



## **ABORIGINAL INFANT & FAMILY DEVELOPMENT**

### **Covid-19 Health and Safety Plan**

**Policy:** During the COVID-19 pandemic, Early Services programs within the PGNFC will be hyper vigilant about the health and safety of the children, staff and families that participate in our programs. In addition to the current health and wellness policies we will be taking increased measures to ensure that everyone stays safe.

We will be following protocols set up by child care licensing as well as direction from Dr. Bonnie Henry, Provincial medical health officer and Adrian Dix, Minister of Health. This information can change rapidly and moment by moment. Staff and programs will be updated as new information is presented.

Arriving at any PGNFC work site;

Upon arriving at the work site **ALL STAFF and CHILDREN ARE REQUIRED TO WASH THEIR HANDS IMMEDIATELY**

Families are asked to self-assess prior to arriving at programs with their children. If families are exhibiting symptoms they will be asked to refrain from attending program.

All staff are asked to self- assess prior to entering the building. There is a self-assessment tool available as an app for your phone. There is also a hard copy attached to this document. You must follow the direction of the self-assessment.

Workers with symptoms of Covid-19 must be excluded from work, stay home, and self-isolate until they have been assessed by a health care provider to exclude covid-19 or other infectious disease, and their symptoms have resolved.<sup>1</sup>

Coronavirus (COVID-19) is spread from an infected person through

- Respiratory droplets spread when a person coughs or sneezes
- Close personal contact such as touching or shaking hands
- Touching an object or surface with the virus on it, then touching your mouth, nose or eyes before washing your hands

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<sup>1</sup> [www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/childcare](http://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/childcare)



Symptoms for COVID-19 include

- Fever
- Cough
- Difficulty breathing
- Sore throat
- Loss of sense of smell or taste
- Headache
- Loss of appetite
- Diarrhea
- Nausea or vomiting
- Muscle aches

While less common, symptoms can also include:

- Stuff nose
- Conjunctivitis (pink eye)
- Dizziness, confusion
- Abdominal pain
- Skin rashes or discoloration of fingers or toes
- Swelling of hands/feet/mouth

Staff and children must follow the health policy to ensure that we are doing our part to limit the spread of disease. Everyone must be symptom free for 48 hours before returning to work or attending any early services programs.

Other things to be aware of are;

**Kawasaki Disease:**

Kawasaki disease is a rare childhood illness that affects the blood vessels. The symptoms can be severe for several days and can look scary to parents. But then most children return to normal activities.



Kawasaki disease can harm the coronary arteries, which carry blood to the heart muscle. Most children who are treated recover from the disease without long-term problems. Your doctor will watch your child for heart problems for a few weeks to a few months after treatment. The disease is most common in children younger than age 5. It does not spread from child to child (is not contagious).<sup>2</sup>

Information sheet attached, while there is a lot of information outlined, the biggest factors to be aware of are a fever lasting 5 or more days, red swollen hands and feet, swollen lymph nodes in the neck, a body rash.

### **Multisystem Inflammatory Syndrome in children (MIS-C),**

Children with this condition present with symptoms of systemic inflammation, and can have clinical similarities to Kawasaki Disease, toxic shock syndrome and macrophage activation syndrome. Prominent features include fever, abdominal pain, cardiac involvement and rash, among others.

Children and adolescents 0-19 years of age requiring hospitalization with fever  $\geq$  3 days

**AND two** of the following:

- a) Acute gastrointestinal symptoms (abdominal pain, vomiting, diarrhoea)
- b) Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet)
- c) Hypotension or shock
- d) Features of myocardial dysfunction, or pericarditis, or valvulitis, or coronary abnormalities (ECHO findings or elevated Troponin/BNP/NT-proBNP)
- e) Evidence of coagulopathy (abnormal PT, PTT, elevated d-dimer)<sup>3</sup>

Attached is a copy of the BC CDC MIS C information sheet for Clinicians, it is the only document available at this time.

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<sup>2</sup> <https://www.healthlinkbc.ca/health-topics/hw180460>

<sup>3</sup> [http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-\(novel-coronavirus\)/multi-system-inflammatory-syndrome-in-children-and-adolescents-\(mis-c\)](http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/covid-19-(novel-coronavirus)/multi-system-inflammatory-syndrome-in-children-and-adolescents-(mis-c))

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## **Procedure:**

We will be encouraging proper social distancing between staff, the recommended distance is about 2 meters. This is a work safe BC requirement. Staff are to ensure they are maintaining a physical distance of 2 meters.

As our practice is attachment based caregiving in our programs, physical distancing with the children is difficult and hard to enforce. As staff you can ensure you are the proper social distance from other adults in the room. This will naturally encourage children to spread out as their caregivers will be in various parts of the room, not congregated together. Setting up various individual work stations for the children spread out around the classrooms, may encourage the children to work independently from others. It is not likely that the children will be able to effectively social distance. We can encourage children to wash their hands often and frequently. We can teach children to cough into their elbows. We can be creative in finding games and ways to make coughing into your “cough pocket” and washing your hands fun.

As we see families making the choice to return to Early Services the following procedures upon arrival will be required;

Families are to be met outside of the child centre whenever possible. Limiting the number of adults accessing the centre.

**Our new daily procedure will be to take the child’s temperature with parents upon arrival, prior to entering the classroom. The educator will record the child’s temperature on their health declaration. If the child has a fever upon arrival, or answers yes to the questions on the health declaration. Parents will be directed to take their children home, and follow the guidelines listed below.**

Assess children daily for the presence of symptoms of common cold, influenza, covid-19, or other infectious respiratory disease prior to drop off<sup>4</sup>

**Upon arrival each day the parent will be asked to sign a health declaration confirming their child is symptom free and has not been given any over the counter medication to control fever or pain in the last 12 hours.**

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<sup>4</sup> [www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/childcare](http://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/childcare)



After parents have signed their child in, children and staff will be required to wash their hands upon entry to the buildings.

Thermometers and pens will need to be sanitized between use.

There will be physical distancing signs placed outside of entry areas indicating the proper physical distance between adults.

### **Illness in the childcare setting**

If a child becomes ill in the childcare setting, they are to immediately be removed from the classroom setting. A staff member is to take the child to a designated respite area. Please indicate below which room is designated for your program. One staff will stay with the child and encourage the child to lay down on their rest mat. A different staff will contact the parents for immediate pick up. If the parents cannot be reached, the caregiver will go down the list of emergency contacts. Once the child has been picked up the caregiver is to sanitize the room and wash the bedding of the child who was ill. Please ensure the caregiver washes their hands after the child has left, before moving on to caring for additional children.

Program: **Aboriginal Infant and Family Development Program**

Isolation area will be: **Resource Room**

It is important to note that our regular health policy is always in effect. If a child goes home due to vomiting or upset stomach, diarrhea they only need to be symptom free for 48 hours before returning to care. If a child presents with **new onset** of cold symptoms or has a difficulty in breathing, accompanied with a fever the guardian should be directed to call the BC Health Line 8-1-1. Follow the directions outlined by 8-1-1.

If a child is showing signs of teething such as drooling, chronically putting things in their mouth to chew on, has teeth breaking through, this is not to be considered covid symptoms and the child will not be asked to remain at home; unless they are unable to participate in our daily routine due to pain that requires over the counter pain medication to control it.



## **Workers who become ill at work**

If you fall ill at work with signs of influenza, the common cold, Covid-19 symptoms or any other infectious respiratory disease you must follow the earlier outlined protocol and leave the work place. You are directed to call 8-1-1 and advised to follow their direction given my medical professionals.

Please contact Tammy or Kim if your coordinator is not on site to inform them of the situation.

If you are the only ECE onsite and fall ill, in an emergency situation an ECEA can bump up to ECE status.

37(1) in the section, “absent employee” means an employee described in column 1 who is

- (a) Absent because of illness, emergency, vacation or other temporary leave, and
- (b) Expected to return to regular duties

An assistant can replace an educator, assistant or responsible adult for no more than 30 consecutive days<sup>5</sup>

## **The following is the hand hygiene and respiratory etiquette as outlined in the Work Safe BC returning to safe operation/ child**

- Establish [hand washing](#), [hygiene and respiratory protocols](#) for everyone in the workplace.
- Set up hand hygiene stations at the entrance to the workplace. Provide alcohol-based hand sanitizer stations where a sink is not available. Ensure there is an adequate supply of hand washing supplies and alcohol-based hand sanitizer.
- Require workers, children, and others to wash their hands or use alcohol-based hand sanitizer immediately upon entering the facility. Keep hand sanitizer out of the reach of children and supervise its use.
- Require workers to wash their hands regularly throughout the day, including:

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<sup>5</sup> Community Care and Assisted Living Act CHILD CARE LICENSING REGULATION  
[www.bclaws.ca/civix/document/id/complete.statreg/332\\_2007](http://www.bclaws.ca/civix/document/id/complete.statreg/332_2007)



- When they arrive at the workplace and before they go home
- Before and after handling food (raw, cooked or pre-packaged), preparing bottles or feeding children
- Before and after giving or applying medication or ointment to a child or self
- After changing diapers
- After assisting a child to use the toilet
- After using the toilet
- After contact with body fluids (e.g., runny noses, spit, vomit, blood)
- Before donning and after doffing personal protective equipment
- After cleaning tasks
- After handling garbage
- Whenever hands are visibly dirty
- Support children to wash their hands regularly throughout the day, including:
  - When they arrive at the workplace and before they go home
  - Before and after eating and drinking
  - After a diaper change
  - After using the toilet
  - After playing outside
  - After handling pets and animals
  - After sneezing or coughing
  - Whenever hands are visibly dirty
- Provide education and direction to workers and children to:
  - Cough or sneeze into their elbow sleeve or a tissue.
  - Throw away used tissues and immediately perform hand hygiene.
  - Not touch their eyes, nose or mouth with unwashed hands.

#### **Physical Distancing as outlined in the same document;**

- Workers should maintain a distance of at least 2 metres from each other. Where this is not possible, for example when transferring a very young child from one worker to another, plan and communicate the work task in advance to ensure that time spent in close proximity is minimized.
- Establish and post [occupancy limits](#) for common areas such as break rooms, laundry rooms, and kitchens. **Please create signage for your laundry rooms and break rooms to reflect the number of staff to be in the space at one time.**
- Arrange common areas in a way that allows at least two metres of physical distance between each worker. For small areas or rooms, such as a small laundry room, implement schedules and/or procedures for single-worker or limited-worker access to maintain physical distance.



- Stagger worker break times.
- Consider incorporating activities involving books, individual games, video, and online games to encourage physical distancing between children. **As per our screen time policies we will not be introducing videos or online games. We will do our best to set up multiple work stations to encourage children to move about the room. Sand and water play is fine. We will not be encouraging the use of playdough.**
- Consider placement of children when using multi-seat strollers, for example keeping children within their smaller groupings where present, and placing children with an empty seat beside them and diagonally between rows.
- It is not always possible for workers to maintain physical distance from children, and between children, when in care. Adhere to the principle of physical distancing where possible, by:
  - Minimizing the frequency of direct physical contact with children.
  - Forming a number of separate play areas in order to space children apart. Note that children who live in the same home do not need to maintain physical distance from each other.
  - Creating smaller groups or cohorts of children and keeping these groups separate from each other.
  - Minimizing the number of different workers that interact with the same child or group of children. **We will be moving towards a primary care system in our I/T programs (on a daily basis) this not a permanent plan. This is not to say that children cannot interact with all caregivers, however it would be wise practice to establish a child-caregiver plan so that the same person is diapering, bottle feeding and tending to most of the child's intimate needs for that day. Limiting the close contact for the child-caregiver to the same person for the day when possible.**
  - Organizing snack/meal areas to space children apart.
  - Organizing nap areas to space children apart and placing children head-to-toe or toe-to-toe.
  - Staggering snack/meal and nap times.
  - **Including the use of outdoor space for various activities, including snack/meal time, while adhering to physical distancing and hygiene principles.**

### **Use of Personal Protective equipment (PPE)**

- [COVID-19 Public Health Guidance for Child Care Settings](#) states that personal protective equipment, such as masks and gloves, are not needed beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course  
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of work. **Continue to practice universal precautions, gloves for bodily fluids, food preparation, serving food, and diapering.**

- Where PPE has been identified for tasks prior to the COVID-19 pandemic, continue to use this PPE when performing these tasks.
- Wear disposable gloves when cleaning body fluids (e.g., runny nose, vomit, stool, urine) and when diapering.
- Determine what PPE may be required for workers who are responsible for cleaning and disinfection. Read product labels and Safety Data Sheets to help make this determination. **Every centre should have an MSDS binder, easily accessible to all staff**
- ***A local physician has encouraged our staff to use face masks when changing bowel movements. Each program will be allocated the appropriate face masks for this.***

### **Meals and Snacks**

- Do not allow sharing of food or drink by workers or children.
- Do not use self-serve and family-style meal service. Provide snacks and meals directly to children in individual servings.
- Do not allow children to participate in food preparation.
- Establish a procedure for receiving and handling parent and caregiver provided food items and containers (e.g., lunch boxes). Consider designating a tabletop/countertop receiving area and ensure this area is sanitized. Food provided by parents and caregivers should be stored with the child's belongings or, if refrigeration is required, it should be kept in an area designated for the child's grouping or cohort, where applicable.
- Reusable dishware, glasses, and utensils must be cleaned and sanitized after each use.

### **Cleaning and disinfecting**

- Remove toys from the workplace that have surfaces that are not easily cleaned, such as plush stuffed animals.
- Ask parents and caregivers to only bring personal comfort items (e.g., stuffed animals) if they are clean and laundered at the end of each day.
- Remove unnecessary items from the workplace to reduce surfaces that could become contaminated.
- Identify all common areas (e.g., washrooms) and frequently-touched surfaces (e.g., door knobs, cupboard handles, light switches, faucet handles, tables, chairs, toys).



Develop and implement a cleaning and disinfection schedule and procedures in accordance with the BC CDC's [Cleaning and Disinfectants for Public Settings](#) document.

- General cleaning and disinfecting of the workplace should occur at least once a day.
- Frequently-touched surfaces should be cleaned and disinfected at least twice a day.
- 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.
- Clean and disinfect cots and cribs after each use, and launder crib linens between children. If parents are providing their own crib 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.
- Clean and disinfect diapering stations after each use.
- When holding young children, for example when feeding or rocking to sleep, use a blanket or cloth to cover clothing. Change blankets or cloths between children.
- Wash blankets, face cloths, towels, and bibs between uses by different children.
- Consider installing hands-free sinks and hand driers.
- Empty garbage containers daily at a minimum.
- If a worker or child leaves the workplace due to symptoms of COVID-19, clean areas those individuals were in, including surfaces they may have touched, immediately upon their departure.
- Maintain an adequate supply of cleaning and disinfection products and materials.

An Early Services record sheet has been created and attached



## **Documentation**

Health declarations should be collected and filed together in only one file, for easy access if tracking is required.

## **Aboriginal Supported Child Development**

The coordinator of ASCD will ensure that any staff placed in NON PGNFC early learning centres has submitted a copy of their Work Safe BC guidelines and Covid-19 Policies and procedures for review to the senior manager for review. If these documents cannot be produced or fail to meet the standards as set out by Work Safe BC and MCFD/ Child Care Licensing staff will not be placed in the program.



Covid-19 Health and wellness policy applies to all staff and children within our Early Services programs

Staff and children are to follow the same health guidelines as listed

Symptom	May return when
Temperature of 100F / 37.8 or higher	May return to Early Services 48 hours after your child is symptom free
Cough	May return to Early Services 48 hours after your child is symptom free
Sore Throat	May return to Early Services 48 hours after your child is symptom free
Difficulty breathing or wheezing	May return to Early Services 48 hours after your child is symptom free
Unexplained aches / cold-flu like symptoms	May return to Early Services 48 hours after your child is symptom free

Additionally, if you or a family member in the same household has exhibited these symptoms, have been in contact with someone who has Coronavirus (COVID-19) **confirmed** you are recommended to self-isolate / quarantined as stated by Public Health Agency of Canada for 14 days. Once the 14-day quarantine period is over and no one in your home is exhibiting symptoms you may return to Early Services.

**Considerations:**

None

**Exceptions:**

None

Policy Issued: March 25, 2020

Policy update: May 28, 2020

Policy update: October 23, 2020

Reference:BC Centre for Disease Control/Coronavirus Covid-19, Public Health Agency of Canada/ Coronavirus Covid-19

Child Care Licensing

Work Safe BC Covid-19 updates returning to safe operation/ childcare

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## Health Declaration

### Confirmation of Child Wellness

I, \_\_\_\_\_ confirm that my child \_\_\_\_\_

Check all that apply

\_\_\_ has had their temperature taken and is currently fever free

\_\_\_ has not been given any fever reducing medications in the past 12 hours

\_\_\_ does not have a cough

\_\_\_ does not have difficulty breathing or wheezy breath

\_\_\_ does not have unexplained fatigue, aches or cold/flu like symptoms

\_\_\_ has not been in contact with anyone that may have been exposed to Covid-19 or any cold, flu or other illness in the last 14 days to the best of my knowledge

\_\_\_ has not left the country in the last 14 days

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Temperature upon arrival \_\_\_\_\_