

COVID-19 Recovery Phase: Guidance to Early Learning and Childcare Facilities and Day Camps

Introduction

As the Government of New Brunswick moves into the recovery phase of the COVID-19 Pandemic, it is critical that both employers and employees have access to child care for their young children to enable them to return to the workforce. As part of the recovery phase, licensed Early Learning and Childcare Facilities (ELCFs) and unlicensed Day Camps will be permitted to operate. Over night camps are NOT permitted.

The *COVID-19 Recovery Phase: Guidance to Early Learning and Childcare Facilities and Day Camps* document has been developed to provide clear direction to ELCFs and Day Camps on steps they can take to manage their facilities as safely as possible as they reopen their doors for business. The goal is to create a safe and healthy environment for staff and children by making the necessary adjustments to help limit the risk of exposure to COVID-19.

This document is specific to COVID-19. For managing other types of communicable diseases, ELCFs are to follow the current *Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare Facilities*.

During the recovery phase, it is important to understand that these operations are **NOT** business as usual, and that the directives and advice outlined in this document will remain in place until otherwise advised. For updated information on COVID-19, visit the Government of New Brunswick website at <https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19.html>

Enabling Conditions to Reduce the Risk of Transmission

To support families trying to get back into the workforce, the Government of New Brunswick (GNB) has decided to allow Early Learning Childcare Facilities and Day Camps to operate at full capacity, using a grouping method. The grouping method involves creating multiple self-contained groups within the facility, with the size of each group limited to a maximum of 15 children (plus staff). Facilities may choose to keep each group separate or allow groups in the same area provided a 2-metre separation between each group is maintained. Note: Within each group of 15, physical distancing is not required.

This approach was based on that fact that to return to work, many families require child care. By allowing these facilities to operate at their full capacity no family will be at a disadvantage.

Babysitting is another option for parents. GNB encourages parents to consider babysitting as a viable option, where the babysitter would come to their home to look after their child or children. Ideally, the same babysitter would be used every time. With this option, the risk of exposure to others who could potentially harbor the virus would be much lower provided the household has prevention and control measures in place such as a screening process for the babysitter upon arrival, following good hand washing practices, and the family following the guidance under the State of Emergency and Mandatory Order.

Science has demonstrated that children who carry and transmit COVID-19 may have very few, if any symptoms. Because of this, if an asymptomatic adult infects a child and that child enters a child care facility with no symptoms, there is a risk of that child transmitting the virus to others in the facility, both children and staff.

Because the grouping method allows for children within each group to intermingle, all stakeholders, especially parents and staff, must be aware that their actions play a critical role in reducing the risk of infectious disease transmission in these facilities. It is therefore paramount that operators follow strict controls as described throughout this document.

In addition, parents are advised to heed the following:

- Adults in contact with children attending a child care facility need to be hypervigilant about monitoring for symptoms and get tested if they develop 2 or more of the following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell.
- If children attending a child care facility have a vulnerable adult at home, the parent will want to consider the risk of the child bringing COVID-19 home to the vulnerable adult in the home
- For adults bringing their child to a child care facility, those adults in the child's "bubble" will want to minimize their non-essential movement outside the home.

About COVID-19

Coronaviruses are a large family of viruses. Novel coronaviruses are new strains of the virus that have not been previously identified in humans. There is evidence that this virus can be spread person-to-person.

At this time, it appears the virus is transmitted by larger droplets, like from a cough or sneeze. Current evidence indicates it is not airborne through long distances or times. However, it can survive up to a few days on various surfaces so frequent environmental cleaning is important.

Symptoms for the novel coronavirus are mostly similar to those for influenza or other respiratory illnesses. They can range from mild to moderate and can include fever/feverish, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell. Symptoms can sometimes lead to severe illnesses. See self-assessment- <https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19.html>

What can you do to help prevent and control COVID-19 spread?

COVID-19 Operational Plan

ELCFs and Day Camps must develop an Operational Plan outlining how the operator will manage daily operations to meet the additional measures outlined in this document. The plan should explain procedures on how the operator is able to implement group restrictions within the facility while still maintaining staff to child ratios and disease preventive controls such as personal hygiene, cleaning and disinfection, and the management of illness.

Operators are to have their COVID-19 Operational Plan available for Public Health staff to review. This may occur during an unannounced visit or a pre-scheduled visit by a Public Health Inspector.

Summary of key strategies to prevent and control COVID-19 spread

- Strict exclusion of
 - children or staff who are sick with 2 or more of the following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell
- **OR**
 - a child displaying purple fingers or toes even as the only symptom
 - If either of the above criteria is met, those who are sick must stay home, contact 811, and cannot return until fully recovered. If tested, Public Health will inform the individual or parent (when a child is involved) when isolation may be lifted. <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/PosterCL.pdf>
- **Note:** Children or staff who have been identified as having seasonal allergies or who suffer from chronic runny nose/nasal congestion are not required to be excluded.
- Any person arriving from travel outside of New Brunswick must self-isolate for 14 days at home, monitor for symptoms and avoid attending ELCFs and Day Camps.
- If a staff or child of the ELCF or Day Camp tests positive for COVID-19, Public Health will identify who the close contacts are and manage the outbreak with respect to Public Health measures and communication.
- Staff are encouraged to remind children to practice good respiratory etiquette such as covering the mouth and nose with a disposable tissue or the crease of the elbow when coughing or sneezing.
- Staff and children must practice good hand hygiene. See **Personal Hygiene Etiquette** for more detail.
- Increase access to handwashing stations and hand sanitizer.
- Enhance regular environmental cleaning of the facilities including high touch surfaces. See **Cleaning and Disinfection Procedures** for more detail.
- Items that cannot be easily cleaned (e.g. stuffed toys, play dough, puzzles) must be removed.
- It is recommended that facilities not prepare/provide meals or snacks for children, and that parents provide food for their children. For facilities that prepare/provide meals and snacks refer to the **food section** in this document.
- Reinforce "no sharing" policies. The practice of not sharing in the ELCF or Day Camp will support the efforts of reducing virus transmission between children.
- Respect physical distancing as described below.

COVID-19 Awareness

Early Learning and Childcare Facilities and Day Camps are to provide parents with information on the additional COVID-19 related measures that are required for childcare attendance during the recovery phase. The operation must also post signage such as hand washing and personal hygiene etiquette throughout the facility. Information can be found on the [New Brunswick Coronavirus webpage](#) (Click on **Resource Awareness** and then [More Resources](#)).

Records

ELCFs and Day Camps are required to have up to date records of household members for each child attending their facility e.g. names and contact numbers.

A log must be kept for each self-contained group that would include the names of those in the group and date the group was established, in case Public Health asked for it to help with contact-tracing, if a COVID-19 case was found in the facility or might have attended a camp. See **Appendix C: Child Care Facility Group Log**.

Drop-off and Pick-up

It should be encouraged that only one identified adult per family be responsible for the drop-off and pick-up of the child or children at the facility. Staggering these times should be considered to reduce the number of people at facility at the same time. These activities should be done outside, unless the adult absolutely needs to come into the facility.

Pre-Screening Tool

Have clear door rules to allow and prohibit entry. Post signage at the entrance advising of the pre-screening process.

Prior to entering the ELCF or Day Camp, staff, children, the adult bringing the child into the facility or others deemed essential (e.g. EECF staff) must be pre-screened. See **Appendix A - Screening Questionnaire for COVID-19**.

Pre-screening is to include temperature checks of all persons, provided a non-contact thermometer (i.e. infrared) is available. When using a non-contact thermometer refer to the manufacturer's recommendation for what is considered a normal temperature range when used to take an individual's temperature. **The Canadian Pediatric society does not recommend the temporal or forehead temperature taking for children as they say it is not accurate enough.**

https://www.caringforkids.cps.ca/handouts/fever_and_temperature_taking

For reference, normal temperatures are:

Mouth: 35.5-37.5°C (95.9-99.5°F)

Underarm: 36.5-37.5°C (97.7-99.5°)

Ear (not recommended for infants under 2 years of age): 35.8-38.0°C (96.4-100.4°F)

Depending on the type of thermometer used, thermometers may need to be disinfected after each use.

Following pre-screening, those children and staff exhibiting symptoms will be advised of the following:

- Strict exclusion of
 - children or staff who are sick with 2 or more of the following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell

OR

- a child displaying purple fingers or toes even as the only symptom
- If either of the above criteria is met, those who are sick must stay home, contact 811, and cannot return until fully recovered. If tested, Public Health will inform the individual or parent (when child is involved) when isolation may be lifted.
<https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/PosterCL.pdf>

Note: Children or staff who have been identified as having seasonal allergies or who suffer from chronic runny nose/nasal congestion are not required to be excluded.

Safeguards for Visitors

Visitors (other essential staff such as EECD staff and Public Health Inspectors) must follow the pre-screening protocol described above. They must also wash their hands upon entry at the nearest handwash station and must maintain physical distancing as much as possible.

Physical Distancing

ELCFs and Day Camps must follow their staff to children ratio when grouping children, and each group must not exceed 15 (plus staff) and a maximum of two groups per room as indicated in the *Early Childhood Services Act*. Each group of 15 is exempt from the 2-metre physical distancing requirement. Although exempt, staff should encourage children not to touch other children and to practice good personal hygiene.

It is important for toddlers and older children to be educated at the beginning of each day on when and how to wash their hands, how to cover their sneezes properly, and the importance of not touching their face or touching others.

For each group, the same educator(s) and same group of children should stay together.

For facilities that have multiple groups, they may choose to keep each group separate or allow groups in the same area provided a 2-metre separation between each group is maintained. Because of this, activities and meal breaks may have to be staggered to meet the physical distancing requirement.

Depending on how the pandemic progresses in New Brunswick, these temporary limits could be relaxed or become more stringent.

Cleaning and Disinfection Procedures

Increasing the frequency of cleaning and disinfecting high-touch surfaces is significant in controlling the spread of viruses, and other microorganisms. All surfaces, especially those general surfaces that are frequently touched, such as door knobs, handrails, toys, etc., should be cleaned at least twice daily and when soiled. Toys that children may put in their mouth must be rinsed with potable water after they have been cleaned and disinfected.

A cleaning and disinfection schedule must be in place with clear accountabilities assigned to specific staff.

When choosing an environmental cleaning product, it is important to follow product instructions for dilution, contact time and safe use, and to ensure that the product is:

- Registered in Canada with a Drug Identification Number (DIN).
- Labelled as a broad-spectrum virucide.

All soiled surfaces should be cleaned before disinfecting, unless otherwise stated on the product.

The following hard-surface disinfectant products meet Health Canada's requirements for emerging viral pathogens. These authorized disinfectants may be used against SARS-CoV-2, the coronavirus that causes COVID-19. <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

If using household bleach, the following is recommended	
Disinfectant	Concentration and Instructions
Chlorine: household bleach – sodium hypochlorite (5.25%)	1000 ppm • 1 teaspoon (5 ml) bleach to 1 cup (250 ml) water or • 4 teaspoons (20 ml) bleach to 1 litre (1000 ml) water • Allow surface to air dry naturally

Precautions when using bleach:

- Always follow safety precautions and the manufacturer's directions when working with concentrated solutions of bleach. To avoid injury, use appropriate personal protective equipment during handling (read the label and refer to the material safety data sheet).
- A bottle of bleach has a shelf life, so check the bottle for an expiry date.
- Never mix ammonia products with bleach or bleach-containing products. This practice produces chlorine gas - a very toxic gas that can cause severe breathing problems, choking and potentially death.
- When mixing a chlorine bleach solution, it is important to pour the chlorine into the water and not the reverse.
- Do not pre-mix the water and bleach solution, as it loses potency over time. Make a fresh solution every day.

- Clean the surface before using the chlorine bleach solution.
- Chlorine bleach solution might damage some surfaces (e.g., metals, some plastics).
- Try not to breathe in product fumes. If using products indoors, open windows and doors to allow fresh air to enter.

Personal Hygiene Etiquette

Hand washing

Handwashing is one of the best ways to protect yourself and others from getting sick from COVID-19 and other germs. Ensure handwashing facilities and/or hand-sanitizing products are readily available.

Children must be monitored to ensure they are washing their hands correctly.

Hand Washing with Soap and Water

To wash your hands properly with soap and water, follow these steps:

- Wet your hands and apply liquid soap or clean bar soap.
- Rub your hands vigorously together, scrubbing all skin surfaces.
- Pay special attention to the areas around your nails and between your fingers.
- Continue scrubbing for at least twenty seconds. Sing the Happy Birthday song twice!
- Rinse your hands and dry them well.
- Turn off taps with paper towel.
- Open door of bathroom with paper towel in hand and then dispose in waste basket.

Hand Washing with Hand Sanitizer

Alcohol-based hand sanitizers with a minimum 70% alcohol that has been approved by Health Canada may be used by children and staff if they do not have access to soap and water, and if their hands are not visibly soiled. Children are to be supervised when using these sanitizers.

Hand sanitizer products must not be ingested and must always be kept out of reach of children.

As with all health products, Health Canada recommends that people always follow the directions on the product label. Check whether a product and its claims have been authorized for sale by Health Canada by searching the [List of Hand Sanitizers Authorized by Health Canada](#). Authorized hand sanitizers have an eight-digit Drug Identification Number (DIN), or Natural Product Number (NPN).

To wash your hands properly with alcohol-based hand sanitizers, follow these steps:

- Apply hand sanitizer.
- Rub into the front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rub until dry.

Staff and children must practice good hand hygiene. They must wash their hands frequently with soap and water, especially:

- on arrival;
- before and after meals;
- after using the toilet;
- after blowing nose, coughing or sneezing;
- after playing with shared toys;
- after handling animals or their waste;
- when taking medications; and
- after playing outside.

In addition, staff are required to wash their hands:

- before and after handling food;
- after helping a child use the toilet;
- after breaks;
- before and after changing diapers; and
- before and after giving medications.

Other Personal Hygiene Etiquette

- Every child shall have their own grooming materials, and these are to be stored in a way to prevent cross-contamination. They should be adequately identified and segregated.
- Avoid touching the face, eyes, nose or mouth with unwashed hands.
- Cover the mouth and nose with a disposable tissue or the crease of the elbow when coughing or sneezing. Dispose of used tissues immediately and then wash hands.
- Ensure signage on personal hygiene etiquette such as handwashing; and sneezing and coughing etiquette is posted throughout the facility. This would include common areas, kitchen preparation area, washrooms, and diaper changing areas. Information on the above can be found on the [New Brunswick Coronavirus webpage](#) (Click on **Resource Awareness** and then [More Resources](#)).

Additional measures to help prevent and control COVID-19 spread

Supplies

Early Learning and Childcare Facilities and Day Camps must ensure they have all the necessary supplies such as hot/cold potable running water, liquid soap, paper towel, toilet paper, cleaning and disinfecting supplies and personal protection equipment (community masks and disposable gloves) and food if supplying meals.

For personal protective equipment the facility should have a supply of [community masks](#) for children or staff who may become ill while at the daycare. For this purpose, parents should be encouraged to provide community masks for their children. **Masks are not recommended for children under two years of age.**

It is important that a staff member be delegated responsibility to monitor supplies to ensure stock is maintained during operating hours.

In cases where staff are responsible for picking up supplies, if using one vehicle, two may travel in the same vehicle with one staff seated on the rear passenger side.

Washrooms

Washrooms must be equipped with hot and cold running water under pressure, liquid soap, paper towel, toilet paper, and garbage containers. Handwash signs must be posted. Washrooms should be cleaned frequently.

Handwashing Stations

Handwashing stations must be equipped with hot and cold running water under pressure, liquid soap, and paper towel. Handwash signs must be posted.

Food

- For facilities that are licensed under the Food Premises Regulation, ensure the food premises are operated in accordance with the Regulation. Facilities that do not require a license can refer to the [ABCs of Food Safety](#) pamphlet for information on food safety. Additional resources on food safety are available on the [Office of the Chief Medical Officer of Health \(Public Health\)](#) webpage.
- Where a common dining area is used, meal times should be alternated between groups, to meet physical distancing requirements.
- Have specific staff delegated to prepare and serve meals.
- A cafeteria line, where staff or children point to the food they want and a staff person portions it for them from behind a counter concept, is acceptable.
- Operators are encouraged to use only pre-packaged snacks.
- Do not allow shared food containers, such as shared pitchers of water or juice in dining areas.
- Ensure food handlers follow good hand hygiene and exclude themselves from kitchen duties if they become ill.
- Dishwashers are acceptable for cleaning dishes.
- If manually dishwashing, follow the 3-step method (wash, rinse, sanitize). If using household bleach (5.25%) a concentration of 100 ppm is acceptable
- Discourage any sharing of food between children or staff.

Laundry

If laundry facilities are provided, the following is required:

- Wash hands before and after doing the laundry.
- Wipe down controls and handles before and after use.
- Don't leave soiled clothing or baskets on top of machines or tables.
- Don't shake dirty laundry before putting it in the machine.
- Wash with soap and the warmest water possible. Do not overload the machine.

- Don't leave dryer door open when not in use.
- Dry items at highest temperature possible and dry them completely.
- Disinfect your hamper before filling with clothes.

Napping and Sleeping Areas

- Ensure the napping and sleeping areas are kept clean and sanitary.
- Ensure cots, beds, cribs or mats are maintained in a clean and sanitary manner.
- Arranging children so they nap head to feet would be appropriate if possible.
- Blankets, mattresses, covers and pillow cases must not be shared, and must be laundered at least weekly, or more often if soiled.

Outdoor Play Areas

- For multiple groups of 15 or less, play times may have to be staggered to meet the physical distancing requirement of 2 metres between each group.
- During play time, staff must be vigilant in reminding children to not touch their face.
- After each playtime, staff must be vigilant in ensuring children wash their hands.
- During the COVID-19 pandemic, water tables and sandboxes are prohibited.
- Until a directive is given to open municipal and school playground equipment (play sets), facilities are not permitted to use play sets (slides, swings, monkey bars, etc.) within their own outdoor play area. Once play sets are permitted, staff must ensure children are following good personal hygiene while on the equipment and that children wash their hands after playing on the equipment.
- Shared toys are permitted such as bikes, balls and bats. Shared toys must be cleaned and disinfected between users.

Field Trips and Special Events

- During the COVID-19 pandemic, field trips are not permitted.
- Holiday events, festivals and other activities such as birthdays that bring together parents and groups are not permitted.

Access to the Facility by Others

- Visitors who would be considered as an essential service to the ELCF or Day Camp are permitted to enter the facility during operating hours. This would include EECD staff that are involved with licencing and curriculum training, as well as other professionals that are essential to the facility such as public health inspectors, persons providing autism interventions, etc.
- Non-essential visitors such as salespersons, librarians, and entertainers are not permitted to enter the facility during operating hours.

Control measures as guided by Public Health if an outbreak is detected.

What is considered an outbreak when dealing with a confirmed case or a suspect case of COVID-19?

One confirmed case of COVID-19 (Individual who tests positive for the virus causing COVID-19);

OR

Two or more suspect cases of COVID-19. A suspect case is defined as:

- a child/staff that has 2 or more of the following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell; or
- a child displaying purple fingers or toes even as the only symptom

Note: Children or staff who have been identified as having seasonal allergies or who suffer from chronic runny nose/nasal congestion would not be considered a suspect case.

How to report cases to Public Health?

If the facility has one confirmed case of COVID-19 or, has 2 or more suspect cases of COVID-19, the facility is to advise Public Health by contacting the Regional Health Authority Public Health Nurse or the after-hour emergency number (for after hours). Refer to **Appendix B: Public Health Communicable Disease Team Contact List**.

Testing is usually not recommended to clear an individual. Public Health will inform the individual or parent (when a child is involved) when isolation may be lifted.

If an outbreak is declared, then the facility must close. The facility cannot reopen until advised by Public Health. Regional Public Health will be involved to manage the outbreak and ensure contacts are identified, public health measures are in place and will lead any communication that is required.

Outbreak Management Plan

As part of the current mandate, ELCFs are required to have an outbreak management plan. The plan will be required to be updated to include information on COVID-19 and the control measures to follow when dealing with a suspected case of COVID-19. Day Camps must also have an outbreak management plan detailing the same.

Control measures on suspected cases of COVID-19 include:

- If a facility is required to be closed because of an outbreak, Public Health will give the directive to the facility. For large facilities that have multiple licenses e.g. a facility that has various wings with each wing having its own separate licence, the Regional Medical Officer of Health will determine if the entire facility will be required to close during an outbreak.
- If exclusion/isolation is required, ensure that measures are in place to inform parents/guardians and staff of the situation and of how important this control measure is. Proper exclusion/isolation is one of the most important and effective measures in controlling the spread of disease to others. Parental and staff cooperation is critical. The

facility must have an area that can be designated to isolate a staff or child that becomes symptomatic during the day while waiting to be picked-up. Pick-up is to occur within an hour of notification. Parents must be aware that this is an expectation.

- Symptomatic children must be immediately separated from others in a supervised area until they can go home. Where possible, anyone providing care to an ill child should maintain a distance of 2 metres.
- It would be important that the group of combined children/staff the symptomatic child was in, not mix with the rest of the daycare population until the 'suspect case' is assessed.
- If a 2-metre distance cannot be maintained from an ill child, if circumstances allow, the child should wear a community mask. **Note: Masks are not recommended for children under two years of age.**
- Ill staff must immediately isolate from others and wear a community mask until they are able to leave the facility.
- Hygiene and respiratory etiquette must be practiced while the ill child/staff is waiting to be picked up.
- Require temperature checks for staff and children upon arrival and repeat temperature checks at least every five hours thereafter.
- Environmental cleaning and disinfection of the isolation area must be conducted once the ill child/staff has left the facility.
- If an outbreak is confirmed, post appropriate notices for parents/guardians at all entrances to the facility to ensure that disease information is available for staff and parents/guardians if needed or requested.

Appendix A: Screening Questionnaire for COVID-19

FOR STAFF, CHILDREN, PARENTS/GUARDIANS AND VISITORS: PLEASE DO NOT ENTER THE FACILITY WITHOUT ANSWERING THE FOLLOWING QUESTIONS

Note: Children or staff who have been identified as having seasonal allergies or who suffer from chronic runny nose/nasal congestion are not required to be excluded.

Name: _____ Child Care Facility: _____

For parents/guardians:

I, _____ (parent/guardian) am completing the screening questionnaire for the child described above.

1. Do you have:

- A. any of the 2 following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell?

OR

- B. if a child, purple fingers or toes even as the only symptom?

If answered YES to either A or B, then you must stay home, contact 811, and cannot return until fully recovered. If tested, Public Health will inform the individual or parent (when child is involved) when isolation may be lifted. <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/PosterCL.pdf>

2. If you have answered YES to any of the following below, then you must stay home and self-isolate for 14 days. If you develop symptoms, please refer to the [self-assessment link on the Government of New Brunswick webpage](#). If a parent or caregiver of a child and have direct patient contact work, go to Question 3.

- a. Have you or anyone in your household had close contact (face to face contact within 2 metres) with a confirmed case of COVID-19 within the last 14 days?
- b. Have you or anyone in your household returned from travel outside of New Brunswick within the last 14 days?
- c. You have been diagnosed with COVID-19 or are waiting to hear the results of a lab test for COVID-19.
- d. You may have been exposed to COVID-19 in the last 14 days.
- e. You have been told by public health that you may have been exposed to COVID-19.

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- 3. If you have direct patient contact work (e.g. Health Care Provider) and have answered YES to any of the following below, then you and your child must stay home and self-isolate for 14 days. If you develop symptoms, please refer to the [self-assessment](#) link on the Government of New Brunswick webpage.**
- a. Have you or anyone in your household had close contact (face to face contact within 2 metres) with a confirmed case of COVID-19 within the last 14 days, outside of the health care setting?
 - b. Have you or anyone in your household returned from travel outside of New Brunswick within the last 14 days?
 - c. You have been diagnosed with COVID-19 or are waiting to hear the results of a lab test for COVID-19.
 - d. You may have been exposed to COVID-19 in the last 14 days, outside of the health care setting.
 - e. You have been told by public health that you may have been exposed to COVID-19.
 - f. Have you had close contact with an individual who is suspect of COVID-19 in the last 14 days while providing direct patient care and you were not wearing proper Personal Protective Equipment (PPE)?

Name of screener: _____

Date: _____ **Time:** _____

Appendix B: Public Health Communicable Disease Team Contact List

Contact information for the RHA Public Health Offices is listed below and is also available on the Office of the Chief Medical Officer of Health's website: https://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/public_health_clinics.html

Department of Public Safety Public Health Inspectors	Regional Health Authority Public Health Nurses
Central Region Fredericton (Regular hours): Main office (506) 453-2830 Communicable Disease Line (506) 444-5905	Zone 3 Fredericton (Regular hours): Main office (506) 453-5200 Communicable Disease Line (506) 444-5905
Central Region After Hours Emergency Number 1-506-453-8128	
South Region Saint John (Regular hours): Main office (506) 658-3022 Communicable Disease Line (506) 658-5188	Zone 2 Saint John (Regular hours): Main office (506) 658-2454 Communicable Disease Line (506) 658-5188
South Region After Hours Emergency Number 1-506-658-2764	
East Region Moncton (Regular hours): Main office (506) 856-2814 Communicable Disease Line (506) 856-3220	Zone 1 Moncton (Regular hours): Main office (506) 856-2401 Communicable Disease Line (506) 856-3220 Zone 7 Miramichi (Regular hours): Main office (506) 778-6756 Communicable Disease Line (506) 778-6104
East Region After Hours Emergency Number 1-506-856-2004	
North Region Edmundston (Regular hours): Main office (506) 737-4400 Campbellton (Regular hours): Main office (506) 789-2549 Bathurst (Regular hours): Main office (506) 549-5550	Zone 4 Edmundston (Regular hours): Main office: (506) 735-2065 Communicable Disease Line: (506) 735-2626 Zone 5 Campbellton (Regular hours): Main office phone number: (506) 789-2266 Communicable Disease Line (506) 790-4769 Zone 6 Communicable Disease Line (506) 547-2062 Bathurst (Regular hours): Main office phone number: (506) 547-2062
North Region After Hours Emergency Number 1-506-789-2428	

Note: Regular hours are 8:15 am - 4:30 pm Monday-Friday.

The after-hours emergency number is to report notifiable diseases after 4:30 pm on weekdays and on the weekends and holidays. The pager is intended for emergency reporting only – operators are asked to keep the after-hours pager number confidential within the facility (only for operators and staff).

Appendix C: Child Care Facility – Group Log

Name of Group: _____

Date Group Established: _____

No.	Child Name	Staff Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Group Log Confirmed By: _____

Date: _____