



# Quesnel & District Child Development Centre

## COVID-19 SAFETY PLAN July 20, 2020

### PRINCIPLES

In line with the overarching principles for the COVID-19 response by Provincial Health Office, the BC Centre for Disease Control, and WorkSafeBC, the Quesnel & District Child Development Center emphasizes the following principles with respect to health and safety as we move through Phase 3 of BC's Restart Plan:

- *All staff at the QDCDC will adhere to the standards, guidelines, and direction from the the Provincial Health Officer (PHO), the BCCDC, and WorkSafeBC.*
- *In collaboration with partners, the QDCDC may develop additional health and safety requirements to ensure consistency across programs. These additions will enhance, not duplicate, PHO and WorkSafeBC requirements.*
- *Psychological safety measures and trauma-informed practice will be valued and implemented alongside physical health and safety measures.*
- *Effective communication with all stakeholders – funders, community partners, parents, caregivers, volunteers, unions and employees - is an essential aspect of successfully implementing these guidelines.*
- *All staff will review the COVID 19 Safety Plan.*

### OBJECTIVES

As a part of ensuring positive outcomes during the COVID-19 pandemic, these safe work practices are intended to give guidance to employees, children and youth, parents, caregivers, and community members to:

- *Be informed about public health measures and feel safe at the QDCDC.*
- *Understand their roles and responsibilities in maintaining and promoting public health and safety.*

### TRAUMA INFORMED PRACTICES AND SOCIAL EMOTIONAL NEEDS

Trauma-informed practice is a compassionate lens of understanding that is helpful to all children, youth and adults, especially those who have experienced traumatic events.

Trauma-informed practice includes:

- Providing inclusive and compassionate learning environments
- Understanding coping strategies
- Supporting independence
- Helping to minimize additional stress or trauma by addressing individual need

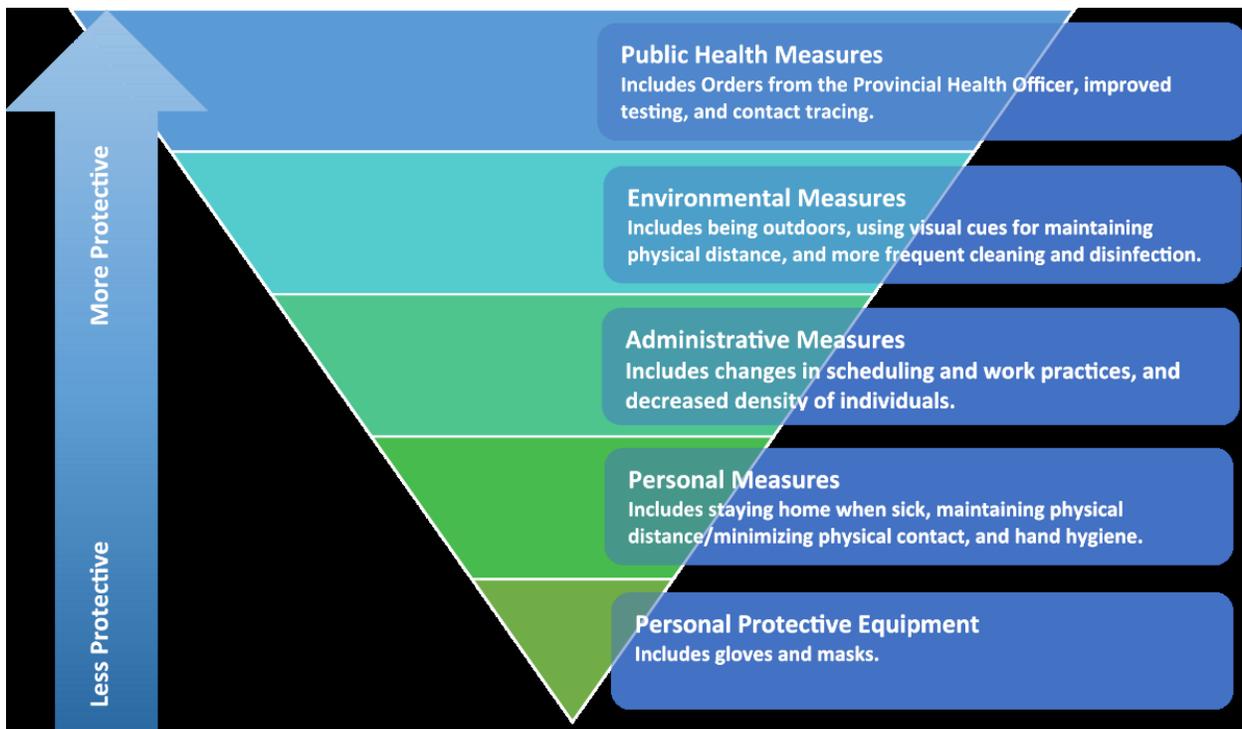
Please refer to the QDCDC's Cultural Competency and Diversity Plan for more information

## GUIDELINES FROM GOVERNMENTAL AND REGULATORY BODIES

- BC's Restart Plan: <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan>
- COVID-19 Orders, Notices & Guidance: <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>
- BC Centre for Disease Control: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>
- WorkSafeBC: <https://www.worksafebc.com/en/about-us/covid-19-updates>

**Infection prevention and exposure control measures help create a safe environment for everybody.**

**The Hierarchy of Infection Prevention and Exposure Measures for Communicable Disease:**



# 1. PUBLIC HEALTH MEASURES

## Groups

All spaces at QDCDC that are designated for meeting with persons served have been given a maximum room occupancy number, well within the PHO's Order prohibiting gatherings exceeding 50 people.

There can be greater occupancy of the building larger than any one room, as long as people are not all in one area and if they are actively engaged in physical distancing to the greatest extent possible.

## Case Finding, Contact Tracing and Outbreak Management

Active testing of people with mild COVID-19 like symptoms (*case finding*) helps the province identify cases early in the course of the disease, determine whether others in close contact are at risk for infection (*contact tracing*), and ensure they get appropriate care and follow-up. QDCDC program staff document appointments in the Electronic Client Record. This record can be referenced upon request should a COVID-19 positive person be identified by public health staff in order to help determine if they are part of a cluster of cases or part of a local outbreak.

## Self-isolation and Quarantine

If children, youth, parents, caregivers or staff have common-cold, influenza, or COVID-19 like symptoms, **they must stay home, be assessed by their health care provider or HealthLink BC and, if recommended, be tested for COVID-19.** When someone is symptomatic, they should self-isolate and follow directions provided by their health care provider. Self-isolation is also advised for those who are considered a close contact of a confirmed case and are waiting to see if they develop COVID-19 illness.

'Quarantine' is a term typically reserved for persons who return from travel outside the country are at risk of developing COVID-19.

If a person is found to be a confirmed case of COVID-19, public health staff will ensure there is robust contact tracing and management of any clusters or outbreaks. **They will also ensure that children, youth, parents, caregivers and staff have access to health care providers and that appropriate supports are in place.**

# 2. ENVIRONMENTAL MEASURES



## A. Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from

contaminated objects and surfaces. The QDCDC has a night custodian who ensures that cleaning has happened for the beginning of the day. **All employees are reminded that Health and Safety is everyone's responsibility and they are to wipe and clean after themselves on a regular basis.** The QDCDC is cleaned and disinfected in accordance with the BCCDC's Cleaning and Disinfectants for Public Settings document and according to a schedule that includes general cleaning and disinfecting of premises:

- Frequently-touched shared surfaces are cleaned and disinfected at least twice a day – (*e.g. doorknobs and pulls, light switches, toilet handles, tables, desks, chairs, electronic devices, keyboards and toys*).
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and disinfectant products and closely follow the instructions on the label.
- Limit items that are not easily cleaned (*e.g. fabric or soft items*).
- Empty garbage containers daily.
- Wear disposable gloves when cleaning blood or body fluids (*e.g. runny nose, vomit, stool, urine*). Wash hands before wearing and after removing gloves.
- Washrooms should be cleaned at least twice a day keeping in line with the high touch surface area protocols.
- Ensure supplies are readily available.
- Remove any unnecessary tools or equipment that may elevate the risk of transmission. Ensure safe use of shared items including coffee makers and microwaves.
- Staff use acceptable personal hygiene and cleaning protocols in food preparation areas.
- Ensure safe use and storage of cleaning supplies as per safety data sheets.
- Measures have been implemented to ensure that front office employees workers can maintain a distance of two metres when serving members of the public.
- Manage flow of people in common areas and including hallways.

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

## **B. Protocols for being at work and minimizing risk**

The QDCDC has established clear site-based protocols for staff and clients:

- There is a clear process to assess the wellness of staff and in-person visitors using self-assessment tools, the pre-visit screening tool and the health verification form.
- The QDCDC will communicate with families the importance of not attending if sick.

- The QCDC should not have unexpected visitors or volunteers, but if we do, they will be directed to adhere to hand sanitization procedure, maintain physical distancing, and not travel into the building beyond the reception area.
- Families will bring limited materials to the QCDC (backpack, water bottle, snack, etc.).

Use of PPE, as indicated by the Health Authority, is the least effective strategy in a non-medical setting and is not required where physical distancing can be maintained. PPE is available for staff when physical distancing cannot be maintained during an assessment or intervention session.

### 3. ADMINISTRATIVE MEASURES



#### A. Physical distancing and minimizing physical contact at the CDC:

- Maximize room capacity has been determined for each client-designated space and other common areas
- A scheduling board for rooms is on display in the main reception area so that appointments are not scheduled to overlap or to reduce overlap as much as possible.

#### B. Physical distancing and minimizing physical contact for SCD in childcare

**settings:** Physical distancing *is* challenging in childcare settings, particularly with younger children. As such, it is reasonable to establish different expectations for varying age levels and activities. For example, younger children should be supported to have minimized physical contact with one another, while older children and adults should seek to maintain a safe physical distance whenever possible.

The following physical distancing strategies should be implemented where possible in childcare settings: (Note: This includes all related activities including field trips, etc.)

- No close greetings (*e.g. hugs, handshakes*). Regularly remind children and youth about keeping their “*hands to yourself*”
- The number of children in a space should not exceed the ability to maintain health and safety measures
- Spread people out into different areas: *Consider different classroom and learning environment configurations to allow distance between children and adults (e.g. different desk and table formations).*
- Stagger pick-up and drop-off times (*including busing*)
- Stagger snack, lunch, outdoor play, and transition times to provide a greater amount of space for everyone

- Take children outside more often: *Organize learning activities outside including snack time, take activities that involve movement, including those for physical health and education, outside, when playgrounds are used following the direction of the PHO.*
- Incorporate more individual activities or activities that encourage more space between children and staff: *For younger children, adapt group activities to minimize physical contact and reduce shared items; for youth, avoid activities that require physical contact.*
- Parents and caregivers and other non-staff adults entering the QDCDC should be minimized: *Parents of youth attending YIA will be asked to drop off and pick up their children outside the main door.*
- Encouraging private (e.g. parents or caregivers) vehicle use where possible to decrease transportation density.
- Maintaining a safe physical distance between the driver and passengers: *In some cases, this may include a barrier.*

## C. Communication

- Leadership ensures that everyone entering the QDCDC, including workers from other employers, know how to keep themselves safe while at our building.
- Leadership ensures everyone is trained on the measures put in place and the protocols around staying home when sick.
- Signs are posted, including occupancy limits, physical distancing reminders, and effective hygiene practices.
- Signs are posted at the main entrance indicating restrictions from entering the premises (including visitors and workers with symptoms)

## 4. PERSONAL MEASURES



### A. Stay at home when sick

- Persons served and staff will follow instructions under the direction of Northern Health.
- All persons served and staff who have symptoms of COVID-19, OR who have travelled outside Canada in the last 14 days, OR who have been identified as a close contact of a confirmed case or outbreak must stay home and self-isolate.
- Families must assess themselves daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before bringing them to the QDCDC
- All staff must assess themselves daily for symptoms of common cold, influenza, COVID-19 or other infectious respiratory disease prior to coming to work

- The QDCDC clearly communicates with parents and caregivers their responsibility to assess their children daily before sending them to school and conducts pre-visit screening and health verification at each appointment
- The QDCDC ensures people who become sick while at the CDC are sent home immediately



## B. Practice hand hygiene

Rigorous hand washing with plain soap and water is the most effective way to reduce the spread of illness. Both children and staff can pick up and spread germs easily, from objects, surfaces, food and people. Everyone should practice diligent hand hygiene:

- Wash hands with plain soap and water for at least 20 seconds - antibacterial soap is not needed for COVID-19.
- If sinks are not available (*e.g., children and staff are outdoors*), use alcohol-based hand rub containing at least 60% alcohol.
- If hands are visibly soiled, alcohol-based hand rub may not be effective at eliminating respiratory viruses. Soap and water are preferred when hands visibly dirty.
- To learn how to perform hand hygiene, please refer to the BCCDC’s hand washing poster.

When Children Should Perform Hand Hygiene:	When Staff Should Perform Hand Hygiene:
<ul style="list-style-type: none"> <li>• When they arrive at the CDC and before they go home</li> <li>• Before and after any breaks (e.g., recess, lunch)</li> <li>• Between different learning environments (e.g., outdoor-indoor transitions, from the kitchen to the classroom)</li> <li>• Before and after eating and drinking</li> <li>• After using the toilet</li> <li>• After handling common resources/equipment/supplies or pets</li> <li>• After sneezing or coughing into hands</li> <li>• Whenever hands are visibly dirty</li> </ul>	<ul style="list-style-type: none"> <li>• When they arrive at work and before they go home</li> <li>• Before and after any breaks (e.g. snack, lunch)</li> <li>• Between different environments (e.g. outdoor-indoor transitions, from the kitchen to office or meeting space)</li> <li>• Before and after eating and drinking</li> <li>• Before and after handling food or assisting children with eating</li> <li>• Before and after giving medication to a student or self</li> <li>• After using the toilet</li> <li>• After contact with body fluids (i.e., runny noses, spit, vomit, blood)</li> <li>• After cleaning tasks</li> <li>• After removing gloves</li> <li>• After handling garbage</li> <li>• Whenever hands are visibly dirty</li> </ul>

### C. Strategies to ensure diligent hand hygiene

- **Hand washing with water and soap or applying hand sanitizer will be required upon arrival at the QDCDC.** Staff and families are reminded about the importance of diligent hand hygiene
- Additional hand hygiene opportunities are incorporated into the daily schedule
- The QDCDC ensures hand washing supplies are well stocked at all times including soap, paper towels and where appropriate, alcohol-based hand rub with a minimum of 60% alcohol
- Parents or staff should assist younger children with hand hygiene as needed



### D. Respiratory Etiquette

- Cough and sneeze into your elbow, sleeve, or a tissue
- Throw away used tissues and immediately perform appropriate hand hygiene
- Refrain from touching your eyes, nose or mouth
- Refrain from sharing any food, drinks, unwashed utensils

## 5. PERSONAL PROTECTIVE EQUIPMENT (PPE) MEASURES

In the course of daily operations, personal protective equipment (PPE), such as masks and gloves, is not needed beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course of work. They should only be used when all other controls fail.

Managing children with complex behaviors, on a delegated care plan or experiencing a health emergency may require staff to be in close physical proximity. The use of face shields and masks continues to be a requirement/recommendation from regulatory bodies for therapies and other providers of children's services outside school/childcare settings. More information about COVID-related mask use is available on the BC Centre for Disease Control website.

The use of gloves during toileting activities is always required, however, the use of gloves during the course of a typical therapeutic encounter may not be effective practice nor required in a non-medical setting. Good hand hygiene is suggested to be more efficient and effective. Staff will use good clinical judgement regarding the use of gloves.

**Supporting the Community** - The BC Centre for Disease Control is the source of information about COVID-19. Resources available there can be used to support learning and to respond to questions you may receive from members of your community. More information is available on the BC Centre for Disease Control website.

<b>If A Person Served Develops Symptoms of COVID-19</b>	<b>If a Staff Member Develops Symptoms of COVID-19</b>
<p><b>IF SYMPTOMS DEVELOP AT HOME:</b></p> <p><b>Parents or caregivers must keep their child at home.</b></p> <p>The family must self-isolate for a minimum of 10 days from the onset of symptoms AND until symptoms resolve, whichever is longer.</p> <p><b>IF SYMPTOMS DEVELOPS AT THE CDC:</b> <b>Staff must take the following steps:</b></p> <ol style="list-style-type: none"> <li>1. Immediately separate the symptomatic person from others in a supervised area.</li> <li>2. If not present, contact the student’s parent or caregiver to pick them up as soon as possible.</li> <li>3. Where possible, maintain a distance of 2 metres from the ill person. If not possible, staff may wear a mask if available and tolerated, or use a tissue to cover their nose and mouth.</li> <li>4. Provide the person with tissues or disposable mask if appropriate to cover their coughs or sneezes. Throw away used tissues as soon as possible and perform hand hygiene.</li> <li>5. Avoid touching the person’s body fluids (e.g., mucous, saliva). If you do, practice diligent hand hygiene.</li> <li>6. Once the person is out of the building, practice diligent hand hygiene.</li> <li>7. Staff responsible for facility cleaning must clean and disinfect the space where the person was separated and any areas used by them (e.g., playroom, bathroom, common areas).</li> <li>8. Contact 811 or the local public health unit to notify them of a potential case and seek further input.</li> </ol>	<p><b>IF SYMPTOMS DEVELOP AT HOME:</b></p> <p><b>Staff must be excluded from work and stay home.</b></p> <p>Staff must self-isolate for a minimum of 10 days from the onset of symptoms AND until symptoms resolve, whichever is longer.</p> <p><b>IF STAFF DEVELOPS SYMPTOMS AT WORK:</b> <b>Staff should go home as soon as possible.</b></p> <p>If unable to leave immediately:</p> <ol style="list-style-type: none"> <li>1. Symptomatic staff should separate themselves into an area away from others.</li> <li>2. Maintain a distance of 2 metres from others.</li> <li>3. Use a tissue or mask to cover their nose and mouth while they wait to be picked up.</li> <li>4. Staff responsible for facility cleaning must clean and disinfect the space where the staff member was separated and any areas used by them (e.g., meeting room, bathroom, common areas).</li> <li>5. Contact 811 or the local public health unit to seek further input.</li> </ol>

**If a person served or staff member is assessed by their family physician or nurse practitioner and it is determined that they do NOT have COVID-19, they may return once symptoms resolve.**