

Manitoba's COVID-19 *Restoring Safe Services* roadmap is providing guidance on the gradual re-opening and expansion of public and private sector services. While we move toward a safe re-opening, we continue to have a very important responsibility to provide services in a way that keeps children, their families and our vital social services sector employees safe.

The following Q&As provide guidance on resuming in-person delivery of services for children with disabilities and additional support needs. Proper hand hygiene, physical distancing where possible, and screening prior to every service visit are the most important considerations when resuming services. Personal protective equipment (PPE) must be used responsibly and as per directives to ensure that provincial supplies are available to meet needs.

Service Sector Description

Children's disABILITY Services provides funding, as well as policy and programming support, for the delivery of services for children with disabilities and their families. Questions on resuming in-person services were submitted by departmental and community agency service providers delivering a range of services, including:

- early intervention services for preschool-age children
- therapy (occupational therapy, physiotherapy, speech language pathology and audiology),
- service coordination and supportive counselling for families, and
- summer day camp programming

Services are provided in the family home, in child care facilities or in a clinical setting. Service visits range in duration and frequency, from weekly or monthly visits of between one and three hours, to daily service visits of four hours in duration. The nature of visits also ranges from conversational meetings between staff and a family, where physical distancing can be more readily accommodated, to services requiring prolonged close proximity and frequent physical contact between staff and the child.

Personal Protective Equipment Guidelines for the Sector

Service Location	PPE Direction for Service Provider
Family home	<ul style="list-style-type: none"> • Mask required • Physical distancing where possible • Screening of child/household prior to each visit
Child care facility	<ul style="list-style-type: none"> • No PPE required • Gloves should be worn only per routine practice and when providing direct personal care (e.g., toileting) • Physical distancing where possible • Screening of child and service provider prior to entering facility

Clinical Setting	<ul style="list-style-type: none"> • PPE according to facility policy • Physical distancing where possible • Screening prior to every visit
Outdoors	<ul style="list-style-type: none"> • Encouraged as much as possible • No PPE required • Physical distancing where possible • Screening prior to every visit
<p>Other directives</p> <ul style="list-style-type: none"> • Staff and children/families with symptoms are not to attend service visits <ul style="list-style-type: none"> ○ Service should only be provided to children/families who are symptomatic if the immediate health and safety of the child or family is at risk. • If a child becomes symptomatic under the supervision of a service provider and can not be isolated due to age or other reasons, any service providers remaining in close proximity to the child requires full PPE (mask, face shield, gloves and gown) until the child returns to family's care. 	

Q & As from Service Providers

Q: Can we resume services in close proximity to clients for prolonged periods (within six feet for most of four hours per day, five days per week)?

A: Children with no symptoms should continue to be treated as one typically interacts with a child in the service setting. This includes comforting and appropriate personal contact. Continue practicing physical distancing between children and staff in the group to the extent possible, particularly during meal/snack times. In addition, frequently perform hand hygiene and follow other general prevention strategies.

Q: Some children present with complex challenging behaviours including spitting and excessive mouthing of objects or hands. Are there any safety protocols you can recommend to manage staff safety with respect to coming into contact with saliva?

A: Gloves should be worn per routine practice. Remember to change gloves between caring for different children and to wash hands before putting on and after taking off gloves. Depending on the nature of the child's behaviour, other PPE including a mask and eye protection may be appropriate. Clinical staff are recommended to assess the risk and mode of body-fluid transmission and develop an appropriate protocol for those situations.

Q: What screening protocols are recommended for families and children who are symptomatic?

A: The screening questions in [Appendix A](#) should be applied for families prior to providing any in-person services. If the child or anyone in their household is ill or exhibiting any cold/flu like symptoms, the child should not attend the service visit. Staff should use the [self-assessment tool](#) before attending work. Staff must not attend work if they are ill or exhibiting any cold/flu like

symptoms even if the symptoms are very mild. If staff have symptoms or may have been exposed to COVID-19, they should contact Health Links (204-788-8200 or 1-888-315-9257) or their health care provider for direction.

Q: How long do children have to stay home before allowed to come back for services? Do they need to be tested and cleared for COVID-19 before coming back if symptomatic?

A: As a rule, symptomatic individuals should not attend service visits. If the individual has been tested and cleared for COVID-19, and has remained home but symptoms persist, they must be cleared by a physician before they return and this must be communicated to the facility.

Q: Can staff support children across different settings within the same day (multiple homes, multiple childcare centres, clinical settings)? Can staff maintain employment in other sectors?

A: Yes. Most importantly, staff are to follow the applicable hygiene and PPE protocol in every service environment that they attend. Hand hygiene, physical distancing and use of appropriate PPE will mitigate the potential for contamination across environments. Note that this guideline is subject to change upon notice should there be an increase in the number of positive cases.

Q: We operate learning centres that typically have up to 10 children and up to 12 adults in a shared open space for four hours per day in the morning, then a second group of up to 10 children with the same 12 adults for four hours in the afternoon.

- a. Are we able to provide our services in these settings at this time with this schedule and with these two groups within one day?

A: Phase Two of the Province's *Restoring Safe Services* plan lifted the occupancy restrictions for therapeutic services delivered by regulated health professionals. Service providers must continue to implement measures to ensure that members of the public are reasonably able to maintain a separation of at least two metres from others, except for brief exchanges. Ensure that pick-ups and drop-offs are coordinated so that the entrance/exit is only being used by one group of children and parents at a time. Multiple groups can use the same entrance/exit, but not at the same time. A single building entrance/exit is recommended, to allow for appropriate monitoring of people as they arrive and leave, and to ensure that arrivals/departures can be managed to prevent crowding.

- b. If yes, how many people can gather in a given square footage?

A: There is no limit currently in place. However, physical distancing practices between children and staff within the group should be maintained as much as possible.

- c. What cleaning protocols are required between changes in groups from morning to afternoon?

A: Surfaces should be cleaned and disinfected with Government of Canada approved disinfectants and any toys or other learning materials should be properly cleaned and disinfected between uses. The Government of Canada provides guidance on hard surface disinfectants and hand sanitizers [here](#).

Q: Should we be contacting families to complete the COVID-19 screening protocol the day before a clients visit or the day of the visit?

A: Please use the screening questionnaire in [Appendix A](#) as close to the time of every visit as possible.

Q: Clinicians use toys to assess skills and demonstrate learning techniques. Should clinicians continue to use shared toys at this time? How should clinicians sanitize toys between clients?

A: It is recommended that the use of toys should be limited to the minimum necessary, and only if they can be properly cleaned and disinfected with a disinfectant or washing machine between uses. Plush toys should be avoided, and children should not use or handle shared play dough or sensory toys, as these items cannot be easily disinfected.

Q: Should staff change clothes, footwear, etc. between locations? Can families or staff bring jackets, strollers etc. to service visits?

A: Clothing and other similar personal effects present a very low risk of transmission. Hand hygiene and surface disinfection/sanitization are more important considerations.

Q: Should staff limit visits to outdoor areas for the time being?

A: As the weather warms, visiting outdoors is a preferred option to support family visits. Efforts should be made by all participants to practice good hand hygiene prior to and after the visit, and to maintain physical distancing to the greatest degree possible (it is OK to interact with young children without physical distancing). The risk of contracting the virus is reduced when visits take place outside if these guidelines are followed.

Q: Should we set a limit to the number of parents, siblings, caregivers or other professionals attending visits?

A: The number of individuals attending visits should be limited to the minimum number of individuals required to attend/support the visit. Physical distancing measures between professionals and families/caregivers should be followed.

Q: Should we be decreasing the length of visits?

A: Some services (e.g., education, counselling, service navigation) may be effectively delivered by videoconference or phone call at this time. In-person visits can be limited to include only services that cannot be adequately delivered remotely.

Q: Can we continue to visit medically complex children?

A: Medical advice should be obtained prior to arranging an in-person visit with a medically complex child. If staff are unsure about whether an in-person visit should take place, either

because of the health of the individual or that of another household member, they should seek medical advice. Family physicians or specialists can help to support making these decisions.

Q: What are the guidelines required to properly don (put on) and doff (remove) PPE? What are the proper guidelines for the disposal of PPE in clinic and community?

A: Shared Health provides visual guidance on applying and removing PPE on their [website](#).

Q: Should we re-use PPE for multiple in-home visits?

A: Staff visiting residential homes to provide services are to wear PPE (masks) continuously per public health guidelines. PPE can be worn between multiple client visits and can be removed for breaks, provided the steps for storing PPE and proper hand hygiene are followed.

Mask: Hand hygiene must be performed before putting on and after removing the mask. Discard mask after every shift and if it becomes wet or soiled.

NOTE: the department is working with public health to update guidance related to the re-use of masks, which will be shared as soon as possible.

Gloves: Wear per routine practice (change between different children and practice appropriate donning and doffing and hand hygiene). Note that gloves should be worn when in contact with symptomatic children.

Eye protection: Wear when providing care to COVID positive/symptomatic children or based on risk assessment.

Gowns: Wear when providing care to COVID positive/symptomatic children (change between different children and practice appropriate donning and doffing and hand hygiene).

Q: Are there any rural travel guidelines in place particularly around overnight accommodations and shared vehicles?

A: There are no rural travel restrictions in place at this time, except for the travel restrictions in place regarding leisure travel north of the 53rd parallel. Travel to the north for employment or professional services is still permitted. Advice for carpooling and travel can be found [here](#).

Q: What are the guidelines around different organizations' and communities' parameters to external visitors, e.g. CFS, daycares, Hutterite colonies, First Nations communities?

A: Please contact the community/facility prior to your visit to discuss any visitor restrictions that may be in place. Discuss with the family alternative service locations as necessary. Otherwise, the guidance in this document around specific service locations applies.

Q: Some needs require hands-on support (adjusting or placing hearing aids, helping children mold handshapes for ASL). Is this currently permitted?

A: Glove use is situation-dependant. Gloves should be worn as per routine practice (e.g., toileting). Remember: hand hygiene is most important as gloves easily become contaminated.

Q: Does the group size for day camps of 16 include support staff, or is it a group of 16 plus support staff?

A: As of June 1, 2020, the group size has been increased to 24 children. This does not include staff.

Q: Some campers may not understand the concept of physical distancing. Is PPE required at all times?

A: PPE is not required to be continuously worn by staff in a camp setting. Gloves should be worn as per routine practice and when providing direct personal care. Full PPE (including gown) must be worn by staff caring for a child who becomes ill and is too young or otherwise unable to be isolated until their parents are able to pick them up. Screening should take place every day at drop off and prior to an in-person visit. Child care disinfection/sanitation and infection prevention and control guidelines need to be followed. Sites must maintain staggered drop-off and pick-up schedules.

Q: Should campers be encouraged to wear non-medical masks?

A: There is no evidence that wearing a non-medical mask prevents the person wearing it from acquiring COVID-19. However, wearing a non-medical mask which covers the mouth and nose of the person wearing it can reduce the spread of respiratory droplets and possible illness to others around them. Non-medical mask use can be encouraged. However, consideration should be given to changing the mask if it becomes wet or soiled. Non-medical masks should be laundered after the end of each use.

Appendix A

COVID-19 Screening Questionnaire

1. In the past 14 days has your child, or anyone in your household, returned from travel outside Manitoba, including travel within Canada?

2. In the past 14 days has your child, or anyone in your household, had exposure to a confirmed case of COVID-19, or attended a high risk setting identified by Public Health (e.g. large events or settings with confirmed case(s) of COVID-19)?

3. Is your child, or anyone in your household, currently experiencing any of the following symptoms:
 - Fever / chills
 - Cough
 - Shortness of breath, difficulty breathing
 - Runny nose
 - Sore throat / hoarse voice
 - Headache
 - Loss of smell or taste
 - Vomiting or diarrhea for more than 24 hours
 - Poor feeding (in an infant)
 - Muscle aches
 - Conjunctivitis (pink eye)
 - Fatigue
 - Skin rash of unknown cause
 - Nausea or loss of appetite

If the answer to any of the above questions is “yes,” a service visit should be rescheduled and the client/staff should call Health Links for further information at 204-788-8200 or toll-free at 1-888-315-9257.