



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;
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. Group water/sensory tables must not be used
4. Individual sensory play is permitted (i.e. each child has their own separate bin and materials)
5. Ensure each child's individual sensory toys are labelled, cleaned and disinfected after use
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. Only one cohort should access the washroom at a time and washrooms should be cleaned in between use by different cohorts; in addition to regular washroom sanitary policy and procedures.
9. No family serving style at any time.
10. Meals & snacks should be counter served and portioned into individual size by staff before serving to children.
11. Multi-use utensils must be cleaned and sanitized between uses.
12. No utensils or food items (e.g., serving spoon or salt shaker) should be shared
13. Cots and cribs must be labelled and assigned to children
 - Increase the distance between cots and place (ideally 2 meters), If space is tight place children head-to-toe.
 - Cot sheets and blankets must be changed between user.
 - Blankets must be labelled with child's name and stored separately in plastic bags or on each child's assigned bed so they are not touching each other and kept out of way of everyday activities
 - Disinfection of Cots/Cribs and Bedding: Follow regional Public Health guidelines



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.
- Ensure child care staff is practicing physical distancing during snacks and lunches. Re-arrange chairs and tables to ensure physical distancing in staff room

Use of Masks, Personal Protective Equipment

- All adults in center (i.e. staff, visitors, inspectors) are required to wear medical masks and eye-protection (i.e., face shield or goggles) while inside the center including hallways.
- All school-aged children i.e. children in grade 1 and above are required to wear non-medical mask or face covering while inside the center including hallways; as well as outdoors when a distance of at least 2 meters cannot be maintained. Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s).
- All younger i.e. aged 2 to SK are encouraged to wear a non-medical mask or face covering while inside the center, including in hallways; as well as outdoors when a distance of at least 2 meters cannot be maintained.
- The use of masks and eye-protection is not required outdoors for all adults or children if physical distancing of at least 2-meters can be maintained between individuals.
- Masks are not to be used for children under the age of two years.
- When wearing a medical mask, individual should wash/sanitize hands before putting on the mask and before and after removing the mask.
- Mask and eye-protection should be worn by staff when screening
- Mask and eye-protection should be worn by staff who is caring for a sick child
- Mask and eye-protection should be worn by staff who start feeling sick while at center and should immediately go home
- Masks should be worn by sick child(ren) (only if tolerated) until their parent(s)/guardian(s) arrives to take them home
- Masks/cloth face coverings must not be placed on children under the age of 2 or anyone who has trouble breathing, is unconscious, or otherwise unable to remove mask without assistance.
- Individuals are exempt from wearing masks and eye-protection: Where a physical distance of at least 2-meters can be maintained, i.e.
 - When there is only one individual working in office, or if space allows to maintain at least 2-meters distance if more than one individual in office
 - When there is only one staff working in kitchen (Kitchen staff should wear mask and eye-protection when moving around in other areas of center i.e. delivering lunches, collecting dishes etc., and when working with another individual in kitchen)
 - When staff is on their lunches in staff room, while maintaining at least 2 -meters physical distance
 - When Janitorial staff is working before and after hours, with no other individual in contact of less than 2-meters physical distance
 - In situations where a child cannot tolerate wearing a mask, reasonable exceptions for medical conditions for children and staff along with a doctor's note for the medical condition.



Gloves

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
- Assisting a child with dressing
- When cleaning children's faces (i.e. a runny nose)
- When applying sunscreen
- When administering 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**

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 & before 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
- Before and after outdoor play
- 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 hands 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 hygiene with soap and water is preferred method to be used, especially for children. When used hand sanitizer must **only be used on children who are over the age of two** 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.

Cohorting, Staffing and Attendance Records

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.

- Maximum capacity rules do not apply to Special Needs Resource (SNR) staff on site. Supervisors may use their discretion to determine whether in-person services being provided by SNR are essential and necessary at this time.
- 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**.
- Staff assigned to a group should remain with that group at all times except for breaks.
- In situations where “floater” staff is requires to move between rooms, such as providing coverage for staff breaks or lunches, they are permitted to so. When doing so, they are required to:
 - i. maintain physical distancing as best as possible
 - ii. when moving directly between different groups, change mask and eye-protection if visibility soiled, damp, damaged or contaminated.
 - iii. wash their hands frequently
- The floater staff should be consistently assigned to the same groups as much as possible. For contact tracing purposes, a record of floater staff interactions with group is maintained via attendance in iCare.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary.
- Staff rooms must be arranged to follow physical distancing practices. All shared utensils (i.e. stir sticks, spoons etc.) must be removed, unless individually wrapped
- Attendance records are managed via iCare for children and staff. Visitor attendance records are maintained/documentated on COVID-19 essential visitor screening forms, which are kept in a separate binder for records. All attendance records are kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.



Meetings/Events

- Meetings should be held virtually and/or via telephone when and where possible.
- Non-essential face-to-face meetings/events should be postponed or preferably converted to virtual appointments.
- Early Interventionists/PIRS may conduct virtual or in-person meetings (while wearing PPE).

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, she/he must complete hand hygiene with the hand sanitizer (minimum 60% alcohol content) or by hand washing 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 questions, their entry will be denied to the center
 - 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
7. **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 than 37.8 C, their entry will be denied to the centre.

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****

Management of Staff / Children with COVID-19 Related Symptoms

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.
- Public health directions (per Regional COVID-19 Health Guidance for Childcare Centers) must be followed for isolation and testing of ill individual(s).

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 Regional COVID-19 Health Guidance for Childcare Centers. 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)
2. 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 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.

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
- 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.
- An outbreak may be declared by the local public health unit when: within a 14-day period, there are two or more laboratory confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g. cases in the same room, cases that are apart of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting. Outbreaks should be declared in collaboration between the center and Public Health.

Reporting (Communication Plan)

When a child or staff person becomes ill with confirmed case of COVID-19, the Supervisor will report the illness to:

Regional public Health

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

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

Parent Communication in event of Confirmed case or an Outbreak of the COVID-19

When there is confirmed case or an outbreak of the COVID-19, Supervisor will communicate necessary information to the families of children attending the center. Supervisor will also send out any communication provided by regional public health to families of children and staff, that needs to be shared with close contacts of case of confirmed COVID-19 (i.e. children and staff) and/or other children and staff attending the center that are not close contact of confirmed case of COVID-19.

Ministry of Labour reporting

If staff member is diagnosed with COVID-19 or comes in contact with anyone with COVID-19 as a result of a work-related exposure, the incident will be reported to Workplace Safety and Insurance Board (WSIB) and to Joint health and safety committee (or health and safety representative) within four days of being advised that the staff member with respect to an occupational illness, including an occupational infection. In accordance with the Occupational Health and Safety Act (OHS), Occupational Disease and Survivors Benefits Program under WSIB will adjudicate all claims on case-by-case basis to determine the merit and justice of the claims considering all of the facts and circumstances relating to the case. If established that the exposure has taken place in the work place, this will generally be considered persuasive evidence the worker's employment made significant contribution to the worker's illness.

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*****