

COVID-19 Public Health Guidance for Child Care Settings

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Introduction

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

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

This document provides guidance to staff for the prevention and control of COVID-19 in child care settings which must be used in conjunction with the [Guidelines for Communicable Disease Prevention and Control for Child Care Settings](#). The foundational document used in the development of this guidance is the [Risk Mitigation Tool for Child and Youth Settings Operating During the COVID-19 Pandemic](#).

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

The risk level of the introduction and transmission of COVID-19 within a child care setting is impacted by transmission of the virus in the community. At the present time, the level of community transmission in Nova Scotia is low. As the situation evolves, facilities will need to stay informed and adjust processes and programming in order to support the health and safety of children and staff; child care settings are encouraged to be innovative and creative in implementing the public health measures. Facilities need to be diligent in maintaining adherence to the public health guidance as outlined in this document. Ensure families are kept up to date on current information and policies related to COVID-19 as part of your regular communication to families. The Department of Education and Early Childhood Development will communicate any changes to this guidance as necessary.

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

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

This guidance document uses the term **family** to include parents/guardians of children who participate in child care programs. Family members who must enter the facility are considered an essential visitor and must follow the requirements for visitors.

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

Child care centres that operate in school settings should follow the guidance in this document and may wish to review Nova Scotia's [Back To School Plan Public Health Appendix](#) for information specific to the school setting. Operators should work closely with school administrators to coordinate accessing shared spaces or resources and to support coordination and clear communication to parents.

Public Health Measures

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

Although public health measures can significantly reduce the risk of COVID-19 entering and being transmitted in child care settings, the risk is never zero. COVID-19 presentation and transmission in children is not yet fully understood. Children, especially younger children, appear to experience less severe symptoms due to COVID-19.

Although younger children may be less likely to transmit COVID-19, emerging evidence suggests the virus can spread efficiently in school age children. People with immune suppression and complex medical histories are considered more vulnerable and at higher risk for severe illness.

Parents, guardians, and staff are encouraged to consult with their health care provider if they have concerns about their own health, their child's health, or health of other household contacts.

The most effective measures to reduce the spread of COVID-19 include separating people by maintaining physical distance and the use of physical barriers. However, these measures are not always practical in child care settings. Therefore it is most effective to use a layered approach including multiple measures from the areas listed below, and to develop administrative measures that support individuals to consistently follow personal preventive practices (e.g., environmental cleaning, conducting frequent hand hygiene) that decrease the number of interactions and increase the safety of interactions that occur.

Recognizing the difference between licensed family day care homes and centres, re-opening at a reduced capacity (50%) can benefit child care centres in effectively implementing the public health measures within their centre. Decisions to increase the number of children must balance the benefits to children and families with the risks related to transmission of COVID-19 and depends on the ability of the centre to maintain strong public health measures going forward.

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

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

Preventing the Introduction of COVID-19 into Child Care Settings

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

Non-essential visitors should not enter child care settings at this time. The following people should self-isolate and not enter child care settings, including pick-up and drop-off areas:

- Any person who is experiencing symptoms suggestive of COVID-19
- Any person who travelled outside Atlantic Canada in the previous 14 days

- Any person who is a close contact of a confirmed case of COVID-19
- Any person who is awaiting a COVID-19 test result

The **COVID-19 Daily Checklist** is recommended for use by staff, essential visitors and families. Anyone who is unsure whether they or their child should self-isolate should be directed to the 811 assessment tool at: <https://when-to-call-about-covid19.novascotia.ca/en> or if unable to access the online tool, to call 811.

Monitoring for symptoms is important to identify any potential cases of COVID-19 as quickly as possible. Individuals need to stay home when they are unwell, even if their symptoms are mild. Facilities should keep records of staff and child absenteeism and report unusual symptoms or absenteeism to Public Health as per *Guidelines for Communicable Prevention and Control for Child Care Settings*.

All individuals with symptoms should be assessed through 811 or by a Health Care Provider to determine whether COVID-19 testing is required. Household contacts (including siblings) of the person who is unwell or being tested for COVID-19 do not need to stay home if they are feeling well.

If a test is not required, individuals may return when they are feeling better with no fever medications for 24 hours (or only a mild clear runny nose). Repeat the assessment for any new or worsening symptoms.

If COVID-19 testing is required, individuals need to isolate at home until the result comes back. If the test is positive, Public Health will follow up and provide support and advise when to return to school. If the test is negative, individuals may return when they are feeling better with no fever medications for 24 hours (or only a mild clear runny nose). Repeat the 811 assessment for any new or worsening symptoms.

Individuals who are feeling well but have chronic symptoms (e.g. cough, sneeze, runny nose, or nasal congestion due to asthma or allergies, headache due to migraine that responds to normal treatment) are not required to stay home if their symptoms are normal for them. Chronic symptoms should be discussed with the child care centre. If the symptoms are different than usual, or if there are new symptoms, children should stay home and complete the 811 assessment.

Monitoring Staff for Symptoms

- Child care settings should instruct all staff to self-monitor daily for symptoms and ensure they are not required to self-isolate using the **COVID-19 Daily Checklist**.
- Staff must be kept informed of the most updated list of signs and symptoms which can be found on the 811 website: <https://when-to-call-about-covid19.novascotia.ca/en>.

- Staff that have an elevated temperature or any of the symptoms listed above must stay home, isolate and must be excluded from work. Call 811 for an assessment for testing.

Monitoring Children for Symptoms

Child care settings should develop a plan to clearly communicate to families the need to monitor their child daily for symptoms and to ensure they are not required to self-isolate before sending them to child care.

Nova Scotia's [COVID-19 Daily Checklist](#) should be provided to parents and should be posted at drop-off locations. An equivalent process for daily home monitoring is in place for school settings. Where possible at drop-off, child care settings should confirm with families that this has taken place. Child care settings are not required to screen children for specific symptoms or take temperatures of children upon arrival.

Monitoring Essential Visitors for Symptoms

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

Physical Distancing

- Physical distancing of 2 metres or 6 feet between all individuals helps reduce the spread of illness. However, it is not always practical in child and youth settings. Where possible, maintain physical distancing:
 - * between staff members and essential visitors
 - * in each play area/classroom
 - * during outdoor play
 - * during pickup and drop-offs (minimize the number of individuals entering the facility by having one family member designated for pickup and drop-off, consider doing drop-off and pick-up outside where appropriate)

- Arrange beds/cots so there is a 2 meter/6-foot separation between children's heads during nap time. This can be arranged by staggering cots or using a head-to-toe arrangement. If physical distancing is not possible, consider the use of dividers between children during naps if safe to do so.
- Signage should be posted to promote social/physical distancing.
- Visual cues can be used to encourage physical distancing such as floor markings (e.g. in pick-up/drop-off areas).
- Consider staggering drop-off/pick-up times or use separate entrances if feasible.
- Stagger staff break times.

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

Cohorting/Grouping

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

- Assign children and staff to a group and keep them together throughout the day.
- Where possible, staff and children should remain with the same group each day.
- Avoid unnecessary mixing between groups.
- Within groups, encourage children to avoid direct physical contact.
- Keep enough toys available to encourage individual play.
- Ensure adequate supplies to minimize sharing (e.g. art supplies).
- Limit movement of staff between groups. Where this is required to occur, ensure careful hand hygiene. Minimize travel between sites. Limit workers (i.e. cleaning staff) to one site if possible.

- Siblings should be grouped together when reasonable (e.g. siblings are within the same age range)
- Siblings are not required to physically distance from each other (e.g. siblings can hug, be within 2 metres/6 feet of each other), even if they are in different groups within the child care setting.
- Groups should not be in shared spaces (including hallways, entrances, foyers) at the same time. Where this is not possible, physical distancing is required.
- Child care settings should keep daily records that include the names of the children and staff participating in each group.
- Additional cohorting considerations for settings offering before and after care:
 - o These groups should be as small and consistent as possible, not exceeding 15 children. Group together children from the same class and/or same household wherever possible. Within cohorts, support children to avoid direct physical contact and choose activities that allow for physical distancing wherever possible.
 - o Prevent mixing of cohorts of school-age and younger children. Where this occurs, such as in Family Day Homes, operators should ensure that parents are informed of this practice.

Hygiene Practices

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

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

Environmental Cleaning

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

- Daily environmental cleaning and disinfection is required throughout the facility (including cribs and cots).
- More frequent (twice daily or more often as needed) cleaning and disinfection of high-touch surfaces (e.g. doorknobs, railings, bathrooms, tables, light switches, etc.) is required.
- Clean and disinfect shared items that become visibly soiled and/or are mouthed, etc.
- Clean and disinfect outdoor play equipment as per your regular cleaning schedule.
- Disinfectants should be used to eliminate the coronavirus that causes COVID-19. Consult the products Safety Data Sheets for proper use. Use products with a drug identification number (DIN) and labelled as a broad-spectrum virucide. A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada. For a list of approved disinfectants refer to: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>
- Check the expiry date of products you use and always follow manufacturer's instructions for use
- If an approved disinfectant is not available, use a diluted bleach (5.25% sodium hypochlorite) solution: Daily prepare a bleach water solution with 5ml of unscented household bleach per 250mL water (1000ppm). Ensure a contact time of 1 minute. Discard leftover solution at the end of the day.
- If there are concerns with a chemical residual remaining on items that children may put in their mouths, items may be rinsed with potable water after the appropriate contact time has been achieved.
- Disinfect electronics and handheld devices with 70% alcohol or wipes.

- Remove toys that cannot be easily cleaned such as dress-up clothes, stuffed animals and sensory play (unless the sensory play can be cleaned and disinfected between use or each child is designated their own sensory play).
- Items/clothing should be laundered regularly in hot water and thoroughly dried.
- Waste should be disposed of regularly. Hands should be washed after waste removal. No touch waste receptacles should be used.

Laundry

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

Outdoor Activities

- Move activities outdoors if possible
- Hands should be washed before and after outdoor play
- Maintain Public Health Measures in outdoor spaces
- Walks around neighbourhood and nearby trails are encouraged
- Access outdoor green spaces within walking distance of the facility where physical distancing can be maintained
- Avoid field trips (e.g. that require transportation or requires entry into another facility/building)

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- Public playgrounds may be visited if centres can maintain cohorts of children and staff, follow public health measures and physically distance from other users
- If facility has a designated outdoor space:
 - * schedule outdoor play to maintain cohorts and children of staff
 - * if possible, designate space and toys within the play area for each cohort
 - * adequately maintain outdoor sandboxes (e.g. free from organic matter, covered when not in use, etc.) may be used if public health measures can be maintained (i.e. maintaining physical distancing as much as possible, not sharing toys).
 - * outdoor play area and toys should be cleaned and disinfected daily as per your regular cleaning and disinfection procedures

Transportation

Child care settings that transport children should consider the following:

- Non-medical masks must be worn as per provincial guidance for public transportation and school buses.
- Enhanced cleaning and disinfecting including at least twice daily for high touch surfaces, minimize the number transported at one time, increase space between driver and passengers, and open windows to increase ventilation. For larger vehicles, leave 2m (or physical barrier) between driver and passengers and assign seats with households seated together. [Federal guidance for school bus operations](#) may assist settings in transportation planning.
- Daily passenger logs should be kept.

Other Considerations

- Limit items from home to essential items only and ensure these items are not shared with others
- Increase ventilation – open windows if possible and it is safe to do so. Ensure ventilation system operates properly and is routinely maintained. Increase air exchanges by adjusting the HVAC system.

- Serve food rather than have family style eating (i.e. where children are involved in serving themselves). Do not involve children in the preparation or serving of food. Physically distance during meal time as much as possible. Do not allow food sharing.
- There may have been little to no water flow through the plumbing water systems within facilities. Therefore, appropriate actions must be taken in order to reduce the risk of poor water quality (e.g. flushing lines). Guidance on re-opening buildings and flushing of water lines can be found at <https://novascotia.ca/coronavirus/resources/>

Managing Symptoms of COVID-19

Individuals who develop symptoms consistent with possible COVID-19 infection should not remain in child care settings.

Additional environmental cleaning should occur if an individual develops symptoms. Focus should be in high-touch areas and areas where the staff or child spent time.

If concerned, contact your local Public Health office to seek further advice.

Staff and Essential Visitors

Staff and essential visitors must not remain in a child care setting while ill, even with mild symptoms. If an individual develops symptoms consistent with possible COVID-19 infection, they should immediately wash their hands, report their symptoms, avoid contact with other staff and children and go home to isolate. They should contact 811 or their Health Care Provider for an assessment.

Children

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

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

- Identify staff member to supervise the child

- Immediately separate the child from others in a supervised area. A non-medical mask may be offered to older children if tolerated (not for children under 2 years or if unable to remove on own).
- Notify family so designated family member can pick up the child and contact 811 for assessment
- Supervising staff should don a medical mask. A face shield may provide additional eye protection if the staff person is not able to maintain 2m / 6ft of physical distance. (see PPE section).
- Where appropriate, it is an option to close inside doors and open outside doors and windows to increase air circulation
- Support children to cough or sneeze into sleeve or tissue. Immediately discard used tissues and perform hand hygiene.
- Staff should perform frequent careful hand hygiene.

Outbreak Management

In the event that a single case of COVID-19 is confirmed to be connected to a child care setting, Public Health will initiate a risk assessment and provide additional guidance on required actions including ensuring that appropriate supports are in place to coordinate the response. Public Health is responsible for case management and contact follow-up of all COVID-19 cases, and for determining the need for individual or public notifications regarding cases and outbreaks.

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

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

- Enhancing environmental cleaning
- Assessing need for facility closure

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

Personal Protective Equipment (PPE)

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

Staff should maintain current practices for the use of PPE with respect to the infectious risks and hazards normally encountered in their work, with one exception of wearing a medical mask (surgical/procedural mask) when supervising a child who is exhibiting signs or symptoms suggestive of COVID-19. Face shields are not required but may provide additional eye protection while supervising an unwell child. Individuals may choose to wear face shields for additional eye protection at other times however this does not replace the requirement to wear a mask. There is no role for the use of N95 respirators in this setting. Glove use is only required as per your regular practices and current policies.

To don (put on) the mask safely, clean hands with alcohol-based hand rub or soap and water. Place the mask on your face carefully so it covers your mouth and nose, handling it with the strings/elastic ear loops as much as possible, and mold the nose bridge to ensure it does not move while on. Avoid touching the mask once you have put it on. If you need to adjust it, clean your hands before and after adjusting the mask. Never pull the mask down below your nose or mouth and chin. Never dangle the mask from one ear or both ears.

To remove the mask safely, remove the mask from behind using the strings/elastic ear loops; do not touch the front of the mask. Discard the mask immediately, ideally in a no touch receptacle. Clean hands with alcohol based hand rub or soap and water <https://novascotia.ca/coronavirus/docs/Wearing-a-mask-poster-en.pdf> .

Non-Medical Masks

Non-medical masks can reduce the risk of transmitting COVID-19 when worn properly and hygiene practices are followed. They represent an added level of protection after other public health measures are in place. Guidance about masks remains under active consideration and may be adjusted based on new evidence and/or changing epidemiology. Non-medical masks are now required on public transportation including school buses and when school-aged children are being transported by a child care setting. Parents should be encouraged to help their children become comfortable with wearing a mask. Information on the use of non-medical masks can be found here: <https://novascotia.ca/coronavirus/staying-healthy/#masks>. A poster on how to wear it safely can be found at: <https://novascotia.ca/coronavirus/docs/Wearing-a-mask-poster-en.pdf>. A very small number of individuals will not be able to wear masks due to sensory or health issues (i.e., severe anxiety). Medical exemptions should not be required.

Consistent with school settings, it is now strongly recommended that staff and visitors working with school-aged children wear non-medical masks indoors whenever they are unable to maintain 2m / 6ft physical distance from others. Staff working with younger children should consider wearing a non-medical mask, particularly for staff who move between cohorts and when close physical contact is required. It is recommended that staff wear a non-medical mask when they are unable to maintain physical distancing from other adults (i.e. staff meetings).

Also consistent with school settings, children in Grade 4 and up should wear a non-medical masks indoors in situations where physical distancing cannot be maintained. Masks are not required while eating or drinking and during physical activities where a mask cannot be worn. Hands should be cleaned before and after putting on, touching or adjusting, and taking off masks. Masks should not be dangled from the ears.

Individuals who choose to wear a face shield for additional eye protection should be aware that this does not replace the requirement to wear a mask. Where applicable, centres should consult Occupational Health and Safety when making masking policies for their staff.

Centres should support younger children who travel by bus or are transported by child care settings to remove their mask in a location where hands can be cleaned and masks can be stored safely, and to put their mask back on with clean hands at the end of the day.

Wearing non-medical masks at other times remains optional for children below grade 4.

Removed masks should be stored safely. Nonmedical masks should be laundered often or as needed. Children should have access to a second mask should their mask become moist or soiled throughout the day. Some staff and children may choose to wear a non-medical mask at other times. It is important to treat people with respect regardless of their individual decisions about the use of non-medical masks and to protect children from bullying or stigma related to mask wearing. Staff can teach and reinforce these messages.