only one child that played with it. that you can throw it in the laundry that day. Otherwise, we would not recommend it.

Some of the other things we talked about are, and I think this is important and I'm glad you raised this because I mentioned this before: outdoor play, you know, structures, sand tables, and wooden structures are often what kids play on outdoors and I've been asked if we can—we're trying to get the—we're talking to the municipalities about opening up children's playgrounds, which we have never ordered closed and which some of them have taped up. Actually, the experts, including the Centre for Disease Control, do not recommend that you need to clean outdoor play structures.

First of all, the COVID virus does not survive well in an outdoor environment. It's very fragile in that way. So, the contamination of surfaces

and where it can survive is often hard surfaces indoors. So, I would say, don't worry about the outdoor play structures, but I would say if kids are playing outdoors, when they come in just have them wash their hands. But, I wouldn't do any extra cleaning of things that you can't clean right now. But for stuffed animals, we would say yes, better not to have those, unless you can throw them in the wash after a child plays with them.

SHANNON RENAULT: Ok. Good. Ok. So, now I'm going to move into a group of questions, Dr. Daly, on symptom management. Ok, so this is the first question in this area. How does a child care provider know if they should allow a child into the facility? What screening questions should we ask?

DR. PATRICIA DALY: Well, we've got some—now, some good published data on—I mentioned children are very unlikely to have COVID-19, but if they do get it what are the typical symptoms. What the data shows is that they do have the same typical symptoms of COVID-19 as adults, but they may not have them as often. So, the classic symptoms are fever and cough, and most children with COVID-19 will have fever or cough, although unlike adults where almost all of them will have it, sometimes children won't have it. They may have other respiratory symptoms.

But, I would say, it's the new onset of respiratory symptoms. So, if you have a child with asthma, if they typically have a chronic cough, that is not something we would worry unless it is a worsening of cough. But, new onset of fever and cough would be the most sensitive symptoms. And if, and I would say, what the advice we have given to parents is that if your child has a new onset of respiratory symptoms, such as fever and cough, those would be the most common, sometimes they can get other ones, but they should go for testing. And, we will now test even if they have milder symptoms.

Even if they have runny nose or sore throat, those children are much, much, much less likely to have COVID-19, but they can still go for testing because we have opened up testing anyone even with mild symptoms, and testing is available throughout the province.

But, certainly, the fever and cough are still the classic symptoms even in kids. Some people with COVID-19 will have gastrointestinal symptoms like diarrhea, but they usually don't have those alone. And, as you know, there's lots of other bugs that can cause vomiting and diarrhea in kids. If they don't also have a fever and/or cough, it is very unlikely to be COVID-19. I would say that the new onset of respiratory symptoms, of fever and cough are still the most important.

SHANNON RENAULT: Great. Thank you. And this—does COVID-19 always present with a fever? Should child care providers be taking a child's temperature every day?

DR. PATRICIA DALY: This is a great question. The—it does not always present with a fever. Most children who come down with COVID-19 will have a fever, but not all of them.

But, the question of whether or not you should be taking a temperature is—is—is an important one, because actually we have found that during those temperature checks is not a good way of picking up cases of COVID-19. And, there has been research on this for other infections as well.

So, you may know, for example, even among adults who are more likely to have fever, we're not doing temperature checks at the airport, and we weren't doing it when we were screening travelers, even in the early days when the outbreak was in Wuhan and other places.

One of our hospitals has proposed perhaps they should do temperature checks on their staff coming to work, but when we look at the medical literature, that kind of one-time only screen is not a good way of picking up diseases like COVID-19, because temperatures can fluctuate and it can be normal, even when somebody has it. There's other things that can cause a rise in temperature.

We actually had an outbreak in a workplace recently where they had been screening all the workers when they arrived at work, and we discovered the thermometer was not actually functioning properly.

So, I don't recommend that you take a temperature on every child. But parents should know and you should know, if the child feels hot...because you're pretty good, I think child care workers are pretty good at knowing when a kid is getting a febrile illness. You don't need to take their temperature. That child should be put aside and you should contact the parents to come and get that child.

Parents also, even when we take a history of our COVID-19 cases, we don't—most people have not taken a temperature, but they would have had chills or other signs that they have had a fever, and they even know they have a fever without taking their temperature.

So, it doesn't always present with a fever, but that is the most common symptom that you're going to find, even in kids. but I don't think you need to be screening every kids every day with a thermometer when they arrive at the daycare.

SHANNON RENAULT: Ok. Thank you. Now, this question is—is, sort of harkens back to one of the first questions that we had when we were talking about the safety of staff. And, we've talked about staff who themselves had asthma. What about children that have asthma? Can a child with asthma safely come into child care?

DR. PATRICIA DALY: I think they can, because the risk that they are going to be exposed to COVID-19 is so low in child care settings in BC. So, I think they can safely come to care. If there's any concern, then parents can check with their child's physician depending on how severe their asthma is. But, I think at this time there is no reason why those children can't safely be in care.

SHANNON RENAULT: Ok. Thank you. This question we hear quite often, and I'm really interested in hearing your answer. Can a pre-symptomatic, or indeed, I guess, an asymptomatic child spread COVID-19?

DR. PATRICIA DALY: This is a good question, because you know in the early days of COVID-19 we believed that only people with symptoms could spread COVID-19, and it is spread, to remind people, by droplets. And

droplets are things—are the small particles of fluid that are produced when you cough and sneeze, and there's lots of diseases transmitted in the same way. And we felt that even if there was—if people were infected before symptoms, it's really the symptoms that drives the transmission, because they are coughing out the droplets.

Now there has been some evidence in the literature that—that you can be infected in what we call the pre-symptomatic period, and it can be, usually, for a day or two before the symptoms start, 24-48 hours.

So we actually, when we were following up our cases in Vancouver Coastal, (we had over 800 cases), when we took a history of symptoms, we didn't rely just on fever and cough to determine when someone we thought could be contagious to others. We always asked about earlier symptoms and we did find quite a few people had more minor symptoms in the day or two before their cough and fever started. They often felt—they felt generally unwell, tired, headache and we always counted that as the time when they could be contagious.

And now, the literature does show that we—we are going back and when we get a case, and we're looking at the 48 hours before the symptoms start as the time when they could potentially transmit it. So, that's possible.

What we haven't seen in the literature, and this is the difference between pre-symptomatic infection and asymptomatic spread, there's not really evidence that people who never get symptoms of COVID-19, and there are some who might test positive, we don't—there's no evidence that they are transmitting it to other people.

And, if that were really happening, we would not have been able to control the spread in BC, because our control measures have only been on following up with people who have had symptoms, who tested positive, and their contacts. And, if people really were—if there are a lot of people out there who are getting COVID-19 and do not have symptoms, they are not contributing to this spread or our outbreak would have been far, far worse.

Now when it comes to children, it becomes a little more complicated, because I said at the beginning, even kids with symptoms, there's not a lot of evidence that they're transmitting it to others and to adults, which is very unusual. There haven't been outbreaks reported in child care settings, or school settings. This is very different than other respiratory pathogens, which we know often are transmitted in child care settings or schools.

You know, probably many of you worked in places where we've had outbreaks of pertussis, or had influenza occur. So, it's—we don't know why, we do know it does seem, first of all, children are less likely to get it, but even if they do get it, they don't—it doesn't seem to be as easily transmitted from children to others, although there is still research being done on this.

But so, for children, even less likely that you will have asymptomatic children spreading it. If we did get a case, though, of a child in the child care setting who turned out to have COVID-19, who had symptoms, we would go back and we would look at that two days before symptoms started and determining who would have been in contact with that child, because there is some evidence that—of transmission of adults with COVID-19 in that pre-symptomatic period.

So, I know that's confusing, but overall, we're not worried about asymptomatic spread. Pre-symptomatic spread is documented; but in children, any spread, even if they get COVID-19, seems to be less common.

SHANNON RENAULT: Ok. Great. Thank you. We did talk just a little while ago, where, I think, you mentioned that if a child becomes ill at a child care program, and the policy of the child care centre is to isolate the child until the parent arrives to pick them up. So, I think you mentioned that that seems to be in line with what you're recommending. But, sort of, a follow on question to that is should these companies—excuse me, should the accompanying staff person who was with that child during the time that they became sick, should that staff person also go home? And, do they need to self-isolate for a period of 10-14 days?

DR. PATRICIA DALY: Right. What I would recommend for that, now that we have testing more widely available and are encouraging everyone to be tested, if the child does become ill, the parents should pick them up and they should have the child tested. And, I think I gave you some of the test results. Even children who have symptoms consistent with COVID, only a tiny percentage of them turn out to be positive. You know, we've done nearly 3,000 tests in the—in the 0-9 age group, and less than 1% of those children – these are children who all had symptoms that were concerning enough to be tested – less than 1% of them are positive.

So, I think it's reasonable to say that if you are staff and you have a child who is sick, call the parents. They come and pick up the child. I don't think you need to go home from work at that moment, because first of all, there is an incubation period of up to 14 days before your symptoms would be expected to start, and the average is more around 6-7 days, so you're probably not at any immediate risk of being contagious

And the testing, if it is done in a timely way, and we follow up around BC. All public health staff now are following up tests within 24 hours of getting them. If that child becomes positive, we would then identify the contacts and those contacts would have to self-isolate for up to 14 days after their last contact with the child. So, at that point, we likely would consider you a contact if you were working in a child care setting and looking after a child who had COVID-19. At that point, if the child tested positive, we would say you need to be off work for 14 days after your last date of exposure to that child, and we will monitor you on a daily basis to see if you get symptoms. And, if you got symptoms you would go for testing.

So I don't think you immediately need to go home from work, I do think that you wait to—that testing to be done. Now if, it's a parent who refuses to test their child and you're concerned the child had COVID-19, then I think you should call your local Public Health department and they can give you further advice about that.

SHANNON RENAULT: Great. Thank you. So this—this one question we may have already covered this, Dr. Daly, but I'm going to pose it anyways and see if there's something different that you want to add to it.

The question is: how do child care centres treat children that come down with a flu- or cold-like symptoms while in care? The symptoms are—they seem to be the same as COVID-19, what is the immediate protocols that should be exercised?

DR. PATRICIA DALY: Yeah. This is a good one, because I noticed that we're going to have to revise some of the documents that we have on the BC Centre for Disease Control website. I was looking at this today in preparation for this.

In the early days of this, because we—we were not recommending people with mild symptoms get tested, if you remember, and so our advice for child care and for parents was that, you know, kids can come to child care but if they develop respiratory symptoms, even cold-like symptoms they should just stay home for 10 days. Because we know, the reason we said 10 days is that for people with mild COVID-19, after 10 days they are no longer contagious to others. So, even though we didn't know what that child had in that the likelihood is that they have some other kind of virus, because COVID-19 is so uncommon in kids. But, just to be safe, we said stay home for that 10 days.

Well, we're going to change that advice now because we have testing available. The test is very sensitive. If you have a child with respiratory symptoms or cold-like symptoms and there was concern, that child can be tested, and if they test negative, a child with mild symptoms who would normally come to daycare anyways, they would come back to daycare because we can be quite certain that the test results are reliable.

You know, children who will have—I would then just revert to your normal protocols about those things; you don't want kids with gastrointestinal disease that they happen to have vomiting and diarrhea, they shouldn't be

at day care, but children with mild respiratory symptoms, they can be tested and safely return if the test is negative. That's what I would say. Or, if they could not be tested, they can come back when their symptoms are resolved if they only got symptoms for a couple of days.

SHANNON RENAULT: Great. Thank you. And that's, again, I think that, sort of, leads nicely into our final prepared question for you here in—in this category, and it's our last category. So, if a child then is sick with something that is not COVID-19, just, you know, a run of the mill sickness let's call it, can they return once they're well? Even if that is sooner than 10 days?

DR. PATRICIA DALY: Yes. And I would say yes. Now, in fact, we are even saying this for health care workers, just so you're aware. Now, some of the good news when we—when COVID-19 first arrived, you probably know that we were still in the midst of influenza season, and there was a lot of respiratory illness out there. And, in fact, the testing, only about—we've never had more than about 5% of people who tested for COVID-19 positive for it. But, a lot of people afterwards have been positive for the flu.

There are much fewer respiratory viruses out there now. Those viruses can cause symptoms similar to COVID-19. So, that was part of the question that you may not know.

I still think, if the child comes down with those symptoms while in care, parents should come pick them up, you should encourage the parent to go for testing. The likelihood is it won't be COVID-19, and if the symptoms, if they are feeling better they can come back to day care. They don't need to be off for the 10 days.

SHANNON RENAULT: Ok. Thank you. Ok, so Dr. Daly, that's our prepared questions. I know with 1,000 people on the line we certainly, probably, have a queue of questions as well, so I am going to open it up for questions from child care providers that are on the line, but I'm going to just pause and give some instruction to our participants about how to answer those questions,

and then before we open up the lines, I'm going to ask you just a couple of follow up questions.

So, to ask Dr. Daly a question, I'm going to ask that we do a little bit of a virtual queue up, if you can. So, when you received the invitation for this call today, you would have received it through our Child Care BC mailbox. So, for anybody that wants to ask a question directly of Dr. Daly, if you can just shoot me a quick email and say, "Shannon, I have a question," and obviously I'll have your name from your email, but you are welcome to give me your name.

The email address, if you don't have it right in front of you, I'll give that you now. It's [child\\_carebc.engagements@gov.bc.ca](mailto:child_carebc.engagements@gov.bc.ca). So again, that's [child\\_carebc.engagements@gov.bc.ca](mailto:child_carebc.engagements@gov.bc.ca). And then, I'll—I'll—I'll moderate the queue, if you will, for those questions for Dr. Daly.

Now, in terms of questions, if you please keep conscious that this telephone call is health and safety, and that Dr. Daly is Chief Medical Officer of the Vancouver Coastal Health. So, please don't ask questions that are related to the Temporary Emergency Funding Policy, or anything about ACCD, or anything that is outside of the scope of health and safety. Dr. Daly won't be able to answer those questions, and we don't want to use up Dr. Daly's time on those questions.

So, please feel free to ask follow-up question perhaps, to anything from—from that we have heard so far, or a new question as long as it's health and safety related.

So, while I'm getting those, and I'm sorry, I see them coming in. Thank you. While I'm getting those, Dr. Daly, I'm going to ask you just a couple of follow up questions. And one of them is, I'm wondering if you can explain to our listeners, why schools were closed in BC, but not child care centres? I know that's a question that we do often get asked.

DR. PATRICIA DALY: Yeah. And we—we felt that child care was an essential service. Even in the early days of COVID-19, we also had the information

that children are less likely to be affected, so we felt that the risk was low by having child care centres continue to operate, and because we knew that this was an essential service for so many people who did need to continue to work. And I want to thank all the child care operators on here, many of you I know have stayed open. I have seen advertisements even in my neighbourhood of operators who are offering care to children of essential workers.

There—there are, of course, many other staff who continue to work during this period, not just health care staff; many first responders, many staff—many those of you working with vulnerable populations in the community.

And even among school aged kids, the schools are not closed on Public Health Order. The Minister of Education decided to close the schools, but we have now been encouraging schools to open for the purposes of providing care and, in some cases, instruction to children who might need it.

Overall, I told you that we have identified that children are at low risk of COVID-19. That's not just children 0-9; there have actually been very few cases under the age of 19. And, I think you will see across Canada, as people are talking about lifting public health measures, even in provinces that have had more cases than BC, that daycares and schools are some of the first things that they feel that are quite comfortable opening again because the risk is so low for kids.

Daycare is an important essential service, just like transit, for people who are selling our food, and I want to thank you for remaining open. We now believe that, actually, in this sector the risk of even being exposed to COVID-19 is not as high as perhaps in some other places where there are people being cared for with the disease. As you'll see, lifting the measures that those sectors, or sectors across Canada, that we'll be encouraging to stay open.

SHANNON RENAULT: Ok, great. And I'm going to ask one more question, and then I'm going to start plowing through my email line because I've got quite a few of them.

Just so you know, the first person up for a question, just so that you're prepared, is Lorraine Evans [PHONETIC]. And so, I will—I'll go to Lorraine first after I ask this question. This question is about inclusion. So, how are child care providers to manage children with inclusion support needs, where more physical contact is required?

DR. PATRICIA DALY: Yeah. It's—I think, here, if a child doesn't have symptoms of COVID-19, I think you need to provide the—the care that that child needs.

And, just so you know, this is not the only setting where we have that question. We've had questions in group home settings, where there are adults who have needs where they need close physical contact with staff, who, you know, are not health care staff; they are not wearing masks and gloves, and other protective equipment.

And, really, in these settings—you must of course provide—meet the needs of the child. And here, if the strategy to reduce any risk is to monitor for any symptoms of COVID-19, which is going to be unlikely given the low levels. Of course, the needs of the child are most important here.

SHANNON RENAULT: Ok. Great. Thank you. And so Mike—Mike, who is our operator. Mike, I wonder if you can open up the telephone lines now, and I will invite people to ask their questions. The first person to—in the queue is Lorraine Evans. And after that is Pam Preston [PHONETIC], if you can be ready with your question please.

OPERATOR: Ok, well, we do have a few people queuing up from the phones. So the first question comes from Rochelle Nichols [PHONETIC].

SHANNON RENAULT: Actually, I've got—ok.

OPERATOR: I'm not sure, I don't have any of those names that you mentioned in the list so far.

SHANNON RENAULT: I see. Ok, ok. So, you have to do it in the order that they come in. I'm sorry, I misunderstood that. Go ahead with your question please.

OPERATOR: Ok. So, first one comes from Rochelle Nichols. Please go ahead.

ROCHELLE NICHOLS: Hi there. My question is just regarding teething. Some children show fevers or runny noses, and I was just wondering how you go about knowing if it's a COVID or teething?

DR. PATRICIA DALY: Good question. This is one of the reasons why we don't—we don't like the idea of temperature screening, because there are kids who can get fevers for a whole bunch of reasons.

I would say, if they don't have any other—if you know they're teething, and they have no other respiratory symptoms, no cough, then I wouldn't be too concerned and I wouldn't say that child needs to go for testing. You know, one of the things we've always said about COVID is that if the patient has something else that can explain the symptoms, then you don't need to worry about COVID-19.

ROCHELLE NICHOLS: My concern is that a lot of parents, even with any sickness, just go towards the fact that their child is teething, and then after it come about that they were actually sick. So, is there any other screening to do with that?

DR. PATRICIA DALY: I would ask about other respiratory symptoms. So, cough is still—most people with COVID-19, including children, will have a new onset of cough. So, you shouldn't get that while you're teething.

And, they may have—may have other feelings of unwell that you wouldn't get with teething, like: be very tired, you know, not themselves. You have to use your judgement as a daycare provider, I think what you're telling me is that sometimes parents want to get their kids in, and they—

ROCHELLE NICHOLS: Yes.

DR. PATRICIA DALY: —minimize. And, I think, you know, I have talked to a lot of daycare operators. If you don't feel comfortable with that child, you can say "Look, I don't feel comfortable. You need to keep your child home."

And, the good news is now they can get their child tested. So they don't have to stay home for 10 days. If they really believe it's something else, they can go get their test, they should be able to get their results relatively quickly, and then they can always have the child come back.

ROCHELLE NICHOLS: Ok great. Thank you.

SHANNON RENAULT: Great. Thank you, Dr. Daly. Mike, I think what we might do, is if you're ok with this, is we'll ping pong. So, you'll ask somebody in the queue that you have, and then I'll ask somebody—or I'll ask a question that has been emailed in, and then we'll go back to the queue that you have. So.

OPERATOR: Certainly.

SHANNON RENAULT: At this point, I'm going to ask a question that has been sent in by email, and I think it's a question that is representative of our family providers.

And the question is in regard to how does one clean in an in-home setting? How do you sanitize things like couches and carpets in an in home setting, and should the child care providers in an in-home child care setting be concerned about this?

DR. PATRICIA DALY: I don't think you can reasonably be sanitizing your furniture like that. The soft furniture. The good news is that this virus probably doesn't survive very well in these surfaces.

So, we talked about if you can, you know, don't have kids sharing stuffed animals unless you can wash them, but—but the reality is when you look at some of the studies done on COVID-19 surviving in the environment, it

survives best on hard surfaces. It doesn't survive well on soft surfaces. I don't think you need to worry about disinfecting those; I think they are very low risk.

SHANNON RENAULT: Ok, thank you. And Mike, over to you.

OPERATOR: All right, next question comes from Cheryl Hike [PHONETIC]. Please go ahead.

CHERYL HIKE: Hi there. I am just curious, with the Government of BC's plan to move very slowly with opening everything back up, including our schools, they've stated that schools will look very differently when they open, with limited children in the classrooms and social distancing.

So, if we're talking children versus our children. So, school children versus our younger children, it just feels like us being essential services is, kind of, being put ahead of the caregiver needs of health and safety for us.

DR. PATRICIA DALY: Mmm-hmm. Well, they haven't actually released their plan yet around social distancing, but I think we need to think about a couple things. I don't—I don't think we would—we think we're putting child care providers at higher risk. I think that the reality is, and we talked about this, that having young children being able to maintain social distancing, even in a school setting, by the way, if you think about some of those younger grades, is very challenging.

But, now that we have data that shows that kids are at such low risk of being infected with COVID-19, this is not a setting where we think you are likely to be exposed to COVID-19, even though you can't maintain that social distancing.

And the same, actually it is similar in school settings. This is one of the reasons why some of the first places to open up across Canada and all provincial plans are schools. Whereas, you know, the areas that we will continue to have various measures to protect vulnerable people – places like long term care settings, nursing homes.

So, I think, that in schools what we are trying to do is, for older children who can do this, is model that behavior. Because it's good to do that. But we're not—I don't think it's because we think we are putting you in a higher risk situation. We actually think the risk is very, very low in looking after young kids that you'll ever even be exposed to COVID-19, or if that children do come down with COVID-19 that they pose a risk to adults.

And, some of the other measures, handwashing are actually, even for older kids, are a more important way of reducing your risk. It's just the practicality of it. The risk is really low for all children.

CHERYL HIKE: But is the risk that low? Or, is it just that they haven't been tested so they're not much, because they're not out in public very much with us, having been locked down. Like, I don't know a single child that has been tested, but I have heard of many adults that have been tested.

DR. PATRICIA DALY: Well, I can tell you that we've tested nearly 3,000 children 0-9 in the province so—

CHERYL HIKE: Ok, so—

DR. PATRICIA DALY: c—that's a lot.

CHERYL HIKE: Ok, so 3,000 versus how many adults?

DR. PATRICIA DALY: Oh, many more. But, that's—that I can tell you that is not based on our experience here, this is based in the literature that there has been publications now from jurisdictions that have obviously had many, many more cases than we have had here in BC.

In the United States, for example, they just published their experience with COVID-19 in children; you know, they have had hundreds of thousands of cases. China, other places, and so, some of this is that—that from those places where they tested many, many more people and identified more cases, but in all those places they found that children are much less likely to be infected than adults, and that the evidence that they transmit it to others is lacking. There have been a lack of reports of outbreaks, and careful

follow up in a lot of countries, when we do identify a case in a child, is the evidence that they have infected another adult is lacking.

So it's not just based on our experience. It's based on testing of many, many hundreds of thousands of cases across the world. So, I—I do think that we don't know the reasons why, but children are definitely at lower risk of infection, for whatever reason, and seem to be less likely to transmit it.

Now, it doesn't mean that it's impossible, but, our current experience, also in BC, is that we're really at as low a level as we're going to get with COVID-19, and it's particularly low among—among kids who make up as I said, only .05% of cases in the province.

SHANNON RENAULT: Ok, thank you. I have a question that I'm going to ask is actually an amalgam of a few that have come in by email, and also, sort of, the—pulling also from my back up questions. So it's a theme, so I'm going to ask this.

Child care providers have expressed concerns about children being brought into their facilities for child care when they know that the parents of those children are not practicing safe social distancing or self-isolation. And that becomes an exacerbated concern when they also know that the parent is in a Tier One occupation.

So, I'm wondering if you have any recommendations on how a child care provider should handle that information, or if there is any material that they might refer to parents?

DR. PATRICIA DALY: Mmm-hmm. The risk is really if the parents have COVID-19. So, you know, it's if—if a parent or anyone else in the child's household comes down with COVID-19, that child as a household contact can't be coming to child care; and public health will inform them of that, and they will have to stay home for that 14 day observation period, and if they develop symptoms then they will be tested and they will have to be off longer if they devel—if they become infected. So.

But, parents who have no symptoms and who are well; social distancing in itself is not a rule, it's a general guideline of the population levels of how to reduce overall spread. But, given the low levels in our population, there are some people in other occupations, not just child care where it is not possible always to maintain social distancing.

I think—I'm getting the sense in your question that you're worried more about parents that you think are flouting the rules, that are socializing a lot. But, that is not as much concern as if the parents have symptoms of COVID-19.

You know, we provide education, we do that as public health officials; we try to encourage everyone to practice social distancing. I think, not just because even when the risk of COVID is low, it gives people confidence that everyone is trying to protect the people around them.

And so, there is certainly information sheets on the BC Centre for Disease Control website. You can—you can have those available to parents at your day care. Because I do think it's also important...for example, we didn't talk about this, but when parents are dropping off their kids, I think they need to model good behavior. So, you shouldn't have all the parents congregating together. They should have a drop off where they can do it without—while maintaining social distancing from other families and what have you. So, I think that is the behavior for them to model.

I would recommend you get the information sheets from the BC Centre for Disease Control website and give those out to parents, if you're concerned.

SHANNON RENAULT: Good. Thank you. Mike? I'll go back to you.

OPERATOR: All right. All right. Next question comes from Rachel Day [PHONETIC]. Please go ahead, Rachel.

RACHEL DAY: Hi. Good evening, Dr. Daly. I appreciate your time. I have a question regarding, you know, with the positive news that you have given us tonight about the risk factors in child care, when do you anticipate a

gradual roll out or some more timing in the child care settings regarding, you know, when we can open, fully open again? And, you know, who we can—who we can ask to come back to the day care and child cares, if they have temporarily withdrawn?

DR. PATRICIA DALY: Yeah. Well, day cares were never actually closed in BC under any Public Health Order. So, we have always said they can remain open, but I know many of you have closed. I think, part of the issue will be, even though you've never been closed, there may be parents who don't want to send their kids to day care. They're worried about interactions with other kids.

Next week, we believe that you'll hear more information about the plan from government about how things are going, how measures are going to be lifted gradually in this province. Hopefully that will give some confidence.

I think you're going to be seeing other sectors opening that have been closed; many of them voluntarily, because actually the only places that were closed under order have been—have been a small number of businesses, and, of course, schools have been closed by the Ministry of Education. But, as those plans roll out, hopefully that will give parents more confidence that, you know, they're coming back to work, that the message will be is that they can send their kids back to child care and that will start to roll out.

RACHEL DAY: Thank you.

SHANNON RENAULT: Great. And one question from emails here, Dr. Daly, and its, again, I think about best practices for social distancing.

The question is whether they should, the child care provider, should limit the number of staff to reduce contact? And, specifically, in some child care centres, they—they have parents participation programs, where parents might rotate each day to help in a classroom. Do you recommend that that type of programming be continued or suspended during this period?

DR. PATRICIA DALY: I think, first of all, of course you want to maintain your ratios of staff to children. But, we have recommended that—that now is not a time perhaps to have as many other people coming into the child care setting who, you know, just to reduce the number of people who might—because, again, this is a setting where you can't always maintain social distancing.

So, I would say that—that if you don't need those volunteers to help operate the daycare, that you probably want to rethink that. Or, any other guests that you might have had, or visitors that might come into the setting. So, I would say that it's a good idea to limit it, but, of course, maintain your staffing ratio.

SHANNON RENAULT: Ok. Mike?

OPERATOR: Yes. Next question comes from Pauline Friendship [PHONETIC]. Please go ahead, Pauline.

PAULINE FRIENDSHIP: Good evening. Thank you so much for taking my call. My question is around sensory play for children. You spoke briefly about outside play and that it wasn't a concern if they were playing on outside equipment and outside sand. But, we know the benefit of playing with sand and water for young children, and many of us now use more natural materials in our classroom and our playrooms.

So, I am wondering if you can speak a little bit about how to disinfect those types of materials, and if it is a choice for children to play in water and sand inside?

DR. PATRICIA DALY: I don't think, I have not read any concerns that sand and water, those—playing in those areas has ever been a risk for COVID-19. I don't think it's possible to disinfect those, and I think you can safely continue with that play.

The evidence around how it, COVID-19, survives is really—the survival is on hard surfaces, by and large. So, I wouldn't be concerned about kids

playing with water, some of those more natural things, where there probably is a lower risk for the virus to survive anyway. You can't really disinfect them.

PAULINE FRIENDSHIP: Do you think—do you have any suggestion on how to get documentation to back that up? Because I'm getting some resistance from some of my colleagues around that, because I think it's really important for kids to have those sensory play experiences right now. I'm wondering if you could give me some way to back that up.

DR. PATRICIA DALY: Yes, that's tough because I don't—there probably is no literature on this. The literature on the environmental, you know, how long it survives on the environment is even limited in itself.

I would ask, you might want to get a letter from your local Public Health Department to say, you know, go to your licensing officer and say here is the play, here is the material we would like to use, and if you could get a stamp of approval from them, maybe it would satisfy your parents.

PAULINE FRIENDSHIP: Ok, that's a great idea. Thank you.

SHANNON RENAULT: Ok. Dr. Daly, I have a follow up question related to our first question about personal protective equipment. We talked in our first question about non-medical masks. So, as a follow up, is there any other personal protective equipment that should be considered or recommended for child care providers?

And specifically, questions about non-medical masks or about gloves? And does the—so, that's part A. And Part B is: does the Ministry of Health or Health Authority have any idea about accessing those types of pieces of equipment for child care providers?

DR. PATRICIA DALY: Mmm-hmm. Well, we have talked about masks. First of all, we don't recommend use of—of masks that we use in health care outside of health care settings. The permissive policy is really about homemade masks and cloth masks, and we talked about the fact that it really is about

protect—preventing you from exposing someone else to your droplets. It doesn't really protect you.

We do not recommend gloves in public. It—one of the concerns about that actually is that people may assume that that is in replace of handwashing and, you know, that's of concern because let's say, you know, even in the health care setting if someone is wearing gloves, they may feel that they can provide care to more than one patient without washing their hands. So, we do not recommend gloves by members of the public outside of health care settings. And, even in health care settings, the purpose of gloves is really taking care of patients who might—there might be exposure to body fluids.

The one thing I will say, if you are cleaning up body fluids, like a child has vomited or had an accident, you should be doing that wearing gloves as you normally would, but normal cleaning gloves, not the kind of gloves that we wear in a health care setting.

SHANNON RENAULT: Ok, thank you. Mike, over to you.

OPERATOR: Sure. Next, we have a question from Christina Dicks [PHONETIC]. Please go ahead. Go ahead, Christina.

CHRISTINA DICKS: Hi there. I am just wondering why are they discussing lower numbers, or set numbers for school classrooms but no firm ratio has been set for child care? Although our Licensing Officers keep calling us, and asking us what our COVID-19 numbers are?

DR. PATRICIA DALY: Mmm-hmm. I don't know what they're going to decide actually about kids going back to school. You know, I think we're speculating at this point. You know, I think, generally, as we talk about opening up the schools, they're thinking about still some of that population level – we don't want to have lots of people crowded together.

But, you know, I think some of it is a practicality. We already had ratios for child care, so we don't have, you know, we have only a certain number of

kids per staff person. If you're concerned about your typical space, you can ask your Licensing Officer, but I think they just want to model in school some of that, you know, not going back to, you know, lots of people crowding together.

Having said that, this is confusing to people. I was just talking to my local Vancouver City Councillor the other day about people in residential buildings or in office spaces, there is more than 50 people in the office building that I work in and no one is suggesting that is not ok. You know, people confuse that the order against large gatherings of people, they confuse the social distancing that it's a general recommendation that we should all be more spread out.

But, it doesn't mean that in child care we have concerns with the ratios that you have. And, as I said, I don't know what the plan is going to be around schools. I suspect you're right. They are going to start more gradually and that is partly to give confidence to parents, because, to be honest, even in your setting, I think, parents are going to be a little anxious at first. Should I send my child back to a setting where they are going to be around a lot of other kids? I think, if they open schools and they can show up for a few weeks but there's no COVID-19 being transmitted, then you'll see that more kids can start coming.

But, we'll wait and see what the plan—how the plan rolls out. I understand the concern around that, but some of it is to give confidence to parents that this is not a high risk setting.

CHRISTINA DICKS: So, just to clarify, you're saying that child care centres can operate at their full licensing capacity, and just maintain the already set in place ratios?

DR. PATRICIA DALY: I would talk to your Licensing Officer, because, obviously, you know the—every child care centre is different. I personally think we can get back to the normal ratios, but talk to your Licensing Officer. If there was

some concern about your own specific set up of your day care, they'll be able to walk you through that.

CHRISTINA DICKS: So at this time they're saying no. But at the same time, they're not giving us any direction, so we're left in a situation to measure rooms. Like, we don't have any equation at which by to judge that. And so, that's my concern.

DR. PATRICIA DALY: Yeah, I would not—I think we have to let you get back to your normal ratios. There is no transmission now in child care, so that is something we will certainly talk to the Licensing Officers about. You know, you already have requirements in the legislation about the amount of space that you need to have available for kids, and I think we can safely allow you to return to that.

CHRISTINA DICKS: Ok, well, that would be really great, because many—I'm sure I speak for many child care centres that we have little or no direction from licensing and they keep telling us they don't have the answers either. Although I am a centre that has remained open, we're really stuck between a rock and a hard place. It's really stressful and we don't have answers for parents.

DR. PATRICIA DALY: Ok. That's good feedback for me, because they are probably—they need to look to their Medical Health Officers like me and I'll talk to them, and they're going to need some direction from us. So, that's good feedback for me.

CHRISTINA DICKS: Absolutely. Thank you very much.

SHANNON RENAULT: Ok, I'm going to ask one final question and then we'll close off because we are getting very close to our 8:30. Dr. Daly, it is a little bit of the future forec—a future crystal ball, maybe, but there is a few questions on this.

And, the question is because we're—we're hearing in the media about you know, the "new normal" of different environments; the "new normal" of workplaces, and, you know, the "new normal" even in schools. Do you anticipate that there's going to be a "new normal" in child care settings as well?

DR. PATRICIA DALY: That's a very good question. So, let's maybe just end on what we anticipate might happen with COVID-19. We are probably—we are at low levels in BC, we're fortunate, but the virus is not going to go away.

So, as we start to lift some things, think about reopening schools, businesses that were closed, and some other things, we are going to do it gradually and we're going to monitor for any increases in cases of COVID-19. And that's why we've made testing more broadly available so we can really track what's happening as we lift these measures. Even in daycares, this is why I want to change the guidance on the BCCDC website to encourage testing of kids with symptoms now, so that we can track as we—to get more kids back, will we start to see cases in daycares? The only way we are going to know that is to encourage people to get tested.

So, that's how across Canada, North America, the rest of the world, you will see measures gradually lifted. But we'll track. We don't want to see dramatic increases in cases, and we also don't want to live measures and have to reimpose them, so that's why we're going slowly in BC.

We know that, because we don't yet have a vaccine or a good treatment, and actually we don't have—a lot of people have not been exposed to the virus, they don't have immunity, that we're going to be in what we call the "new normal" for a while, until such time as we get a vaccine or an effective treatment. That's not going to be in the next couple of months.

So, you know, over the summer, I think you'll it gradually lifted, we'll have to monitor in the fall when we hit with cold and flu season. You know, we may—that's going to—we'll have to—that, because of the other virus circulating, it's going to be challenging because we won't necessarily know

what's COVID-19, or what's a flu for example, so we might be doing even more testing. So, it's going to be challenging. And for child care, I think that the change you will see in direction is the encouragement to get tested, and the new guidance that we've had about kids, about being vigilant about kids with fever and cough, having them stay home and encouraging the testing.

And we'll monitor. We may have to change our advice depending on what we see. We don't all have a crystal ball, but we're not going to be back to normal, I don't think, until we get a vaccine or an effective treatment.

SHANNON RENAULT: Ok. Dr. Daly, thank you. That's actually a really good point to, I think, wind up our conversation. And really, I'm sure that Mike would say there is a number of people still on this telephone line and I've got a number of emails as well, and I think if we had all the time in the world we could probably continue to speak all night long. But, in respect of everybody's time and the fact that we were going to have this close down at 8:30, I'll thank everybody for your participation.

I do want to tell you a little bit about follow up. I have been scanning the emails. A number of people have asked questions if this information is going to be available afterwards or outside of this call. Are we going to be able to share it? And, because we're—we're able to use this wonderful platform that TELUS is providing us, we will have both the transcript and a recording of the call. So, we will be taking a look at how this information can be available for you to refer back to as you reflect on these questions. And maybe you want to share the information with other people.

So, Dr. Daly, thank you very much for your time again this evening. We feel fortunate to have—to have you with us once more.

DR. PATRICIA DALY: Thank you, and I'm happy to come back in the future over the next coming weeks, too.

SHANNON RENAULT: Thanks so much. And, to everybody on the telephone, thank you so much for phoning in, and for your patience, and for participating in this telephone call. And, thank you for the brilliant questions

that you sent ahead of time. I think it really allowed us to have a fruitful and productive conversation with Dr. Daly.

We'll look forward to connecting with everybody again soon. Thank you.

DR. PATRICIA DALY: Thanks everyone.

OPERATOR: Ladies and gentlemen. This concludes the Child Care Health and Safety Teleconference. Thank you for your participation, and have a nice day.

[END OF TRANSMISSION]