

Frequently asked questions (FAQ) for child care operators and staff

COVID-19 has a very low infection rate in children. There are now fewer cases across BC and public health is aware of where the disease is occurring. Most children are not at high risk for COVID-19 infection.

Some children have a higher chance of more serious symptoms if they get COVID-19. This includes children under 1 year of age, those with weakened immune systems and those with pre-existing lung conditions.

This document addresses common questions related to prevention of COVID-19 in child care settings. This includes staying home when sick, encouraging physical distancing and minimizing physical contact, practicing hand hygiene and respiratory etiquette and frequent cleaning and disinfecting.

Check with your health care provider or local public health unit if you have any specific concerns.

For the latest updates to this document, including answers to additional questions, please visit the [FAQ resource on the BCCDC website](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/childcare-schools). (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/childcare-schools>)

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About COVID-19

What is COVID-19?

COVID-19 is a respiratory illness caused by the novel coronavirus. Symptoms may include:

- Fever
- Chills
- Cough
- Shortness of breath
- Sore throat
- Runny or stuffy nose
- Loss of sense of smell or taste
- Headache
- Muscle aches
- Fatigue
- Gastrointestinal issues such as diarrhea or vomiting
- Loss of appetite

Less common symptoms:

- Conjunctivitis (pink eye)
- Dizziness
- Confusion
- Abdominal pain
- Skin rashes or discolouration of fingers or toes

Many children can have the virus without showing any symptoms. However, there is no clear evidence that children without symptoms pose a risk to other children or to adults.

When children do get symptoms, they generally have much milder symptoms than adults. For children, it's important to think about what is usual or unusual about their specific symptoms. For example, a child may have a low grade fever, irritability and a runny nose because they are currently teething or a child may have a runny nose due to seasonal allergies. Check with your health care provider if you have concerns.

To find the latest information about COVID-19 visit covid-19.bccdc.ca. To assess your own, use the self-assessment tool at bc.thrive.health.

How is COVID-19 spread?

COVID-19 spreads through respiratory droplets when an infected person coughs or sneezes. Respiratory droplets are small liquid particles that may travel about a metre through the air before settling on a surface. The virus is spread when a droplet comes in contact with a person's mouth, nose or eyes.

It can also be spread when a person touches an object or surface with the virus on it, and then touches their mouth, nose, or eyes before washing their hands.

COVID-19 is not airborne (i.e. spread through particles floating in the air) and will not stay in the air for long.

Can child care staff get tested for COVID-19?

Anyone with symptoms, however mild, can get tested for COVID-19. If you have no symptoms, you do not require a test.

Use the [BC COVID-19 Self-Assessment Tool](https://bc.thrive.health/covid-19/self-assessment) to help determine if you need further assessment for COVID-19 testing by a healthcare provider or at a local collection centre. (<https://covid19.thrive.health/>)

For more information, or to find a local collection centre in your area, visit the [BCCDC Testing page](https://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing). (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing>.)

Assessing risk

What is the risk of COVID-19 for children and staff?

Children are at a low risk of catching and spreading COVID-19. In BC, children have had a much lower rate of COVID-19 infection than adults. Children who have developed COVID-19 have most likely acquired it from adults in the household setting.

COVID-19 is more likely to spread between adults than among children.

Ensuring you follow public health prevention strategies (such as frequent and thorough hand washing, avoiding touching your face, staying home when sick, and avoiding direct physical contact / maintaining physical distancing) can reduce the risk of COVID-19 for everyone.

Can an asymptomatic child who lives with a person (e.g. a parent, caregiver or sibling) who is exhibiting symptoms of COVID-19 still attend child care?

Children who are asymptomatic do not need to self-isolate unless advised by public health.

Should the symptomatic household member be diagnosed with COVID-19, all household and close contacts will be contacted by public health and required to stay home and self-isolate.

If a child lives with a person with confirmed COVID-19, can the child still attend child care?

No. People who live with a confirmed COVID-19 case will have been asked by public health officials to self-isolate at home, and cannot return to child care until approved by public health.

For more information on living with someone with COVID-19, visit the [BCCDC Self-Isolation](http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf) page. (http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf)

Are pregnant women at a higher risk for COVID-19? Should they continue to work in child care settings?

Pregnant women are not at higher risk of getting COVID-19 or developing severe disease.

Pregnant staff should consult their health care provider to assess their risk and to determine if they should work.

Pregnant women however need to be careful with the hand sanitizer they use. Read the label before use as some products are not appropriate during pregnancy or when breastfeeding.

For more information, visit the [BCCDC Pregnancy](http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/pregnancy) page. (<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/pregnancy>)

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Assessing risk (cont.)

Should staff with underlying health conditions continue to work in child care settings?

People with chronic health conditions such as diabetes, heart disease and lung disease may be at higher risk of developing more severe illness or complications from COVID-19.

Staff with underlying health conditions should consult their health care provider to assess their risk and to determine if they should work.

For more information, visit the [BCCDC Priority Populations](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/priority-populations) page. (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/priority-populations>)

Should centres accept infants and/or children who are more vulnerable?

Younger infants (under age 1 year), children and youth with immune suppression (e.g., juvenile arthritis, childhood cancers, and diabetes) and medical complexity are considered more vulnerable (visit the [BCCDC Priority Populations](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/priority-populations) page for further details). (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/priority-populations>)

Parents are encouraged to consult with their health care provider to assess their risk and determine if they can send their child to care.

Child care centres should always have care plans for vulnerable children.

Is it safe for staff who have elderly household members, or older adults with underlying health conditions living in their house, to continue to work in child care settings?

Yes. It is safe for child care staff who have elderly household members or older adults with underlying health conditions living in their house to work in child care settings.

They should follow good infection prevention and control and hand hygiene practices before work and after work, as described in the [COVID-19 Public Health Guidance for Child Care Settings](https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-childcare.pdf). (<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-childcare.pdf>)

For more information, visit the [BCCDC Priority Populations](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/priority-populations) page.

Is there a risk to looking after children of health care workers who work with COVID-19 patients?

There is no evidence that children of health care workers (HCWs) are at increased risk of COVID-19 infection than children of non-HCWs. This is likely due to precautions used in the healthcare environment as well as careful monitoring of HCWs for symptoms and follow-up of their household contacts.

Sickness at child care settings or at home

What is a “health-check”? When and how do we do them?

A “health check” helps to keep track of our health and to monitor development of any symptoms of COVID -19.

Staff should learn about common COVID-19 symptoms to:

- Teach older children about common symptoms so they can let staff or their parent/caregiver know if they don't feel well.
- Monitor themselves daily for symptoms.
- Encourage parents and caregivers to check their child(ren) daily for symptoms before bringing them to child care.

Use the self-assessment tool at bc.thrive.health to assess symptoms.

What should staff and children do if they get sick while at home?

Use the self-assessment tool at bc.thrive.health or call 8-1-1 to assess symptoms and determine if testing is required.

Staff, if diagnosed with COVID-19, must be excluded from work and stay home for a minimum of 10 days from the onset of symptoms, until their symptoms improve and they no longer have a fever. Staff with COVID-19 cannot return to work until allowed by public health.

Parents or caregivers must keep their sick child at home until they are assessed by a health care provider.

Who must stay at home even if they are not sick?

If someone has travelled outside of Canada, they must self-isolate for 14 days upon return. Returning travellers who develop symptoms of COVID-19 during this time period should go for testing, but will still be required to complete their 14 days of self-isolation if they test negative. Those who test positive will be advised on further isolation by public health.

If someone was told by public health or a health care provider that they are a close contact of a COVID-19 case, self-isolation is required for 14 days from the day of last contact.

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Sickness at child care settings or at home (*cont.*)

What should happen if staff or children become sick while at child care ?

Staff should follow the plan created and approved by the Ministry of Health, [found here in Appendix B](#). (<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-childcare.pdf>)

Should children or staff with seasonal allergies stay home?

Children and staff with seasonal allergies don't need to stay home. If the allergy symptoms are the same as they usually are during this time of year (e.g. itchy eyes, runny nose) and can be relieved with antihistamine or allergy medication, then no specific action is needed.

If children or staff are unsure if the symptoms are related to allergies, they should stay at home and use the self-assessment tool at bc.thrive.health, call 8-1-1 to assess symptoms or be assessed by a health care provider to determine if testing is required.

Physical distancing

How do we practice physical distancing while in a child care setting?

Staying 2 metres apart is not always feasible and is not expected in child care settings, where the risk of COVID-19 transmission is low. Encourage children to avoid direct physical contact. This is more important than keeping 2 metres apart. Staff caring for young children should not avoid appropriate physical contact, such as assisting children with washing their hands.

There is no need to reduce the number of children permitted in child care settings below the number permitted by licensing.

Adults should attempt to keep 2 metres apart from each other as much as possible, particularly parents or caregivers who are dropping off their child(ren).

Child care settings should focus on how children and staff can move around safely. You do not need to follow every example given, but should consider broadly what your child care setting can do. Here are a few general principles to consider:

Limit the number of adults that come inside	Stagger breaks and arrivals	Spend time outdoors	Limit physical contact
<p>Limit access to buildings to staff and children only.</p> <p>Control access to common areas like break rooms, washrooms or drop off locations</p> <p>Pick-up and drop-off of children should occur outside the child care setting unless there is a need for the parent or caregiver to enter the setting (e.g., very young children). Remind parents to practice hand hygiene and physical distancing measures.</p>	<p>Stagger break times, snack or meal times to allow spacing of staff and children between meals</p> <p>Stagger timings of pick up and drop off.</p> <p>Ensure entrances and exits are clearly marked.</p> <p>Use multiple entrance points if available.</p>	<p>Learning activities, snack time and play can be outdoors as weather permits.</p> <p>Encourage children to spend time together outside.</p>	<p>Teach children about personal space through games and visual cues.</p> <p>Limit the number of different staff who interact with children throughout the day, and in larger day care centres limit any unnecessary mixing between classes</p> <p>Increase the distance when children are napping together – try to space apart if possible.</p> <p>If using multi-seat strollers, seat the same children together consistently.</p>

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Physical distancing (cont.)

Is it safe for children to play together on the playground? Do we need to do anything to make playgrounds safer?

Playgrounds are a safe environment for children to play together. Focus more on minimizing physical contact between each other rather than staying 2 metres apart.

All children should practice hand hygiene before and after play.

No extra cleaning or disinfection is required for playground structures.

What are the rules for buses or vans that are used for transporting children?

Buses or vans used for transporting children should be cleaned and disinfected according to the guidance provided in the [BCCDC's Cleaning and Disinfectants for Public Settings](http://www.bccdc.ca/Health-Info-Site/Documents/CleaningDisinfecting_PublicSettings.pdf) document. (http://www.bccdc.ca/Health-Info-Site/Documents/CleaningDisinfecting_PublicSettings.pdf)

Transportation should be limited to the transport of children to and from care.

Hand hygiene and respiratory etiquette

What type of soap should be used for hand washing?

Liquid or foam soap is preferred for hand washing. Antibacterial soap is not required.

If sinks are not available (e.g., children and staff are outside), supervise the use of a [Health Canada approved alcohol-based hand sanitizer](https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html). (<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html>). Read labels carefully as [certain products should not be used on infants, children or by pregnant or breastfeeding staff](https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/legislation-guidelines/covid19-technical-grade-ethanol-hand-sanitizer.html). (<https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/legislation-guidelines/covid19-technical-grade-ethanol-hand-sanitizer.html>)

All children under the age of six should be supervised when using hand sanitizer. Use enough to cover the front and back of a child's hands and between their fingers. Ensure that the hand sanitizer has dried completely before children resume regular activities and prevent children from putting wet hands in eyes or mouth.

If a child accidentally consumes any amount of hand sanitizer, call the BC Drug and Poison Information Centre: 604-682-5050 or 1-800-567-8911. If hands are visibly dirty, clean first before using hand sanitizer.

Do we need to use warm water to wash hands?

No, you can use any temperature of water to wash your hands. Cold water and warm water are equally effective at cleaning hands as long as soap is used.

Can we wash our hands with tap water if there is a boil water advisory?

Yes, it's safe to wash your hands with soap and tap water if you are living in a community with a Boil Water Advisory (BWA) or a Do Not Consume (DNC) advisory. However, if you are living under a Do Not Use (DNU) advisory you should wash your hands with bottled water.

When should hand hygiene be practiced?

Encourage hand washing often. See [Appendix C on the Ministry of Health child care guidelines](https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-childcare.pdf) for suggestions on when to wash hands. (<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-childcare.pdf>)

Promote proper and frequent handwashing through signs/pictures, role modelling and creating a routine for hand washing. All sinks should be supplied with liquid or foam soap.

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Hand hygiene and respiratory etiquette (*cont.*)

Why are masks not recommended for children?

The COVID-19 guidelines for child cares provide a safe setting for both staff and children. Therefore masks are not recommended nor necessary. However, some staff and older children may choose to wear non-medical masks.

Children under two years of age should NOT wear masks because there are risks of breathing problems, choking or strangulation. For young children over the age of two years, masks are generally not recommended as they can be irritating and may lead to increased touching of the face and eyes. If an older child wants to wear a mask: show them how to do so safely and properly. Remind children that other children and adults have reasons for wearing or not wearing masks, so it is important to be kind and respectful to others.

Childcare staff should monitor and address any discrimination or bullying associated with mask wearing, whether it is experienced by those who do or do not wear masks.

Why do staff members not need to wear masks?

Child care settings are implementing environmental, administrative and personal infection prevention and control measures to reduce the transmission of COVID-19. Therefore use of non-medical masks in this setting is not necessary.

However, staff wearing a non-medical mask in a child care setting is a personal choice. It is important to treat people wearing masks with respect.

Cleaning

How often should surfaces be cleaned?

Clean and disinfect high touch surfaces at least twice a day. This includes door knobs, light switches, toilet handles, water fountains, tables, chairs, electronic devices and toys.

Clean toys in the classroom daily with soap and water and then disinfect with a store-bought product or bleach solution. [Find more information here.](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/cleaning-and-disinfecting) (<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/cleaning-and-disinfecting>)

Encourage children not to bring any objects from home unless they are necessary (e.g., water bottles).

Is it safe to share books and other paper documents?

There is no evidence that the COVID-19 virus is transmitted via books, paper or other paper-based products. As such, there is no need to limit sharing of books or paper based resources to children because of COVID-19.

Is it safe to share toys or other items?

Offer toys and items that encourage individual play and that can be easily cleaned and reduce hand-to-hand-contact and cross contamination.

Ask parents and caregivers to only bring personal comfort items (e.g., stuffed animals) if necessary and if they are clean and laundered regularly.

Toys and objects that children have placed in their mouths should be set aside, for example in a “to be washed” bin, until they are cleaned and disinfected. Toy, objects, and surfaces known to have been in contact with bodily fluids should be cleaned as soon as possible and between uses by different children.

Provide adequate amounts of high touch materials, such as art supplies, in order to minimize sharing between children.

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Cleaning (cont.)

Is it safe to gather, serve or share food?

Children and staff should not share food, drinks, soothers, bottles, sippy cups, toothbrushes, facedoths, and other personal items.

Personal items should be labelled with the child's name to discourage accidental sharing.

If meals or snacks are provided, ensure each child has their own individual meal or snack. Reusable utensils must be cleaned and sanitized after each use. Any disposable utensils need to be thrown out.

If you are preparing snacks or meals, make sure you wash your hands well (20 seconds) with soap and water and avoid touching your face.

It is safe to gather traditional foods or use food from gardens. Be sure that you and the children wash hands before gathering the food and that all food is scrubbed under potable running water. It is not safe to wash fruit and vegetables in a bleach solution

How should cots and cribs be cleaned?

Clean and disinfect cots and cribs after each use, and launder crib linens between children. If parents are providing their own linen, the linens should be laundered and placed in a sealed plastic or washable bag before bringing to the centre. Do not shake the linens.

Activities

How can play be done safely?

Exercise, play, and other activities should be done outdoors when possible. Group play activities should be organized in a thoughtful way, taking into consideration physical distancing. Hand hygiene is encouraged before and after play.

What about the use of sensory play such as sand and water?

Sand and water can be used for play provided that children wash their hands before and after play.

COVID-19 does not survive well on surfaces, other than hard surfaces.

There is no evidence showing that the virus survives on sand, in water, or on playdough.

Is it okay to sing in groups?

Singing in groups can be a safe activity if people are able to stand 2 metres apart to reduce the spread of droplets. Consider singing outdoors or opening windows to increase ventilation. Other hand hygiene and respiratory etiquette principles should be practiced.

Mental health

How can staff support the mental health of children?

COVID-19 affects more than our physical well-being. With so much happening, it's normal to feel worried and overwhelmed. Mental wellness, particularly stress, also impacts our physical well-being and our behaviours, and can increase our risk of getting sick.

It's important to focus on your own, as well as children and other staff members', mental well-being. Child Health BC is a provincial organization supporting children's health. [Visit their website](#) for a list of mental health resources for parents and caregivers, children and staff. (<https://www.childhealthbc.ca/covid-19-mental-health-resources>)

Shared environment

Can staff share the use of microwaves, refrigerators, photocopiers and coffee pots etc?

Yes, staff can share appliances and other objects. Treat items like microwaves as high touch surfaces. Disinfect them at least twice per day. Always wash your hands before and after handling shared objects.

Do we need to increase ventilation in the child care settings? How would we do that? Are fans and air conditioning allowed when it gets warm?

There is no need for enhanced ventilation in buildings to prevent spread of COVID-19. There is no concern around use of air conditioning and fans. Opening windows for fresh air is encouraged.

Can child care providers work in more than one location?

Child care providers can work in more than one location. The important consideration is ensuring an adequate number of child care providers to children, as per licensing regulations.

Clusters and outbreaks of COVID-19 involving children and youth have not occurred to date in BC and have only rarely been reported in areas where there are high levels of community spread. Currently in BC, we have low community spread.

Can child care settings operate at “full capacity”?

Child care settings can operate at full capacity as permitted under licensing.

The Provincial Health Officer’s Order for Mass Gatherings prohibits gatherings and events of people in excess of 50, however this Order does not apply to child care settings. As such, there can be more than 50 children and staff in any given child care setting as per usual licensing limits.

If someone tests positive for COVID-19 in a child care setting, will the setting be shut down?

Public health will determine the need to exclude any children or staff, or to temporarily close the child care, in the event a case of COVID-19 is identified in any child care setting.

Some child care settings are co-located in schools. As schools increase the number of students receiving in-person ramp up, are there any additional protocols to keep this shared space safe?

Child care operators in these settings should follow the guidance provided in this document and may wish to review the [COVID-19 Public Health Guidance for K-12 School Settings](https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-k-12-schools.pdf) for information specific to the school setting. (<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-k-12-schools.pdf>)

Child care operators in these settings should work closely with school administrators to coordinate accessing shared spaces or resources, and to support coordination and clear communication to parents.