



COVID-19 Pandemic Plan (York and Waterloo)

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

1. All current infection prevention and control practices are adhered to, this includes but is not limited to:
 - 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.
 - Frequently touched surfaces are most likely to become contaminated, including doorknobs, light switches, toilet handles, and tabletops, and must be disinfected at least twice a day;
 - Checking expiry dates of products used and always following manufacturer's instruction;
 - Cots and cribs should be disinfected after each use;
 - Linens must be laundered after each use;
 - Increase the distance between cots and place children head-to-toe.
2. 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
3. When holding infants and toddlers, use blankets or cloths over childcare providers clothing and change between children.
4. 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.
5. Do not use sensory tables and sensory activities (such as playdough, goop, slime etc.)
6. Outdoor play structure must be thoroughly cleaned and disinfected before commencement of the child care center.
 - Once the center is opened, the 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.
7. Avoid getting close to faces of all children, where possible.
8. No family serving style at any time.
9. If meals or snacks are provided, they should be portioned into individual size before serving
10. Multi-use utensils must be cleaned and sanitized between uses.

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.
- 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 & Respiratory etiquette

- Handwashing with soap and water is the preferred method for hand hygiene. Incorporate additional hand hygiene opportunities into the daily schedule.
- Perform proper hand hygiene following hand-washing posters by Public Health (Assist children with hand hygiene)
- Alcohol based hand sanitizer (ABHR) containing 60 to 90% alcohol can be used, only if hands are not visibly soiled.
- If ABHR is used on children they must be supervised. To ensure proper use, follow the manufacturer's directions.
- Follow proper cough and sneeze etiquette (cough or sneeze into your sleeve or cover your mouth and nose with a tissue and throw the tissue out immediately. Wash your hands afterwards.)
- Avoid touching your eyes, nose and mouth with unwashed hands.

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

Pick up & Drop off and Absenteeism

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 contagious symptoms and a documented record is kept in iCare system.



Screening

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/goggles) 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, gown, 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. Clearly communicate to parents/guardians:
All individuals, including children, parents/guardians and staff must be screened upon arrival at the designate area near the main entrance.
 2. Actively screen all individuals, including children, parents/guardians and staff prior to entry/drop-off by asking screening questions in ICare:
 - Anyone who answers **YES** to any of the question should not be permitted to enter the facility.
 - People who have answered **NO**, ABHR will be available at the screening stations for them to use prior to entry into the facility. When ABHR is used on children they must be supervised.
 3. A central record of monitoring will be kept in ICare of screening.
 4. Screening staff to check their child's temperature during drop-off, while being supervised by a designated staff to ensure that the procedure has been completed accordingly and to monitor the temperature. Staff will be asked to check their own temperature daily before coming to the childcare setting.
 5. Thermometers must be covered with single-use protective covers (which is disposed after each use), or cleaned and disinfected with an outbreak level disinfectant before reuse; unless they are non-contact thermometers.
 6. If the temperature is equal or greater than 37.8 degrees Celsius or if the child/children or staff have any cold-like symptoms or vomiting and/or having diarrhea, they will be asked to stay home and follow directions from Public Health

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



Management of Staff / Children with Suspected to have COVID-19

Staff who become ill while at the child care center should be sent home immediately and directed to Regional Public Health website (or their local health unit) for more information about self- assessment.

If a child begins to experience symptoms of COVID-19 while attending childcare:

- Symptomatic children are immediately separated from others in a supervised area until they can go home. Also notify parents/caregivers or emergency contacts to pick up the sick child as soon as possible.
- In addition, where possible, anyone who is providing care to the child should maintain a distance of 2 metres. If a 2-metre distance cannot be maintained from the ill child, advice from the local public health unit will be necessary to prevent/limit virus transmission to those providing care.
- Staff is to create an illness report for ill/symptomatic child.
- Supervisor is to notify Public health of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare center.
- The symptomatic child should wear a surgical / procedure mask (if tolerated)
- While contacting the public health unit, at minimum the childcare worker should wear a surgical / procedure mask and gloves.
- Hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.
- Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene.
- Environmental cleaning of the space the child was separated should be conducted once the child has been picked up.
- Children/Staff with symptoms should be tested.
- Public health directions must be followed for isolation and testing of other children and staff in the center who were present while a child or staff became ill, and should be identified as close contact and cohorted (i.e., grouped together)

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

Testing

1. Symptomatic staff and children should be isolated/ tested as per Public health advise. Testing of asymptomatic persons should only be performed as directed by the Public health officer (Please refer to 'COVID-19 Reference Document for Symptoms' on Ministry of Health 's COVID-19 website for up-to-date list of symptoms)
 - **Negative test for COVID-19:** must be excluded until 24 hours after symptom resolution
 - **Positive test for COVID-19:** must be excluded from center for 14 days after the onset of symptoms and clearance has been received from the Public health.
2. Outbreak will be declared in collaboration with Public Health, considering a single, symptomatic, laboratory confirmed case of COVID-19 in staff member or child.



3. Children or staff who have been in contact with a suspected COVID-19 case should be monitored for symptoms and cohorted (i.e., grouped together) until laboratory test, if any, has been completed or until directed by Public Health
4. Staff Members awaiting results, who are *asymptomatic*, may continue to work unless there is a reason to believe they would be considered a case (e.g. potential exposure to an ill or positive case or household contact). Staff should also monitor symptoms while waiting for test results, if they become symptomatic they should be excluded from work.

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