UBC Child Care Services
COVID-19 Intermediate Safety Plan
Update – Version 4, October 19, 2021

Department / Faculty: UBC Child Care Services – a division of Student Housing and Community Services (SHCS)

Unit: Child Care Services

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Reviewed and Approved by: Karen Vaughan, Director CCS (Child Care Services)

Key Changes in 4rd Version: (updated content “Mask Policy”)
- Mask Policy (NEW)
## COVID-19 Workspace Safety Plan Document Revision Tracker

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Writer</th>
<th>Change Description</th>
<th>Approved By</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021.10.19</td>
<td>4</td>
<td>Karen Vaughan, Director CCS</td>
<td>Version 4 – Mask Policy School Aged Child Care – Children, Visitors and Staff</td>
<td>Karen Vaughan – Director Child Care Services</td>
</tr>
<tr>
<td>2021.02.23</td>
<td>3</td>
<td>Deb Thompson, Associate Director, Program Development</td>
<td>Version 3 – BCCDC and Ministry of Health updates on Feb 4 + 12th, 2021. Key changes: - Wellness Policy (Sig. Revisions)  - Mask Policy (NEW) - Visitor Protocols (NEW) - cleaning of bedding (changes)</td>
<td>Andrew Parr – AVP for SHCS (copy sent to SRS for their tracking file)</td>
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<tbody>
<tr>
<td>2020.09.30</td>
<td>2</td>
<td>Deb Thompson, Associate Director, Program Development</td>
<td>Version 2 - Sept 2020 updates to content of Infection Prevention and Control Measures (core operational document) based on regulatory updates from BCCDC and Ministry of Health</td>
<td>Andrew Parr – AVP for SHCS</td>
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Mask Update from Provincial Health Office and CDC: [https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/running-daycare-preschool/childcare-bc-bulletin](https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/running-daycare-preschool/childcare-bc-bulletin)

Vetted and submitted by Karen Vaughan / Director of CCS: October 19, 2021

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Applicable Regulatory Updates from BC-CDC/Ministry of Health:


3. Summary of Changes to Public Health Guidance (PDF)

Environmental Measures

Outdoor Spaces

- Children should spend most of the day outdoors. This may include all aspects of the day including meals and snacks and even sleep times if weather and space permit. Children and educators should have clothing that will allow them to be comfortable in all weather conditions including rain and heat (waterproof clothes, clothing that protects skin from the sun, hats, etc.).
- Educators should plan activities that can be done outdoors.

Indoor spaces

- If children must be indoors open windows to provide good ventilation.

Cleaning Routines

- The child care centres will be cleaned daily after operational hours by either
  - the UBC Facilities housekeeping team. PM Housekeeping protocols are attached Appendix 2a
  - Bldg. Operations Custodial group. See their SWP in Appendix 2b.
- Our child care environments should always be immaculate. However, now we MUST clean them even more often, especially the frequent touch points (door handles, counters, table edges and undersides, chairs, faucets, light switches etc.). These can be cleaned with regular cleaning products (spray bottle 1 – soap and water 2) and disinfect with 2nd spray bottle using Health Canada approved disinfectant. This should be done at least once per day midday. Task will be assigned to a particular shift/person daily to ensure it is done promptly and thoroughly using the Unit High Touch Point Checklist and Tracking Log as their guide – included in Appendix 5a and more frequently if needed.
  - Safe work practices for current products in use are attached - Appendix 3
- Clean any surface that is visibly dirty.
- Use disposable items, such as paper towels for face cleaning after lunch.
- Plastic toys must be washed with soap and water and disinfected after use. Mouthed items must be removed for cleaning and disinfection after the child is finished. Allow to sit for 5 minutes then remove residue with clean running water and a cloth. Or you can wash the toys and place items in the dishwasher rack and run a sanitation only cycle.
• Wear disposable gloves when cleaning body fluids. Wash hands before and after use. Dispose of used gloves in a covered garbage bin.
• Current practice for use of Disinfectants in Child Care: kill time for all HC approved products in use on hard surfaces is five minutes, to be effective Aug 5 update.
• Clean and disinfect cots, cribs and sleeping surfaces weekly if dedicated to a single child or between uses if shared between multiple children. Keep each child’s bedding separate, and store in individually labeled containers. Cots and mats should be labeled for each child. Bedding that touches a child’s skin should be washed weekly. Personal items (e.g., blankets, reusable food and drink containers) brought into the child care setting from home for individual use should be labeled). Parents will provide clean linen/bedding each week or more frequently if visibly soiled.
• Chinook School Age program (shared space with Norma Rose Point School) – close and lock shelving units containing toys and supplies at the end of each day.

**Administrative Policies**

**Wellness Policy** (Significant Changes to Guidelines Incorporated into this Version)

- The following people must stay home and get a Covid-19 test:
  - A person experiencing one of the key symptoms: fever (above 38 C), chills, cough or worsening chronic cough, breathing difficulties, or loss of sense.
  - A person experiencing two or more of the following symptoms: sore throat, loss of appetite, headache, body aches, extreme fatigue or tiredness, nausea or vomiting, diarrhea.
- The following people must stay home and wait for 24 hours to see if they feel better:
  - A person experiencing one of the following symptoms: sore throat, loss of appetite, headache, body aches, extreme fatigue or tiredness, nausea or vomiting, or diarrhea.
  - If the symptoms do not disappear within 24 hours, get a Covid-19 test.
  - If symptoms improve and the person feels well enough, they can return to the child care facility without further assessment or doctor’s note.
- The following people must stay home:
  - A person waiting for results of a COVID-19 test;
  - A person confirmed by public health as a case of COVID-19;
  - A person confirmed by public health as a close contact of a confirmed case or outbreak of COVID-19;
  - A person who has travelled outside of Canada in the last 14 days.
- When a staff, child or other persons entering the setting can return to child care depends on the type of symptoms they experienced as outlined in the when to get tested for COVID-19 resource.
  - If, based on their symptoms, a test is not recommended (i.e., the guidance is to ‘stay home until you feel better’), the person can return when their symptoms improve and they feel well enough to participate in all activities.
If, based on their symptoms, a test is recommended (i.e., the guidance includes ‘get tested’), the person must stay home until they receive their test result.

- If the test is negative, they can return when symptoms improve and they feel well enough.
- If the test is positive, they must follow direction from public health on when they can return.

Staff, children and parents/caregivers can also use the BC Self-Assessment Tool app, call 8-1-1 or their health-care provider for guidance.

- A doctor’s note to confirm the health status of any individual should not be required unless needed to support medical accommodation as per usual practices.
- Staff or children who are experiencing symptoms of a previously diagnosed health condition do not need to stay home and should not be required to provide a doctor’s note to attend a child care facility.
- Asymptomatic staff and children may still attend child care settings if a member of their household develops new symptoms of illness. If the household member tests positive for COVID-19, public health will advise on self-isolation and when they may return to the child care setting.
- Anyone required to self-isolate will be supported by public health.
  - Additional information is available from BCCDC.
- A daily health check is a tool to use to reduce the risk of a person attending a child care setting when potentially infectious.
  - People who regularly attend a child care setting (i.e., children, staff, parents or caregivers of children, and other adults) are responsible to conduct a daily health check before attending or dropping their child off at the facility.
  - All child care staff are responsible to document their daily health checks at the beginning of their shifts.
  - A child care facility does not need to verify that a health check has occurred every day; similarly, parents do not need to submit a daily health check form to the facility. Child care providers are not expected to screen other staff or children for specific symptoms or to take temperatures.

NOTE: Children can experience the same symptoms as adults but may show symptoms differently. For example, fatigue may show up in children as lack of appetite, decreased activity or changes in behavior. Parents and caregivers who are concerned about their child’s level of risk are encouraged to consult with their health-care provider.

- Sick individuals must not enter the child care building.
- Children or staff who become sick while in the child care setting should go home as soon as possible.
  - Each program will ensure that there is a separate area that can be supervised for children who become sick and are isolated until they can be picked up.
- Case finding and contact tracing are measures conducted by public health. The determination of an outbreak of COVID-19 or any other communicable disease in a child care setting is at the discretion of Medical Health Officers.
• Please see attached COVID 19 Child Care Guidance document, Appendix 1a for further protocol.

**Physical distancing and Physical Contact**

• Adults, including educators and parents, should maintain a two-meter distance between themselves and all other adults at all times.
• Children will have difficulty with physical distancing between each other and educators will likely not be able to maintain the recommended two meters between themselves and children. Educators should try to minimize physical contact, recognizing that they may not be able to do that at all times.
• Encourage children to minimize physical contact with each other.
• Minimize the number of staff who interact with the same children each day (small group sizes).
• Assigned caregivers are required for child groups larger than three:
  o For “under 3” aged child programs, one assigned caregiver for 4 specific children
  o For “over 3” aged child programs, one assigned caregiver for 8 specific children
  o For mixed age programs one assigned caregiver for 6 specific children
  o For school age programs that include kindergarten aged children, one assigned caregiver for 12 children
  o For school age programs without kindergarten aged children, one assigned caregiver for 15 children.
  Note: Each program will have a least one floater who will move between groups to cover breaks, schedules, vacations and sick days.
• Minimize the number of additional adults in the space.
• Ensure children have abundant space between them during meal times and nap times. If necessary, have meals at different times.

**Arrival**

• Parents will drop off children in the yard outside the centre. Centres will use physical distancing markers if posted signage is not adequate.
• Each child will have a container for their belongings
• Parents and children should sanitize hands with hand sanitizer upon arrival.
• The centre must have a hand sanitizing station set up outside and the sanitizer must be out of the reach of children.
• Educators and parents will monitor numbers of adults in the space during pick up and drop off. If physical distancing between adults becomes challenging, staggered pick up and drop off policies will be implemented. Educators will communicate on a regular basis with their program manager for support with this.

**Snacks/Meals**
• All food, including snacks will be provided by parents, the centre will not be purchasing or providing any food or drink. Families are to provide water bottles for their children. Personal items (e.g., blankets, reusable food and drink containers) can be brought into the child care setting from home for individual use. Parents and caregivers should label these items and wash these items at the end of the day.
• Children and staff should not share food, drinks, soothers, bottles, sippy cups, toothbrushes, facecloths, and other personal items.
• Label personal items with the child’s name to discourage accidental sharing.
• All meals, including snacks will be served in individual portions from children’s lunch containers rather than from communal plates.
• No food preparation will be done in the centres, including baking with the children.
• Eat in small groups at separate tables and at separate times.
• Have children wash hands before they eat and as soon as they are finished.

Toileting
• Limit the number of children in the bathroom.
• Have children wash hands before they leave the bathroom.
• Wash the sink taps and toilet flusher/seats after each use. Only one assisting adult in the bathroom at a time.

Sleeping
• Have as much space between sleep mats as possible, minimum of six feet.
• Clean and disinfect sleep mats weekly if dedicated to a single child or between uses if shared between multiple children. Keep each child’s bedding separate and store in individual containers. Bedding that touches a child’s skin should be cleaned weekly or before use by another child. Parents will provide clean linen/bedding each week or more frequently if visibly soiled.
• Have children wash hands after sleeping before they play.
• Ask parents and caregivers to only bring personal comfort items (e.g. stuffies) if they are clean and can be laundered at the end of each day.

Hand washing/respiratory etiquette
• Educators and children MUST wash their hands with soap and water immediately upon entering the centre.
• Educators should wash hands frequently and help children wash theirs throughout the day.
• It is particularly important to practice hand hygiene immediately before and after eating, and immediately after using the toilet.
• Hand sanitizer should not be used on infants. Some hand sanitizers are for adults only because they contain ingredients that are not safe for children, so labels should be read carefully.
• Educators and should not touch their eyes, nose or mouth with unwashed hands. Educators will teach children this practice in ways that are “kind and calm”

• Cough and sneeze into your elbows and teach children to do so as well.

Non-medical masks and face coverings (NEW)

• Dr. Bonnie Henry has issued an updated mask mandate for children. The Provincial Health Office and BC CDC are currently reviewing the guidance for child care centres, and that guidance will be shared, in full, when it has been updated. In the meantime, all school-aged children in indoor child care settings – both on and off school grounds – will be required to wear masks. This also applies to adults working at child care centres, including after-hours custodial staff, and visitors to these centres.

• Although personal protective equipment (including masks) is low on the hierarchy of infection prevention and exposure control measures, it can provide an additional layer of protection when more effective measures are not feasible.

• Masks have a role to play in preventing the spread of COVID-19. They provide some protection to the wearer and to those around them.

• Medical-grade masks are not recommended within child care settings for general use.

• Masks do not prevent the spread of COVID-19 on their own. They should not be used in place of physical distancing or any other measures noted in this guidance.

• Though the physical space requirements for licensed child care settings mean that child care centres have sufficient space to practice physical distancing between staff, it is likely that there are numerous times throughout a day in child care where the required physical distance cannot be exercised in practice, particularly where staff must meet the needs of children in care.

• Based on our understanding of COVID-19 in children and adults, in childcare settings:
  o Children may wear a mask based on personal or family choice; however, infants under two years of age should not wear masks as it may make it difficult for them to breathe.
  o Child care staff should supervise and support children to ensure safe and proper use if masks are worn.
  o Child care staff and other adults should wear a mask when indoors and interacting with other adults except when they can consistently maintain physical distance, or there is a barrier in place, or eating and drinking.
  o Staff working at the Chinook must follow the protocols in the Public Health Guidance for K-12 Schools February 4, 2021 pg 33, which states; “K-12 staff and middle/secondary students should wear a mask indoors at school except when: Sitting or standing at their seat or workstation in a classroom or learning space, There is a barrier in place, Eating or drinking”

• Masks may only provide limited protective value for adult-child interactions in child care settings, as there are multiple effective infection prevention and exposure control measures in place and young children are less likely to be infected.
• Child care staff and other adults may choose to wear a mask indoors when engaging in prolonged, close interaction with children.
• Careful consideration should be given to the potential impact of mask wearing on visual cueing and non-verbal communication with children, as these interactions play an important role in learning and development.
• Masks are not needed when urgent actions are required to support child safety.
• Face shields are a form of eye protection for the person wearing it. They may not prevent the spread of droplets from the wearer. Face shields should not be worn in place of masks, except for those communicating using lip-reading, when visual facial cues are essential, or when people may be unable to wear a mask.

Visitors (NEW)
• Visitors (non-staff adults entering child care settings) should be limited to those supporting activities that are of benefit to children’s learning and wellbeing.
• All visitors who are not UBC employees should provide active confirmation (e.g., sign in at entry, e-mail before entry, etc.) that they have no symptoms of illness and are not required to self-isolate before entering.
• All school-aged children in indoor child care settings – both on and off school grounds – will be required to wear masks. This also applies to adults working at child care centres, including after-hours custodial staff, and visitors to these centres.

Current Staffing numbers on site, practicing physical distancing: (being modified as needed and as programs expand)
• Four to twelve employees present in each child care centre daily. (includes numbers for after school care programs)
• Up to seven managers and one clerk present in the administration office daily.

Input and internal review of the CCS Safety Plan:
• CCS leadership group worked with their BCGEU representatives for ECE group (Early Childhood Educator) to make sure the draft plan was workable at the centre level and that protocols/expectations could be met.
• ECE educators/supervisors have provided input and asked for clarification specific pieces of the plan. They will continue to be included in any revisions and updates as programs expand. Their feedback/insight is an important part of making this process work for all.
• The CC- LST (Child Care Local Safety Team) reviewed the initial plan draft at their July 2020 mtg. and continue to see all updated versions of the Plan.
• All ECE educators and CCS employees will review each updated version of the Plan with supporting documentation and processes posted at their units in COVID-19 Safety Plan Binders.
• All employees receive training and education on any process changes incorporated into this Plan. Questions and clarifications are brought directly to their direct supervisor, manager and/or BCGEU rep as needed.
• SHCS Safety Group supports the Plan process, provides feedback and assistance as needed.