



Safer at Home

Guidelines for Childcare & Early Childhood Education Centers

Dr. Stacey Kallem

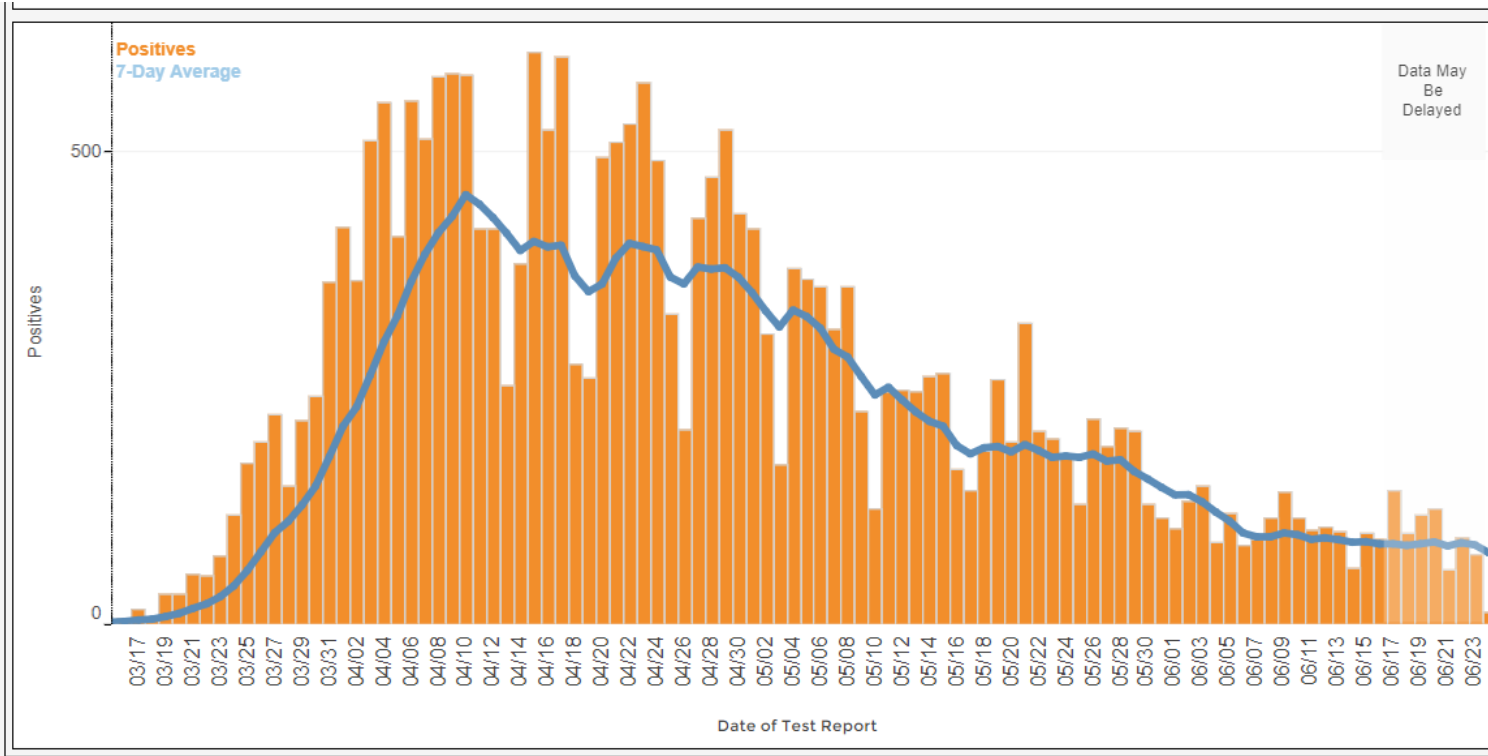
Division of Maternal, Child, and Family Health, Philadelphia Department of Public Health



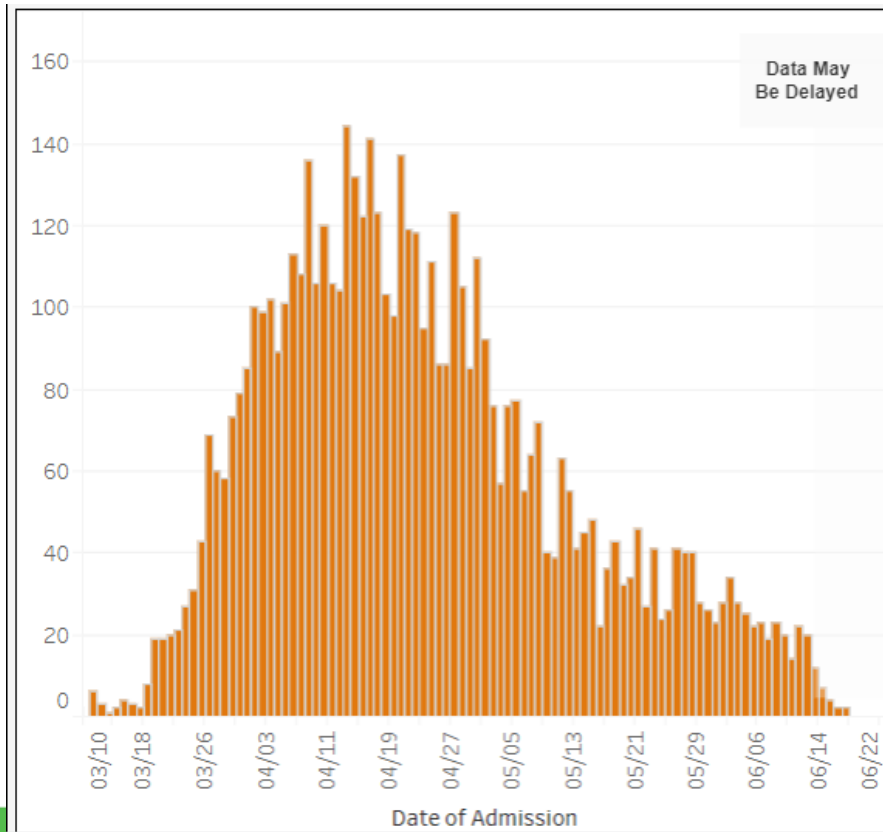
Overview

- COVID-19 Pandemic in Philadelphia
- Lessons from Around the World
- Review PDPH guidance
- Questions

Confirmed COVID-19 Cases



COVID-19 Hospitalizations





COVID-19 in Kids

- In Philadelphia ~3.5% of all cases in individuals <20, <1% in kids 5 and younger
- Generally, children seem to get more mild disease with COVID-19 & are less likely to transmit COVID-19 to others
- Multisystem inflammatory syndrome in children- serious but rare & most kids recover

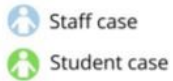


Why school & ECE closures initially?

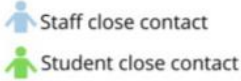
- For influenza (flu), children can be “super-spreaders” & drive epidemics
- School closures have been successful in slowing down spread of flu
- Initially, thought that children may also be COVID-19 “super-spreaders” & so closed schools
- However, data so far does not support the idea that children are “super-spreaders”

Lessons from Around the World: Australia

Cases



Close contacts



Secondary cases



- 6 initial cases (5 staff and 1 student) that had 168 close contacts (137 students & 31 staff)
- Only 1 of the 168 tested positive for COVID-19

Lessons from Around the World: Ireland

TABLE

Cases of coronavirus disease with a history of school attendance and contacts, Ireland, 1 March–13 March 2020 (n = 1,160 individuals)

Case	Age group in years	Symptoms	Number of contacts				Number of secondary cases			
			Child		Adult		Child		Adult	
			School	Other ^a	School	Other ^a	School	Other ^a	School	Other ^a
1	10–15	Fever	475	29	30	3	0	0	0	0
2	10–15	None	125	30	25	8	0	0	0	0
3	10–15	Fever	222	14	28	0	0	0	0	0
4	Adult >18	Coryza/cough	52	2	4	38	0	0	0	2
5	Adult >18	Cough	39	2	2	3	0	0	0	0
6	Adult >18	Cough	11	0	12	1	0	0	0	0

^a Other transmission settings include households of friends and family and recreational activities.

- 6 cases (3 child and 3 adult) had 1,025 contacts in schools
- 0 secondary cases in either children or adults at schools

Lessons from around the world: Denmark

Reopening schools in Denmark did not worsen outbreak, data shows

2 MIN READ





Safe Mode and Reopening Framework

- Promote Social Distancing
- Keep the Center Clean
- Promote Healthy Habits (hand hygiene & masking)
- Screen Children and Staff for Symptoms
- Plan for When Someone Becomes Sick



Promote Social Distancing- COHORTS

- Limit exposure through cohorts & physical distancing when possible
- No more than 22 people in a classroom (teachers plus students). Fewer is better!
- Should not interact with children/staff from other classrooms
- Arrange cribs/rest mats 6 ft apart for nap time
- **Rationale: the fewer people in close contact reduces potential exposure to COVID-19**



Promote Social Distancing- STAFF

- **Rationale: Adult to adult transmission more common than child to adult transmission**
- Stagger break and lunch hours for staff in order to minimize interactions.
- Move chairs in break rooms so that employees do not sit opposite or next to each other while eating
- Post signs alerting employees to maintain distance and avoid eating near or across from each other.



Promote Social Distancing- PICK UP & DROP OFF

- **Rationale: limit close contact w/ parents to reduce opportunities for transmission**
- Parents should wear masks & bring their own pen for sign-in
- Avoid over-crowding:
 - Assign staggered arrival and drop off times for families
 - If staffing allows, have a designated staff-member greet children outside as they arrive and escort them to their classroom and escort children to exit the building during drop-off.
 - Require families to wait 6 feet apart (can use space marker)



Keeping the Center Clean

- **Rationale: respiratory droplets can be on surfaces**
- Clean & disinfect frequently touched surfaces at least daily. (ex: tables, chairs, doorknobs, light switches, remote controls, countertops, handles, desks, phones, keyboards, toilets, faucets, strollers and sinks)
- Wipe off any playground equipment or indoor play space equipment between usage by different classrooms of children
- All toys should be washed at least daily and before and after each use if possible.



Promote Healthy Habits- HAND HYGEINE

- **Rationale: respiratory droplets can be on hands**
- Wash hands with soap and water for at least 20 seconds
- If hands aren't visibly dirty, can use an alcohol-based hand sanitizer that is at least 60% alcohol & supervise children during use
- Hand sanitizer should be stored out of reach of children. If a child accidentally ingests hand sanitizer, call poison control immediately, 1-800-222-1222



Promote Healthy Habits-MASKING

- **Rationale: prevents spread of respiratory droplets**
- Staff should wear masks.
 - Launder cloth masks and replace disposable masks daily
 - Wear gloves when diapering and preparing or distributing food or bottles
- Do not place masks on:
 - Babies and children under the age of 2
 - Anyone who has trouble breathing
 - Anyone who requires assistance removing the mask
 - Children during naptime



Screen Children & Staff for Symptoms

Rationale: prevent individuals with signs of COVID from entering center & exposing others

All staff and parents should complete a daily screener:

1. Fever (Temp of 100.4 or higher)
2. Symptoms
3. Exposure
4. Visual Inspection of Child



Options for Screening

1. **Self-screening:** parents/staff are instructed to self-screen at home and then not come to center if say YES to any screener questions
2. **Self-screening with reporting:** parents/staff fill out a paper, app or web-based screener at home which is reviewed by a designated staff-person
3. **On-site:** a designated staff-person administers the screen on-site



Screening- FEVER

1. Self Screening (with or without reporting)
2. On-site
 1. Staff and parents take their own temperatures with a disposable thermometer (ex: TempaDot)
 2. Designated staff person uses a no-contact forehead thermometer on all staff and children

Do not use an oral thermometer for on-site daily screening



Screening- SYMPTOMS

“COVID-like illness” is defined as cough or shortness of breath OR

Any 2 of the following symptoms:

- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Note: Philadelphia definition does not include a runny nose or nasal congestion as a symptom



Screening-EXPOSURE

If a staff member or child has been exposed to anyone with a confirmed case of COVID-19 **in the past 14 days**, they should return or remain home



Screening-VISUAL INSPECTION

- If a child has signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, cough, or shortness of breath, the child should stay home.



Plan for When Someone Becomes Sick- COVID-LIKE ILLNESS

- Staff and children who develop symptoms on site should be brought to an isolation room
- Staff and children w/ COVID-like illness can return if:
 1. COVID-19 testing is negative OR
 2. A clinician makes an alternative diagnosis OR
 3. Based on time from symptoms:
 - It has been 10 days since symptom onset AND
 - Person is fever-free off medications for 3 days AND
 - Symptoms are improving

COVID-like illness

Cough, shortness of breath, or 2 of the following: fever, chills, muscle pain, sore throat, new loss of taste or smell



Plan for When Someone Becomes Sick- CONFIRMED CASE OF COVID

Call the Philadelphia Department of Public Health at 215-685-5488

- All children and staff in the same cohort or who have come in close contact should quarantine at home for 14 days.
- Persons should isolate and remain at home until:
 - It has been 10 days since symptom onset AND
 - Person is fever free off medications for 3 days AND
 - Symptoms are improving

Staff & students do not need a repeat COVID test to return to the center



Additional Recommendations

- Update contact information for all staff and families to rapidly communicate information.
- Encourage staff and parents to talk to providers about managing their health and the risks of working at/attending a childcare facility.
- **If you believe there was a COVID-19 case at your center, call the Philadelphia Department of Public Health at 215-685-5488 for guidance. We will guide you through next steps—contact tracing & quarantine decisions!**



Resources

- PDPH guidance:
<https://www.phila.gov/media/20200529115020/Guidelines-for-Childcare-Early-Education-Centers.pdf>
- Sample parent contract, symptom screener, letter to parents:
<https://www.phila.gov/documents/resources-for-child-care-and-summer-camp-operators-during-covid-19/>
- Information on COVID-19 testing
<https://www.phila.gov/covid-testing-sites/#/>



Questions?



Can staff wear face shields instead of masks?

Masks offer more protection than shields and are the preferred option for protection of staff. There are some newer masks being made with clear materials that would still allow children to see facial expressions.



On these hot days, the children really enjoy running and playing in the sprinklers. Do COVID-19 germs transmit through water? If so, would outdoor sprinkler use with children physically distancing be safe?

From the CDC: “There is no evidence that the virus that causes COVID-19 can be spread to people through the water in pools, hot tubs, spas, or water play areas. Proper operation and maintenance (including disinfection with chlorine and bromine) of these facilities should inactivate the virus in the water.”

<https://faq.coronavirus.gov/water-transmission/#can-the-virus-that-causes-covid-19-spread-through-pools-hot-tubs-spas-and-water-play-areas>



If there was a case of COVID-19 in my center, should all exposed individuals get COVID-19 testing?

- Call the Philadelphia Department of Public Health at 215-685-5488 for guidance.
- All exposed individuals need to remain home and quarantine and monitor for symptoms for 14 days
- COVID testing for the exposed individuals is only indicated if they develop symptoms.
- A negative COVID test is not needed to return to the center.



What's going on in Texas w/ ECEs?

- COVID cases have been reported in Texas childcare centers
- Key Points
 - In Texas, ECEs NOT required to follow any COVID health and safety guidance
 - ECE cases occurred during a time of rapid increases in community-wide transmission vs. in Philly cases are down-trending
 - Did not see any contact tracing studies → are cases being transmitted at home/in the community or at the center?