

University of Guelph Child Care and Learning Centre

## Pandemic Protocol



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## Overview

As a licensed child care centre, the Child Care and Learning Centre (CCLC) is required to follow current health and safety requirements as directed by the local Public Health unit (WDGPH) and guidelines issued by the Ministry of Education and the *Child Care and Early Years Act, 2014 (CCEYA)*. This includes development of plans to ensure proper cleaning and sanitation, use of space, staffing, and use of PPE according to requirements in the early years sector. Child care centres must also demonstrate a plan to respond should any staff, children, or parents/guardians be exposed to COVID-19. Recognizing that physical distancing is not always possible in a child care setting, we remain committed to taking every reasonable precaution to reduce the spread of COVID-19. We are committed to maintaining open communication and supportive relationships with families while supporting the well-being of children and the health and safety of children, families, and staff throughout the pandemic.

Due to the evolving nature of the public health situation, this document is subject to change as required.

## About COVID-19

COVID-19 is a new (novel) coronavirus that can cause a wide range of illnesses ranging from the common cold to more severe respiratory illnesses. The virus is spread primarily from person-to-person through close contact. It typically spreads through coughing and sneezing, personal contact with an infected person, or touching an infected surface and then face – mouth, nose or eyes. The elderly (65+) and people with compromised immune systems or underlying medical conditions are most at risk of getting a more critical case of the novel coronavirus.

## Public Health Requirements for Child Care at a Glance

- Centres must be thoroughly cleaned and disinfected prior to reopening.
- No visitors, including parents, are allowed in the building during operating hours, unless they are essential (service people, custodians, etc.). Volunteers and placement students will not be permitted.
- All staff, parents/guardians, and children will be screened using the COVID-19 Active Screening Tool (Appendix B) daily upon arrival as per the Daily Health Screening Policy (Appendix A).
- Supply staff should only work at one location.
- No animals are allowed on site.
- As of September 1<sup>st</sup>, all adults must wear a medical mask and eye protection in child care sites.
- Child care staff caring for children within their designated cohort will practice physical distancing with children as much as possible and will wear a medical mask at all times.
- Child care centres must develop new protocols relating to operating during a pandemic.
- Child care centres must ensure all staff have reviewed the Pandemic Protocol.



## Guiding Principles

The CCLC is guided by the best science and advice of our own experts. As such, we approach our infection prevention protocols through the “hierarchy of hazard control” lens, employing strategies for *elimination* of the virus in the CCLC; and *protection* from the virus through engineering controls, administrative controls, and the use of PPE (Greer, et al., 2020, July 14). We must employ these strategies within the parameters recommended for our vulnerable and impressionable population, and with consideration for children’s emotional well-being.

## Elimination

Elimination is the first and most effective level of protection in which we take measures to prevent the virus from entering the CCLC.

All adults and children involved with the CCLC (staff, parents, children, siblings) must continuously monitor their health for signs or symptoms of COVID-19.

### Before Leaving Home:

All parents/guardians must check their and their child's temperature and overall health. All staff must check their own temperatures and health each day before going to the CCLC. Anyone who meets **one or more** of the following criteria, even if it resembles a mild cold, **should stay home and report their symptoms to the CCLC:**

- Temperature that is equal to or greater than 37.8 degrees Celsius
- New/worsening cough
- Shortness of breath
- Sore throat
- Hoarse voice
- Difficulty swallowing
- Runny nose, sneezing, nasal congestion
- Loss of sense of smell or taste
- Nausea/vomiting, diarrhea, abdominal pain
- Knowledge of recent clinical or radiological evidence of pneumonia

Atypical symptoms and signs of COVID-19 should also be considered, particularly in children, older persons, and people living with a developmental disability. These can include:

- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headache
- Croup
- Conjunctivitis
- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O2 sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)
- Multi-system inflammatory vasculitis in children

- Persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms (nausea, vomiting and diarrhea) and rash

Any of the above symptoms must be immediately reported to the CCLC and the individual must be tested at a local COVID- 19 Assessment Centre and indicate that they are working in or attending a child care centre.

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

<https://wdgpublichealth.ca/your-health/covid-19-information-public/assessment-centres-wdg>

### Upon Arrival:

All staff and families are asked to complete the screening tool online before arriving at the CCLC using the link emailed to them daily. Only one adult may drop off a child/(ren) at the CCLC at one time. All parents/guardians, children, and staff will be screened upon arrival at the CCLC if they did not complete the screening tool online. Adults are to put on a face covering and may **only** enter through the main front entrance of the CCLC (for toddlers and staff) or the back door of the portable (for preschoolers) to undergo screening (may be completed outside, weather permitting). Alcohol based sanitizer will be available. Others waiting to drop their child must follow the directional and instructional signs and use physical distancing or remain in their vehicles until the person at the screening table has left and area is disinfected. Parents are encouraged to park in lot P15 if necessary to maintain physical distancing at drop-off and pick-up times.

### Screening:

Parents/guardians must answer all questions asked in the Daily Health Screen, support their child in getting their temperature taken, and cannot leave their child at the CCLC until approved by the screener. Daily records of the COVID-19 Active Screening Tool results will be kept on file. 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. If a parent/guardian answers yes to any of the screening questions, their child(ren) will not be able to attend the Centre. The screener will wear personal protective equipment (PPE) (i.e. medical mask, eye protection). A table will be set up to place any items that the child needs for the day (backpacks, medication, etc.). The screening table will be cleaned/disinfected following each screening.

Any person(s) who has one or more symptoms, outlined in the 'COVID-19 Reference Document for Symptoms,' even if it resembles a mild cold, should stay home and report their symptoms to the child care centre. Children will be denied entry if they have one or more of the symptoms listed.

## Protection

### Engineering Controls:

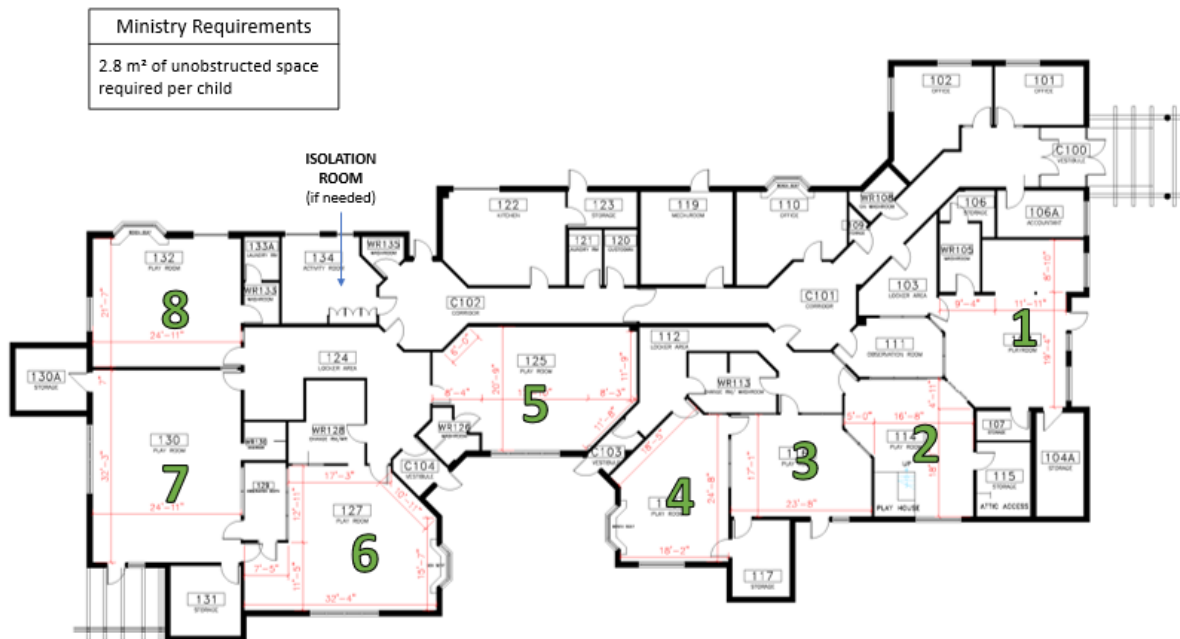
The CCLC has made substantial modifications to our physical spaces to decrease potential COVID-19 exposure while providing the best possible learning environment for the children in our care.

### Indoor Learning Environments:

To follow the guidelines provided by the Ministry of Education and Wellington-Dufferin-Guelph Public Health, each classroom will be treated as a cohort, with their own indoor space that will not be shared with any other cohorts. The classrooms will be set up following the necessary guidelines from public health, including removal of any learning materials and supplies that cannot be properly sanitized. We will have a cohort of children and educators within each of our eight classrooms within the Centre which will operate at full capacity effective September 1, 2020. If needed, to accommodate our CCLC community, we may use the classroom within the CCLC's portable as an extra preschool classroom if required for enrolment and if staffing allows.

The Art Studio will be used as an isolation room, as required by Public Health, if or when necessary.

Various spaces throughout the Centre will be set up as distinct areas for staff to take their breaks, including the staff room, middle portable office, library, and observation booths. The portable classroom may also be available for staff breaks if it is not needed as a preschool classroom.



In addition to these measures, the CCLC has also undertaken a renovation of the main toddler bathroom to divide it into two bathrooms, one for each of the adjacent rooms. This modification further decreases the likelihood of COVID-19 exposure as well as other communicable diseases. Every classroom/ cohort in the CCLC will have their own bathroom.

Hand hygiene tools including, alcohol-based hand sanitizer dispensers and handwashing sinks, will be equipped and accessible throughout the Centre. Furniture and learning materials will also be set up to promote more individual play and allow for space between children within the classrooms.

### **Cleaning and Disinfecting:**

Increasing the frequency of cleaning and disinfecting of furniture, learning materials, and high-touch surfaces is an effective measure in controlling the spread of viruses and other microorganisms. CCLC staff will adhere to the recommendations from Public Health to designate learning materials by cohort; disinfect all surfaces and learning materials at least twice daily (before and after use); and to disinfect mouthed objects immediately. All surfaces especially surfaces that are frequently touched, such as doorknobs, handles, light switches, toilet handles, tables, chairs, counter-tops, cabinet drawer handles, faucets, taps, learning materials, laundry machine buttons, etc., will be disinfecting at least twice daily and when they become visibly dirty. All soiled or visibly dirty surfaces will be cleaned before disinfecting.

Cleaning and disinfecting of learning materials will be completed between activities, with cleaning occurring prior to disinfection. Items that cannot be cleaned or disinfected such as craft supplies, nature-based objects, or sensory materials like playdough, must be: dedicated to individual children and kept in a designated location (cubby/bag/container labeled with the child's name); OR if they cannot be dedicated to a single child, 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. Staff will track and record rotation of items. Group water or sensory play is not permitted. Individual water or sensory play is permitted if all items are dedicated to individual children and physical distancing is maintained during the activity. Mouthed toys must be removed and sprayed with disinfectant immediately and set aside in a designated area for further cleaning and disinfection. Children will wash their hands before and after play (see Appendix C - Cleaning and Disinfecting Fact Sheet and Schedule).

### **Cleaning and Disinfecting Blood/Bodily Fluid Spills:**

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

- 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 in and around the spill area and allow appropriate disinfecting contact time
- A final rinse is required if children come into contact with the area
- Remove and immediately discard Personal Protection Equipment



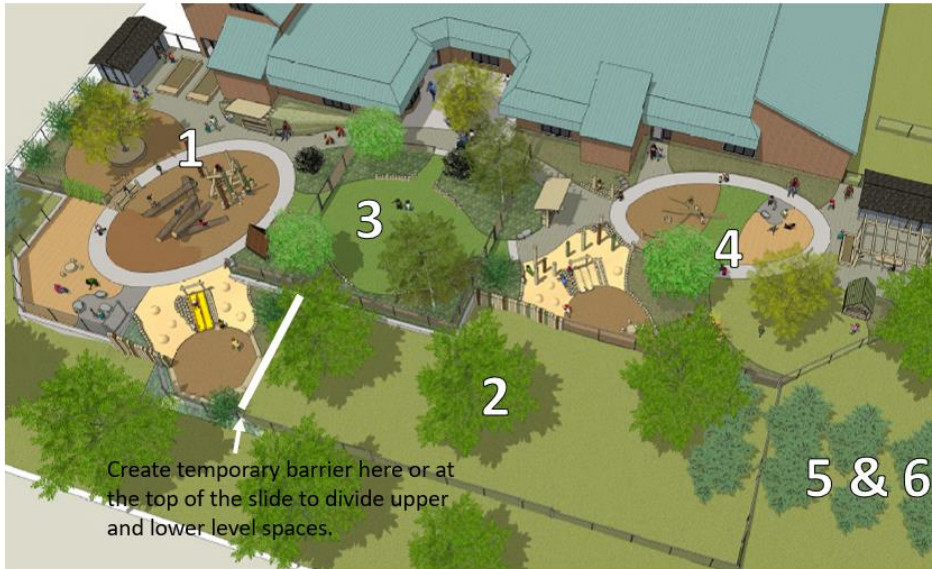
**Rest Time:**

The distance between children’s cots will be increased where space permits. Where this is not possible, children will be positioned head-to-toe or toe-to-toe during rest time. Cots and bedding are dedicated to one child and the linens are laundered weekly, or more if wet or soiled. High touch surfaces on cots will be disinfected at least twice per day (before and after rest time) and as often as necessary.

**Outdoor Learning Environments:**

In shared outdoor spaces, cohorts must maintain a distance of at least 2 metres between groups and any other individuals outside of the cohort. This would be challenging to enforce on a shared playground. The CCLC is fortunate to have numerous distinct outdoor play spaces and the ability to access additional space behind Alumni House (as was done in 2019 during the playground renovation) and in our adjacent greenspace.

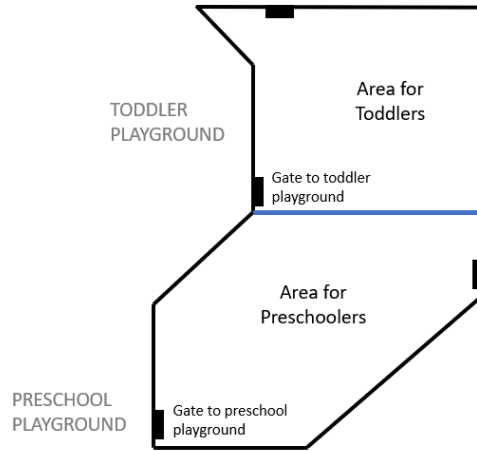
The existing playground will be divided into 6 separate spaces by dividing the preschool area into two spaces (upper and lower levels) and by dividing the front greenspace into two spaces (one for a preschool group and one for a toddler group).



**AREAS OF PLAYGROUND**

1. Top Level of Preschool Playground (preschool age group)
2. Bottom Level of Preschool Playground (Green Space) (preschool age group)
3. Common Area (could be either age group)
4. Toddler Playground (toddler age group)
5. Front Orchard Area (divided into two areas by temporary fence) (upper area toddler, lower area preschool)
6. Front Orchard Area (divided into two areas by temporary fence) (upper area toddler, lower area preschool)

We will need to add a divider of temporary fencing to create two spaces out of the front green space (5 & 6 in diagram above). See diagram below.



**Black** is existing fencing.  
**Blue** is added temporary fencing to divide the space.

In order to create two separate outdoor learning spaces behind Alumni House, we will add temporary fencing in a way that is similar to the space that was created when we underwent our playground construction in 2019 (see diagram below).



This approach allows each classroom to have their own outdoor learning environment that they can engage with and explore safely. Cohorts will rotate the use of the various spaces based on the needs and interests of the children.

Use of water tables, sensory bins and sandboxes continues to be prohibited. Each cohort will have outdoor learning materials and equipment dedicated to them, or the items will be cleaned and disinfected before being used by another cohort. Outdoor bins will also be cleaned and disinfected.

**Outdoor Play Structures:** Use of play structures enclosed on a childcare property is permitted. As it is not practical or possible to disinfect large playground structures, particularly nature-based playground structures, cleaning and disinfecting efforts will focus on plastic or metal high touch surfaces where hands frequently make direct contact (e.g. grab-bars, hand railings). Play structures can only be used by one cohort at a time. Cleaning and disinfection will occur between cohorts if less than 72 hours since last use. Children will wash their hands before and after play.

## **Administrative Controls:**

This next level of protection involves changes to the way we work, learn, and play in order to promote physical distancing and reduce person-to-person contact to minimize the risk of transmission.

### **Cohorts:**

A cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program.

Effective September 1<sup>st</sup>, 2020, child care centres are permitted to operate at their full licensed capacity. The CCLC will return to our licensed capacity effective Tuesday September 8<sup>th</sup>, 2020 but will continue to treat each classroom as a cohort (stay together throughout the day and not permitted to mix with other cohorts).

Wellington-Dufferin-Guelph Public Health is strongly recommending that siblings remain together wherever possible to better manage infection control.

*Note:* Ratios of staff to children have not changed (1:5 in toddlers and 1:8 in preschool) however, the maximum cohort size will override child care ratios and may change throughout the pandemic.

According to the guidelines provided by the Ministry of Education and Wellington-Dufferin-Guelph Public Health, physical distancing is not expected to be maintained at all times within cohorts. This means that the children and educators within a cohort will be able to engage in short-duration close interactions with each other within their indoor and outdoor learning environments. These close peer and educator interactions are critical for children's holistic development and learning and are a fundamental component of the CCLC's pedagogical approach.

### Daily Departures from the CCLC:

In addition to the new process for arrivals to the CCLC that include a Daily Health Screen, departures from the CCLC must also be carried out in a way that minimizes risk. Parents/guardians are asked to notify the Centre 30 minutes in advance of picking up their child so the CCLC staff can prepare the child and their belongings for pick-up. Children will be assisted to wash their hands before leaving the CCLC. Only one parent can approach the Centre at a time. Other parents waiting to pick up their children must remain outside or in their vehicles until the pick-up area is cleared. Parents/guardians must remain outside the main front entrance where they will either wait for their child to be brought to them OR they may be directed to their child's outdoor space to pick up their child if it is accessible without going through the Centre or other outdoor spaces (this may be possible for children in play yards behind Alumni House or the divided greenspace).

CCLC staff are to put on a mask and only enter and exit through the main front entrance of the Centre. Staff will disinfect all personal belongings with hard surfaces to be taken home and 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 (adults and children) 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

### Personal Items:

Parents are strongly discouraged from sending children's personal items into the CCLC. Only essential items should be sent with children. Staff should also limit personal items being brought to the CCLC. 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 or staff member (i.e. labeled cubby). CCLC water bottles used by children throughout the day are labeled and sanitized daily. Products such as creams and lotions must be labeled 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 applied during diapering, a single-use glove will be used. All personal items used for diapering must be labeled 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 (labeled cubby). Extra clothing / items will be brought in for one week at a time. Children's bags or backpacks should stay at the Centre for the duration of the week.

### Outdoor Learning:

In addition to ensuring a distinct and separate outdoor space for each cohort, the CCLC will continue to embrace nature-based outdoor learning as an approach to children's well-being and as an important strategy in reducing the risk of transmission of COVID-19. The CCLC children and educators are already

accustomed to extended outdoor learning and engagement. We will continue to embrace outdoor learning and endeavour to extend these experiences as much as possible, even including meal and rest times where appropriate. Outdoors is also where children and staff can enjoy singing. In addition to our beautiful and varied outdoor learning spaces, we are fortunate to have the Arboretum and the University of Guelph campus to explore and maximize the time spent outdoors.

**Connections with Families:**

We are committed to maintaining strong, supportive relationships with families through communication and collaboration. During the first three months of our closure, the CCLC educators conducted online morning meetings and met with parents virtually to discuss children's development, behaviour, and well-being. We found this to be an important tool in maintaining connections and providing support. Because parents/ guardians will no longer have an opportunity for daily connections with their children's educators at drop-off and pick-up time, we will continue to offer families regular opportunities to chat with an educator from their child's classroom via Microsoft Teams once we re-open. We hope this approach will be a valuable tool in maintaining the CCLC's strong sense of community belonging and will support children's development and well-being.

**Connections Between Staff:**

The CCLC staff team is a tightknit community that is supportive and connected. Throughout the closure the team has continued to meet informally bi-weekly via Microsoft Teams for an opportunity to socialize and check-in. Physical distance is not social or emotional distance. Upon re-opening, CCLC staff will maintain the 2 metre recommended physical distance and will not gather for lunch, break, or other activities. We are facilitating this approach by converting numerous spaces throughout the CCLC to staff areas for use during breaks and lunches. Staff will not carpool with other staff. Program meetings, team meetings, and one-on-one meetings will be held outdoors or via Microsoft Teams wherever possible and through pre-approved lieu time accumulation if necessary.

**Practicum:**

The CCLC, as a lab school, is the instructional site of the intensive third year Child Practicum in the BAsC Child, Youth, and Family program. Through the completion of this practicum, students graduating from the program are eligible for membership with the College of Early Childhood Educators. All practicum courses for Fall 2020 and Winter 2021 within the Department of Family Relations and Applied Nutrition will be delivered through an alternative delivery method with synchronous instruction. This means that there will be a set time for the students to complete some coursework and attend seminars but that all of this will be completed online. The College of Early Childhood Educators acknowledges the limitations of post-secondary institutions to fulfill typical experiential learning requirements during the pandemic and has approved students completing their practicum hours online for the 2020/2021 academic year.

FRHD\*3200 is made up of two components – the practical lab component which usually occurs at the CCLC and the lecture component. FRHD\*3200 is an important building block for the students' practicum experiences so it focuses on developing many key foundational skills for working with children, such as interacting and communicating with children, program planning, designing learning environments, guiding and managing children's behaviour, teamwork, documenting children's learning, reflective practice, and being a professional in the field of early learning and care. Since the students will not be able to complete their lab component in-person at the CCLC this Fall or Winter semester, it will instead be made up of a variety of carefully designed online learning experiences where they will develop these new skills and apply the theory that they have learned in previous courses. The students will have many

opportunities to engage with observations of real children and classrooms to be able to apply some of this learning, including some observations of the CCLC's classrooms consistent with the student involvement shared with parents at intake. They will also have the opportunity to engage with educators from the CCLC through online guest workshops and lectures.

**Food Preparation:**

For child care centres that are licensed under the Food Premises Regulation, the facility must operate in accordance with the Regulations. Food handling staff must practice hand hygiene and are excluded from work if they are symptomatic. The kitchen area must be accessible only to kitchen staff. When not in use, the kitchen must be inaccessible to non-designated staff and children. Staff working with children will ensure food is not shared between children and that there is no self-serving of food or family style dining. Tables and chairs will be spread out to promote physical distancing at meal times; eating periods may be staggered to accommodate smaller groups with more space; and mealtimes may occur outdoors, weather permitting.

**Hand Hygiene:**

Hand hygiene will be maintained as per outbreak protocols by incorporating additional hand hygiene opportunities into the daily schedule. Hands should be washed for a minimum of 20 seconds and children should be assisted with hand hygiene. All individuals at the CCLC must wash their hands at the start of the day prior to engaging in play with the group and again before leaving at the end of the day. Additionally, 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. Gloves should be worn when it is anticipated the hands will come into contact with blood or bodily fluids and when providing care to a symptomatic child. Hands must be 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 will be available throughout the CCLC, especially in areas without immediate access to hand washing sinks, including outdoors. All hand washing sinks must be unobstructed; possess hot and cold water, liquid soap, and disposable paper towel.

**Enrolment:**

Due to the implementation of cohorts as a mechanism to reduce the risk of transmission of COVID-19, the CCLC will be re-opening on August 31<sup>st</sup> with spaces offered to all existing families who were enrolled prior to the closure. We have reduced notice requirements for families to allow them to make decisions based on announcements from local school boards and Public Health. Once JK eligible children have transitioned to school and our staffing situation stabilizes, we will offer the remaining spaces to families on our waitlist. Effective September 1<sup>st</sup>, 2020, our enrolment can be at full licensed capacity, though we may be slightly lower than our capacity upon re-opening due to anticipated staffing shortages. Also as a result of the cohort model, we have had to make the difficult decision to only offer full-time care for the upcoming academic year. Our part-time families have been understanding of this decision with many opting to attend full-time. We have offered an extended Leave of Absence for part-time families affected by this decision so, if they elect not to attend full-time beginning August 31<sup>st</sup>, they can maintain priority for a full-time space up to September 2021.

**Staffing:**

Staffing shortages pose the greatest risk to CCLC operations due to the heightened requirements for exclusion from work based on symptoms. The CCLC called back all full-time and supply staff to be able to re-open on August 31<sup>st</sup>. All supply staff have been contacted and asked to confirm their intent to return

to the CCLC. As per Public Health guidelines, supply staff are required to work at only one child care site. TFT and RFT staff will return to work on August 24<sup>th</sup> in order to complete the necessary training through Public Health; review and understand new policies and protocols; set-up their rooms; hold virtual morning meetings with children and families to help support the transition of children into their new classrooms; and meet with parents via Microsoft Teams. There will be one-and-a-half unpaid days (Thursday afternoon and Friday) that week. Staff will return to full-time regular hours upon re-opening on Monday August 31<sup>st</sup>.

**Workplace Physical Distancing:**

The CCLC is taking measures to ensure physical distancing of staff outside of cohorts. This includes removing the extra computer and desk from the front office; re-arranging office equipment (i.e. photocopier, laminator) to ensure physical distance while using them; creating a space for PPE supplies; adding a physical barrier (swing gate) to the entrance of the front office; and developing a new system for printing and delivery of mail/ items to staff. Signage has been posted to remind staff to disinfect equipment and appliances after using and to indicate room capacity and physical distancing requirements throughout the facility.

## Personal Protective Equipment:

This final level of protection is intended to prevent the spread of respiratory droplets that may transmit COVID-19. The CCLC will ensure the availability and appropriate use of PPE.

Parents will be required to wear masks during the pick-up and drop-off process. All staff will be required to wear masks when moving throughout the CCLC buildings. As of September 1<sup>st</sup>, staff will also be required to wear masks within their cohorts unless Wellington-Dufferin-Guelph Public Health gives direction that this is not required. Essential visitors, custodial, or other University of Guelph staff will be required to wear masks at all times in the CCLC buildings. Personal protective equipment will be worn by CCLC staff according to the following table from Public Health:

Staff Role	Type of PPE required
Screener and/or Runner	<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye protection (goggles or face shield)</li> </ul> Ensure hand hygiene is performed before and after each child
Child care staff during general supervision	<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye protection (goggles or face shield)</li> </ul>
Child care staff acting as a “floater” or coverage for breaks	<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye protection (goggles or face shield)</li> </ul>
Child care staff providing care for a sick child (suspect case of COVID-19)	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye protection (goggles or face shield)</li> <li>• Gown</li> <li>• Gloves</li> </ul>
Child care staff cleaning up bodily fluids with the risk of splashing/soiling of clothing	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye protection (goggles or face shield)</li> <li>• Gown</li> <li>• Gloves</li> </ul>
Sick child (suspect case of COVID-19)	<ul style="list-style-type: none"> <li>• Medical mask (if tolerated)</li> </ul>
Environmental cleaning (no direct care or close contact with children or other staff)	<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye protection (goggles or face shield)</li> <li>• Gloves, as required (as per manufacturer’s instructions)</li> </ul>
Cook, food handler	<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye protection (goggles or face shield)</li> </ul>
Essential Visitors	<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Eye protection (goggles or face shield)</li> </ul>



## Suspected Cases of COVID-19

Despite best efforts there remains the possibility that a child, parent, or staff of the CCLC could present with symptoms of COVID-19. At this point, strategies to contain the virus will be implemented.

Child care centres within the meaning of the Child Care and Early Years Act, 2014, have the duty to report suspected or confirmed cases of COVID -19 under the Health Protection and Promotion Act. Effective September 1, 2020, child care centres are required to submit a Serious Occurrence to the Ministry of Education if a child, parent, or staff member has a confirmed case of COVID-19 OR exhibits one symptom AND gets tested for COVID-19 or indicates that they will get tested. The CCLC will contact Wellington-Dufferin-Guelph Public Health to report any suspected or confirmed case of COVID-19. Public Health 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. Child care centres are required to consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child as a confirmed COVID-19 *outbreak* in consultation with the local public health unit. Outbreaks should be determined in collaboration between the Centre and Public Health to ensure an outbreak number is provided. Suspected cases will also be reported to the U of G Human Resources according to University guidelines.

### Child Presents with Symptoms:

In the event that a child presents with symptoms of COVID-19 while in attendance at the CCLC, the Child Care Isolation Policy will be followed.

#### **Child Care Isolation Policy (see Appendix D) Children – While in Attendance:**

Any child exhibiting a symptom associated with COVID-19 must be immediately separated from others in a supervised isolated area to continue assessment of suspected symptoms in order to determine further action and/or until they are picked up. The child exhibiting symptoms will be isolated in a separate room with a supervising child care staff member (in full PPE). The staff member who is providing care to the child should wear PPE and maintain a distance of 2 metres. Children with symptoms should be tested. 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.

#### **While in Isolation:**

The child with suspected COVID-19 should wear a surgical/procedural 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. The parent/guardian will be notified and must immediately pick up their child.

Hand hygiene and respiratory etiquette should be practiced with the child who is waiting to be picked up. A member of the Administrative Team must immediately begin to complete the appropriate Suspected/Confirmed Case of COVID-19 Tracking Form to document details of the suspected case and will contact Public Health to notify of a potential COVID -19 case.

## Centre Staff Presents with Symptoms:

In the event a CCLC staff member experiences symptoms of COVID-19, they must report their symptoms to a member of the Administrative Team immediately. The staff person will take precautions to protect the children and co-workers throughout this process. Once staff coverage is deployed to the room, the symptomatic staff will be required to leave work following the departure process and arrange to be tested for COVID-19. They will be excluded from work while in self-isolation. Surfaces that were touched by the staff displaying symptoms must be disinfected as soon as possible in accordance with Cleaning and Disinfecting protocol. A member of the Administrative Team will complete the symptom tracking spreadsheet. 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.

## Child Experiences Symptoms While Not in Attendance:

Parents will notify the CCLC immediately by email or message through HiMama with details if a CCLC child begins to experience symptoms of COVID-19. A member of the Administrative Team will complete the appropriate Suspected/Confirmed Case of COVID-19 Tracking Form and notify the Ministry of Education. The child with symptom(s) of COVID-19 must:

- self-isolate for 14 days from the onset of symptoms;
- or visit a COVID-19 Assessment Centre to be tested and inform the Assessment Centre that attend/work in child care and self-isolate until the test results are received;
- or they must receive an alternate diagnosis from a medical practitioner.

Symptomatic children and staff will be recorded and Public Health guidance on communication will be followed for confirmed cases.

## Confirmed Cases of COVID-19

Public Health will notify a child care operator of any confirmed positive cases and will follow up with any close contacts to the confirmed cases. Members of the Administrative Team will follow the explicit directions of Public Health and U of G Human Resources and will complete all reporting requirements. Parents, children, and staff should self-monitor for signs of COVID-19.

## Returning to the CCLC

Anyone with a suspected or confirmed case of COVID-19 will be able to return to the CCLC according to the Exclusion and Self-Isolation Requirements (see Appendix E).



## Contacting Public Health

Maintaining open communication with our Public Health contact throughout the pandemic will be key to maintaining the safest possible environment for children, families, and staff.

**Child care programs are instructed to contact WDGPH Intake: Call: 1-800-265-7293 or 519-822-2715, Ext. 4753 Or email: [PHI.intake@wdgpublichealth.ca](mailto:PHI.intake@wdgpublichealth.ca)**

- For inquiries, questions, or concerns related to COVID-19 and child care centres;
- For reporting suspected COVID-19 cases; and
- 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**

## Daily Health Screening Policy

Parents/Guardians must comply with the CCLC's process of completing the Daily Health Screen either outside or just inside the main entrance. A staff member will then assist the child with using an alcohol-based hand sanitizer before taking them to their cubby to remove outdoor clothing and disinfect any items from home. The same staff person will then bring the child to their program room. The staff person will sanitize their hands before assisting the next child.

All CCLC staff must complete the Daily Health Screen 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. prior to reporting to their program/ workspace.

### Health Screen Area Set Up

The Daily Health Screen area must be set up at the front entrance of the CCLC either between the double doors or outside, weather permitting.

The area will be readily visible and will be equipped with: visual guides to ensure physical distancing between the screener and those arriving at the Centre; COVID-19 Active Screening Tool (either electronic or paper); hand sanitizer; no-touch infrared thermometer; PPE for the Screener; extra masks for individuals who forgot a mask; Public Health resources. The screening area will have a trained staff member present at all times during the designated drop-off and pick-up periods.

The Screener must be in full PPE (mask and goggles OR a face shield, gown and 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 Screening Tool, 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, or has a fever, then they have not met the screening requirements and cannot enter the building. A member of the Administrative Team will contact the Assessment Clinic to provide Public Health with the result.

Completed COVID-19 Active Screening Tools are submitted to the CCLC Office daily.



## WDGPH COVID-19 Cleaning and Disinfection Factsheet and Schedule

### COVID-19 Child Care Cleaning and Disinfection Factsheet

#### When selecting a disinfectant to use in the child care centre:

- Locate the product sheet and/or review the product label to understand how to use the product safely and effectively (expiry date, re-use claim, contact time, dilution).
- Make sure the product (other than bleach) has either a Drug Identification Number (DIN) or a Natural Product Number (NPN)
- Review the Manufacturer's Instructions For Use (MIFU) for contact time (the time the disinfectant must stay wet on a surface). A long contact time may not be practical.
- If the disinfectant is mixed from concentrate:
  - Determine how the disinfectant must be diluted to ensure consistency (i.e. automated mixing devices or dispensers/measuring cup/test strips).
  - Post instructions for staff on proper handling and dilution of the disinfectant. Label bottles clearly.
  - Review the product label to determine how often the disinfectant must be replaced.
  - Test strips must be used and logged when verifying the concentration of the disinfectant. Ensure test strips are not expired.
- Assess where the disinfectant will be used. If the disinfectant will also be used on food contact surfaces an extra rinse step may be required if it is not a food grade product (e.g., accelerated hydrogen peroxide products such as Virox and Oxivir).
- Do not top up the disinfectant bottles. Once the product is used or discarded, clean the bottle out before re-filling. Topping up bottles will over or under dilute the product.

#### Reminders:

- Toys must be inspected for damage as well as cracked or broken parts as this may compromise cleaning. Any toy that is found to be damaged, cracked or broken must be discarded.
- Toys and surfaces must be cleaned with warm soapy water before they are disinfected unless a one-step product is used.
- Review the label of the cleaning and disinfection product used onsite and follow instructions especially for:
  - Whether pre-cleaning or cleaning is required before disinfection
  - Whether PPE is required when using the product
  - How to apply the product
  - Contact time for disinfection (time the disinfectant must remain wet on the item)

- Whether a rinse step is required for food contact surfaces. Some disinfectants are not a food grade product
- Expiration date. Do not use expired products
- Storage (store out of children's reach)
- Disinfection options include:
  - Use of a commercial dishwasher (can also be NSF certified)
  - Hospital grade, approved low-level disinfectant
  - Bleach and water solution:
    - Clean the surface or toy with soap and water first, rinse and then apply the bleach and water solution. Allow to air dry.
    - Make a new bleach and water solution daily
    - Do not mix bleach with ammonia-based products as a toxic gas can form.

**Other considerations**

- Storage bins for toys should also be cleaned and disinfected along with the toys.
- Use toy cleaning time to inspect toys for safety and durability. Discard any unsafe, broken or questionable toys.

Active Ingredient or Brand Name	Contact Time	Format	Test Strips
<i>Follow MIFU for appropriate use, dilution, mixing, contact times, and reuse. Check expiration dates on all products.</i>		<i>Ready to Use/ Wipe / Concentrate</i>	<i>Yes/ No</i>
Bleach and water 1:500, 100 ppm Mix ½ tsp bleach to 1 litre of water	10 minutes for submersion  Allow to air dry if sprayed	Dilute 5.25% household bleach, immerse/spray	Yes
Quaternary ammonium (Airx44, Q111)	10 minutes	From concentrate	Yes
0.5% Accelerated Hydrogen Peroxide (Virox 5, Oxivir TB)	Varies by product	Various forms	No
Quaternary ammonium or chlorine-based sprays/wipes (Clorox, Lysol)	Varies by product	Ready to Use spray/wipes	No

\* This is a sample list of products. It is not intended to include all low-level disinfectants. Please refer to [Health Canada's list of approved disinfectants](#)

## Child Care Cleaning and Disinfection Schedule

### COVID-19 Child Care Cleaning and Disinfection Schedule

Areas	Do Not Use	After each use	Twice Daily and as needed	Daily and as needed	Weekly and as needed	Monthly and as needed	At least every 6 months
<b>Play and Sleep Areas</b>							
Individual water play, toys		X					
Individual sensory, sand*					X		
Individual nature based items*				X			
Infant toys (mouthed)		X					
Infant toys (not mouthed)				X			
Face cloths, bibs, high chairs		X					
Toddler/Preschool toys – disinfect				X			
Stuffed toys / Dress-up clothes	X						
Vinyl mats – clean/disinfect				X			
Bleach sanitizer – replace				X			
Garbage containers – empty				X			
Garbage containers – clean					X		
Linen/bedding (shared) – launder		X					
Linen/bedding (dedicated) – launder					X		
Cots – clean/disinfect		X					
Shelving – clean/disinfect						X	
Cushion covers – launder				X			
Floors – dry sweep, wet mop				X			
Floors – clean under rugs				X			
Carpets – vacuum				X			
Carpets – steam clean							X



Areas	Do Not Use	After each use	Twice Daily and as needed	Daily and as needed	Weekly and as needed	Monthly and as needed	At least every 6 months
<b>Washrooms</b>							
Potty chair/seats – disinfect		X					
Diaper change mats/table		X					
Counters, sinks, toilets			X				
Floors – sweep and sanitize				X			
<b>High Touch Surfaces</b>							
Light switches			X				
Door knobs/handles			X				
Tables			X				
Chairs			X				
Counters			X				
Cabinet/drawer handles			X				
Handrails			X				
Faucet taps			X				
Toilet levers			X				

\* Nature based and sensory items must i) dedicated to each child and kept in a designated location OR, ii) 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

## Child Care Isolation Policy

All licensed child care centres must have a designated room or area to isolate a child who begins to show consistent or worsening symptoms of COVID-19 away from other children in care. The poster “Putting on PPE” must be posted in the room (see WDGPH resources). The room or area must be free of communal soft surfaces and be equipped with an individual cot, sheet, and blanket for the child, limited hard surfaced learning materials, hand sanitizer, a no-touch infra-red thermometer, tissues, and a waste bin lined with a plastic bag.

The CCLC has designated the Art Studio at the end of the main corridor as the isolation room for as long as required.

### **While in Attendance:**

Any child exhibiting a symptom associated with COVID-19 must be immediately separated from others in a supervised isolated area to continue assessment of suspected symptoms in order to determine further action and/or until they are picked up. The child exhibiting symptoms will be isolated in a separate room with a supervising child care staff member (in full PPE). The staff member who is providing care to the child should maintain a distance of 2 metres. Children with symptoms should be tested. 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.

### **While in Isolation:**

The child with suspected COVID-19 should wear a surgical/procedural 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. The parent/guardian will be notified and must immediately pick up their child.

Hand hygiene and respiratory etiquette should be practiced with the child who is waiting to be picked up. A Centre staff must immediately begin to complete the appropriate Suspected/Confirmed Case of COVID-19 Tracking Form (from Public Health) to document details of the suspected case. Public health will be contacted and notified of a potential COVID -19 case.

### **Process:**

The CCLC staff person supervising the child must remain in the room for the duration of the isolation period while the Administrative staff completes all required notifications. The child should be closely monitored and comforted as needed while trying to maintain as much physical 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 disinfects the 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.

## Exclusion and Self-Isolation Requirements

### 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 has 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 up to 48 hours prior to symptom onset.

### Symptomatic at Time of Testing with Presence of Risk Factors

Individuals who develop symptoms of COVID-19 with the presence of risk factors should self-isolate and be tested for COVID-19. Individuals are required to self-isolate while test results are pending.

#### Positive Result

Those who test positive for COVID-19 must be excluded for 14 days after the onset of symptoms and must be afebrile and symptoms improving for 72hrs prior to returning. \*Close contacts of these individuals should **self-isolate** for 14 days from last contact

#### Negative Result

Those who receive a negative COVID-19 result but have the presence of ANY risk factors should not return until: 14 days after the onset of symptoms AND afebrile and symptoms are improving \*Close contacts of these individuals should **self-isolate** for 14 days from last contact

### Symptomatic at Time of Testing Without Presence of Risk Factors

Individuals who develop symptoms of COVID-19 without risk factors should self-isolate immediately and be tested for COVID-19. Individuals are required to self-isolate while test results are pending.

\*Close contacts of these individuals awaiting test results should self-monitor until the result is available and are permitted to continue to work at or attend child care during this time.

#### Negative Result

Those who receive a negative COVID-19 result but without the presence of ANY risk factors should not return until: 24 hours symptom-free \*Close contacts of these individuals should self-monitor for 14 days from last contact

**Positive Result**

Those who test positive for COVID-19 must be excluded for 14 days after the onset of symptoms and must be afebrile and symptoms improving for 72hrs prior to returning (in accordance with the current COVID-19 Quick Reference Public Health Guidance on Testing and Clearance).

\*Close contacts of these individuals should self-isolate for 14 days from last contact

**Asymptomatic at Time of Testing with Presence of Risk Factors**

Individuals without symptoms who have been tested for COVID-19 due to the presence of risk factors are required to self-isolate while test results are pending.

**Negative Result**

Those who receive a negative COVID -19 result but have the presence of ANY risk factors should not return until: 14 days after the last date of exposure (contact with confirmed or probable case or date of return from travel); AND continue to be asymptomatic.

\*Close contacts of these individuals should self-monitor for 14 days from last contact

**Positive Result**

Those who test positive for COVID-19 must be excluded for 14 days from the COVID-19 test date and must be afebrile and remain asymptomatic for 72hrs prior to returning (in accordance with the current COVID-19 Quick Reference Public Health Guidance on Testing and Clearance).

\*Close contacts of these individuals should self-isolate for 14 days from last contact

**Asymptomatic at Time of Testing Without Presence of Risk Factors**

Individuals without symptoms who have been tested for COVID-19 without the presence of risk factors should self-monitor for symptoms while results are pending.

**Negative Result**

Those who receive a negative COVID-19 result without the presence of ANY risk factors can continue to attend work or child care for as long as they continue to be asymptomatic. \*Close contacts of these individuals should self-monitor for 14 days from last contact.

**Positive Result**

Those who test positive for COVID-19 must be excluded for 14 days from the COVID-19 test date and must be afebrile and remain asymptomatic for 72hrs prior to returning \*Close contacts of these individuals should self-isolate for 14 days from last contact.

**Exclusion and Self-Isolation Requirements****When can I go back to work/child care?**

You can go back to work/child care if you:

- received a negative COVID-19 test result and are symptom-free for 24 hours OR,
- have self-isolated for 14 days and symptoms have resolved OR,
- received a different diagnosis from a health care provider (e.g., strep throat, bacterial conjunctivitis)

\*After receiving a negative COVID test, if mild symptoms known to persist in young children linger, it would be a case-by-case assessment between the child care operator, the parent(s) and a healthcare provider (as needed) to determine the child's return to child care (i.e. a child may be permitted to return to child care while mild symptoms are ongoing given they have received a negative test result and consultation has occurred between the child care operator, parents and health care provider). Each case is unique and requires consideration of the child's health history and possible health care provider assessment.

Note: Child care centre should refer to the *Childhood Illness Reference Guide for Schools and Child Care Centres* for direction on exclusion requirements if the child has been diagnosed with an infectious disease other than COVID-19.