

Coronavirus (COVID-19) Early Learning and Child Care Practice Guidance January 2022

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Updates

[September 23, 2020]

[May 26, 2021]

[October 15, 2021]

[January 25, 2022]

Manitoba Families is committed to providing updated information as it becomes available through this practice guide. For the most up to date general information and public health direction, please refer to www.manitoba.ca/covid19.

All updates will be highlighted in this section and integrated into this practice guide and shared with facilities.

January 25, 2022:

- Updates to Public Health Measures to case and contact management on page 6 and 7
- Updates to Health Concerns and how to address them on page 15-18
- Added Managing Increased Transmission in a Facility on page 18 and 19
- Added Appendix B: Isolation Overview Chart
- Added Appendix C: Resources for Parents and Caregivers
- Revisions to Documentation and Notification to the ELCC Program on page 23 and 24
- Removed Appendix A: COVID-19 Incident Reporting Form (links provided to new forms for centres and for child care homes)

Public Health Resources

The COVID-19 situation continues to evolve in Manitoba. The provincial website www.manitoba.ca/covid19 will continue to provide up-to-date information, so please check this site regularly.

All screening that identifies suspected cases of COVID-19 can be referred to Health Links – Info Santé at 204-788-8200 or 1-888-315-9257, or the online COVID-19 screening tool at <https://sharedhealthmb.ca/covid19/screening-tool/>.

Prevention Measures

All facilities providing child care must continue to follow applicable health and safety legislation to ensure the safety, health and well-being of children. This includes all standards within The Community Child Care Standards Act and Child Care Regulation, and guidelines within the [Best Practices Licensing Manual for Early Learning and Child Care Centres](#) and the [Best Practices Licensing Manual for Family and Group Child Care Homes](#).

The safety and wellness of staff is paramount. The following modifications are applicable to current policy and practice requirements. These instructions will be adapted as Manitoba Health and Seniors Care guidance to Manitobans evolves. Additional information will also be provided through circulars from the Child and Youth Services Division.

Facilities should strengthen communication strategies (including [signage](#)) about when to stay home.

Individuals should refer to the COVID-19 screening checklist daily as changes are made as the situation evolves:

https://www.gov.mb.ca/asset_library/en/coronavirus/covid19_screening_checklist.pdf.

If the screening checklist has advised you not to enter the child care facility, please self-isolate and call Health Links or go to the online screening tool located at:

<https://sharedhealthmb.ca/covid19/screening-tool/>.

An up-to-date list of symptoms can be found at

<https://www.gov.mb.ca/covid19/about/index.html>.

Screening

Screening for symptoms is important to identify any potential cases of COVID-19 as quickly as possible, before exposure to others.

Vaccination

Vaccination is the best protection against COVID-19. Being immunized reduces the risk of becoming infected with the virus and if you do become infected, reduces the risk of becoming seriously ill, being hospitalized or admitted to intensive care and dying. Immunizing as many people as possible helps protect those who are not yet able to be vaccinated, particularly children under 5 and some people with serious health conditions.

Reliable information for people with questions or concerns about the vaccines is available at protectmb.ca and Canada.ca/covid-vaccine. Those who still have questions or concerns are encouraged to speak with a health care provider.

On August 24, 2021, it was announced that new public health orders will require designated, frontline employees, volunteers, practicum students and others retained by organizations (e.g., contractors) to be regularly tested for COVID-19 and provide proof of a negative test result before they can resume working, unless they provide proof of immunization.

For the ELCC sector, this includes all staff (including paid or unpaid substitutes), practicum students, volunteers and contractors who have direct and ongoing or prolonged contact with children at a facility that is licensed under The Community Child Care Standards Act. It includes all types of providers – centres, nursery schools and home-based providers (whether funded or unfunded).

Centres and nursery schools must verify which employees are fully immunized. The ELCC Program is considered the administrator for home-based facilities in regards to verifying proof of immunization and testing under this public health order. Testing of those who have not provided proof of full immunization is required to begin no later than October 18, 2021. Those who become fully immunized after that time may cease testing once they have provided proof of vaccination to their employer.

Vaccination is not required as a condition of employment; employees may choose to show proof that they have been fully vaccinated, or they may choose to undergo frequent COVID testing (up to three times a week). While people have the right to choose to not get vaccinated, they also have a professional and personal responsibility to help protect public health.

For further information, see:

<https://www.gov.mb.ca/fs/pubs/immunization-requirements-for-public-sector.pdf>, and relevant circulars at <https://www.gov.mb.ca/fs/covid-circulars.html>.

For information on Human Rights and COVID-19 Vaccination Requirements, see:

<http://www.manitobahumanrights.ca/v1/education-resources/resources/pubs/guidelines/guidelinecovidvaccine.pdf>. Any facilities planning to develop their own policies related to vaccination should ensure that the policies are consistent with human rights.

After getting vaccinated, individuals should continue to focus on the fundamentals including practicing physical distancing, wearing a mask, staying home if when ill and practicing good cough and hand hygiene.

Staff: No staff member who has symptoms or is otherwise required to self-isolate (quarantine) should enter a child care centre. In addition, staff should self-monitor daily for signs and symptoms of COVID-19. Facilities must maintain records of staff absenteeism.

Children: Child care facilities should develop a plan to clearly communicate to families the need to monitor their child daily for symptoms before sending them to child care. [Signage](#) with exclusion criteria should be posted at all entrances to the facility.

A child who meets any of the exclusion criteria should not be admitted to the facility and will be advised to immediately isolate and consult Health Links - Info Santé, the online COVID-19 screening tool or their health care provider.

Parents/guardians should be asked daily to confirm that their child has no symptoms and is not otherwise required to self-isolate (quarantine). Child care facilities are not required to screen children for specific symptoms or take temperatures of children upon arrival.

A chronic stable cough, sneeze, runny nose, or nasal congestion that is unchanged and clearly linked to a known medical condition such as asthma or allergies is not an absolute requirement for exclusion. As well, children who are crying or teething can exhibit a runny nose. **Changing or worsening of chronic symptoms requires isolation and further assessment.** Child care providers should exercise judgment related to symptoms but when in doubt, err on the side of caution, exclude the child and advise the parent/guardian to contact Health Links – Info Santé or their health care provider.

Guidelines may change based on emerging circumstances and information from public health officials. Visit www.manitoba.ca/covid19 for information on prevention, and updates on the evolving situation.

Temperature Measurement: Routine screening or monitoring of temperatures with a thermometer or other device to assess for fever is not recommended. Normal temperatures can be variable throughout the day and can be different between individuals. We recommend that parents and staff focus on monitoring for symptoms of COVID-19 as outlined in the Screening Checklist https://www.gov.mb.ca/asset_library/en/coronavirus/covid19_screening_checklist.pdf.

Visitor Access and Volunteers

Visitors, including volunteers are permitted; however, this should continue to be limited to essential visitors.

Before entering a child care facility, visitors should be directed to complete the screening checklist to confirm that they have no symptoms consistent with COVID-19 and are not required to self-isolate (quarantine). Visitors with any symptoms consistent with COVID-19 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. All visitors must wear a mask while indoors. Visitors who are entering the facility for only a brief time (e.g., pick ups and drop-offs) can wear a medical or non-medical (e.g., cloth) mask.

Visitors who will be remaining longer, such as those who will be conducting activities with children, are required to wear a medical-grade mask. If a visitor will have direct and ongoing or prolonged contact with the children, they would be included in the public health orders requiring proof of testing/vaccination.

Service professionals, therapists and specialists are considered essential visitors. They provide important services and are allowed to visit child care facilities to support children's development and to ensure their meaningful participation in the program. Under the public

health orders, they are required to show proof of testing/vaccination to their employer prior to attending work, including visits to child care facilities.

Parents/guardians are able to volunteer but must follow recommended physical distancing, hygiene practices and mask use, when on the premises. Other volunteers are permitted, but it is recommended that these are limited to those who regularly volunteer to minimize the number of possible exposures inside the child care facility.

All volunteers, including parent volunteers, must wear a medical-grade mask. In addition, the proof of testing/vaccination requirements apply to volunteers who have direct and ongoing or prolonged contact with the children. Volunteers may choose to be fully vaccinated and show proof of that vaccination, or they may choose to undergo frequent COVID-19 testing.

In licensed child care homes, the testing/vaccination requirements also apply to all residents in the home, including children between 12 and 17 years of age who have direct and ongoing or prolonged contact with the children attending the child care home.

For further information, see the Vaccination section in this guide and relevant circulars at <https://www.gov.mb.ca/fs/covid-circulars.html>.

In-person meetings and gatherings

It is important for staff to communicate and develop relationships with children's parents/guardians. Facilities are encouraged to maintain usual practices for new families, including visits by parents/guardians and their child(ren) to help them adjust to the child care setting. As addition, facilities should continue to have formal or informal in-person meetings with families to share information or problem-solve, when needed.

Licensed child care facilities are encouraged to continue to use virtual methods for meetings, group tours, etc. Larger in-person meetings, group tours, open houses, etc. may be permissible under the public health orders. Visit <https://www.gov.mb.ca/covid19/prs> to review the current requirements and/or restrictions, as health orders will continue to change as the COVID-19 situation evolves.

If permissible under the current health orders, indoor in-person meetings and gatherings should occur in the evening when children are not present and be limited to the greatest extent possible. Public health directives specific to child care, such as the use of masks and physical distancing, must be followed. Attendees should be directed to complete the screening checklist to confirm that they have no symptoms consistent with COVID-19 or are not required to self-isolate (quarantine). Attendees with any symptoms consistent with COVID-19 should not enter the child care facility. Child care facilities are required to keep a list of all attendees with confirmation that they have been screened.

Public Health Measures

Measures have been adapted to reflect the changing public health situation. The increased transmissibility of the omicron variant of concern has changed the approach to case and contact management of COVID-19. Getting fully vaccinated and boosted remains effective at preventing severe disease, even though effectiveness at preventing infection is much less with the omicron variant.

Other preventive measures continue to be important, such as staying home when you are sick, wearing a mask indoors and physical distancing, as well as following community-level preventive measures and orders. Based on evolving evidence and experience in all sectors, case and contact management has shifted to more self-management, with increased availability of self-administered rapid antigen tests and self-notification of contacts.

Staff, children and parents/guardians should continue to follow the fundamentals (self-screening, hand hygiene, staying home when sick and getting tested for COVID-19 when recommended by public health). Masks are required for staff/home providers, parents/guardians, visitors and kindergarten/school age children in a child care facility (See Personal Protective Equipment section in this guide).

Public health officials will continue to monitor and will adjust guidance as needed. Cohorts will continue to be used in child care facilities to reduce the number of potential exposures in children not yet eligible for vaccination and facilities should encourage physical distancing to the greatest extent possible.

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 six feet/two metres) and prolonged (more than 10 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 cleaning one's hands. Some people who have few or no symptoms can spread COVID-19.

Most children have mild illness with COVID-19, and many are asymptomatic. The risk of severe disease is low, but hospitalization may occur in a small proportion of children. COVID-19 can also cause more severe illness among people who are 60 years of age and older, and those who have weakened immune systems or underlying medical conditions. Children under one year of age and those with immune suppression and chronic medical conditions 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.

It is most effective to use a layered approach to prevention 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 while increasing the safety of interactions that occur. 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.

Staff and children can take actions to limit the spread of COVID-19. Some of these are already part of the quality care provided through facility programs. However, special attention should be used to ensure they are followed.

Physical (social) distancing

Physical distancing continues to be a recommendation for all indoor settings, and child care facilities should encourage it to the greatest extent possible while providing the developmentally appropriate care required for young children. However, physical distancing (two metres/six feet) is not required within cohorts. If maintaining distancing in a group is challenging due to the children's ages, then it is reasonable for individuals to be closer to one another when necessary (i.e. a staff member may need to be closer to a child to provide physical care or comfort, at nap time or to maintain sightlines when moving a group).

Physical distancing between cohorts and/or individual groups/playrooms of at least four meters is still required. Two groups of children can be in the same room, but the groups should not intermingle. This is applicable for both indoor and outdoor play, and during pickup and drop-offs.

In addition, it is strongly recommended that the same staff work exclusively with the same cohort. Sharing staff across cohorts should be avoided to the greatest extent possible.

When working in this setting:

- Children with no symptoms should continue to be treated as they typically would be treated by staff, but with physical distancing in place as much as possible.
- Where possible, arrange spaces to encourage the recommended separation. For example, spacing children to avoid close contact during meal and nap times, and assigning a designated chair and table for each child.
- Signage should be posted to promote physical distancing. Remember that young children need easy to understand visual prompts. For example, use tape on the floor, hoops, mats or other items that can mark off personal space. Another idea is to organize play activities with a visual cue about how many children should be in that area (e.g., two chairs next to an activity with markers or numbers taped to the floor).
- Minimize the number of individuals entering the facility by having only one family member pickup and drop off their child(ren). Where appropriate, consider doing drop off and pick up outside the facility, implement a practice of staggered drop off and pick up times, or use separate entrances (if feasible).
- Manage the flow of people in common areas, including hallways and washrooms, to minimize crowding and allow for the ease of people passing through.
- Stagger staff break times.
- Physical barriers can be used when physical distancing cannot be maintained, where appropriate. Consider the need for additional cleaning and sanitizing of any barriers or dividers.

Plan for play experiences that help children learn why it is important to maintain appropriate distance between each child. Depending on the age of children, possible activities include:

- Use masking tape to create squares or other shapes that are two metres apart. Have children move from shape to shape while the music plays as a sort of musical chairs.
- For older children, introduce coding activities - e.g., set up a grid of two-metre sized squares, using masking tape. Count the squares, explore concepts of rows and columns, and then encourage children to take turns being the computer and the computer programmer. Consider using a variety of cards, including arrows.

- Provide measurement activities - e.g., provide yardsticks, measuring tapes or rulers (which can be taped together). In absence of these, use lengths of cardboard that is pre-measured into metre-long lengths, or yarn or rope cut in pre-measured lengths. Measure tables, distance between, etc.
- Promote gross motor measuring activities involving different lengths.
- Play “What time is it, Mr. Wolf?” The wolf stands against a wall. A line on the floor indicates a two-metre distance from the wolf. Intersecting grid lines space children so that they are two metres apart. Alternatively, children can approach the wolf one at a time, while not going beyond the two-metre line.
- Set up a ball or bean bag toss, with the line two metres out from a target bucket.

Cohorting/Grouping

The use of cohorts in child care centres minimizes exposures for children who are not yet eligible for vaccinations. If groups can be kept separate, then child care centres may operate at full capacity, even if the total number of children (adding up all groups) exceeds the maximum under current public health orders for indoor and outdoor settings.

The maximum number of individuals congregating (i.e. close interactions between people longer than 10 minutes) in a common space for indoor and outdoor settings must comply with the most up to date public health orders (<https://www.gov.mb.ca/covid19/soe.html#current>). Minimizing the use of common spaces wherever possible will help reduce the risk of COVID-19 transmission.

The following guidelines should be followed:

- It is important to maintain at least four meters between groups/cohorts of children (i.e. two groups of children can be in the same room provided the groups do not intermingle and provided four metres of space is maintained between the two groups).
- Whenever possible, assign children and staff to a group and keep them together throughout the day.
- For child care centres with larger total numbers of children on site, each cohort or maximum total group size should be no more than 48 children (not including staff) effective September 7, 2021. Smaller group sizes are preferable.

Where possible, staff and children should remain with the same group/cohort each day.

- Siblings should be grouped together when reasonable (e.g. siblings are within the same age range). Siblings do not need to physically distance from each other (e.g. siblings can hug, be within two metres/six feet of each other), even if they are in different groups within the child care facility.
- Groups/cohorts should not be in shared spaces (including indoor and outdoor, hallways, entrances, foyers) at the same time (e.g. stagger individual group times on the playground). Where this is not possible, physical distancing between groups/cohorts is required.
- Child care facilities should keep daily records that include the names of the children and staff participating in each group/cohort.
- Limit staff to one site, if possible.

Drop off and Pick up:

- Drop off and pick up of children should be staggered to avoid crowding. A maximum number of 25 at one time is suggested.
- When it is not possible to stagger pick up and drop off times at entrances and exits, then a greater number of individuals may use the same entrance or exit at the same time, as long as close interactions between individuals are brief (less than 10 minutes, ideally shorter).

Hygiene Practices

Good hand hygiene provides significant protection from many infections, including COVID-19.

Handwashing with soap and water for at least 15 seconds is the recommended hand hygiene practice in child care. The use of alcohol based hand sanitizer can be used in the facility (see note below). Special attention will be paid to younger children to ensure they follow all safety procedures, such as wearing a mask and keeping their hands washed and sanitized.

Specifically, staff, volunteers and children must engage in frequent hand hygiene often, including but not limited to the following times:

- at the start of the day and before going home,
- after going to the washroom and helping children with washroom routines,
- after a diaper change (both children and staff),
- before and after outdoor play,
- before and after sharing toys and manipulatives, and shared sensory play (e.g., water and sand tables),
- before and after preparing food,
- before eating/drinking,
- after getting hands dirty or you feel they have become contaminated,
- after wiping nose or handling dirty tissues,
- after coughing, sneezing and blowing nose,
- after soothing a crying child, and
- after cleaning tasks (staff).

Note: Alcohol-based hand sanitizer should be kept out of reach of children, and used only under adult supervision. If hands are visibly soiled, they should be washed with soap and water rather than an alcohol-based hand sanitizer. Provide sanitizer with a minimum alcohol concentration of 60 per cent in areas throughout the facility, such as entry points. Ensure these are situated so that children cannot access it without supervision.

Child care staff should help young children to ensure handwashing is done correctly. Good hygiene practices can be taught in a playful manner. One idea is to have timers to help ensure adequate time. See how many 15-second songs the children can identify. Be creative - engage the children in coming up with games and other ways to encourage everyone to wash their hands for 15 seconds.

Respiratory etiquette should be modeled, taught and reinforced regularly. This includes coughing and sneezing into a tissue or sleeve, as well as proper and prompt disposal of any used tissues followed by hand hygiene.

No personal items (e.g. hats, hair accessories, lip balm, food/drinks) should be shared. Avoid touching your mouth, nose or eyes, and encourage children to do the same.

As part of these routine measures, signage should be posted and highly visible and include visual cues that remind staff and children to perform hand hygiene (e.g., sneezing or coughing into their elbow, putting used tissues in a waste receptacle and performing hand hygiene immediately after using tissues). Signs can be found at: <https://www.gov.mb.ca/fs/childcare/resources/pubs/posters.pdf>.

Environmental Cleaning

Cleaning schedules can return to normal practices. However, cleaning and disinfecting of high-touch surfaces should continue to place at least twice daily. Washrooms and diapering areas require more frequent and intensive cleaning, and should be cleaned/disinfected at least three times per day.

Please refer to Appendix A: ELCC Facilities - Sanitizing and Disinfecting for COVID-19 provided by the Health Protection Unit, Environmental Health, Manitoba Health and Seniors Care and the [Infection Control Guidelines for Early Learning and Child Care](#) for required cleaning and disinfection procedures.

Health Canada has a list of disinfectants shown to be effective against COVID-19 available at <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>.

Child care providers are encouraged to review existing activities and practices within their settings to help determine where enhancements or increased cleaning frequencies may be beneficial. This includes limiting use of high touch objects and surfaces by multiple individuals (e.g. providing children with their own containers of art and crafts materials that are not shared with others).

Waste should be disposed of regularly. Hand hygiene should be performed after waste removal. No-touch waste receptacles are preferred.

Increased monitoring of hand cleaning supplies is recommended to ensure all sinks in washrooms, kitchens and laundry areas are well-stocked with hand hygiene supplies at all times (i.e., soap, alcohol based hand sanitizer and single-use towels). This includes hand lotion to prevent dermatitis (i.e. dryness, irritation, itchy, cracked hands) and maintain a good skin barrier for healthy hands (including fingernails) and skin.

Public health recommends applying a fragrance-free moisturizer or barrier cream with dimethicone, silicone, ceramides or ointment with petrolatum (**avoid use of petrolatum based hand lotion when using latex gloves*).

Follow a regular laundry schedule. Items/clothing should be laundered regularly in hot water and thoroughly dried. Soiled facility linens/towels should be laundered using regular laundry detergent and hot water. Any soiled bedding or clothing belonging to a child should be bagged and sent home with the family for laundering. If the laundry container comes in contact with contaminated laundry, it should be cleaned and disinfected. Perform hand hygiene after handling dirty laundry.

Toys: As per standard procedures, it is recommended that facilities have toys that are easily cleaned and disinfected. It may be prudent to increase the frequency of the cleaning schedule for these items, especially when illness is circulating in the facility or the local community, or if symptomatic staff and children have been touching the toys.

Sharing toys and manipulatives, and shared play stations (e.g., water tables and sand tables) are permitted, provided good hand hygiene is practiced before and after use.

Dress up clothing may be provided and laundered weekly, or when soiled as per standard procedures. Plush toys should be reserved for use by one child where possible. As per public health guidelines and child care regulations, children's personal toys (i.e. for security or comfort) are not to be shared with other children and should be stored in a way that ensures this.

Food handling: The best practice is that parents/guardians provide their own food for their child. If this is not possible, the following guidance applies:

- No family-style, buffet or potluck meal service is permitted in child care facilities at this time.
- Staff should serve all food items. Utensils should be used to serve food items by staff, not fingers.
- Do not use shared food containers (e.g., snack bowls, pitchers of water or milk, salt and pepper shakers).
- If using single service packets of condiments, provide the packet directly to each child, rather than children serving themselves from a shared container.
- For snack programs, serve snacks directly to children and pre-portioned snacks only (no family-style serving).
- Close kitchen and eating areas that could be accessed by children or visitors.
- Do not offer activities that involve child participation in food preparation.
- Implement other measures as necessary or appropriate, or if directed by local public health.
- Ensure that food handling staff:
 - practice meticulous hand hygiene
 - are excluded from work if they are symptomatic

As per standard public health requirements, child care centres may provide meals for children if they have a full kitchen with dedicated kitchen staff.

"No sharing" policies: It is important to reinforce no food or water bottle sharing policies for children. These policies reduce virus transmission between staff and children as well as reduce potential exposures to allergens.

Ventilation: As COVID-19 transmits more easily indoors, it is important to move activities outdoors whenever space and weather permits. Child care facilities are encouraged to maximize indoor space and avoid crowded rooms and hallways as well as open windows when possible and weather permits. Working with the facility's landlord when applicable, child care facilities are encouraged to increase air exchanges by adjusting the HVAC system and ensuring that the ventilation system is operating properly.

Day-to-day care during COVID-19

Reassurance: Provide reassurance to children and youth about their personal safety and health. Telling children that it is okay to be concerned is comforting. Reassure them about their safety and explain there are many things they can do to stay healthy:

- **Hand hygiene:** Perform hand hygiene often with soap and warm water for at least 15 seconds, or use an alcohol-based hand sanitizer, especially after coughing, blowing noses or sneezing, and when handling food.
- **Cough and sneeze etiquette:** Cough and sneeze into your arm or tissue. If using a tissue, immediately dispose of the tissue and perform hand hygiene afterwards.
- **Stay home when sick:** Children should tell staff if they are not feeling well and together make a plan to stay home from child care or other activities.
- **Keep clean:** Do not touch your face, particularly your eyes, nose and mouth.
- **Stay healthy:** Stay healthy by eating healthy foods, keeping physically active, getting enough sleep and fresh air.

Print the *Healthy Practices Poster Series* – in particular, the hand hygiene and sneezing posters – and place them around your child care facility. School-aged children can be encouraged to create their own. To access this information, visit:

<https://www.gov.mb.ca/fs/childcare/resources/pubs/posters.pdf>.

Communication: Children want to be heard. They do not need detailed information about events, but they do need to talk about their feelings.

Let them know they can ask questions. Answer questions honestly, but make sure that the information is suitable for their age level. If you do not know the answers to their questions, it is okay to say so and together look for resources that can answer their questions.

Remember that children are often listening when you talk to others about COVID-19. Staff should consider this and minimize discussions of COVID-19 that are not related to the child care setting.

Staff should be mindful of how children share information in less supervised settings (e.g. during outdoor play, in the washroom and in more quiet play areas such as libraries and lofts). Children can become misinformed. It is important for staff to correct this misinformation as they become aware of it.

At this time parents are increasingly focused on the safety and wellbeing of their child(ren) while they are in the care of staff in child care facilities. They expect clear communication from staff when they have questions about their child and about how the facility is implementing public health guidance.

Parents have more access to misinformation, which makes it important for staff to remind parents to use official sources for the most up-to-date and accurate information, www.gov.mb.ca/health/coronavirus/index.html.

Staff can reassure parents that Manitoba's early learning and child care (ELCC) facilities and services are safe for children. Child care facilities consistently follow preventative practices,

including environmental cleaning, frequent hand hygiene and routine screening. The ELCC Program continues to work closely with public health to ensure that all ELCC operating practices and procedures are up-to-date and reflect the most current health management information that is available to the department.

More on talking to children about COVID-19 is available in the additional resources section.

Activities: Maintaining familiar activities and routines will reinforce the sense of security of children. As every child care provider knows, play is a priority – it promotes physical and mental health and development and gives kids an outlet for their energy, concerns and emotions. The current situation presents many challenges for group play, but can also be a source of creativity.

Spread children out as much as possible with small groups in different rooms, or have a group outside while another is inside, as another way to encourage physical distance.

Consider the equipment and play materials. Conduct an assessment of play materials currently available and remove those that are harder to clean and sanitize. Keep a bucket or laundry basket close by for items to be deposited when they need to be cleaned.

Consider activities where children can do something to learn about and support all the people working to keep others safe and healthy:

- Talk about people in their neighbourhood or community and the role they are playing (e.g., mail carriers, grocery clerks, doctors and nurses).
- Young children could create art work to post in windows to say thank you to health care workers, paramedics, other essential workers (truck drivers, grocery store clerks), etc.
- Older children could write a thank you song or a short play, then videotape a performance to send to essential workers
- Children could connect virtually with children at another centre to perform their songs for each other or perhaps collaborate on something.

Depending on the age of the children in the centre, they will have ideas and suggestions. Discuss the concept of physical distancing, using a visual such as a string. Brainstorm with them, asking for their ideas in terms of coming up with ways they can play, and activities they think will allow an appropriate distance. Ask them about some of the typical experiences that are part of their typical day (e.g., circle time and snack), or areas in the playroom (e.g., housekeeping or block areas). Give them scenarios - "How could you play in the block area" – and use the string to try out their ideas.

Outdoor Play: Move activities outdoors if possible, and schedule outdoor play to maintain cohorts of children and staff. Getting outdoors for walks or to the park or nearby trails with the children is encouraged. Children may play on play structures or play equipment (e.g. tire swings, play houses) as long as they clean their hands before and after. Children, staff and volunteers should perform hand hygiene before and after returning from outdoor play.

Sharing toys in an outside setting (e.g. sand box) is permitted, as long as effective hand hygiene can be ensured before and after the play. However, younger children with a lot of hand-to-mouth activity should not be permitted to share toys in an indoor or outdoor setting. If possible, designate space and toys within the play area for each cohort. Outdoor play areas

and toys should be cleaned and disinfected between use as per regular cleaning and disinfection procedures.

Other outdoor activities are also permitted (e.g., composting, gardening).

When visiting public outdoor green spaces, avoid using public water fountains. Children should bring their own prefilled water bottle to these activities. Remember to have everyone clean their hands when they re-enter the child care facility.

Sports: Indoor or outdoor non-contact sports (e.g. tennis, soccer) are permitted. Choose outdoor settings as much as possible, as they are lower risk for transmission of COVID-19. Sporting equipment should be cleaned/disinfected after each use.

Outings/Field Trips: Field trips or outings are permitted, however, the participation of children must be entirely voluntary when accompanied by appropriate parental permission. Enhanced planning for outings and field trips will be necessary to ensure the health guidelines are met, and should be limited during periods of high COVID-19 transmission. Trips to spray pads and other local centres such as libraries and community centres are permitted, provided they follow the applicable guidelines, as well as requirements around social distancing and capacity. When planning outings/field trips, consider the following:

- Outdoor settings are lower risk for transmission of COVID-19.
- Avoid crowded venues where physical distancing of 6 feet (2 meters) cannot be maintained.
- Avoid using public water fountains. Children should bring their own prefilled water bottle to these activities.

Activities with animals/pets: Animals and pets are permitted as per child care regulations and public health guidelines. Children and staff who handle animals should perform proper hand hygiene before and after handling animals (see Hygiene Practices section above). Ensure animal handlers who are visiting the facility are screened following processes for visitors. Medical-grade masks must be worn by the visitor. In addition, as contractors who have direct and ongoing or prolonged contact with children, animal handlers would be required to meet the proof of testing/vaccination requirements prior to working in a child care facility.

For further information, see the Vaccination section in this guide and relevant circulars at <https://www.gov.mb.ca/fs/covid-circulars.html>.

Health Concerns and how to address them

What happens if a child exhibits symptoms at the child care facility?

If a child develops symptoms while at the facility, the child should be isolated in a separate room. If a separate room is not available, the child needs to be kept at least two metres/six feet away from other children and staff. If possible, a medical mask should be provided to and worn by the sick child (> 2 years of age only).

The parent should be notified to come and pick up the child immediately. Ask the parent or guardian to complete the online screening tool at <https://sharedhealthmb.ca/covid19/screening-tool/> and follow the requirements for isolation and testing.

If the child is young and requires close contact and care while isolated, caregivers can continue to care for the child until the parent is able to pick-up the child. Caregivers should be mindful of hand hygiene and avoid contact with the respiratory secretions of the child. A medical mask should be worn by the staff person caring for the child.

Additional environmental cleaning should occur. Focus should be in high-touch areas and areas where the child spent time. All items (e.g., bedding and toys) used by the child while isolated, should be cleaned and disinfected as soon as the child has been picked up.

What happens if a staff member exhibits symptoms?

Staff should use the [screening checklist](#) before attending work, and be directed to stay home if they are feeling unwell. If a staff member or volunteer in a child care facility becomes symptomatic, they should notify their supervisor immediately, isolate themselves from other staff and children, and go home to isolate.

They should complete the [online screening tool](#) and follow the requirements for isolation and testing.

Isolation and Testing

Facilities should not require or request proof of negative test results for children or staff returning to the facility.

- If a child or staff member was symptomatic and tests negative, and they no longer have a fever and their symptoms have been improving for 24 hours, they can return to the facility.
- If rapid antigen tests are used, two negative tests 24 hours apart are required. Staff and the child's family should follow the guidance in https://www.manitoba.ca/asset_library/en/covid/factsheet_rat.pdf.
- If a child or staff member is symptomatic and tests positive on a rapid test, they must follow the requirements for isolation before returning to the child care facility.
- Symptomatic staff and children in child care facilities who have tested positive on a rapid antigen test continue to be eligible for a PCR test to confirm their COVID-19 diagnosis, and are encouraged to have this completed. Only laboratory-based positive COVID-19 results are reported to public health for follow-up, which allows public health to monitor cases in child care centres (and nursery schools).
- If a child is symptomatic and not tested, they are assumed to have COVID-19 and must isolate for a minimum of 10 days and until they no longer have a fever and their symptoms have been improving for 24 hours.
- Older children who are fully immunized may be eligible for reduced isolation periods, as listed in the instructions on isolation at <https://www.gov.mb.ca/covid19/fundamentals/self-isolation.html>, or in the fact sheet: [COVID 19 - Isolation for Individuals with Symptoms and/or Waiting for COVID-19 Test Results \(gov.mb.ca\)](#).
- If a staff member is symptomatic and not tested, they should assume they have COVID-19 and must isolate and be excluded from work for the appropriate isolation period outlined below.

There are different isolation periods for people who have been vaccinated and people who have not been vaccinated.

- **People who are fully vaccinated and do not have symptoms** need to isolate for five days from the date of their positive test.
- **People who are fully vaccinated and have symptoms** need to isolate for five days from the day their symptoms started or the date of the test, whichever is later. They must also continue to isolate until they no longer have a fever and their other symptoms have been improving over the past 24 hours.
- **People who are not fully vaccinated** need to isolate for 10 days from the date of their positive test. They must also continue to isolate until they no longer have a fever and their other symptoms have been improving over the past 24 hours.
- Lingering symptoms such as cough or loss of taste or smell can persist beyond the isolation period, and if present, are not reasons for continuing isolation.
- Fully vaccinated people who have finished a reduced isolation period must wear a medical grade mask in public settings for five days and avoid any non-essential visits to high-risk settings or non-essential contact with individuals at high risk for severe disease.

Symptomatic staff working in the ELCC sector may be able to return to work while still symptomatic if they have tested negative for COVID-19 and have mild and improving symptoms. See [COVID-19 Circular 2021-69 – Staff Screening](#) for further information.

Case Notification and Close Contacts

Individuals who test positive for COVID-19 are now required to notify their own close contacts. Guidance and instructions for notifying close contacts is available on the Manitoba Health website at <https://manitoba.ca/covid19/testing/monitoring/index.html>.

With the widespread transmission of the Omicron variant of concern, the short incubation period of the virus, and the inability to identify many cases due to mild or asymptomatic disease, contact tracing is no longer as effective. Contacts will already be exposed and many will already be symptomatic by the time of notification. Many cases are asymptomatic and undetected.

As a result, child care facilities are no longer required to identify close contacts in cohorts with a positive case, and attendance of children and staff at the facility should be based on symptom screening.

- Public health will not be notifying child care facilities of staff or children who test positive for COVID-19. Individuals who are exposed in a child care facility can continue to attend as long as they remain asymptomatic.
- Staff exposures should follow the same process, except where staff exposures occur in locations where child care is not provided and where preventive measures of physical distancing and mask use are not in place (e.g. staff rooms). When exposure occurs outside of the child care setting, staff are expected to notify their own close contacts.
- Families and staff members should be encouraged to report positive cases and symptoms to the child care facility.

Close Contacts

- Children or staff exposed to COVID-19 in the child care setting may continue to attend child care if they are asymptomatic regardless of their immunization status.
- If children or staff become symptomatic, they should follow public health isolation requirements as a presumed case.

- Close contacts, exposed to COVID-19 in other locations, such as a household close contact or from contact outside of the school or child care setting must self-isolate (quarantine) for 10 days from the last exposure unless exempt.
- After self-isolation (quarantine), close contacts can then return to child care, school and other activities as long as they are asymptomatic.
- See Appendix B: Self-Isolation (Quarantine) Requirements for Close Contacts

Exemptions from Self-Isolation (Quarantine)

Exemptions for close contacts from self-isolation (quarantine) include anyone who is asymptomatic and:

- fully immunized (i.e. two weeks since their last dose of the vaccine series) at time of exposure,
- and do not have a medical condition (e.g., immunocompromised) that would impact vaccine effectiveness,
- or were recently infected (i.e. within the previous six months).

Household close contacts who are exempt from self-isolation (quarantine) are eligible to receive rapid test kits at provincial test sites to monitor for asymptomatic transmission. A household contact is defined as someone who is living with an individual who is presumed or confirmed positive for COVID-19.

Managing Increased Transmission in a Child Care Facility

The management of child care centres should monitor absenteeism and keep track of absences of staff and children due to self-reported COVID-19 cases and respiratory illness. This may include individuals:

- with positive COVID-19 test results (including rapid antigen tests or COVID-19 tests from a provincial test site)
- with symptoms associated to COVID-19
- waiting for test results and/or
- required to self-isolate (quarantine) as a close contact to a positive case

With widespread community transmission of the Omicron variant, cases are expected to continue to occur in child care facilities, and follow up with Public Health for every case of COVID-19 is no longer required. In the event that there is a significant increase in transmission of COVID-19 identified in a cohort within 14 days, facilities can notify [local public health offices](#), to obtain additional guidance.

Public health will also continue to monitor overall cases in child care centres (including nursery schools), and may contact the facility if increased COVID-19 activity is suspected, above that which is occurring in the community.

Monitoring will be done via tracking cases confirmed by PCR testing or other laboratory-based tests. Cases are interviewed by public health officials and asked whether they attend/work in a child care facility. This allows tracking of cases in public health data.

Public health actions and directions are based on the specific circumstances and may include, but are not limited to:

- reviewing the number of cases and absenteeism in the cohort/facility

- requesting records that identify cohorts/groups of staff and children in the child care setting for a specified time frame
- recommendations for the facility, including testing of staff, and reducing higher risk activities
- having the facility send a notification letter to families to recommend self-monitoring for symptoms, and to avoid non-essential contact, especially with individuals at risk of severe disease, and
- assessing the need for facility closure, particularly if impacting operations. Facility closures or exclusion of cohorts is done as a measure of last resort.

Communication with Families

Centres (including nursery schools): As previously noted, managing cases and contacts at the individual level is no longer effective due to changes to the virus and the high level of community transmission. It is no longer recommended that ELCC centres identify or notify close contacts at their facility, or distribute notification letters on individual cases.

Rather, centres should regularly communicate with families about absenteeism and the number of cases in the past 14 days known to be associated with their facility. For example, centres can notify families about the level of COVID-19 activity in the facility through a weekly email or newsletter. While facilities may give information about the cohorts affected, they must not identify any individual or personal information about a case.

Family and group child care homes: As with all Manitobans, child care home providers are responsible for notifying their own close contacts. If the provider or a resident in their home has tested positive, parents/guardians of children attending the facility must be notified.

For information on how to notify close contacts, see <https://manitoba.ca/covid19/testing/monitoring/index.html>.

Personal Protective Equipment (PPE)

Recommendations on mask use and other types of PPE are expected to change over time based on respiratory disease activity. Public health will continue to monitor closely and will adjust guidance as needed. For more information please review Mask Guidance for Manitobans: <https://www.gov.mb.ca/covid19/resources/masks.html>.

Masks are required in all indoor public settings, including for children who are 5 years of age and older. The use of masks is required for staff/home providers, parents/guardians, visitors and kindergarten/school age children in child care facilities.

Staff/home providers should maintain current practices for the use of PPE with respect to the hazards normally encountered in their work with the exception of wearing a medical-grade mask.

To don (put on) the mask safely, perform hand hygiene by handwashing with soap and water or use an alcohol-based hand sanitizer. 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.

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. Perform hand hygiene by handwashing with soap and water or the use of alcohol based hand sanitizer. Visit <https://www.gov.mb.ca/covid19/prepareandprevent/index.html> for the latest guidance from on use and care of masks.

Also, visit the following Public Health Agency of Canada page to access a poster and guidelines for how to safely use a non-medical mask or face covering:
<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-safely-use-non-medical-mask-face-covering.html>.

Staff/home providers may also choose to use eye protection to further mitigate the risk of exposure in the child care facility.

The Department of Families is supplying frames with lens upon request. Public health recommends these as the preferred form of eye protection, as they are easier to reuse, clean and disinfect.

The recommended Shared Health procedure for cleaning and disinfection of frames with lenses can be found here: <https://sharedhealthmb.ca/files/standard-operating-procedure-disinfecting-eye.pdf>.

Disinfection of Eye Protection

- All forms of eye protection must be disinfected using disinfecting wipes as per the Shared Health guidance protocols.
- The container(s) of disinfecting wipes being used to disinfect eye protection should be used exclusively for disinfecting the frames and lenses, and should not be used to clean other surfaces.
- It is recommended that the disinfecting wipes be stored in a central location within the child care facility that is used by staff/home providers for the safe donning and doffing of PPE for breaks and ends of shifts to minimize the risk of the wipes being used for other purposes.

Medical-grade masks

The continuous use of medical-grade masks by staff/home providers is required when inside a licensed child care centre, nursery school or family/group child care home. All volunteers, including parent volunteers, must wear a medical-grade mask.

Medical-grade disposable masks have been issued to all child care staff. N95 masks are not required as these masks are to be reserved for medical personnel and KN95 masks are not medical-grade masks. While staff may choose to bring their KN95 or N95 mask and are permitted to use these as an alternate to the medical-grade masks supplied, staff must be aware that the quality of the mask cannot be assured as they have not been assessed by Shared Health and an assessment of their fit has not been performed for the staff member. No matter what type of mask you choose, most important is to choose one that is well-made,

well-fitting, that is comfortable and that you can wear without frequent adjustments or touching your face.

This mask requirement will remain in place until a directive from public health is received that this is no longer required.

Masks may be removed indoors for the purpose of eating, drinking, and for short, infrequent mask breaks where there is physical distancing of 2 metres/6 feet from children and other staff.

In general, people do not need to wear masks when outdoors. Masks are recommended during outdoor activities that involve sustained close contact with other people.

If a child develops symptoms while at the child care facility, a medical mask should be provided to and worn by the sick child (> 2 years of age only) if tolerated. A medical mask must be worn by the staff member/home provider caring for the child.

Non-medical masks

Effective September 7, 2021, the use of masks is required for kindergarten and school age children when inside an ELCC facility which is in-line with mask use policies in schools. Masks may be removed indoors for the purpose of eating, drinking, and for short, infrequent mask breaks where there is physical distancing of 2 metres/6 feet from other children and staff.

Kindergarten and school age children are also required to wear masks during vehicular transportation provided by the facility. Currently, kindergarten and school age children are also required to wear a mask when being transported on a school bus. Note that schools may require children who attend a nursery school program operated by the school to wear masks inside the school building and during school bus transportation; in these situations, check with the school or division to determine masking requirements.

Masks can be removed when playing outside; however, if the children are involved in activities where they are in close proximity to each other for extended periods of time (more than 10 minutes), the facility may choose to require the use of masks.

Children can wear either a non-medical, re-useable cloth mask or a disposable mask. The non-medical mask should be made of at least three layers which includes two layers of tightly-woven breathable material **and** a middle filter layer. Neck gaiters, buffs and neck fleeces are not recommended in place of a mask, as they are not designed as a non-medical mask and their effectiveness is unknown.

You can also visit the Public Health Agency of Canada (PHAC) website for more information, including posters, on [how to choose, use, and care for a mask](#) as well as [how to make your mask fit properly](#). For more information see: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html>. Appendix C: Resources for Parents and Caregivers of Children Attending Child Care and/or School

Parents and guardians are asked to refer to the Department of Families COVID-19 Notices and Circulars for updates about mask use and guidelines. Also, please encourage parents/guardians to review mask guidance prepared by Manitoba Education. These resources include important information about proper mask use including information about who should not wear a mask, as well as proper care, storage and handling of non-medical, reusable masks as well as disposable masks.

- Department of Families COVID-19 Notices and Circulars for Early Learning and Child Care Centres and Home-Based Child Care Providers: <https://www.gov.mb.ca/fs/covid-circulars.html>
- For further information on mask use, see Public Health Measures - Masks and Personal Protective Equipment (PPE) at <https://www.edu.gov.mb.ca/k12/covid/>.
- Video – Helping parents and children put on and take off masks properly <https://youtu.be/eGhLwmFRyZY>
- Manitoba Education, Guidance for Mask Exemptions in Schools https://www.edu.gov.mb.ca/k12/covid/docs/mask_exemption.pdf

Effective September 7, 2021, all child care facilities were advised of the following requirements for wearing non-medical masks:

- All kindergarten and school-age children are required to wear non-medical masks while indoors at their child care facility.
- Younger children are not required to wear a non-medical mask while attending their child care facility. However, parents/guardians may choose to have their younger child(ren) wear a mask, provided the child can wear it properly as per provincial guidance (please see below for more information).

The following are considered exceptions to mandated mask wearing:

- children under the age of two years
- children under the age of 5 years either chronologically or developmentally who refuse to wear a face covering and cannot be persuaded to do so by their caregiver
- people, especially children, with severe sensory processing disorders
- patients with facial deformities that are incompatible with masking
- patients with Post Traumatic Stress Disorder (PTSD) who are triggered by a face covering
- extreme agoraphobia/asphyxia phobia (which is longstanding and pre-dating COVID-19)
- people with a cognitive impairment, intellectual deficiency or autism spectrum disorder for who wearing a face covering will cause severe distress or disorganization
- a medical condition unrelated to COVID-19, including breathing or cognitive difficulties or a disability, which prevent them from safely wearing a mask
- people who are unable to apply or remove a covering without help

- A medical note from a health care provider is not required by public health or ELCC to accommodate limitations to wearing a mask at their child care facility or during bus transportation.
- If there are limitations to a child's ability to wear a mask during bus transportation or while attending child care, the parent/guardian/caregiver must provide written notification to the child's ELCC provider, specifying the child's specific limitation with wearing a mask from the list of exceptions above.
- If a parent/guardian/caregiver is concerned about their child's ability to safely wear a mask on a bus or while attending child care, they should speak with their child's health care provider. Public health advises that inappropriate exceptions to mandated mask wearing have the potential to inadvertently compromise the overall public health measures implemented in child care facilities to mitigate risk to all and to minimize the spread of COVID-19 in Manitoba schools and communities.
 - In terms of wearing masks during transportation to/from ELCC facility and school or another location: If you are assisting a kindergarten or school-age child with transportation between school and the child care facility, please note that all children are required to wear masks on school buses and inside the school building.
 - Note that schools may require children who attend a nursery school program operated by the school to wear masks inside the school building and during school bus transportation; in these situations, check with the school or division to determine masking requirements.
 - If your facility is providing transportation, all kindergarten and school-age children should be masked prior to entering the vehicle and during the trip.
- It is the parent/guardian's responsibility to provide masks daily for each kindergarten or school age child in attending a child care facility (at least 2 masks per day).
- In a case where a child is having active breathing difficulties the child will be advised to remove their mask and the parent/guardian/caregiver will be contacted to pick up the child to seek medical attention.

Mask and Eye Protection Supply

The Government of Manitoba provides ELCC facilities with medical-grade masks and frames with disposable lenses for eye protection. Facilities are provided with four (4) masks a day per staff/home provider while the public health directive requiring the continuous use of medical masks by centre staff and home child care providers is in effect.

Documentation and Notification to the ELCC Program

It is important that child care services continue to be delivered safely for staff and children. This can be done by ensuring staff and children consistently follow hygiene practices and other recommendations made by public health officials.

Centres (including Nursery Schools)

Centres are no longer required to report positive COVID-19 cases associated to their facility to the ELCC Program. Please note: centres are only required to report closures (for short or longer periods of time) or reductions in services provided by their centre (for example,

reduced operating hours or service limited to critical services workers). These reports are to be submitted using the [January 2022 COVID-19 Closure or Reduction of Services Reporting Form for Centres](#) to the ELCC Program.

Family and Group Child Care Homes

Family and group child care homes will continue to report positive cases (based on a positive COVID-19 test from a provincial testing site or a positive rapid antigen test) associated with their facility to the ELCC Program.

Please note: it is important for the home provider to complete the section regarding a closure, including the number of children who are affected by the closure of the child care home. These reports are to be attached to a submitted using the January 2022 [COVID-19 Incident and Closure Reporting Form for Homes](#).

Please email the completed form as an attachment as outlined on the bottom of the form for centres or homes.

Additional Resources

The following resources may support you in talking to children about COVID-19, as appropriate. These resources should not be viewed as, or used in the place of, public health advice.

Resources on Talking to Children about COVID-19

Canadian Paediatric Society

<https://www.cps.ca/en/blog-bloque/how-can-we-talk-to-kids-about-covid-19>

National Association for the Education of Young Children (NAEYC)

<https://www.naeyc.org/resources/blog/conversations-that-matter>

Caring for Kids, Canadian Paediatric Society

<https://www.caringforkids.cps.ca/handouts/health-conditions-and-treatments/the-2019-novel-coronavirus-covid-19> (This page is updated as new resources are developed.)

School Mental Health Ontario

<https://smho-smsso.ca/wp-content/uploads/2020/04/TipSheet-Personal-Resiliency-During-Covid19-ENG.pdf>

<https://smho-smsso.ca/wp-content/uploads/2020/08/Info-sheet-noticing-concerns.pdf>

Child Trends

https://www.childtrends.org/publications/resources-for-supporting-childrens-emotional-well-being-during-the-covid-19-pandemic?utm_source=mailchimp&utm_campaign=030096d2e1f0&utm_medium=page

UNICEF

<https://www.unicef.org/coronavirus/how-teachers-can-talk-children-about-coronavirus-disease-covid-19>

Appendix A: ELCC Facilities - Sanitizing and Disinfecting for COVID-19

(Provided by Health Protection Unit, Manitoba Health and Seniors Care)

Level of Sanitization or Disinfection	Chemical and Concentration	Contact Time	Examples of when to use
Sanitize	Household Bleach (5.25 % chlorine) <ul style="list-style-type: none"> • 1:1000 solution (100 ppm, can verify with test strips) • 5 ml chlorine + 4 Litres of water (1 tsp chlorine + 1 Gallon water) 	One minute or follow manufacturer's instructions	<ul style="list-style-type: none"> • Food contact surface • During manual dishwashing • Anything that will be mouthed by children (e.g. mouthed toys) • Dining tables • Kitchen areas
	Quats (quaternary ammonium) <ul style="list-style-type: none"> • Generally 200 ppm 	Follow manufacturer's instructions	
	Iodine <ul style="list-style-type: none"> • Generally 12.5 ppm (dishwashing) and • 25 ppm (surface sanitizing) 	Follow manufacturer's instructions	
Intermediate Level Disinfection	Household Bleach (5.25 % chlorine) <ul style="list-style-type: none"> • 1:100 solution (500 ppm) • 5 ml chlorine + 500 ml of water (1 tsp bleach + 2 cups water) 	Two minutes or follow manufacturer's instructions	<ul style="list-style-type: none"> • Environmental surfaces: floors, walls, play tables, door handles, light switches, chairs • Toys • Diaper change area • Potty chairs • Washroom area
	Quats (quaternary ammonium)	Follow manufacturer's instructions	
	0.5% Accelerated Hydrogen Peroxide	Follow manufacturer's instructions	
	70% Isopropyl Alcohol	1 minute	
High Level Disinfection	Household Bleach (5.25% chlorine) <ul style="list-style-type: none"> • 1:10 solution (5000 ppm) • 60 ml bleach + 540 ml water (¼ cup bleach + 2¼ cups water) 	1 minute or follow the manufacturer's instructions	<ul style="list-style-type: none"> • During an outbreak of illness • Recommended for any confirmed case of viral or bacterial infection • Blood spills, vomit, body fluids, fecal contamination
	7% Accelerated Hydrogen Peroxide	Follow manufacturer's instructions	

REMEMBER:

- If surfaces are dirty, they must first be cleaned with soap and rinsed water prior to disinfecting. Can disinfect/sanitize surfaces if already clean.
- If using chlorine, mix a fresh solution daily as solution strength can decrease overtime.
- Do not use scent added chlorine or chlorine with fabric guard added.
- Check the % of chlorine every time a new bottle is purchased. Strengths may vary, sometimes as high as 8.25% chlorine.

- Use test strips to verify strength of solutions after mixed.
- Follow contact times.
- Ensure that chemical product is not expired.
- Commercial chemical disinfectant must have a DIN #.
- Label spray bottles or pails with contents.
- Do not mix chemicals.

LIST OF FREQUENTLY TOUCHED SURFACES

SANITIZE

- Countertops
- Fridge doors handles
- Freezer handles
- All equipment handles
- Food cart handles
- Food preparation areas and equipment
- Counter tops
- Fridge handles
- Microwaves
- Coffee pots/kettles

DISINFECTION

General areas:

- Door knobs/frames/handles/other frequently touched areas on the door
- Locker doors/cubbies/coat hooks
- Storage bins for children
- Desks
- Chairs
- Hand railings
- Light switches
- Elevator buttons
- Handicap accessible push buttons
- Entrance fob/visitor buttons
- Shared items (such as toys, sports equipment, computer keyboard and mouse, etc.)
- Telephones
- Photocopies/Printers
- Intercoms
- Play area surfaces
- Toy storage surfaces
- Floors (especially where children play on them)
- Outside of hand sanitizer bottle/dispenser
- Door handles, in and out (Facility entrance, office, kitchen, staff room, washroom)
- Tape dispenser/stapler
- Office mouse and keyboards at computer

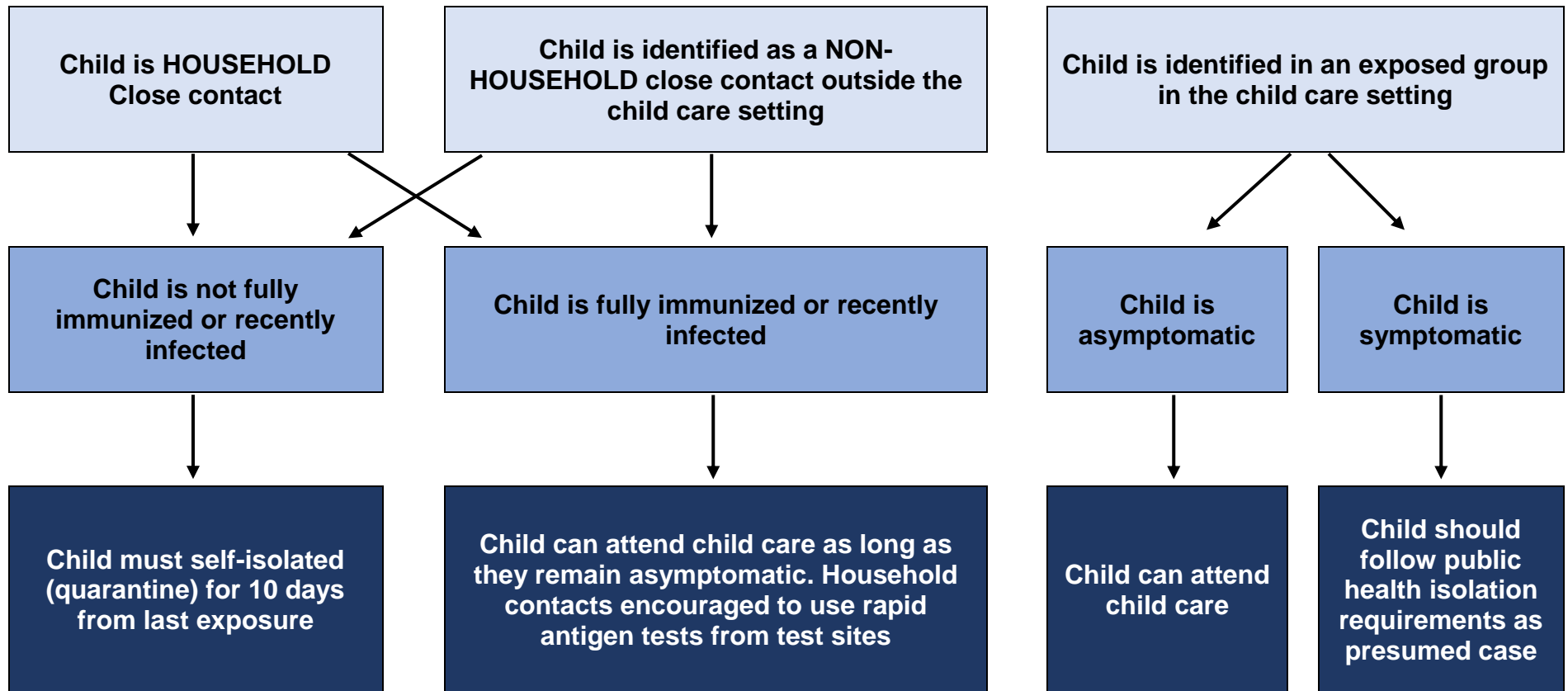
- Children's attendance clipboard
- Office chair arms
- Pens/Markers
- Phone chargers
- Cell phones
- Garbage lids

Child and staff washrooms:

- Stall door edges and locks
- Paper towel dispensers
- Soap dispensers
- Taps/faucets
- Flush handles
- Toilet seats
- Toilet bowls and urinals
- Light switches in washrooms
- Handicap rails in washrooms

Appendix B: Isolation Overview Chart

Self-Isolation (Quarantine) Requirements for Close Contacts



Appendix C: Resources for Parents and Caregivers of Children Attending Child Care and/or School

COVID-19 is now widespread in Manitoba, and all staff, students, child care attendees and family members should be self-monitoring for symptoms of COVID-19 every day. The following resources are available to help families manage exposures and cases of COVID-19. Child care facilities and schools will communicate with families during times when increased transmission of COVID-19 is occurring.

Daily Screening:

Monitor for symptoms of COVID-19 every day. If your child develops symptoms, they should isolate (stay at home) and not attend child care or school. If they have an exposure, check the online screening tool for instructions on what to do.

- Online screening tool: <https://sharedhealthmb.ca/covid19/screening-tool/>
- COVID-19 Screening Checklist: https://manitoba.ca/asset_library/en/coronavirus/covid19_screening_checklist.pdf

If your child has symptoms:

- They should isolate (stay home) and notify your child care facility and/or school.
 - For more information on isolation, see the factsheet: [COVID 19 - Isolation for Individuals with Symptoms and/or Waiting for COVID-19 Test Results \(gov.mb.ca\)](#)
 - Guidance on Isolation and Self-Isolation (Quarantine): [Province of Manitoba | Self-Isolation \(gov.mb.ca\)](#)
- They should get tested – see the testing website below for locations to make an appointment, or use rapid antigen tests if available to you.
 - [Province of Manitoba | COVID-19 Testing \(gov.mb.ca\)](#)
 - If applicable: Rapid Antigen Test Factsheet: [COVID-19 rapid antigen tests \(RATs\) \(gov.mb.ca\)](#)
 - You can register to view your laboratory-based test results online: <https://sharedhealthmb.ca/covid19/test-results/>
- If they test positive, notify their contacts.
 - Guidance and letters for notifying close contacts: [Province of Manitoba | Case Contacts and Monitoring \(gov.mb.ca\)](#)

If your child is notified of being a close contact:

- They will need to self-isolate (quarantine) for 10 days and not attend child care or school, unless they are exempt.
 - For more information, including exemptions, view the factsheet on Self-Isolation (Quarantine): [COVID 19 - Self-isolation \(Quarantine\) for Asymptomatic Returning Traveler's and Contacts of Cases \(manitoba.ca\)](#)
- For exposures that occur during school and child care, your child can continue to attend as long as they remain asymptomatic. For exposures outside of school or child care, your child will need to self-isolate (quarantine) unless they are exempt.

If you have questions or need advice:

- The online screening tool provides guidance for many different scenarios and may answer your questions: <https://sharedhealthmb.ca/covid19/screening-tool/>

If you have further questions, please call Health Links – Info Santé at 204-788-8200 or toll-free at 1-888-315-9257.