



"We are a community-based child care centre fostering a co-operative learning environment for the entire family."

Operating Guideline – Infectious Disease COVID 19

Updated March 8, 2021

All child care centres are required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the *Child Care and Early Years Act, 2014 (CCEYA)* and other policies and guidelines issued by the Ministry of Education. Plans must be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

Building positive relationships and continued partnerships with families and staff is a priority.

What is COVID -19

COVID -19 is a coronavirus that is spread primarily from person-to-person through close contact. The virus typically spreads through coughing and sneezing, personal contact with an infected person, or touching an infected surface and then face – mouth, nose or eyes.

There is an increased risk of more severe COVID-19 outcomes for those:

- Aged 65 and over, and/or
- With compromised immune systems, and/or
- With underlying medical conditions

Common Symptoms of COVID-19

- Temperature that is equal to or greater than 37.8 degrees Celsius and/or chills
- Any new/worsening cough or barking cough (croup) – not related to other known causes or conditions
- Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath) – not related to other known causes or conditions.)

Other Symptoms of COVID -19

- Sore throat – painful swallowing or difficulty swallowing
- Runny nose (rhinorrhea), nasal congestion (stuffy nose) - not related to other known causes or conditions.)
- Loss of sense of smell or taste
- Decreased lack of appetite – for young children and not related to other known causes or condition
- Nausea, vomiting and /or diarrhea
- Headache – new and persistent, unusual, unexplained or long lasting
- Abdominal pain that is persistent and ongoing

Atypical symptoms/signs of COVID-19 should be considered, particularly in infants and children, older persons, and people living with a developmental disability.

Atypical symptoms can include:

- Conjunctivitis (Pink Eye)
- Fatigue/lethargy, or malaise (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained
- Myalgias (muscle aches and pain) that is unexplained, unusual, or long lasting

Atypical signs should be based on an assessment by a Health Care Provider, should not be explained by other known causes or conditions, and can include:

- Delirium (acutely altered mental status and inattention)
- Increased number of falls in older persons
- Acute functional decline
- Tachycardia (fast heart rate) , including age specific tachycardia for children
- Low blood pressure for age
- Hypoxia (ie oxygen saturation less than 92%)
- New or unusual exacerbation of chronic conditions
- Difficulty feeding in infants (if no other diagnosis)

Clinical features of COVID-19 that can be diagnosed by a health care provider include:

- Clinical or radiological evidence of pneumonia

Multisystem Inflammatory Syndrome in Children and Adolescents (MIS-C) less than 19 years old

Information on this syndrome is still emerging and may evolve over time. An assessment for MIS-C should be done by a Health Care Provider. Please see the <https://www.who.int/publications/i/item/multisystem-inflammatory-syndrome-in-children-and-adolescents-with-covid-19> or the <https://www.cpsp.cps.ca/uploads/studies/COVID-19-case-definition-rev-06-2020.pdf>

Key Requirements

- Only essential visitors are allowed in the child care setting during the time child care is taking place. No volunteers are permitted at the program.
- Staff should only work at one location.
- Supply staff should be assigned to a specific group, where possible, to limit staff interaction with multiple groups.
- Pets are not allowed on site.

Child Care Centre Policy Requirements

Child care centres must develop new health and safety policies and protocols including how to operate through the COVID – 19 pandemic.

Ensure all staff have reviewed the Operating Guideline – Infectious Disease COVID 19 document.

Ensure policies and procedures are developed to meet all requirements of Child Care Guidelines.

Use of Medical Masks and Eye Protection

- All adults in a child care setting must wear a medical mask and eye protection (ie face shield/ goggles) while inside in the child care premises, including in hallways and staff rooms ((unless eating – but time with masks off should be limited and physical distance should be maintained)).
- The use of masks is not required outdoors for adults or children if physical distancing of at least 2 metres can be maintained between individuals.
- All children in grades 1 and above are required to wear a non-medical mask or face covering while inside a child care setting.
- If a family would like their child to wear a mask at child, they are required to provide a cleanable container with a lid for storage of the mask.
- Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable exemptions for medical conditions, etc.

Overall Capacity and Group Size

- While physical distancing is not always possible in a child care setting, every precaution and measure will be taken to reduce the spread of COVID-19. This priority will be consistent throughout all sections of this document.

- Child care centres are permitted to return to maximum group's sizes as set out under the CCEYA.
 - Infants 10
 - Toddlers 10 each program
 - Preschool 1 and 2 16 each
 - Our Senior Preschool room is currently closed and used as an Isolation room should a child exhibit symptoms
- Groups will stay together throughout the day and are not permitted to mix with other groups.
- As much as possible, Public Health is strongly recommending that siblings remain together. This will allow for better management for infection control.
- Children of child care staff who are working at the child care centre are strongly recommended to be in the same room to form part of the group.
- Maximum capacity rules do not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).

Daily Routines

All people participating in child care i.e. staff, parents, child (ren) need to consistently monitor their health for signs and/or symptoms of COVID-19.

Before leaving home

All parents/guardians/ staff must complete the **Ontario Online COVID screening tool** to determine whether your child should attend or not. Please follow the instructions provided by the screen on how to proceed.

Any staff or children with **any new or worsening symptom** of one COVID 19 consistent symptom must stay home and isolate.

<https://covid-19.ontario.ca/school-screening/>

For information on local Assessment Centres, please visit the Assessment Centre website

<https://www.wdgpUBLICHEALTH.ca/your-health/covid-19-information-public/testing-and-assessment-centres-wdg/guelph-covid-19>

Arrivals

Process for Families/Children/Staff

Adults/ staff are to put on a face covering and **only** enter through the main front entrance/exit to enter the centre.

All families will be asked if the **Ontario Online COVID screening tool** has been completed and your child's temperature will be taken and recorded. Please follow the instructions given by the screening tool on how to proceed.

Staff are required to put on a medical mask and face shield/google before proceeding to program.

Alcohol based sanitizer will be available at all entry points and throughout the centre.

Distancing Requirements:

- Only one adult may drop off a child at the centre at one time.
- Others waiting to drop their child must remain outside and use distancing markers or remain in their vehicles until the person at the screening table has left.
- Child Care Centre staff must practice physical distancing of 2 metres or more when entering the child care centre.
- Child care staff should not carpool (even with the use of a face coverings)

Parents/guardians must not enter beyond the Daily Health Screening table.

Parents/guardians must support their child in getting their temperature taken, and cannot leave the child at the site until approved by the screener.

All children will have their temperatures taken during screening using a no touch infrared thermometer or an ear thermometer with disposable caps. Thermometer (infra-red) will be disinfected at the end of each screening process.

The screener will maintain a distance of 2 metres (6 feet) from those being screened and wearing personal protective equipment (PPE) ie face covering, face shield/ goggles.

A table will be set up to place any items that the child needs, this will include backpacks, any special food and medication. There will be clear containers to place these personal items.

Screening table will be cleaned/ disinfected after each screening period.

Staff will gather information about your child ie sleeping, diapering, toileting, feeding and other general information and relay this to your child's program teacher. If you would like to speak with your child's teacher in more detail we will be happy to set up a phone conversation.

Daily Health Screen Requirements:

Child Care Daily Health Screening Policy (Appendix A)

****If not completed online**

Parents/Guardians must comply with the centre's process of completing the Daily Health Screening process either outside or just inside the main entrance. A staff member will then escort the child to the washroom or hallway sink to wash their hands (20 seconds) before going to their cubby to remove outdoor clothing and disinfect any items

from home. The staff person will then bring the child to their program room and sanitize their hands before assisting the next child.

All Staff must complete the Daily Health Screening as per policy and then immediately wash their hands with soap and water (20 seconds) and disinfectant any personal items that have hard surfaces such as cell phones, water bottles, bags, purses etc.

Departures

Process for Families/Children

Parents/guardians are asked to provide the centre with arrival and departure times for their child(ren) to assist with pickup. Please note that we will not be able to get the children ready in advance.

All children must wash their hands before leaving the child care centre.

Parents/guardians must remain outside the main front entrance until their child is brought outside by centre staff and keep away from outdoor play areas.

Staff will provide families with a daily information form on their child's day ie sleeping, eating, toileting/diapering and general day activities. If you would like to speak with your child's teacher in more detail we will be happy to set up a phone conversation.

Only one parent can approach the centre at one time, others waiting to pick up their children must remain outside or in their vehicles until the parent leaves and is at least 2 metres away from the entrance.

- *Only if necessary*, a parent may enter into the vestibule at the main front entrance one at a time to pick up their child. If this occurs, they must wear a face covering.

Process for Centre Staff

Disinfect all personal belongings with hard surfaces to be taken home

Wash hands with soap and water before leaving the centre

Staff must take the necessary precautions if using public transportation

****The following steps are *recommended* for all participants in child care to complete at the end of each day:**

- Wash hands upon arriving at home
- Remove clothing
- Wash clothing worn during the day

- Wash hands (or bathe)
- Change into clean clothing
- Launder clothing worn during the day

Attendance Records

In addition to attendance records for all children receiving child care, the centre is responsible for maintaining daily records of anyone entering the child care centre. These records must include all individuals who enter the premises (e.g., staff, cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food). Records are to be kept on the premises (centre) and along with name and contact information must include an approximate time of arrival and time of departure for each individual. Records must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (i.e., records can be made available to public health within 24 hours of a confirmed COVID-19 case or outbreak).

All daily health screening forms will be kept in the Executive Director's office.

Child Care Isolation Policy (Appendix B)

Children and Staff– While in Attendance

Any child / staff exhibiting one symptom consistent with COVID-19 must be immediately separated from others in a supervised isolated area until they are picked up or can go home.

Parents must be contacted immediately for the children to be picked up.

The child/staff will be required to isolate until:

1. They receive a negative COVID -19 test result OR
2. They receive an alternative diagnosis by a health care professional – parents/staff will be required to reach out to their health care professional for assessment and receive documentation that the symptoms they are experiencing are NOT related to COVID -19. OR
3. It has been 10 days since their symptom onset and symptoms have improved in the last 24 hours

The child exhibiting symptoms will be isolated in a separate room with a supervising child care staff member (in full PPE) in accordance with the Centre Isolation Policy.

The staff member who is providing care to the child should maintain a distance of 2 metres.

Parents will be provided with a **Symptomatic Child Information** letter (created by Public Health).

Other children and staff in the centre who were present while a child or staff member became ill should be identified as a close contact and cohorted (i.e., grouped together). WDGPH will provide any further direction on testing and isolation of these close contacts.

Cleaning and disinfecting of the space where the child was separated should be conducted immediately after the child has been picked up. It should also be conducted where the child spent his/her time at the centre

While in isolation:

- The child with suspected COVID-19 should wear a medical mask (if tolerated)
- Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissue in a non-touch garbage bin and proper hand hygiene.
- Hand hygiene and respiratory etiquette should be practiced with the child who is waiting to be picked up.
- Management must immediately begin to complete the appropriate Suspected/Confirmed Case of COVID-19 Tracking Form to document details of the suspected case.

Centre Staff – While in Attendance

If a child care staff member develops any signs or symptoms COVID-19 while at work, they must report to their symptoms to the Executive Director / Supervisor immediately.

Once staff coverage is confirmed, the staff will be required to leave work following the departure process as per guidelines and follow the directions provided in the <https://covid-19.ontario.ca/school-screening/> and/or attached documents.

They will be excluded from work while in self-isolation.

Surfaces that were touched by the staff displaying symptoms must be cleaned and disinfected as soon as possible.

Other children and staff in the centre who were present while the staff member became ill should be identified as a close contact and cohorted (i.e., grouped together). WDGPH will provide any further direction on testing and isolation of these close contacts.

The symptomatic staff member will be responsible to contact the Executive Director/ Supervisor on a daily basis and report any changes to their health.

Unless otherwise directed by WDG Public Health, all those who were in contact with the staff may remain at work and continue to self-monitor.

Children/Staff – While in Not Attendance (After Hours, Weekend)

Parents / Staff will notify the Executive Director immediately by email director@campuschildcare.org with details of anyone who begins to experience symptoms of COVID-19 and is advised to seek testing. If the Executive Director is away, please email the Supervisor office@campuschildcare.org with the details. Please note that the main office phone 519-822-1280 is not a confidential phone.

Staff will notify the Executive Director/ Supervisor immediately by phone to the number indicated with details of symptoms of COVID -19.

The Executive Director / Supervisor must complete the appropriate Centre Suspected Case of COVID-19 Tracking Form.

The person with the symptoms compatible with COVID-19 is to follow the direction provided by the Ontario online screening tool.

They must self-isolate until the test results are received.

The Executive Director / Supervisor will notify those who may have been in contact with the person exhibiting symptoms of COVID-19 of the report and remind them to continue to self-monitor.

Definitions

Risk Factors

- Exposure to a Confirmed or Probable Case of COVID-19 or Any International Travel in the past 14 days prior to symptoms

Probable Case of COVID-19

- A person (who has not had a laboratory test) with symptoms compatible with COVID-19 **AND**:
 - Traveled to an affected area (including inside of Canada) in the 14 days prior to symptom onset;**OR**
 - Close contact with a confirmed case of COVID-19; **OR**
 - Lived in or worked in a facility known to be experiencing an outbreak of COVID-19**OR**
 - A person with symptoms compatible with COVID-19 **AND** in whom laboratory diagnosis of COVID-19 is inconclusive

Close Contacts

- Household members, and anyone with close contact (>15 minutes, <2 metres apart), while they (a probable or confirmed case) had symptoms and 48 hours prior to symptoms.

Isolation Requirement's – please refer to **Appendices C and D**.

Reporting a confirmed case of COVID-19

Child care centres within the meaning of the Child Care and Early Years Act, 2014 have the duty to report confirmed cases of COVID -19 under the Health Protection and Promotion Act. We will contact the local public health unit to report any confirmed case of COVID -19. Once contacted, they will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff and children.

An **Outbreak** is defined by the local Public Health Unit when:

- within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting.
- The local public health unit will work with the centre to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.
- If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting.
- The public health unit will help determine which groups of children and/or staff need to be sent home or if a partial or full closure of the child care setting is required.
- If the public health unit determines that partial or full closure of the child care setting is required, the centre must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

Should a positive case or Outbreak occur at the centre, parents/staff will be notified via email.

Contacting Public Health

In order to best support child care centres, WDGPH has adopted the following process for incoming communications from a) childcare providers and operators and b) parents and families:

Childcare providers and operators are instructed to contact WDGPH Intake:

Call: **1-800-265-7293** or **519-822-2715, Ext. 4753**

Or email: PHI.intake@wdgpublichealth.ca

- For inquiries, questions, or concerns related to COVID-19 and child care centres
- For reporting suspected COVID-19 cases
- For public health inspection-related information

Parents and families are directed to call the COVID-19 Call Centre at:

Call: **1-800-265-7293** or **519-822-2715, Ext. 7006**

Infection Prevention and Control

Limiting the Spread of COVID-19

General Guidelines

- Wash your hands often with soap and water (20 seconds) or use alcohol-based sanitizer
- Sneeze or cough into your sleeve
- Avoid touching your eyes, nose and mouth
- Avoid contact with people who are sick
- Do not go to work if you are experiencing symptom(s)

Hand Hygiene

Conduct hand hygiene as per outbreak protocols by incorporating additional hand hygiene opportunities into the daily schedule. Hands should be washed for a minimum of 20 seconds. Performing proper hand hygiene including, assisting children with hand hygiene.

All persons must wash their hands at the start of the day prior to engaging in the play with the group and before leaving at the end of the day.

Frequent hand washing must continue throughout the day especially from one activity to another and after going to the washroom, before and after eating, etc.

Minimize the use of jewellery. Be aware of washing hands thoroughly with rings on.

Gloves should be worn when it is anticipated the hands will come into contact with blood or body fluids and when providing care to a symptomatic child.

Ensure hands are cleaned before putting on gloves and after removing gloves and that gloves are removed immediately after completing a task and prior to touching clean items and surfaces.

70% alcohol-based hand sanitizer is recommended and should be available, especially in areas without immediate access to hand washing sinks. Do not use alcohol-free hand rub.

Hand washing using soap and water is recommended over alcohol based hand rub for children.

Ensure all hand washing sinks are unobstructed; possess hot and cold water, liquid soap, and disposable paper towel. Liquid soap containers cannot be “topped up” and reusable pumps must be cleaned and disinfected prior to refilling. Resource: Handwashing posters (child and adult)

Personal Items

Bringing in personal items into the child care facility is strongly discouraged and is limited only to essential items. Any hard surface items (e.g., water bottle keys, cell phones, purses/bags,) must be cleaned and disinfected each day upon arrival. Essential personal items should be stored in a dedicated area for each child (i.e., labelled cubby).

We ask that water bottles not be brought into the centre unless absolutely necessary. If a water bottles must be brought into the centre it must be clearly labelled with the child's name. The centre will have paper cups and additional sippy cups available.

Soothers must be labelled with the child's name to discourage accidental sharing and stored in a sanitary manner (cleanable closed container).

Products such as creams and lotions must be labelled with the child's name, dedicated to that child and must be dispensed in a manner that does not contaminate the remaining portion (i.e. using a disposable applicator or clean gloved hand). For creams and lotions during diapering, use a tissue or single-use gloves.

All personal items used for diapering must be labelled with the child's name and stored in a dedicated area.

All other personal items including clothing and footwear must be stored in a dedicated area for each child (labelled cubby).

Extra clothing / items will be brought in for one week at a time. The backpack / bag should stay at the centre for the duration of the week.

Staff must wash/sanitize hands before and after touching any personal items.

Cleaning and Disinfecting

Every effort will be made to limit movement of staff between rooms.

Increasing the frequency of cleaning and disinfecting of objects, toys and high-touch surfaces is significant in controlling the spread of viruses and other microorganisms. Staff will refer to the Cleaning and Disinfecting Schedule provided by WDG Health Unit and the centre.

If a child care centre chooses to have dedicated cleaning staff who will have no direct care or close contact with children or other staff, they must wear a medical mask and gloves as required. It is not required for cleaning staff to replace PPE between cleaning rooms, given the PPE is being worn properly and is in good repair. If the PPE is wet, damaged or visibly soiled, PPE must be removed, disposed of/laundered and new PPE put on prior to continuing into another room. If PPE is removed for any reason (i.e. soiled, break time, lunch), staff must follow proper removal procedure and conservation/disposal.

All soiled and visibly dirty surfaces must be cleaned before disinfecting. Cleaning involves the use of soap, water and friction to remove organic matter on surfaces. After cleaning, surfaces must be rinsed and dried prior to disinfection if a one-step product is not used. Organic matter such as blood, body secretions and excretions can decrease the effectiveness of disinfectants.

All area rugs/carpets will be vacuumed daily with a vacuum that has a HEPA filter.

Cupboards are to be disinfected weekly.

Staff floor chairs will have a tag with individual names. Staff can spray chairs at end of day with VIROX. They must be stored separately from each other with no contact to other items.

All phones in each program should be disinfected after each use.

Backpacks should be carried by staff. They can be disinfected with VIROX spray at end of day.

Floors are to be swept and /or cleaned after each meal, or when spill occurs. Cleaning and sanitizing of the floors will be daily.

A cleaning and disinfecting log will be used to track and demonstrate cleaning schedules.

Toys and Play

Increase the frequency of cleaning and disinfecting objects, toys, and frequently touched surfaces (including play surfaces and outdoor toys)

- Cleaning and disinfecting of toys must be done in between all activities
- Toys are cleaned prior to disinfection

Toys/items that cannot be cleaned and disinfected (e.g., playdough, craft supplies, nature-based toys) must be:

1. dedicated to each child and kept in a designated location (i.e., cubby/bag/container labelled with the child's name) OR
2. if they cannot be dedicated to a single child, toys/items must be used for only one day and then be placed in a sealed and cleanable container for two weeks before being re-introduced to the cohort
 - Hand washing must be performed before and after play.
 - Staff must track and record rotation of items

Water or sensory play in a group is not permitted. Individual water or sensory play is permitted if all items are dedicated to each child and physical distancing is maintained.

Avoid singing activities indoors.

Mouthed toys should be removed immediately and set aside in a designated area for cleaning and disinfecting and cannot be shared with other children.

Outdoor play

Consider staggering outdoor play times for different groups of children to meet the physical distancing requirements.

During play time, staff must remain vigilant in reminding children to not touch their face.

Before and after outdoor play time, ensure children thoroughly wash their hands.

Use of water tables, sensory bins and sandboxes continues to be prohibited.

Where possible, each group should have designated toys and equipment (e.g., balls, loose equipment) or clean and disinfect equipment between cohort uses. Outdoor bins should also be cleaned and disinfected.

Children should bring their own sunscreen where possible and it should not be shared.

- Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application).

Sprinklers can be used on the property of a child care centre by only one cohort at a time where the water being sprayed is potable and single use (drains away/absorbed by ground after use). Staff and children must wash hands before and after outdoor play. Any toys/equipment used, must be cleaned and disinfected between each cohort.

The use of a slip and slide or wading pool is **not permitted**.

Outdoor play structures

If the playground, or play structure, is enclosed on childcare property, its use is **permitted** if the specifications below are followed.

It is not practical to disinfect large playground structures. The focus will be on handwashing before and after outdoor play. If play structures are to be used by more than one group, the structures can only be used by one cohort at a time.

Outdoor gates and shed latches should be disinfected as part of playground cleaning for each cohort.

Nature Based Play Structures

Nature based play structures that cannot be cleaned and disinfected are dedicated to a single group or used by one group at a time. Children and staff must wash hands before and after use.

Physical distancing

Physical distancing of at least 2 metres must be maintained between groups and should be encouraged, where possible, between children within the same group.

Each cohort must have their own assigned indoor space, separated from all other cohorts by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between cohorts.

Encourage more physical space between children by:

- Spreading children out into different areas
- Staggering, or alternating, lunchtime and outdoor playtime
- Incorporating more individual activities or activities that encourage more space between children
- Offering increased outdoor play
- Groupings of children (i.e. separate classes) must remain separate from other groupings within the child care centre

Limiting direct contact between children and staff:

- Avoid getting close to faces of all children, where possible

Distancing between staff

- Staff should respect the 2-meter recommendations from the Province. Staff should not gather for lunch, break or other activities.

- Staff should not carpool with other staff.

Distancing during pick up and drop off

- Pick-up and drop-off of children should happen outside the child care setting unless it is determined that there is a need for the parent/guardian to enter the setting.
- Staggering pick up and drop off to respect social distancing as much as possible
- Use of video and telephone interviews should be used to interact with families where possible, rather than in person

Nap time

Increase the distance between nap mats, if possible. If space is tight, place the children head-to-toe or toe-to-toe. Where possible, cots, cribs and bedding should be dedicated to one child and the linens laundered daily or when wet or soiled.

Blankets are stored in a designated location (i.e., individually labelled bag/container/cubby).

If cots, cribs and bedding are shared between children, they must be cleaned and disinfected, and laundered, between each use.

Cots and cribs must be disinfected after each use (daily).

Cots must be stored in a manner which there is no contact with the sleeping surface of another cot

Food

For child care centres that are licensed under the Food Premises Regulation, the facility must operate in accordance with the Regulation.

Ensure that food handling staff practice hand hygiene and are excluded from work if they are symptomatic.

Ensure the kitchen has a hand wash sink which possesses hot and cold water, liquid soap and paper towel. This sink should never be obstructed.

Food handlers/staff must wash hands before handling food, preparing bottles or feeding children.

Hand hygiene must be performed by children before and after eating food.

Ensure kitchen area is accessible only to kitchen staff. When not in use, ensure kitchen is inaccessible to non-designated staff and children.

Ensure food contact surfaces are cleaned and sanitized as often as necessary to maintain them in a clean and sanitary condition, at a minimum twice per day.

Provide test strips to monitor sanitizer concentration for food surface disinfectants and mechanical dishwashing disinfectant (if applicable).

Cease activities involving child participation in food preparation.

Reinforce “no food sharing” policies.

Consider staggering snack and lunch time so you can accommodate smaller groups with more space.

Kitchen staff to bring food to programs and leave outside door. Cart handles should be disinfected.

Where possible, children should practice physical distancing while eating.

No self-serve or family style dining. There should be no common food items (e.g., salt and pepper shakers, condiment bottles).

If meals or snacks are provided by the child care centre, they should be served in individual portions by a designated staff member to each child.

If meals or snacks are provided by the family, for their child only, food should be stored with the child's belongings or, if refrigeration is required, should be kept in an area designated for the child's cohort and should not be handled by staff designated to other cohorts

All food deliveries must be dropped at the side kitchen door for staff to bring in. Staff will continue with grocery shopping to the local stores and follow the proper safety precautions. Reusable grocery bags are to be used unless not permitted by store. All plastic bags should be discarded after.

Dishes at the end of the day will be completed by either the kitchen staff or other designated staff while following all proper protocols.

Diapering and Toileting

Increased frequency of cleaning schedule for toilets, toilet seats, handwashing sinks, countertop and fixtures.

Child care staff must adhere to diapering and toileting steps and ensure proper cleaning and disinfecting between diaper change or toileting process.

Clean and disinfect the diaper change area and/or diaper change mat after each use..

Ensure there is a hand washing sink with hot and cold water, liquid soap and paper towel in close proximity to the diaper change table.

Ensure staff and children wash their hands after each diaper change and after using the toilet.

Provide a lined plastic waste container with a lid in the diaper changing area.

Cleaning and Disinfecting Blood/Bodily Fluid Spills

In the event of Blood/Bodily Fluid Spills, using the steps below, the surface must be cleaned first then disinfected:

Isolate the area around the spill so that no other objects/humans can be contaminated

Gather all supplies, and put on Personal Protection Equipment (Face shield, mask, gown and disposable gloves). Ensure gloves have no pinholes or tears and fit securely

Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag

Clean the spill area with detergent, warm water and single-use towels

Rinse to remove detergent residue with clean water and single-use towel

Discard used paper towels immediately in a tied plastic bag

Spray disinfectant on and around the spill area and allow the appropriate disinfecting contact time

A final rinse is required if children come into contact with the area

Remove and immediately discard Personal Protection Equipment.

Any soiled clothing will be placed in a bag and put in the child's cubby and sent home (soiled clothes will not be laundered or rinsed at the centre).

If possible the contaminated area / room should be closed until dry. In the case of vomiting or diarrhea, the room should be aired out for at least one hour if possible.

Office Type Materials / Staff Shared Spaces

Management will be responsible to clean and disinfect the equipment and materials in their offices as needed. This will include laptops, mice, phone, pens.

Photocopier and iPads to be disinfected twice daily.

Equipment in staff lounge and staff kitchen i.e. fridge handle, coffee maker, microwave, kettle, must be disinfected twice daily.

Staff washrooms ie hallway (one and two) and upstairs to be assigned to specific programs/supply staff. Staff to refer to procedures/ policy for disinfecting.

Daily Health Screen Policy and Procedure (Appendix A)

Health Screen Area Set Up

The Daily Health Screening area must be set up at the identified entrance/exit of the site. This area must:

- Be visible to staff and families and block access to further entry to site if possible (preferably outside).
- Ensure a minimum of 2 metres distance between the person conducting the screen and those participating in the screen.
- Ensure access to the following materials: COVID-19 ACTIVE SURVEILLANCE SCREEN for Children, Parents and Staff, hand sanitizer, ear thermometer with disposable covers or infra-red thermometer, personal protection equipment for the person taking the child's temperature, as well as Public Health resources.
- Provide visual guides to assist with physical distancing should a line-up form outside the site.
- The screening area will have trained staff members present at all times (recorder and temperature taker)
- Screener who is taking people's temperature must wear a medical mask, goggles or face shield, and have access to sanitizer and disposable gloves.
- Staff conducting the screen and taking temperatures must have received training on how to conduct and record information on the COVID-19 Active Surveillance Screen, how to take temperatures and how to put on and take off Personal Protection Equipment.
- Once the screening is complete, if the individual answers YES to any of the screening questions, or refuses to answer then they have not met the screening requirements and cannot enter the building.
- Please contact your health care practitioner for next steps.
- Ensure all completed COVID-19 online screening tool results are submitted to the Executive Director / Supervisor

How to Conduct Daily Screens

1. Everyone will be greeted upon entering in a friendly, calm manner and requested to use hand sanitizer immediately upon entry.
2. Ask if the person/family took their temperature and self-screened before they arrived.
3. Look to see if the staff/child appears unwell and/or is displaying any symptoms of COVID-19.
4. The staff will take the child's temperature and record the temperature.

Steps to take a temperature:

- Wash/sanitize hands
 - Take the temperature
 - Safety discard the disposable cover if using an ear thermometer
 - Wash/sanitize hands
5. Allow child or staff person into the site or deny access to the site.
 6. Once Daily Screens are completed, clean and disinfect area, remove and properly discard PPE if applicable.
 7. Ensure all completed COVID-19 online screening tool forms are submitted to the Executive Director/ Supervisor.

Isolation Policy Procedure (Appendix B)

Isolation Set Up

The child care centre must have a designated room or area to isolate a child who begins to show consistent or worsening of symptoms of COVID-19, away from other children in care. The poster “Putting on PPE” must be posted in the room (see supporting documents). Our isolation room is located at the front of the building (the first door on the right – Senior Preschool program).

The room or area must be free of communal soft surfaces. And have:

- individual cot, blanket for the child
- limited hard surfaced toys
- hand sanitizer
- ear thermometer with disposable shields or infra-red thermometer
- tissues
- waste dispenser lined with a plastic bag

Personal Protective Equipment must be readily available and immediately put on by the person supervising the child.

- face mask
- goggles or face shield
- gown
- disposable gloves if needed

Process

The person supervising the child must remain in the room for the duration of the isolation period while the Supervisor or designate completes all required notifications.

The child should be closely monitored and comforted as needed while trying to maintain as much social distancing as possible.

Any food that must be served in the isolation area should be served using disposable items if possible and disposed of in the waste dispenser in the room.

Once the child is picked up, the supervising person thoroughly cleans and disinfected entire room including floors, door handles and any other items or surfaces and items used by the sick child.

Cleaning should also take place in the program where the child spent his/her time at the centre.

Once cleaning is completed, the supervising staff member safely removes and disposes PPE, ties up and disposes garbage and washes hands immediately before returning to normal duties

Children with symptoms should refer to the Symptomatic Child form for next steps.

Other children and staff in the centre who were present while a child or staff member became ill should be identified as a close contact and cohorted (i.e., grouped together). WDGPH will provide any further direction on testing and isolation of these close contacts.

Isolation Requirements for Household Contacts of Symptomatic Individuals (Appendix C)

If symptomatic individual tests negative:

Symptomatic individual may return to child care if all the following are met:

- Negative test result; AND
- Symptoms improving for 24 hours; AND
- Can pass screening tool
- Household contacts must isolate until a negative test result is received

If symptomatic individual does not get tested (2 scenarios)

1. Symptomatic individual may return to child care if all the following are met

- Child/staff isolated for 10 days from symptom onset; AND
- Symptoms improving for 24 hours; AND
- Can pass screening tool *
- Household members must isolate for 14 days FROM LAST EXPOSURE to symptomatic child

2. If a health care provider (HCP) has diagnosed the symptomatic child/staff with a condition that isn't related to COVID-19, they can return to school/childcare:

- 24 hours after their symptoms start improving (and no fever)
- Household members can stop isolating and return to work, child care.

Isolation Requirements for Household Contacts of High Risk Contact (Appendix D)

If a high risk contact is Symptomatic:

- HRC must isolate for 14 day
- Household contacts must isolate until the HRC received a negative test result

If high risk contact is Asymptomatic:

- HRC must isolate for 14 days
- Household contacts must stay home except for essential reason (i.e., work, school, child care, groceries). These household contacts are not isolating

Guidance for Children/Staff who are High Risk Contacts of a Confirmed Positive COVID-19 Case

*Children/staff who are high-risk contacts (HRC) of a positive COVID-19 case will receive a letter from Public Health with guidance and directions.

Purpose: To be used when anyone in the household receives notification from Public Health that they are a high-risk contact of a confirmed COVID-19 case. All HRC must self-isolate immediately.

Resources: [COVID-19: How to Self-Isolate](#) & [COVID-19: Self-Isolation: Guide for Caregivers, Household Members and Close Contacts](#)

**If HRC individual
has symptoms**

- HRC must remain home and self-isolate for 14 days from last exposure/contact with positive case.
 - HRC is recommended to go for COVID-19 testing immediately.
 - Follow the direction provided in the letter from Public Health about when they can return to school/childcare/work. Must be able to pass screening tool before returning.
- Any household members of a symptomatic HRC must also self-isolate until test results return for symptomatic individual.

**If HRC individual
does not have symptoms**

- HRC must remain home and self-isolate for **14 days** from last exposure/contact with positive case.
 - HRC is recommended to be tested for COVID-19 **on or after day 7** of self-isolation period.
 - Follow the direction provided in the letter from Public Health about when they can return to school/childcare/work.
 - Must be able to pass screening tool before returning.
- Any household members of an asymptomatic HRC must stay home for the duration of isolation period except for essential reasons (school/childcare/work/groceries/medical).
- Please note: household members who are unable to isolate from the HRC (i.e. due to age of child, layout of house, etc.) must self-isolate for the 14 days as well and cannot leave for essential reasons.

**If HRC individual
tests positive for COVID-19**

- HRC who tested positive for COVID-19 must follow directions from Public Health (i.e. self-isolate for 10 days from symptom onset [or test date]).
- Any household members of a HRC who tests positive for COVID-19 must self-isolate for 14 days from last exposure/contact with the individual who tested positive.
- Household members are recommended to go for a COVID-19 test immediately, and if receive a negative test result, recommended to re-test on or after day 10 of isolation.

Return to School/Child Care Protocol for Children/Staff with COVID-19 Symptoms

*This guidance does not apply to high-risk contacts (HRC). If student/staff is a HRC refer to HRC letter from Public Health for directions.

Purpose: To be used when the COVID-19 school and child care screening tool recommends child/staff should be tested for COVID-19 due to the presence of symptoms. While a symptomatic child/staff is waiting for test results, they (AND any household members) must self-isolate until test results return or other criteria below is met.

If child/staff tests negative for COVID-19

Symptomatic child/staff may return to school if all the following are met:

- Test results are negative for COVID-19; AND
- Symptoms have been improving for 24 hours (and no fever); AND
- Must be able to pass screening tool

Note: proof of negative test result not required

Any household members must remain home while symptomatic person is awaiting test results. Once the person with symptoms gets a negative COVID-19 test result, household members may return to work/school/childcare as long as they pass the screening tool.

If child/staff does not get tested for COVID-19

Scenario 1:

Symptomatic child/staff may return to school if all the following are met:

- Child/staff has isolated for 10 days from symptom onset; AND
- Symptoms have been improving for 24 hours (and no fever); AND
- Must be able to pass screening tool

Any household members must isolate for 14 days from their last contact with the symptomatic individual who was not tested (and be able to pass screening tool) before returning to school/childcare.

Scenario 2:

If a health care provider (HCP) has diagnosed the symptomatic child/staff with a condition that isn't related to COVID-19, they can return to school/childcare:

- 24 hours after their symptoms start improving (and no fever)

Any household members can stop isolation and return to school/childcare once HCP has provided alternative diagnosis above and are able to pass the screening tool.

If child/staff tests positive for COVID-19

Symptomatic child/staff who tests positive for COVID-19 must follow directions from Public Health (i.e. self-isolate for 10 days from symptom onset and symptoms improving for 24 hours (and no fever)).

Any household members must self-isolate for 14 days from last exposure/contact with individual who tested positive.

Household members are recommended to go for a COVID-19 test immediately, and if receive a negative test result, recommended to re-test on or after day 10 of isolation.