

Frequently Asked Questions: Summary from the Licensed Daycare Town Hall

This FAQ document was developed in follow-up to the SHA Town Hall for Licensed Daycares. Testing and its interpretation have limitations and the above guidance should be considered within the context of each specific daycare situation. A health care provider should be consulted whenever possible to get the applicable and proper health advice. SHA strives to provide timely updates on this rapidly changing pandemic environment.

What are the symptoms that daycares need to look for?

Symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold and may include one or more of the following:

- fever / increase in body temperature
- cough
- headache
- muscle and/or joint aches and pains
- sore throat
- chills
- runny nose or stuffy nose
- eye infection
- dizziness
- feeling very tired
- nausea/vomiting
- diarrhea
- loss of appetite (child does not want to eat)
- altered sense of taste or smell
- shortness of breath or difficulty breathing

If the staff or children (or their parent) indicates that the symptoms are consistent with a previously diagnosed health condition and are usual for that individual, they can continue to attend daycare. Read more about monitoring for symptoms [here](#).

What if a child has a runny nose?

Conduct [Daily Health Checks for Symptoms of COVID-19](#). The daily health check ensures you will know about a child's runny nose before their parent/guardian leaves. Keep a log of children's health checks so you know if a runny nose is a new symptom.

- If the child with a runny nose¹ has a negative PCR COVID-19 test, and the child is feeling well enough to participate, you can assume it is safe for them to attend your program.
- If the child with a runny nose has a history of allergies, asthma, or other condition that may be causing the runny nose¹, ask the parent/guardian to provide a note with an alternate diagnosis from the child's health care provider (the child's health care provider

may still recommend a PCR COVID-19 test.) A child with an alternative diagnosis can attend your program.

- If the child with a runny nose *does not* have an alternative diagnosis from their health care provider and *does not* have a recent negative PCR COVID-19 test, they will need to stay home but they can return, as long as their symptoms have resolved for at least 48 hours.

What if a child has allergies?

There is some overlap between the symptoms of allergies and COVID-19. If this is the child's allergy season, having their typical allergy symptoms, and if it is responding to their usual allergy medications, it is most likely allergies. People who have seasonal allergies or other COVID-19-like symptoms due to an existing health condition can still go to daycare when they are experiencing these symptoms, as long as the symptoms are occurring as they typically do. If there is a change in severity of the symptoms, it is advisable to seek advice from a health care provider and consider keeping the child at home. It is advised that the child be tested for COVID-19. If results are negative and symptoms continue to be the same (mild runny nose, etc.), the child may return to daycare (subject to daycare policies and procedures).

COVID-19 usually comes with a fever, cough, and body aches. Fever and body aches in allergies are not typical. Allergies usually have sneezing and a clear runny nose which are not usually seen with COVID-19. To be safe, we recommend that if allergies are not quite the same this year (body aches, fever, shortness of breath that the child has not had before), it is recommended to seek the advice of a doctor.

When should children be sent home?

Self-monitoring means closely watching for symptoms in children in your care. At the first sign of symptoms (see above), separate the symptomatic child from others in a supervised area. Contact the child's parent or caregiver to pick them up as soon as possible. Where possible, maintain a two-metre distance from the ill child and wear a mask. Provide the child tissues to cover their coughs or sneezes. Throw away used tissues as soon as possible and perform hand hygiene. Avoid touching the child's body fluids (e.g., mucous, saliva) - if you do, practice thorough hand hygiene. Once the child is picked up, practice thorough hand hygiene. Staff responsible for facility cleaning should clean and disinfect the space where the child was separated and any areas recently used by them (e.g., classroom, bathroom, common areas). For more information, see the [Infection Control Manual for Child Care Facilities](#).

When do children need to isolate?

Children are required to isolate if they:

- test positive for COVID-19
- have symptoms of COVID-19 and are awaiting a test result
- are a close contact and are not fully immunized:

- Children that were exposed outside of their household (school, extracurricular activities or other community places) may leave self-isolation only to attend school or their regular daycare for the hours childcare is required as long as they do not have any symptoms. They cannot attend any extracurricular activities and must wear a mask unless they are aged two or under. This is to help strike a balance between keeping children in care and reducing the risk of spreading COVID-19.
- Children exposed to a case within their household are required to self-isolate for 14 days from their last exposure and cannot attend school or daycare.
- were exposed to a case within their household, even if they are fully immunized

Can children attend if they have a negative rapid test? Are rapid tests acceptable?

Close contacts who are not fully vaccinated must isolate for the full 14 days regardless of a negative test result. Children that were exposed outside of their household (school, extracurricular activities or other community places) may leave self-isolation only to attend school or their regular daycare for the hours that childcare is required as long as they do not have any symptoms.

Rapid antigen self-tests should only be used for people **not** experiencing COVID-19 symptoms. Anyone with symptoms should go for a COVID-19 test at the SHA's current [testing sites or drive-thru for a PCR test](#). HealthLine 811 is available to answer questions and to book a COVID-19 test.

Do children need to be symptom-free for 48 hours to attend daycare?

Yes. The exception to this is that if the symptoms are consistent with a previously diagnosed health condition or are usual symptoms for that child. If a child's symptoms continue or worsen after their initial negative PCR COVID-19 test, they should be re-tested. Follow-up with the child's health care provider is also recommended.

Is masking required in daycares? With children unable to properly able to wear masks or refuse to wear them what would you suggest we do?

As per the current [Public Health Order](#), children aged 2 and under do not need to wear a face covering. Masks are not required while a child is seated and consuming food or beverage at the enclosed space mentioned in paragraph or while a child is sleeping at the enclosed space mentioned in paragraph. Children aged 3 and over should be encouraged to wear masks to the best of their ability in daycares. Masking provides an additional layer of protection when indoors and physical distancing cannot be maintained.

Is there guidance on proof of vaccination for daycare staff and families?

The [Saskatchewan Employment Act](#) allows private employers to implement a proof of vaccination/negative test policy. It is recommended that all children and staff be immunized with all recommended vaccines for which they are eligible, including COVID-19 and influenza, to protect the health of both childcare workers and the children in their care.

What do daycares do if there is a positive test?

Case and contact management in daycares continues to be of high priority for the Saskatchewan Health Authority. Public Health will assess if the positive case attended daycare while infectious. Public Health will notify the daycare of potential exposures and will work with the daycare to identify affected classrooms or cohorts (i.e. transportation). Public Health will provide communication for affected cohorts that the daycare will send through their existing distribution lists. If a daycare has not been notified of a positive case by Public Health, the case may not have attended daycare while infectious.

See the [Test to Protect Strategy](#) for more information on at-home testing. If a rapid test is positive, the child and unvaccinated family members must isolate and seek PCR testing at a testing center. Healthline 811 can also answer questions related to this or refer providers to Public Health for assistance.

What do daycares do if a child has been identified as a close contact?

Contacts are assessed based on their vaccination history (immunization record) to determine their risk of exposure to COVID-19. Contacts who are not fully vaccinated must seek testing and [self-isolate](#) for at least 14 days from the date of last exposure to the case. Children that were exposed outside of their household (school, extracurricular activities or other community places) may leave self-isolation only to attend school or their regular daycare for the hours that childcare is required as long as they do not have any symptoms. Contacts who are fully vaccinated do not need to self-isolate unless symptomatic. All contacts that develop symptoms should call Healthline 811, isolate and seek testing immediately. Read more about close contacts [here](#).

What if staff members are close contacts but vaccinated?

Staff members who are fully vaccinated, are not considered close contacts and do not have to isolate unless they are symptomatic. If they are symptomatic, they need to be tested and isolate until symptoms have resolved for 48 hours and the PCR test result is negative. Read more about testing [here](#).

What if I want to know more about COVID-19 vaccines, proof of vaccination, prevention, safety or testing in daycares?

[The Community Champions Toolkit](#) has been designed for use by organizations, municipalities and other external partners and affiliates of the Saskatchewan Health Authority, to provide self-

service tools for addressing common communications needs related to COVID-19. These resources will help provide valuable information and guidance necessary for managing COVID-19 at the local level.