COVID-19 Pandemic Plan
(Peel, Simcoe and Toronto)

Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. To reduce the impact of COVID-19 outbreak conditions on our children, staff and families, it is important for us to plan for COVID-19 and mitigate the associated risks. This document provides guidance and direction for staff and families to reduce the potential risk for infection.

These instructions supersede Lullaboo childcare center policies that are already in place. Covid-19 Pandemic plan measures/policy will be reviewed with all center staff prior to their start date. The implementation of the policy is monitored in accordance with our Monitoring Compliance and Contraventions Policy.

Infection Prevention and Control

All current infection prevention and control practices are adhered to, this includes but is not limited to:

Toys and Equipment

- All toys used at the center must be made of material that can be cleaned and disinfected daily (e.g. avoid plush toys)
- For cleaning and disinfecting objects, toys and frequently touched surfaces follow guidelines of Lullaboo's super wash phase.
- High touch surfaces are most likely to become contaminated, including doorknobs, light switches, toilet handles, faucet handles and electronic devices must be disinfected at least every four hours
- Low touch surfaces must be cleaned and disinfected daily
- Carpets are to be vacuumed and steamed daily when rooms are available, i.e., during outdoor play or rotation of program spaces
- Tables and chairs are to be cleaned daily and as often as needed (i.e. before and after meals, snack time and activities)
- Outdoor play structure must be cleaned and disinfected at least twice per day when in use, in between cohort groups, or as often as necessary.

General Infection control practices

- Children must not share soothers, bottles, sippy cups, toothbrushes, facecloths, etc. All children's personal belongings are labelled, specifically sippy cups, bottles, pacifiers, potty seats and cots
- The plastic handle of pacifier must be washed with soap and water upon arrival to the center
- Upon arrival to the center, disinfect cream/lotion container with a disinfecting wipe or ES364 sprayed paper towel and let it air dry
- Do not use sensory tables
- Individual sensory play is permitted (i.e. each child has their own separate bin)
- Ensure each child's individual sensory toys are labelled, cleaned and disinfected after use
- Avoid getting close to faces of all children, where possible.
- No family serving style at any time.
- Meals & snacks should be portioned into individual size by staff before serving to children.
- York region: Meals & snacks should be portioned into individual size from kitchen before serving in classroom.
- When seconds are served to children, it should be served in new individualized plates.
- No utensils or food items (e.g., serving spoon or salt shaker) should be shared

- Multi-use utensils must be cleaned and sanitized between uses.

Cots

- Cots and cribs must be labelled and assigned to children
- Cots and cribs should be disinfected after each use;
- Cot sheets must be laundered after each use;
- Blankets must be labelled with child's name and stored separately in plastic bags and kept out of way of everyday activities
- When blankets and sleeping bags are brought from home for children, ensure parents launder all items before bringing them to center, and store them separately in plastic bag
- Increase the distance between cots and place (ideally 2 meters), If space is tight place children head-to-toe.
- When holding infants and toddlers, use blankets or cloths over childcare providers clothing and change between children.

Physical Distancing and Outdoor play

Encourage more physical space between children by:

- Small grouping children into different areas;
- Small grouping children during lunchtime and outdoor playtime; and,
- Incorporating more individual activities or activities that encourage more space between children.
- **Avoid singing activities indoors**.
- Ensure child care staff is practicing physical distancing during snacks and lunches. Re-arrange chairs and tables to ensure physical distancing in staff room
- During outdoor play Cohorts are to maintain at least 2-meter physical distance that is indicated with physical barriers.
- If play structures are to be used by more than one cohort, the structures can only be used by one cohort at a time and should be cleaned and disinfected before and after each use by each cohort.

Hand hygiene

Staff should wash their hands with soap and warm water frequently, and **must** wash their hands in the following situations:

- When they arrive at the center and before they go home
- Before handling food, preparing bottles, feeding children
- Before and after eating and drinking
- Before and after touching their own or someone else's face
- After sneezing and coughing into hands
- Before and after giving or applying medication or ointment to a child or self
- Before and after diaper check or changing diapers, assisting a child to use the toilet, and using the toilet
- Before and after contact with bodily fluids (i.e. runny noses, spit, vomit, blood)
- After cleaning and handling garbage
- Before putting on and after taking off a mask

Children should wash their hands with soap and warm water frequently, and **must** wash their hands in the following situations:

- When they arrive at center and before they go home
- Before and after eating and drinking

- After a diaper change and using the toilet
- After playing outside
- After handling shared toys/items
- After sneezing and coughing into hands

Staff should follow and role model the following steps for proper hand washing:

- Wet hands
- Apply soap
- Lather for at least 15 seconds (or as long as the "Happy Birthday" song). Rub between fingers, back of hands, fingertips, under nails
- Rinse well under running water
- Dry hand s well with paper towel
- Turn taps off with paper towel

Refer to Hand washing procedure for infants, Toddlers and Preschoolers under Lullaboo Sanitary policy, when assisting children with hand washing

When hands are not visibly soiled, staff should follow these steps for cleaning hands using hand sanitizer:

- Apply hand sanitizer
- Rub hands together for at least 15 seconds
- Work sanitizer between fingers, back of hands, fingertips and under nails
- Rub hands until dry

Hand sanitizer must <u>only be used on children who are over the age of two</u> and must always be used under staff supervision. Staff must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity.

Disposable gloves and Masks

<u>Gloves</u>

Gloves must be worn as per routine practice such as:

- Providing direct care (e.g. diapering/washroom routine or feeding)
- When serving food/milk/formula
- Holding or carrying a child
- Assisting a child with dressing
- When cleaning children's faces (i.e. a runny nose)
- When applying sunscreen
- When administrating medication
- When dealing with body fluid (i.e. vomit, diarrhea, blood etc.)
- During washroom routine with children
- When disinfecting surfaces

** Disposable gloves do not replace handwashing, staff must wash their hands before gloves are put on and immediately after gloves are removed**

<u>Masks</u>

- Mask should be worn by staff when screening; along with eye-protection (i.e. goggles/face shield)
- Mask should be worn by staff who is caring for a sick child

- Masks should be worn by staff who become sick (they should also go home immediately)
- Masks should be worn by sick children (only if tolerated) until their parent or guardian arrives to take the home
- Masks/cloth face coverings must not be placed on children under age of 2 or on anyone who has trouble breathing, is unconscious, or otherwise unable to remove mask without assistance

Cohorting and Staffing

To reduce spread communicable diseases and facilitate contact tracing for confirmed of COVID-19 cases or outbreak, cohorting should be implemented in the child care center. 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 for minimum 7 days.

- Maximum cohort size for each room in a child care centers should be **no more than 10 individuals (child care staff and children).** This maximum capacity rules do not apply to Special Needs resource staff.
- Cohort must stay together throughout the day and are not permitted to mix with other cohorts.
- Child care staff must work at only **one location**.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolute necessary.
- Refer to Regional guidelines for further guidance on cohorting and staffing

Screening

Clearly communicate to parents/guardians, staff and essential visitors:
Every person entering the child care center must be actively screened daily PRIOR to entering the center. The screening information must be documented on the appropriate forms:

1. For household (child and family) – Record their screening answers and in-person temperature check (for child(ren) on iCare screening form
2. For staff- Record their screening answers and in-person temperature check on iCare screening form
3. For Essential visitors – Record screening on COVID-19 Essential visitors screening form

- Only ONE entrance/exit to be used for access to the center to ensure that each person in screened.
- Temperature must be recorded for every person during in-person temperature checks.
- The Supervisor must ensure that all staff are informed of, and sign off on, the COVID-19 Pandemic plan prior to beginning work at the child care center

Screening station:

The Supervisor is required to ensure that the following steps are completed:

- Identify/set up screening station and assign trained staff to conduct the in-person temperature check screening
- Screening station checklist:
  - Regional Posters for COVID-19
  - Separate and labelled bins of PPE (Masks, Eye protection (Face shield/googles) and Gloves)
  - Hand-sanitizer
  - Thermometer (forehead/ digital thermometer with supply of tips)
  - Lined and covered garbage can

- 2-meter distancing mark
- Alcohol wipes- 70% (for thermometer disinfection with 1-minute contact time when used)

- Only ONE entrance/exit is to be used for access to the center to ensure that each person is screened.
- Staff conducting the screening must maintain a minimum 2-meter distance from the person being screened as much as possible, and wear personal protective equipment (PPE) (i.e., surgical/procedure mask, eye protection (goggles or face shield)).
- Staff should follow guidance provided on how to properly put on and take off PPE.
- Implement measures to physically separate or impose physical distance of at least 2 meters between persons. This could be done by using physical partitions, visual cues or signage to limit close contact.
- Once a person has passed the active screening, s/he must complete hand hygiene with the hand sanitizer (minimum 60% alcohol content) or by handwashing with soap and water. For children, hand sanitizer cannot be used if under age of 2 years.
- Temperature must be recorded for every person entering the center.

(1) Screening of Supervisor and Staff

Active screening over phone and in-person temperature check must be completed for **all** staff before entering the center.

A Supervisor/designate will be onsite at the child care center at all times. The Supervisor/designate will be the first staff to arrive at the center. The Supervisor/designate will self-screen at home using the **COVID-19 Screening** Form on iCare and will answer the screening questions and complete the temperature check, to ensure s/he is well enough to report to work. If unable to report to work, the Supervisor will ensure a back up staff is called into work.

Screening over phone and in-person temperature check

- Once the Supervisor/designate has completed the self-screening at home, she will arrive at the center and complete active screening for the second (Screening) staff to arrive at the site; **over phone**.
- If the staff answers **NO** to all answers, **only then** they are to arrive at the center for in-person temperature check
- Upon second staff arrival at the center, supervisor/designate will perform in-person temperature check for the second (screening)staff at the screening station
- The Supervisor /designate will then complete active screening for all staff, over the phone using staff COVID-19 screening form in iCare.
- The screening staff will perform in-person temperature check for all staff upon arrival, before entering the center, at the screening station
- In-person temperature taken of staff is then to be recorded on same COVID-19 screening form on iCare, in order for them to **PASS** (if below 37.8 C) the screening
- Once screening is passed, staff will be permitted to enter the center
- The Supervisor/designate on duty will ensure that active screening is completed for all staff for every staffing shift in a 24/7 operation.

Staff are required to stay home if they are experiencing **ANY** of the symptoms identified on the active screening form and to report their absence to their Supervisor immediately.

Any staff answers **YES** to **ANY** of the questions on the active screening form will be directed by the Supervisor not to arrive at the center.

- COVID-19 testing will be required for any staff experiencing symptoms before returning to work. The Supervisor will provide staff with contact information for Public Health for information on symptoms, getting tested and self-isolation.
- The Supervisor will contact Public Health to notify them of a potential case and seek advice regarding the information that should be shared with other staff and parents/caregivers.
- Staff must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed.
- Staff who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), should be excluded from the child care setting for 14 days.

(2) Screening of households and child(ren)- over the phone and in-person temperature check

The Supervisor must inform all parents/guardians whose children are placed in child care of the screening requirements prior to the family beginning child care at the site. Parents/guardians will be informed of the screening process.

- Supervisor will provide families with a phone number to call before arriving at the center so that the **Screening Forms for households** can be completed over the phone with the parent/caregiver and documented.
- Screening must be completed over the phone for each household, which includes parents/guardians and child(ren) in child care, before arrival at the center
- If all the answers are recorded **NO** for household's, **only then** they are to arrive at the center for in-person temperature check
- The screening staff will perform in-person temperature check for all children upon arrival, before entering the center, at the screening station
- Note: Parents are not entering the center, therefore they are not required for in-person temperature check. Parents entering the building due to an emergency will be required for in-person temperature check
- In-person temperature taken of child(ren) is then to be recorded on same COVID-19 screening form on iCare, in order for them to **PASS** (if below 37.8 C) the screening
- Once the child(ren) have all passed the active screening, the child(ren) will be escorted into the child care program by staff.

- If any of the screening questions are answered **YES** for household over the phone or fever (greater than 37.8 C) is recorded during in-person temperature check, the family (Parent and Child) will not be permitted to enter the center and should be tested for COVID-19. The site Supervisor will provide the parent/caregiver with contact information for Public Health.

  - A negative COVID-19 test or a medical note from a physician stating that either the child is fit to return to the child care center (only if there is history of allergy or other known conditions related to COVID-19 symptoms) or the individual is free from communicable disease may be provided to access child care.
  - Any family member experiencing symptoms should self-isolate for 14 days from the start of symptoms and be tested for COVID-19 before the family can return to the center. The site Supervisor will provide the parent/caregiver with contact information for Public Health.
  - The Supervisor will contact Public Health to notify them of a potential case and seek advice regarding the information that should be shared with staff and other parents/caregivers.
  - Children with symptoms must be excluded from child care for 14 days after the onset of symptoms.
  - Children who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), should be excluded from the child care setting for 14 days.

(3) Screening of Essential Visitors (in-person screening)

Non-essential Visitors are not permitted at the center. People providing supports for children with special needs, Program advisors, cleaners, maintenance workers are permitted.

Anyone entering the building should go through screening process including in-person temperature check and screening is to be recorded on COVID-19 Essential visitor screening forms. They should **Pass** the screening in order to enter the center. Anyone who answers **YES** to the screening questions or/and has temperature of greater that 37.8 C, their entry is denied to the center.

Note: Individuals tested positive for COVID-19 require direction from Public Health on when they can return to the center.

****Center supervisor is responsible to report suspected or confirmed case of COVID-19 to Public health, and follow their advice****

Drop-off & Pick-up and Health Check

Pick-up and drop-off of children should happen outside the childcare setting unless it is determined that there is a need for the parent/guardian to enter the setting.
Lullaboo Nursery and Childcare Center completes a health check on a daily basis of all children upon arrival to the center to identify any possible COVID-19 symptoms listed below and a documented record is kept in iCare system

Common symptoms include:

- Fever (temperature ≥ 37.8°C)
- New or worsening cough or shortness of breath
- Lethargy (lack of energy) or difficulty feeding (if an infant and no other diagnosis)

• A range of other symptoms may include:

- sore throat
- difficulty breathing
- runny nose (without another known cause)
- nasal congestion (without another known cause)
- nausea or vomiting, diarrhea, abdominal pain
- unexplained fatigue/malaise/muscle aches
- headaches
- chills
- pink eye (conjunctivitis)
- new loss of sense of smell or taste
- rash (in children)
- croup (respiratory infection resulting in barking cough and difficulty breathing in children)
- lack of energy or difficulty feeding (in infants)

**The symptom list will be updated, as required, as per direction from Ministry of Health.*

Staff must ensure that hand hygiene is performed before and after each health check with each child. When taking temperature, if thermometers with single use tips are used, the tips must be discarded after each use. Thermometers must be cleaned and disinfected with 70% alcohol wipes with a one-minute contact time between use

Outbreak Management for COVID-19 Related Symptoms

Children Who Display COVID-19 Related Symptoms During Care

If **ANY ONE** of the symptoms related to COVID-19 are present in a child,

- Isolate the child with symptoms immediately from other children and staff into a separate room/area. If a separate room is not available, the sick child should be kept separated from others at a minimum distance of 2 meters in a supervised area until they can go home.
- The child should be supervised by only one staff person until the child leaves while maintaining a physical distance of 2-meters if possible.
- Ensure the child wears a surgical-type or non-medical face mask (if tolerated) to cover the child's nose and mouth. Cloth face coverings should not be placed on children under age 2 or on anyone who has trouble breathing, is unconscious, or otherwise unable to remove the mask without assistance.
- The staff caring for the child should also wear a face mask and eye-protection (goggles or face-shield). Hands must be washed before and after taking off a mask. A cloth scarf (e.g. made of cotton) may also be used.
- In addition, staff should perform hand hygiene and attempt to not touch their face with unwashed hands. Disposable gloves may be used when there is close contact with the child. Staff must ensure that they wash their hands or use hand sanitizer (if hands not visibly soiled) immediately upon removal of the gloves. The most important measures are proper hand hygiene and maintaining a 2-meter distance as much as possible.
- Respiratory etiquette should also be practiced while the child is waiting to be picked up. Tissues should be provided to the child and disposed of properly after use in a lined, covered garbage container.
- Increase ventilation if possible (e.g. open windows)
- Keep the child comfortable by providing a separate cot and toys. Clean and disinfect the cot and all toys after the child leaves the center.
- Staff will notify the parent/guardian to arrange for immediate pick-up of the child. If a parent cannot be reached, an emergency contact person will be contacted to pick up the child.
- Staff will document the symptoms observed, the date and time that symptoms occurred, and the program room the child attended in the Illness report.
- Once the child has been picked up, the Supervisor will ensure that the room/area where child was separated to and any other areas/surfaces that the child had contact with are thoroughly cleaned and disinfected.
- The child should be excluded from child care and self-isolate for 14 days from the start of symptoms and be tested for COVID-19 before returning to child care. The Supervisor will provide the parent/guardian with contact information for Peel Public Health for information on symptoms, getting tested and self-isolation.
- **If tested negative**, follow regional guidelines for re-entry requirements.
- **If tested positive**, Public Health will provide direction on when the child can return to the center.

Center Supervisor is responsible to review all illness reports and notify Public Health

Staff Who Display COVID-19 Related Symptoms While at Work

Any staff who presents with symptoms of COVID-19 including fever, new or worsening cough or shortness of breath and other symptoms as described in the **COVID-19 Screening Form for Staff** must not return to the center.

In the event that a staff person becomes ill while at the center:

- Staff should isolate themselves as quickly as possible until they are able to leave the center and wear a surgical-type or non-medical face mask covering the nose and mouth.
- COVID-19 testing will be required for any staff experiencing symptoms before returning to work. The Supervisor will provide the staff person with contact information for Public Health.

- Staff must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed. If the staff person tests negative, they should not return to work until free of symptoms for 24 hours.
- **If staff person tests negative for COVID-19**, follow regional public health re-entry requirements.
- **If staff person tests positive**, Public Health will provide direction on when s/he can return to work.

Reporting

When a child or staff person becomes ill, the Supervisor will report the illness to:

Regional public Health

- The Supervisor will contact Public Health to notify them of a potential COVID-19 case and seek advice regarding the information that should be shared with staff and parents/guardians of children enrolled at the emergency child care center.
- Other children and staff in the center who had close contact with a child or staff person who became ill should be grouped together. Public Health will provide any further direction on testing and isolation of close contacts.
- Children or staff who have been exposed to a confirmed case of COVID-19 should be excluded from the child care setting for 14 days.

Ministry of Education

- Follow the regular Serious Occurrence (SO) reporting requirements (including submitting a SO report in CCLS and posting the SO notification form).
- If for any reason supervisors cannot access CCLS they MUST still notify their program advisor via telephone or email within 24 hours of becoming aware of the occurrence and complete a Serious Occurrence report in the CCLS as soon as the system becomes available.

Other Regional Reporting

- Refer to regional COVID-19 child care reporting guidelines for further reporting requirements

Ministry of Labour reporting

If the staff member's illness is determined to be work-related, in accordance with the Occupational Health and Safety Act (OHSA) and its regulations, the employer must provide a written notice within four days of being advised that a staff member has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the staff member with respect to an occupational illness, including an occupational infection, to the:

- Ministry of Labour, Training and Skills Development (Health and Safety Contact Centre 1-877-202-0008)
- Joint health and safety committee (or health and safety representative)

Positive Case of COVID-19

If the Supervisor is notified that a staff person or child has tested positive for COVID-19, the following steps will be taken:

- Continue to exclude the person with the confirmed case from the center until further notice.
- Supervisor will call the contact provided for Public Health to ensure an investigation is conducted and necessary measures are taken to notify each of the ill child's or staff person's contacts (i.e. other staff, children and close family). Public Health will provide advice and the steps necessary to control the outbreak.
- Supervisor will notify janitorial staff to increase cleaning and disinfecting practices
- A note should be posted at the front entrance of center for at least 7 days notifying parents and caregivers of the situation *(i.e. there was one confirmed case of COVID-19 at the center on a specific date and the child or staff person affected are self-isolating for 14 days. The environment has been cleaned and disinfected).* No personal information is to be disclosed in the note

- Supervisor will consult with Public Health to prepare and provide fact sheets and letters to parents/guardians and staff about the situation and the response measures taken by center.
- In consultation with Public Health, center must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff person or child as a confirmed COVID-19 outbreak. Outbreaks should be declared in collaboration between the center and Public Health.

Closure of Child Care Center

The decision to close the child care center will depend on several factors and will be determined on a case-by-case basis in consultation with Public Health. Case scenarios could include, but are not limited to a case with an ill staff person with exposure to multiple children, or two or more cases within the child care center.

*****All directions and guidelines by Regional Public Health must be followed*****