

**COVID 19  
EMERGENCY PANDEMIC  
POLICIES AND PROCEDURES**

**Revised July 27<sup>th</sup>, 2020**

# COVID 19 EMERGENCY POLICIES AND PROCEDURES

## Table of Contents

<b>COVID 19 Emergency Policies &amp; Procedures, Communication, Maximum Cohort Size &amp; Ratio, Drop-Off &amp; Pick-Up Procedures</b>	<b>3</b>
<b>Screening for Symptoms</b>	<b>4</b>
<b>Personal Belongings, Visitors</b>	<b>5</b>
<b>Staffing, Attendance Records,</b>	<b>6</b>
<b>Protocols When a Child or Staff Member Demonstrates Symptoms of Illness While In Attendance</b>	<b>7</b>
<b>Continued Protocols When a Child or Staff Member Demonstrates Symptoms of Illness While In Attendance, Testing Requirements</b>	<b>8</b>
<b>Staff Members and Usage of PPE</b>	<b>9</b>
<b>Space Set-Up &amp; Physical Distancing</b>	<b>10</b>
<b>Enhanced Cleaning Schedule, Equipment &amp; Toy Usage &amp; Restrictions</b>	<b>11</b>
<b>Outdoor Play</b>	<b>12</b>
<b>Food Provision, Rest Time</b>	<b>13</b>
<b>Washroom Routine, Proper Handwashing</b>	<b>14</b>
<b>Proper Hand Sanitizing Front &amp; Back Hallways &amp; Stairwells, Washrooms</b>	<b>15</b>
<b>Classrooms, Cubbies, Laundry, Kitchen</b>	<b>16</b>
<b>Report Cases &amp; Outbreaks to Brant County Health Unit</b>	<b>17</b>

## **Introduction to COVID 19 Emergency Policies and Procedures**

The Burford Co-operative Preschool Corporation is committed to continue to provide a welcoming and safe environment for all our children, families and staff. With direction from the Ministry of Education and the Brant County health Unit, COVID-19 policies and procedures have been implemented in addition to the existing health and safety requirements.

### **Communication:**

As always, please be sure to let staff know via HiMama, email, or through phone calls if there are any questions or concerns. Zoom meetings can be scheduled for parents wishing for tours of the building. This has been a very unusual time for everyone and we are all doing our very best to navigate our way through this. We are all in this together.

Emails will continue to be sent to all families so that everyone is in the loop regarding updates.

### **Maximum Cohort Size and Ratio**

- For the purposes of this document, 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 licensed child care centre will consist of no more than 15 children (“a cohort”), space permitting. The appropriate number of staff will be in addition to the 15 children in order to maintain ratios.
- Maximum capacity rules do not apply to Special Needs Resource staff on site ie. Lansdowne Enhanced Staffing
- Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.
- Existing classes have been re-arranged into new cohorts.

### **Drop-Off and Pick-up Procedures**

- Drop-off and pick-up will happen at the designated screening area of the parking lot. (first four parking spots closest to the front doors) This area will be marked by the bright yellow stands and signs. The Preschool phone number will be written on each sign. Families are to call the Centre so that the screener knows to come outside.
- Parents are requested to take their child out of their car seats for temperature checks and stand with them at the bottom the front stairs. Please wait in your cars until it is your turn. Only one family should be standing at a time.

## Screening for Symptoms

All individuals including children, staff, and visitors must be screened each day before entering the childcare centre. Entrance will be denied to any person who meet the following criteria:

- Anyone who has been in contact with a person with COVID 19.
- Anyone who has travelled outside of Canada in the last 14 days.
- Anyone exhibiting signs or symptoms of loss of smell or taste disorders, sore throat, or difficulty swallowing
- Anyone exhibiting signs or symptoms of nausea/vomiting/diarrhea or abdominal pain
- Anyone exhibiting signs or symptoms of runny nose/nasal congestion (except seasonal allergies, nasal drip), headache, or conjunctivitis (pink eye)
- Anyone exhibiting signs or symptoms of unexplained fatigue/ malaise/ myalgia lethargy/ or difficulty feeding an infant
- Anyone exhibiting signs or symptoms of new or worsened cough or shortness of breath
- Anyone with a fever of 37.8 C or higher.

No touch thermometers will be used to check temperatures of children and staff upon arrival.

As families arrive at the Centre, they are asked to park their cars in the designated screening area of the parking lot. (first four parking spots closest to the front doors. This area will be marked by the bright yellow stands and signs. The Preschool phone number will be written on each sign. Families are to call the Centre so that the screener knows to come outside.

Alcohol-based hand sanitizer containing at least 60% alcohol content will be placed at the screening station.

Staff completing the screening will complete a screening log for each individual and wear a face mask, face shield, and gloves. Screeners will wash hands before and after each screening.

After the child is screened and cleared to enter the program, a staff member will accompany the child to their classroom.

Daily records will be kept of the screening, to ensure that tracking can be completed if needed.

**Personal Belongings** (Unless specified, personal belongings will be sent home at the end of each day)

All items are to be clearly labelled.

Children are requested to bring the following items:

- A change of clothing
- Indoor shoes
- Sunscreen. This will remain at Centre.
- Bug Spray (optional) This will remain at Centre
- Bathing suit, towel, and footwear that will dry easily after water play
- Outdoor clothing suitable for weather
- Comfort toys are permitted but cannot be shared. Comfort toys must be labelled, cleaned, and disinfected daily. Where possible, comfort toys are to be kept in zip lock bags and brought out at rest time where children are on their individual cots.
- Soothers (if required) Soothers will remain at Centre and be cleaned and sanitized frequently.

### **Visitors**

- Parents will not be allowed past the screening area unless deemed absolutely necessary.
- There will be no non-essential visitors at the program.
- There will be no volunteers or students at the program until further notice
- Ministry staff and other public officials (e.g. fire marshal, public health inspectors) are permitted to enter and inspect the centre, but will still go through the same protocol of being screened prior to entering the building.
- When entering the building a mask must be worn. If a visitor does not have a mask, a disposable mask will be provided.
- Daily records will be kept of anyone entering the childcare centre (cleaners, people doing maintenance work, people providing support for children, food deliveries, etc.)
- Use of video and telephone interviews/meetings will be used to interact with families where possible, rather than in person.

## Staffing

- Staff should work at one location only
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary
- Supply staff should be assigned to a specific cohort so as to limit staff interaction with multiple cohorts
- Licensees are required to ensure each group has the required number of qualified staff as set out in the CCEYA
- Staff that are included in ratios are required to have valid certification in first aid training including Infant and Child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety & Insurance Board
- The WSIB has indicated that all certifications that expire after March 1<sup>st</sup> 2020 are automatically temporarily extended until December 31<sup>st</sup>, 2020. Licencees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff whose certification would have expired after March 1<sup>st</sup>, 2020
- Licencees are required to obtain Vulnerable Sector Checks from staff and other persons who are interacting with children on the premises
- A licensee is not required to obtain a new Vulnerable Sector Check from staff or persons interacting with children where the fifth anniversary of the staff or the person's most recent Vulnerable Sector Check within the emergency period, until 60 days after the emergency period ends

## Attendance Records

Daily attendance records, of the children, will be continue to be kept on file. Daily Screening Forms, including morning temperatures, will also be kept on file. Individual Children's Ill Health Forms will coordinate with Daily Screening Forms and attendance records.

Staff and children must not attend the program if they are sick, even if symptoms resemble a mild cold.

Records must be updated when a child or staff is absent and must include reason for absence.

## **Protocols When a Child or Staff Demonstrates Symptoms of Illness While in Attendance**

A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member, or child, must be considered a confirmed COVID-19 outbreak, in consultation with the Public Health Unit. Outbreaks should be declared in collaboration between the program and the local Public Health Unit to ensure an outbreak number is provided.

Staff, parents/guardians, and children who are symptomatic or have been advised to self-isolate by the local Public Health Unit, must not attend the program. Asymptomatic individuals awaiting results may not need to be excluded and should follow the advice of the local Public Health Unit.

Symptoms to look for but are not limited to: fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general feeling of being unwell.

Children in particular should be monitored for atypical symptoms and signs of COVID-19.

If a child or child care staff becomes sick while in the program, they should be immediately isolated and family members contacted for pick up.

If a separate room is not available, the sick person should be kept at a minimum of 2 metres from others.

The sick person should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues. (put in a plastic lined garbage can and immediately taken out to dumpster after child is picked up)

If the sick person is a child, a child care staff should remain with the child until a parent/guardian arrives. If tolerated, and above the age of two, the child should wear a surgical/procedure mask. The child care staff should wear a surgical/procedure mask, face shield, gloves, and a disposable gown, and not interact with others. The child care staff should also avoid contact with the child's respiratory secretions.

All items used by the sick person should be cleaned and disinfected. All items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days.

Contact the Brant County Health Unit to notify them and follow their advice

If the child care program is in a shared setting (school) follow advice of the Brant County Health Unit on notifying others using the space of the suspected illness

When a child or staff member is suspected of having or has a confirmed case of COVID-19, licensees must report this to the Ministry as a serious occurrence

Other children, including siblings of the sick child, and staff member in the program who were present while the child or staff member became ill should be identified as a close contact and further cohorted (i.e. grouped together). The local Health Unit will provide any further direction on testing and isolation of these close cohorts.

### **Testing Requirements**

Symptomatic children or staff members should be referred for testing

- Those who test negative for COVID-19 must be excluded from the program, until 24 hours after symptom resolution
- Those who test positive must be excluded from the program for 14 days after the onset of symptoms and/or clearance has been received from the local Public Health Unit

Testing of asymptomatic persons should only be performed as directed by the local Public Health Unit as part of case/contact and outbreak management.

Please refer to the provincial testing guidance for updated information regarding the requirement for routine testing in a child care setting

A list of symptoms, including atypical signs and symptoms, can be found in the COVID-19 Reference Document for Symptoms on the Ministry of Health's COVID-19 website

Please see protocols when a child or staff becomes sick for information on testing in the event of a suspected case

The Supervisor or designate will follow up with all individuals to determine if the absence is due to illness to note any symptoms (e.g. fever, sore throat, cough, etc.)



## **Staff Members and usage of PPE**

Staff members are required to wear PPE at the centre. Staff members will be provided with the proper PPE to be able to perform their job while feeling protected and safe, if at any time a staff member is feeling unsafe, they need to report this immediately to the Supervisor or designate.

The virus typically spreads through coughing and sneezing, personal contact with an infected person or touching an infected surface, then touch your face-mouth, nose ore eyes.

The following guidelines have been put into place to try and minimize the spread and to keep our staff and workplace safe and healthy.

- Masks, gloves, and shields will be worn by the staff in the screening area and when accompanying children to and from the program from the screening area.
- Maintain physical distancing of at least 2 meters or more between yourself, children and co-workers whenever possible.
- Masks, gloves, shields, and disposable gowns will be worn by staff when cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing.
- Garbage cans are emptied after each bathroom routine.
- Disposable Isolation gowns will be worn if a child is not feeling well.
- Masks and gloves should be taken outside in case they are needed.
- Staff are responsible for washing their reusable masks nightly and bringing them in the following day.

Promote good hygiene such as:

- Staff will perform and promote frequent, proper hand hygiene (including supervising or assisting children with hand hygiene)
- Hand washing using soap and water is recommended over alcohol-based hand rub for children.
- Washing your hands often with soap and water, at the beginning of your shift, before serving or preparing snacks/lunches or drinks for the children, when leaving for lunch, when returning from lunch, when hands are visibly soiled, and at the end of your shift.
- When wearing a mask, staff will wash hands before donning the mask and before and after removing the mask.
- Sneeze and cough into your sleeve. If you use a tissue discard and wash hands immediately.
- Assisting children with blowing noses.
- Avoid touching mask/face
- Avoid high touched areas where possible and wash hands afterwards if touched
- Practice regular cleaning and disinfecting.

## Space Set-Up and Physical Distancing

The Ministry of Education recognizes that physical distancing between children in a child care setting is difficult and encourages child care staff to maintain a welcoming and caring environment for children.

Each cohort must have their own assigned indoor space, separated from all other cohorts, by a physical barrier. The purpose of the barrier is to reduce the spread of respiratory droplets that are thought to transmit COVID-19 and to reinforce physical distancing requirements between cohorts. The physical barrier must begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller than the tallest person in the facility. It must be as wide as the space/room will allow.

When in the same common space (e.g. entrances, hallways) physical distancing of at least 2 meters will be maintained between different cohorts and will be encouraged, and should be encouraged, where possible, between children within the same cohort by

- spreading children out into different areas, particularly at meal and when dressing for outdoors
- incorporating more individual activities or activities that encourage more space between children and
- using visual cues to promote physical distancing.

In shared outdoor space, cohorts must maintain a distance of at least 2 metres between groups and any other individuals outside of the cohort.

At Rest time, where possible, the distance between cots will be increased or cots will be placed so that the children are lying head to toe or toe to toe

Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.

Recognizing that physical distancing is difficult with small children and infants, additional measures include: planning activities that do not involve shared objects or toys; when possible, moving activities outside to allow for more space; and avoiding singing activities indoors.

**Enhanced Cleaning Schedule:** Enhanced cleaning measures will be added to the regular cleaning schedule on a daily basis. All surfaces will be disinfected with Germasolve 5 or Lysol wipes. Expiry dates of products will be checked and manufacturer's instructions will be followed. Frequently touched surfaces include but are not limited to doorknobs/push bars, light switches, toilet handles, faucets and tabletops.

### **Equipment and Toy Usage**

- Indoors, toys are assigned to each cohort.
- All toys and equipment available to children are to be made of materials that can be cleaned and disinfected (e.g. avoid plush toys)
- All toys should be washed and sanitized twice per day.
- Mouthed toys must be separated, cleaned, and disinfected **IMMEDIATELY AFTER the child has finished using it.**
- In the mornings, toys must be cleaned and disinfected using the three-compartment sink method. (First sink: Soap & water,
- In the afternoons, the dishwasher can be used for cleaning toys. (Laundry bags are available for toys with small pieces.)
- Toys must be air dried in a designated area that is separate from bathrooms, change tables, and protected from sources of contamination.
- Ensure that all disinfectant contact times are achieved and allow toys to air dry
- When sensory materials are offered, they are to be provided for single person use only (e.g. playdough, water, sand etc.) Each child will need to have their own container. Play dough, etc. will go home at the end of each day. Containers will be labelled.
- Art materials and supplies must be in individualized bins or packs for each child. Bins or packs must be labelled to prevent sharing.

## Outdoor Play

- Children are permitted to use the playground with their group, but 2 metre distancing still needs to be recognized and adhered to
- When more than one cohort needs to use the playground, the playground needs to be separated into different sections, so that cohorts do not play together.
- Bikes must be cleaned and disinfected after each child. (Disinfectant wipes and sprays are available)
- Outdoors, where toys and play structures will be shared between cohorts, toys and play structures must be cleaned and disinfected in between every cohort. (Disinfectant sprays and wipes are available)
- Sandboxes are closed until further notice
- Sprinkler fun is permitted at this time.
- All children are required to bring their own sunscreen and ensure it is properly labelled. There will be no sharing of sunscreen.
- Staff will assist children with their sunscreen, washing hands before and after each child, or wearing gloves and changing gloves after each child.
- JK/SK children and school age children are encouraged to apply their own sunscreen. Staff will monitor and assist if needed. (Washing hands before and after each child, or wearing gloves and changing gloves after each child.)

## Food Provision

- Children will not be permitted to bring outdoor food into the centre (except where required and special precautions for handling and serving the food are put in place)
- Utensils will be used to serve all dishes, even finger foods.
- Children are not permitted to assist to prepare or provide food that will be shared with others.
- Meals will be served to children away from the tables, then the plates of food will be brought to the children when they are seated at the tables.
- Drinks will be poured for the children away from the tables, then the brought to the children when they are seated at the tables.
- Once a plate, cup, or utensil has already been used by a child, a new plate, cup, or utensil will replace the previous plate, cup, or utensil if a child requests an additional helping of food or drink
- Utensils such as serving spoons and condiments will not be shared.
- Ensure proper hand hygiene is practiced when staff are serving food. If staff are eating their own food and a child requests an additional helping of something, staff MUST take the time to wash their hands before serving the child
- Where possible, children should practice physical distancing while eating
- Staff will scrape remaining food into garbage in classroom and carry garbage outside to garbage shed right away

## Rest Time

- Soothing music will be played for the children
- Staff may sit with the children if needed. Staff members will wear a mask.
- In the event a staff needs to hold a child, the staff member will use a towel or blanket to act as a barrier.
- All sheets and blankets will be washed after each rest period.
- All cots will be washed and disinfected after every use.
- No sharing of beds is permitted, even if attendance is on opposite days.
- Beds will stay in designated classrooms. They will not be mixed.

## **Washroom Routine**

- One child will be permitted in the washroom at a time.
- If needed, staff will assist children with hand washing to make sure it is done properly
- While in the washroom, staff will wear gloves, disposable masks, and face shields
- School age children will continue to be permitted to go to the washroom by themselves.
- Incorporate additional hand washing routines for the children into our daily routine, including but not limited to: child touching their face, coming in from outdoors, before and after eating snack or lunch, after washroom routine, after blowing nose, or when visibly necessary
- Staff members will clean and sanitize the washroom (toilet, light switch, and sink (including faucets) after each use.
- Staff will wash and sanitize the walls, paper towel holder, and the floor around toilet, in the washroom, twice per day unless noticeably soiled.

## **Proper Handwashing**

- Wet your hands with warm running water and add liquid or foam soap (not antibacterial)
- Scrub all surfaces of hands for a minimum of 15 seconds, creating a lather; pay attention to finger tips, between fingers, under and around nails, backs of hands and base of thumbs, and around the wrist.
- Rinse well using a rubbing motion under warm running water to remove soap residue.
- Dry hands gently using a clean paper towel.
- Turn off faucet with the towel
- Discard paper towel in the garbage and cloth towel in the laundry

## **Proper Hand Sanitizing**

- Ensure hands are visibly clean and dry
- Apply 1 to 2 full pumps of hand rub to hands
- Rub hands together, ensure product covers all surfaces, concentrating on fingers tips, between fingers, back of hands and base of thumb
- Continue rubbing until product is dry, a minimum of 15 seconds is required for product to be effective.
- Ensure that children are supervised if using hand rubs.

Note: ABHR must contain 60-90% alcohol content. A minimum of 70% alcohol is recommended as it is the minimum alcohol content needed to kill Norovirus. Three alcohols are most appropriate for use on the skin: ethyl (ethanol), normal-propyl (n-propyl), and isopropyl. The concentration (%) of alcohol is more important than the type of alcohol contained in the product

## **Front & Back Hallways & Stairwells:**

- Outer doors and classroom doors are to be washed and wiped down with Lysol wipes or Germosolve 5 (push bars, frame alongside of bars)
- Glass on door wiped down.
- Floors swept and mopped.
- Railings upstairs wiped down with Lysol wipes.

## **Washrooms**

- Staff members will clean and sanitize the washroom (toilet, light switch, and sink (Including faucets) after each use.
- Staff will wash and sanitize the walls, paper towel holder, and the floor around toilet, in the washroom, twice per day unless noticeably soiled.
- Change tables will be washed, cleaned and sanitized after each use.

## **Classrooms**

- Toy shelves will be washed down daily with soap and water and sanitized with Germosolve 5 or Lysol wipes. (once daily)
- Wipe down of table surfaces
  - ❖ At the beginning of the day
  - ❖ Before and after snacks or lunches
  - ❖ Before and after planned activities
  - ❖ When visibly soiled.
- Sweeping of floors every morning and evening or when visibly soiled.
- Mopping of floors every evening or when visibly soiled.

## **Cubbies**

- Cubbies will be washed down with soap and water and sanitized every day with Germasolve 5 and paper towel.
  - ❖ All craft material will be bagged and taken home each night.
  - ❖ Baskets will go through the dishwasher once per week.

## **Laundry**

- All bed sheets and blankets will be washed after each rest period in hot water.
- Beds will be washed with soap and water and sanitized with Germosolve 5 and air dried after each rest period.
- Towels, face clothes, and bedding will be washed in hot water.

## **Kitchen**

- Kitchen countertops will be cleaned with hot soapy water, then sprayed with bleach and water at the beginning of the day, before and after prepping food and when visibly soiled.
- Cupboards will be sanitized daily or when visibly soiled, with bleach and water.
- Sinks will be washed and sanitized at the beginning and end of day, before and after food preparation and when visibly soiled.
- Microwave will be wiped out after use or at the end of meal prep with hot soapy water.
- Appliances will be wiped down after each use or when visibly soiled with hot soapy water and sanitized with bleach and water.
- Counter tops will be free from clutter
- There will be limited entrance into the kitchen for staff, to try and cut down on contamination of counters and surfaces where food is being prepared and served.



## **Report Cases & Outbreaks to Brant County Health Unit**

Child Care Centres must immediately report the following to the Brant County Health Unit by calling 519-753-4937 during work hours (8:30 a.m. to 4:30 p.m., Monday to Friday) or after hours:

- Cases of suspected cases (e.g. one or more children or staff with COVID-19 symptoms or who failed the screening)
- Cases of COVID-19 among staff or child attendees that are laboratory confirmed or probable (symptoms occurring among a staff or child who has been exposed to a person with confirmed COVID-19)