

**Glengarry Inter-Agency Group Inc.
The Learning Centre**



**COVID-19 Pandemic
Policies & Procedures
Manual**

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****Asterisk indicates amended Policy/Procedure effective July 8, 2021 or new or revised content added to the Parent Handbook***

Date created: August 1, 2020

Updates: This document will be reviewed and amended as needed in consultation with the Ministry of Education and the Eastern Ontario Health Unit / Public Health. Once amended any previous versions will be void.

Purpose

This document is intended to support educators of The Learning Centre, visitors, individuals normally at The Learning Centre sites. This document is designed for use in conjunction with our current policies and procedures, the CCEYA, and the guidance of our local public health authority.

While the focus of this document is on the new health, safety and operational measures that are required in order to safely re-open child care, please note that every effort should continue to be made to uphold the welcoming and caring environment that our families have come to know and expect.

Disclosure

In the event of a conflict between this document and any other The Learning Centre policy/procedure this document will prevail. Advice of Eastern Ontario Health Unit (local health unit) must be followed, even if it contradicts this document.

Policy and Procedure Review

This policy and procedure must be reviewed and signed off by all employees prior to commencing work for The Learning Centre.

***SERIOUS OCCURRENCE POLICY**
Including COVID-19

Policy Statement

The Learning Centre will comply with the Serious Occurrence regulations as set out in the Child Care and Early Years Act and Regulations or its replacement.

Definition

A **serious occurrence** is described as:

- (a) the death of a child who received child care at a child care centre, whether it occurs on or off the premises,
- (b) abuse, neglect or an allegation of abuse or neglect of a child while receiving child care at a child care centre,
- (c) a life-threatening injury to or a life-threatening illness of a child who receives child care at a child care centre,
- (d) an incident where a child who is receiving child care at a child care centre goes missing or is temporarily unsupervised, or
- (e) an unplanned disruption of the normal operations of a child care centre that poses a risk to the health, safety or well-being of children receiving child care at the home child care premises or child care centre
- (f) **confirmed COVID-19 cases; or**
- (g) **closure ordered by your local public health unit (i.e., where a closure is ordered for a centre, program room/s or provider's home due to a confirmed or a suspected COVID-19 case(s)).**

Below is the list of individuals with a **confirmed case of COVID-19** for whom a serious occurrence report is required:

- i. a **child who receives child care** at a home child care premises or child care centre,
- ii. a home child care **provider**,
- iii. a person who is **ordinarily a resident of a home child care premises** (e.g. the home provider's child, the home provider's spouse etc.; for complete definition please refer to the Home Child Care Licensing Manual)
- iv. a person who is **regularly at a home child care premises** (eg. the home provider's friend who visits the premises once a week etc.; for complete definition please refer to the Home Child Care Licensing Manual),
- v. a **home child care visitor**,
- vi. a **staff** member at a child care centre
- vii. a **student** at a home child care premises or child care centre,

- Within the parameters of preceding definitions, the Program Manager &/or the Site Supervisor will be responsible for determining whether an incident is deemed to be a serious occurrence and whether it should be reported to the Ministry of Education.
- All serious occurrences that occur at **The Learning Centre** must be reported by the Site Supervisor/TLC Staff to the TLC Manager within 24 hours.
- The TLC Manager will then file a Serious Occurrence in the CCLS system within 24 hours.

Confirmed COVID-19 cases

For a Confirmed Case of COVID-19 with **no** Related Public Health Ordered Closure

- Submit a serious occurrence in CCLS under “Confirmed COVID-19” category

For a Confirmed Case of COVID-19 **with** a Public Health Ordered Closure

- Submit a serious occurrence in CCLS under ‘Confirmed COVID-19’ category, including information about the closure in the fields provided; or
- Where there is a confirmed case and a closure is subsequently ordered by Public Health while the serious occurrence under “Confirmed COVID-19” category is still open, please revise the existing serious occurrence to include the closure information in the fields provided; or
- Where a closure is ordered by public health **after** the serious occurrence has been closed, submit a **new** serious occurrence for an “Unplanned Disruption of Service” with the subcategory of “Public Health Ordered Closure” (as per information below).

Closures Ordered by your Local Public Health Unit

- Where public health orders a closure with **no** confirmed COVID-19 case, submit a serious occurrence in CCLS under ‘Unplanned Disruption of Service’ with the subcategory of ‘Public Health Ordered Closure’
- Where there is an existing/open serious occurrence in CCLS under ‘Unplanned Disruption of Service’ with the subcategory of ‘Public Health Ordered Closure’ and an individual develops a confirmed case of COVID-19, submit a new serious occurrence in CCLS under the ‘Confirmed COVID-19’ category

Where a child, parent, provider or staff has a confirmed case of COVID-19 a Serious Occurrence Report will be completed through the One Key Portal and the following will be notified,

- a) Program Manager & Site Supervisor
- b) Local Public Health Unit (Eastern Ontario Health Unit – EOHU)
- c) CMSM

In the case of a confirmed case of COVID-19 or the closing of a room or a school the following will also be contacted,

- a) Principal
- b) Head Custodian
- c) Community Use of Schools
- d) Parents/Families of the program via a mass e-mail.

- Follow the local public health unit's advice on what controls measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.
- Serious Occurrence Notification must be posted as required under the CCEYA, unless local public health advises otherwise.

PLEASE NOTE: Where there is an open serious occurrence for a confirmed case of COVID-19, should a second individual develop a confirmed case, please do not submit a new/additional serious occurrence for the new confirmed case.

Instead, licensees must revise the existing/open serious occurrence report to add the information related to the new confirmed case.

Should the entire child care, part of the child care (i.e. a program room) or a home child care provider's home close due to a "confirmed case" (as defined above), licensees must include this information in the Serious Occurrence report and/or update the serious occurrence report when the closure occurs.

In the case where a child has gone missing, the following measures are to be taken:

- Alert all staff of the age, name, description and last place and time the child was seen
- Immediately search the child care premises, including outdoor areas (e.g.) playground)
- Have a staff member who is not searching the premises immediately alert the child's parents (in case parents have additional information about child's whereabouts)
- Advise the police by telephone

Serious Occurrence Reporting Procedures – Immediate Actions by Service Provider

The following actions are to be taken if a serious occurrence has occurred or is suspected:

1. The child will be provided with immediate medical attention when necessary.
2. Appropriate measures will be taken to ensure any additional risks to the child's and/or other children's health and safety are addressed.
3. If there is reason to suspect that a child has been abused and/or is in need of protection, the Supervisor/Director or designated person, will ensure immediate contact with the Children's Aid Society and/or police. The person who has reasonable grounds to suspect that a child is or may be in need of protection, is legally obligated to make a report to the CAS.
4. In all cases involving death, regardless of location or circumstances, the local Coroner is notified immediately.
5. The staff or any other person witnessing or having knowledge of the occurrence shall report the matter to the Supervisor/Director or the person designated by the Supervisor/Director to conduct a serious occurrence inquiry.
6. The Supervisor/Director or designated person will immediately begin a serious occurrence inquiry in accordance with the following steps. The purpose of the inquiry is to gather information regarding the occurrence.
7. The inquiry information gathered by the designated person should include as many of the following details as possible.
 - Description of the occurrence
 - Person's allegation
 - Date, time, place where it occurred
 - Time occurrence was reported
 - Reason for the occurrence (if known)
 - People involved (first and last initial only)
 - Action taken
 - Current status
 - Persons notified (ie: police, CAS, parents, etc.)
 - Further action recommended regarding the immediate situation or related to any potential underlying factor

SERIOUS OCCURRENCE REPORTING PROCESS – Within 24 hours

When a serious occurrence is deemed to have taken place, the following measures are to be taken by the TLC staff/TLC Manager and/or Executive Director of GIAG.

1. The parent or guardian of the child is to be notified immediately, unless the person to be notified is alleged to have abused the child.
2. Within 24 hours, the TLC Manager will complete and submit a serious occurrence in the Child Care Licensing System to inform the Ministry's regional office.

SERIOUS OCCURRENCE NOTIFICATION FORM – Within 24 hours

1. Within 24 hours, complete a Serious Occurrence Notification Form and post it near the child care license to communicate information to parents about the serious occurrence.
2. Any additional information or investigations should be updated to the form, which will be posted for a minimum of 10 business days. Should any additional Information be recorded, the form will remain posted for 10 days from the date of the last update.

Serious Occurrence Revisions/Additional Information/Updates

The Ministry will contact the service provider (via CCLS) if revisions, additional information or an update report is needed.

If the service provider becomes aware of any additional information regarding the occurrence, an update must be submitted within 7 business days, regardless of whether or not the Ministry has requested one.

SERIOUS OCCURRENCE NOTIFICATION FORM GUIDELINES

For each serious occurrence reported to the Ministry, a Serious Occurrence Notification form shall be posted at the child care centre.

POSTING PROCESS AND TIMELINES

1. Following the submission of the *Child Care Serious Occurrence Report* to the Ministry and **within 24 hours of becoming aware of an occurrence or when the Service Provider deems the occurrence to be serious**, the Supervisor/Director or designated person will complete a *Serious Occurrence Notification Form* to communicate information to parents about serious occurrence that has occurred in the child care centre.
2. The *Serious Occurrence Notification Form* is to be posted in a conspicuous place in the centre at or near an entrance commonly used by parents. The form will be posted near the child care licence and Licensing Summary chart.
3. The *Serious Occurrence Notification Form* is updated as the additional actions or investigations are completed.
4. The *Serious Occurrence Notification Form* is posted for a **minimum of 10 business days**. If the form is updated with additional information such as additional actions taken, the form remains posted for 10 days from the date of the update.
5. *Serious Occurrence Notification Forms* will be retained for at least three years from the date of the occurrence. The forms will be available for current and prospective parents, licensing and municipal children's services staff upon request

PROTECTION OF PERSONAL INFORMATION AND PRIVACY

- Service Providers must ensure the information posted in the *Serious Occurrence Notification Form* protects personal information and privacy.
- To help support the protection of privacy and personal information, no child or staff names, initials, and age or birth date of child are to be used on the *Serious Occurrence Notification Form*.
- No age group identifiers are to be used, e.g. preschool room; toddler room.

INSTRUCTIONS FOR COMPLETING THE SERIOUS OCCURRENCE NOTIFICATION FORM

The purpose of the *Serious Occurrence Notification Form* is to provide a brief overview of a serious occurrence for parents. The following are instructions for filling out the categories on the form.

Category instructions:

Program Name:	Provide the name of the child care centre.
Date:	Provide the date that the <i>Serious Occurrence Notification Form</i> is posted on site.
Date of Occurrence:	Provide the date that the serious occurrence happened.
Type:	<p>Provide the type of serious occurrence, according to the definitions set out in the MCSS / MCYS 2009 <i>Serious Occurrence Reporting Procedures</i>. Use one of the following terms:</p> <ol style="list-style-type: none"> 1. Death of a Child 2. Allegation of Abuse and/or Neglect 3. Life-threatening Injury or Illness <ol style="list-style-type: none"> a. Injury b. Illness 4. Missing or Unsupervised Child(ren) <ol style="list-style-type: none"> a. Child was found b. Child is still missing 5. Unplanned Disruption of Normal Operations <ol style="list-style-type: none"> a. Fire b. Flood c. Gas Leak d. Detection of Carbon Monoxide e. Outbreak f. Lockdown g. Other Emergency Relocation or Temporary Closure
Description:	Provide a non-identifying one sentence description of the occurrence.
Action Taken by Operator / Outcome: (add update if applicable)	<p>Provide a description of the action taken by the Service Provider. This section will include the longer term plans and additional outcomes to minimize recurrence of the occurrence.</p> <p>If an update is made to add additional actions taken/outcomes, the Service Provider will indicate the date of the update.</p>
Signature:	The Service Provider or designate (e.g. the child care centre supervisor) signs the <i>Serious Occurrence Notification Form</i> .

3.17 PANDEMIC POLICY & PROCEDURE (COVID-19)

RETURN TO CARE

Policy Statement

The Learning Centre will make every effort to support as many families as possible while taking into consideration the operational guidance provided by the *Ministry of Education* and the local Health Unit for the re-opening of before & after school child care.

Policy Guidelines

Effective September 1, 2020 all before and after school programs are permitted to operate at full capacity. The Learning Centre and schools will collaborate to ensure that children lists and information are maintained and readily available to be provided to public health for contact tracing purposes in accordance with all applicable legislation, including the *Municipal Freedom of Information and Protection of Privacy Act*.

Cohort Definition: 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 a minimum of 7 days

The Learning Centre staff are required to:

- maintain ratios and group sizes as set out under the Child Care and Early Years Act, 2014 (CCEYA).
- maintain enhanced health and safety procedures are in place to protect children, staff and families.
- ensure each cohort stays together throughout the day and are not permitted to mix with other cohorts. Due to operational requirements, staff members used to cover breaks and lunches may move from room to room.
- ensure good hand hygiene when leaving one room and entering another room.

Child enrollment will be prioritized using the following criteria:

- a) Families whose children attended TLC immediately before the emergency was declared, must notify The Learning Centre if they require before and after school services by August 24, 2020 (14 day notice effective August 10, 2020 or prior).
- b) The age category/room of the available space.
- c) The date services are needed (children needing care as of the re-opening date will be placed first)
- d) The date the registration was received

Procedure

1. An e-mail with Registration Package / Financial Agreement will be sent out to all families that were enrolled at the date of the emergency closure (March 15, 2020) to determine child care needs.
2. The Registration Package will be reviewed by TLC admin staff for each site and the priority will be given stated in the guidelines of this policy.
3. When a family indicates that they require child care services at a later date than the reopening date, their child's name will be placed on a Priority Wait List. Fees will not be charged until care resumes.

At that time the following information will be requested:

Date of birth of the child

Contact information of family: name, address, phone and e-mail

Start date requested

Date of contact & name of staff contacted

This Policy is in addition to The Learning Centre's Waiting List Protocol. All guidelines in that protocol will also be followed.

Pre-registration

The Learning Centre will undertake pre-registration given controlled conditions for reopening before and after school programs that will be required.

The Learning Centre is permitted to wait-list children and families who do not pre-register by the cut-off time established by The Learning Centre. The Learning Centre will make their pre-registration deadlines publicly available via TLC Facebook Pages, GIAG website...etc. Families will also receive notification by e-mail.

Communication with Families

Policies and Procedures regarding health and safety protocols to COVID-19 will be shared with The Learning Centre families.

Where possible, the use of in-person communication should be limited.

Staff & Families are encouraged to communicate via telephone or e-mail.

Parent Fees

The Learning Centre make effort to stabilize parent fees when reopening, The Learning Centre fees will be set at the level they were prior to closing in March.

The Learning Centre is prohibited from charging or accepting fees or deposits to add families to a priority list for preferred access to spaces

No fees will be charged to families if they decide not to accept a space.

Fee Subsidy

Parents/Guardians must contact The Learning Centre your child care centre to confirm a space for their child(ren). If families requires child care fee subsidy to be reinstated, please complete the *“Request for Child Care Fee Subsidy Reinstatement”* form. If families require fee subsidy assistance but did not access this funding prior to the child care closure, please complete the *“Child Care Fee Subsidy”* application.

Clients returning to care without a formal subsidy approval (emailed by Child Care Case Manager) will require to pay for their space by completing the financial agreement.

Staffing

1. Staff members should work at only one location – staff members are not to move between sites if agency has more than one site operating.
2. Site Supervisors should limit their movement between rooms, doing so when necessary.
3. Supply/replacement staff members should be assigned to specific cohorts
4. Programs are required to ensure each group has the required number of qualified staff as set out in the CCEYA. Operators may submit requests for staff director approval (DAs) to the ministry.

3.17 PANDEMIC POLICY & PROCEDURE (COVID-19)

DROP-OFF & PICK-UP

Policy Statement

The Learning Centre uses screening measures to minimize the exposure to both staff and children the drop-off and pick-up procedures will be adapted during COVID-10.

Policy Procedure

All individuals including; children attending the program/school, staff, persons normally at the sites must be screened each day before children arrive and/or before entering the site, including temperature checks. Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19.

Drop-Off

- **In order to facilitate the TLC staff to be with the children & to also disinfect. All children are required to be dropped off at the site 45 minutes prior to the school's bell start. If child is sick, late, or will not be coming in that day, the parent/guardian should notify the TLC site via phone call 45 minutes prior to the school's bell start. Children brought to the TLC site during the 45-minute time frame prior to the school's bell start will not be accepted in the program & will be turned away.**
- Parent/Guardian will arrive and proceed to child's designated drop off zone.
- Parent/Guardian must wear a mask when dropping off their child off at the designated screening area.
- Parent/Guardian to remain outside at the entrance where staff will meet you; ensure 2 metre physical distancing of staff and other adults; staff to make attempts to keep same physical distancing with child if possible.
- Staff will then conduct a screening & record screening on the daily active screening sheet.
- If child is healthy to attend, parents/guardians will say their goodbyes at the door and staff will verbally take responsibility of the child whom is now in TLC care.
- Child will proceed to handwashing station or hand sanitizing station for both child and staff.
- Parents/Guardians **must not** go past the screening area unless approved by the Site Supervisor.
- Parents/Guardians should allow a few extra minutes at drop-off time to ensure they're not late for work.

Pick-Up

- **It is preferred that pick-up takes place between 4p.m.-6p.m. If parent/guardian must pick up child prior to 4p.m., parent/guardian must call the TLC site prior to 4p.m. Staff will then have the child(ren) get ready to be picked up at indicated pick up time by parent.**
- Parent/Guardian will arrive at designated drop off zone for pick up, waiting outside which time a staff member will greet you.
- Parent/Guardian must wear a mask when picking up their child off at the designated screening area.
- Child will proceed to handwashing station or hand sanitizing station for both child and staff to conduct hand washing prior to exiting.
- Staff and adult to maintain 2 metre distance for physical distancing
- When necessary staff will provide a verbal update on how the day went
- Verbally passing care of child back to parent.
- Upon completion, staff will proceed to handwashing or hand sanitizing station.
- Parents/Guardians/Visitors must not go past the screening area unless approved by the Site Supervisor.

Visitors

- Ministry, agency staff and other public officials (e.g. fire marshal, public health inspectors) are permitted to enter and inspect a TLC site at any reasonable time.
- Agency staff will conduct in-person monitoring as required by the CCEYA.
- Ministry, agency staff and other public officials must:
 - Be screened prior to entering the premises following screening protocol
 - Use hand sanitizer before entering the site/school
 - Wear personal protective equipment; mask
 - Maintain social distancing as much as possible during their visit, and
- Agency staff will use technology (e.g., telephone, video conferencing) to complete virtual monitoring where appropriate.
- Use of video and telephone interviews should be used to interact with families where possible, rather than in person.

Personal Belongings

Personal belongings (e.g., backpack, clothing etc.) should be minimized. If brought, belongings should be labelled and kept in the child's cubby/designated area.

Attendance Records

The Learning Centre is responsible for maintain daily records of anyone entering the child care facility and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food).

- Records are to be kept on the premises (site or agency office).

Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

3.17 PANDEMIC POLICY & PROCEDURE (COVID-19)

DAILY ACTIVE SCREENING

Policy Statement

At arrival The Learning Centre will conduct daily active screening using public health recommendations to foster the safest environment for children and staff members during COVID-19. The Learning Centre will comply with the *Screening for Symptoms* requirements & any changes to requirements as set out in the Ministry of Education's Operational Guidance During COVID-19 Outbreak (Child Care Re-Opening).

Policy Guidelines

1. The policy adheres to advice from the Health Department Manual, Ministry of Education's Operational Guidance for re-opening and the Medical Officer of Health.
2. Staff members will ensure our learning environments nurture children's physical, social and emotional well-being.
3. Prior to active health screening at your location, staff members will complete training on how to properly wear PPE and complete the screening process.
4. The Active Screening Poster is visible on the exterior door as well as the sign indicating only one parent/caregiver and the child(ren) being dropped off may enter the active screening area at a time.
5. Every staff member, parent/caregiver, child and essential visitor will be actively screened.
6. Each centre will designate an entrance for a screening area.
7. Entry into the child care centre past the screening area will be limited to staff members, children and essential visitors.
8. Parents are to be informed of this process at registration.
9. This policy will be used during COVID-19 until notified by the Health Department and Medical Officer of Health that restrictions have been lifted. At that time The Learning Centre will return to the original operations policies and procedures.

Procedure

1. All sites shall keep the Screening Posters visible on the exterior entrance and on the interior of the building visible to all persons entering the facility. Upon entry the active screener will administer the COVID-19 active screening checklist for all persons (child, parent/caregiver, staff) entering the facility. Staff members will refuse to allow anyone who answers "yes" to any of the questions on the Screening Tool for Staff, Children and Visitors.

This also includes accepting any child whose parent/guardian has answered "yes" to any of the COVID-19 screening questions.

2. Entry into the child care centre, past the screening area, must be limited only to staff members, children, and essential visitors.

Screening Area

1. Entrances will be designated to support screening. Screening can take place inside or outside of the building depending on the sites layout and parent drop-off procedure. With nicer weather, screening staff may find it easier to coordinate drop off and screening outside while maintaining physical distancing. In the event of inclement weather, the staff should have a process to complete screenings and drop offs indoors.
2. The screening area will be identified and have Eastern Ontario Public Health approved signage identifying the screening process.
3. The area will be set up at the entrance of the facility, meeting the following criteria:
 - Space allowing for a minimum of 2 metres distance between provider conducting screening and the person being screened, OR
 - Separation by a physical barrier (such as plexiglass barrier) for the screener, or
 - Screener will wear personal protective equipment (PPE) i.e. surgical/procedure mask and eye protection (goggles or face shield).
4. Signage regarding proper hand hygiene, respiratory etiquette, and proper mask use are to be displayed at the screening area.
5. Where possible, stagger drop offs to ensure physical distancing or maintain physical distancing at screening area.
6. The child care centre must have a plan in place to:
 - Assess the number of people that need to be screened
 - Handle the volume while maintaining physical distancing (i.e. floor markers)
 - A contingency plan for inclement weather
7. Alcohol-based hand sanitizer containing at least 60% alcohol content should be placed at all screening stations. Dispensers should not be in a location that can be accessed by young children.
8. Thermometers must not be used between children/staff members without single-use protective covers or disinfecting between use.
 - Screener, with surgical mask and eye protection, to perform temperature check and ask screening questions of all parents, children, staff members, and essential visitors
 - Upon entry the Screener will administer the COVID-19 active screening checklist for all persons (child, staff, adult) entering the facility.

Screening

- All individuals including children attending child care, staff, students and child care providers, parents/guardians, and visitors must be screened each day before entering the child care setting.
- An individual who has been screened for symptoms prior to the before school program would not need to be re-screened for the core day program. Similarly, an individual that has been screened prior to the before school program or core day program, would not need to be re-screened for the after school program. Children who are screened in the before program or core day and attend the after school program will have their temperature checked & a visual health assessment completed.
- Where an individual does not pass the screening including family members within the same household and is not permitted to attend the program, this **MUST** be reported to the Eastern Ontario Health Unit (613-933-1375 or 1 800 267-7120)
- An individual who has any COVID-19 related symptoms and/or requires self-isolation **will be denied entry**.
- If a child's temperature is equal or greater than 37.8 degrees Celsius or if the child/children have any of the following signs or symptoms of illness, **they must stay home**:
 - Fever equal to or greater than 37.8 degrees Celsius (100.04 degrees Fahrenheit);
 - New or worsening cough;
 - shortness of breath;
 - sore throat;
 - trouble swallowing;
 - changes in taste or smell;
 - nausea;
 - vomiting (more than once in 24 hour period);
 - diarrhea (more than once in 24 hour period);
 - unusual headache;
 - runny nose or nasal congestion (i.e. not related to seasonal allergies, condensation from going in and out of building);
 - unexplained fatigue;
 - sore muscles;
 - sluggishness and lack of appetite
 - red eye with discharge (i.e. pink eye/conjunctivitis)

Any positive symptoms on the health assessment must be treated as possible COVID-19, until assessed by the health unit.

3.17 PANDEMIC POLICY & PROCEDURE (COVID-19)

***WHEN CHILDREN OR STAFF MEMBERS BECOME ILL**

Policy Statement

The Learning Centre will conduct frequent observations to monitor children's health to reduce the risk of exposure during COVID-19.

Policy Guidelines

1. The policy adheres to advice from the Health Department Manual, Ministry of Education's Operational Guidance for re-opening and the Medical Officer of Health.
2. Staff members will ensure our learning environments nurture children's physical, social and emotional well-being.
3. All staff members will be trained in the signs and symptoms of COVID -19 as listed by the Health Unit.
4. All staff members are aware of a designated sick room in the case of an illness.
5. All staff members will use PPE when with a child displaying symptoms of COVID-19.
6. Families will be notified of any suspected and confirmed cases of COVID-19 with posted Serious Occurrence notifications.
7. This policy will be used during COVID-19 until notified by the Health Department and Medical Officer of Health that restrictions have been lifted. At that time The Learning Centre will return to the original operations policies and procedures.

Procedures

1. To prevent and control the transmission of micro-organisms staff members must focus on the following principles:

- A) Risk Assessment
- B) Hand Hygiene
- C) Use of Personal Protective Equipment (PPE)
- D) Control of the Environment
- E) Administrative Controls

A) Risk Assessment

Perform a risk assessment before each child interaction:

- What you will be doing, is there a risk of exposure to the COVID-19 virus?
- Does the child have symptoms of a respiratory infection?
- What kind of contact/interaction will you be having with the child?
- Is there a way to maintain a 2 metre (6 feet) distance with the child during the interaction?
- Is there a way to avoid contaminating your hands during the interaction?

B) Hand Hygiene

1. Hand hygiene should be promoted between both staff members and children. When to perform hand hygiene:
 - Before touching your face
 - Before preparing, handling, serving and eating food
 - After using the washroom
 - Before and after going outside
 - After contact with body substances, mucous membranes of the eyes, nose and mouth and non-intact skin
 - Before putting on and after taking off PPE
 - Before and after child contact
 - After touching 'regularly touched' items such as door knobs, toilets and sink taps
 - Whenever there is a chance that your hands may have been contaminated
2. Two ways to perform hand hygiene:
 - Handwashing
 - Alcohol Based Hand Rub (Hand Sanitizers)
3. Refer to 'Personal Protective Equipment' poster

Protocols When a Child or Staff/Home Child Care Provider Demonstrates Symptoms of Illness or Becomes Sick

Any positive symptoms on the health assessment must be treated as possible COVID-19, until assessed by the health unit.

1. Staff, parents/guardians, and children must not attend the program if they are sick, even if symptoms resemble a mild cold.
2. Symptoms to look for include but are not limited to:
 - Fever equal to or greater than 37.8 degrees Celsius (100.04 degrees Fahrenheit);
 - New or worsening cough;
 - shortness of breath;
 - sore throat;
 - trouble swallowing;
 - changes in taste or smell;
 - nausea;
 - vomiting (more than once in 24 hour period);
 - diarrhea (more than once in 24 hour period);
 - unusual headache;
 - runny nose or nasal congestion (i.e. not related to seasonal allergies, condensation from going in and out of building);
 - unexplained fatigue;

- sore muscles;
- sluggishness and lack of appetite
- red eye with discharge (i.e. pink eye/conjunctivitis)

3. Children should be monitored for atypical symptoms and signs of COVID-19. For more information, please see the symptoms outlined in the 'COVID-19 Reference Document for Symptoms' on the Ministry of Health's COVID-19 website.

If a child or staff member within a group/cohort becomes ill, Site Supervisor/Program Manager will advise all parents of the same group/cohort to monitor their children for any development of signs and symptoms of illness.

If symptoms develop in staff members or children during the day, what should staff do?

For Staff Members

Staff members who become ill while at the child care centre must:

1. Perform hand hygiene
2. Put on a new surgical/medical mask
3. Inform the Site Supervisor/Program Manager ensuring ratios are met
4. Leave the site & go directly home
5. Complete the online self-assessment tool for further guidance & seek assessment and testing at the nearest assessment centre.

For Children

If a child begins to experience symptoms related to COVID-19 while attending childcare, it is recommended that:

- Symptomatic children be immediately separated from others in a supervised area (separate room/area or outside, weather permitting) until they can go home. 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,
 - The childcare worker must continue wearing a medical mask/eye protection (i.e. face shield)
 - The symptomatic child should wear a medical mask if tolerated and above the age of 2.
 - The child care worker must wear gown and gloves if bodily fluids are involved and/or 2 meters distance cannot be consistently maintained at all times.
 - 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 in should be conducted once the child has been picked up. The child care worker must remove PPE and seal in a bag for disposal.
- If a symptomatic child must use the washroom, ensure it is vacant before use and that it is not used by others until it is cleaned and disinfected.
- Clean and disinfect ill children's cots/cribs when excluded from the centre and sheets and blankets should be laundered immediately
- Contact the local public health unit to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre. Follow advice on specific control measures to prevent potential spread.
- Children or staff who have been exposed to a confirmed case of COVID-19 will be advised by the health unit on isolation/self-monitoring protocol.
- Siblings of the symptomatic child should be returned home, self-isolate and monitor for the development of any symptoms until symptomatic child has received a negative COVID result.

If a child or staff member within a group/cohort becomes ill, Site Supervisor/Program Manager will advise all parents of the same group/cohort to monitor their children for any development of signs and symptoms of illness.

Reporting Suspect Outbreaks

1. Program Manager/Site Supervisors must report all suspect outbreaks to Eastern Ontario Health Unit by calling 1 800 267-7120 or the on-call number outside of normal business hours. They 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 members and children.

2. If the child care program is in a shared setting (for example in a school), follow the Eastern Ontario Health Unit advice on notifying others using the space of the suspected illness.

4. Where a child, parent/guardians, staff, or visitor is **suspected or has a confirmed** case of COVID-19 a Serious Occurrence Report will be completed through the One Key Portal and the following will be notified,

- a) Program Manager/Site Supervisor
- b) Health Unit
- c) CMSM

5. In the case of a **confirmed case** of COVID-19 or the closing of a room or centre on the premise of a school the following will also be contacted,

- a) Principal
- b) Head Custodian

c) Community Use of Schools

d) Parents/Families of the program via a mass e-mail.

If a child or staff member within a group/cohort becomes ill, Site Supervisor/Program Manager will advise all parents of the same group/cohort to monitor their children for any development of signs and symptoms of illness.

Occupational Health & Safety

1. If a staff member is diagnosed with COVID-19, the staff member must remain off work for 14 days following symptom onset and has received clearance from the Eastern Ontario Health Unit.
2. The program manager will consult with the Eastern Ontario Health Unit to determine when the staff member can return to work. The program manager will inform Human Resources prior to return to work.
3. If the staff member's illness is determined to be work-related, in accordance with the Occupational Health and Safety Act, the employer must provide a written notice within four days of begin 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 on behalf of the staff member with respect to the occupational illness.

Protocols on testing and confirmed cases

- Symptomatic children, staff or parents should be referred for COVID-19 testing **OR if choose not to test** self-isolation for 14 days and 24 hours symptom free whichever is the longest is required.
- Those who choose COVID-19 testing must be excluded from child care services until they received a negative COVID-19 result and are 24 hours symptom free. The local public health unit does not have to be notified. Should a child have prolonged residual symptoms of illness, the child care center must consult with the EOHU for clearance of return to child care.
- If a child, staff or parent tests positive for COVID-19, the local public health unit will be notified, and their advice must be followed. Those who test positive for COVID-19 must be excluded from child care services for 14 days after the onset of symptoms and/or clearance has been received from the local public health unit or their health care provider.
- PLEASE NOTE: A single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child should be considered a confirmed COVID-19 outbreak, in consultation with the local public health unit.

3.17 PANDEMIC POLICY & PROCEDURE (COVID-19)

SPACE SET-UP & PHYSICAL DISTANCING

Policy Statement

The Learning Centre will comply with the *Space Set-Up and Physical Distancing* requirements & any changes to requirements as set out in the Ministry of Education's Operational Guidance During COVID-19 Outbreak (Child Care Re-Opening).

Policy Guidelines

Child care staff are required to:

- maintain a welcoming and caring environment for the children.
- provide children with outdoor play as much as possible (weather permitting) to support social physical development as well as well-being.
- avoid singing activities indoors.
- moving activities outside to allow for more space when possible.

Each cohort must have their own assigned indoor space, separated from all other cohorts by a physical barrier.

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

- Spreading children out into different areas, particularly at meal and dressing time;
- 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.
- Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used.

Staff should respect the 2-meter recommendations from the Ministry. Staff should not gather for lunch, break, or other activities.

Outdoor Play

Staff are encouraged to participate in outdoor play, go on community walks, access conservation areas, and trails with their designated cohort. Children should be provided with a variety of outdoor activities while ensuring the following:

- Stick to program “cohort”, maintain social distancing from other cohorts/community members while on outing (including other child care programs).

Where the outdoor play area is large enough to accommodate multiple groups, TLC staff may divide the space with physical markers to ensure groups remain separated by at least 2 metres.

Staff **are not** permitted to do the following:

- drive children to any outing. Any outing must be walkable.
- attend public playgrounds with the children.

Children should bring their own sunscreen and it should not be shared if possible. Staff are required to exercise hand hygiene before/after applying sunscreen to a child and in between children.

Where there is challenges securing outdoor play space, TLC educators should find alternate outdoor arrangements (e.g., community walk, exploring in the woods). TLC staff must follow physical distancing practices when possible.

3.17 PANDEMIC POLICY & PROCEDURE (COVID-19)

SANITARY PRECAUTIONS

Policy Statement

The Learning Centre uses sanitary practices and precautions to support the health and well-being of children, staff members and families during COVID-19.

Policy Guidelines

1. The recommendations of the Health Department, Chief Medical Officer and Ministry of Health Guidance document for Child Care and The Learning Centre's Sanitary Practices will be followed.
2. Staff members will fully ensure our learning environments nurture children's physical, social and emotional well-being.
3. To reduce the spread of disease and infection, The Learning Centre Hand Hygiene Guidelines recognized by the local Health Unit, Diapering Guidelines, and Sanitary Housekeeping Guidelines are followed
4. An approved disinfectant that is effective against COVID-19 will be used.
5.
 - a) Children are not in close proximity when disinfectant cleaners are used.
 - b) Liquid disinfectants and other cleaners are poured and are not used in spray form.
6. This policy will be used during COVID-19 until notified by the Health Department and Medical Officer of Health that restrictions have been lifted. At that time The Learning Centre will return to the original operations policies and procedures.

Procedures

Cleaning

1. As per Public Health Ontario's recommendations, frequently touched surfaces will be cleaned and disinfected at least twice per day or more often as required (for example, toys, learning materials, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).

2. Efforts will be made to ensure sharing of items is limited and items are cleaned and disinfected after each use. Items used by children should be of a material that allows them to be easily cleaned and disinfected at least twice daily; such as items with hard surfaces. To maintain a physical distance of 2 metres between individuals and limit the spread of pathogens, items such as toys should be limited to one child at a time and cleaned and disinfected after each use.

3. Items that are not able to be cleaned and disinfected easily or at least twice daily should be removed from use at this time. Activities which do not allow for a physical distance of 2 metres between individuals and where media cannot be easily cleaned and disinfected should also be discontinued at this time.

4. Examples of items and activities that should be discontinued include but are not limited to the following:

- soft toys
- items that require laundering such as dress up clothes
- paper materials that are unable to be cleaned and disinfected such as books, puzzles, cards, magazines
- sensory play including the use of water, sand and dry foods
- use of wading pools

5. The use of personal items such as tablets and books are not recommended; use of these items by staff must be closely monitored to ensure items are maintained in a clean and sanitary condition and are not shared between individuals. Book boxes or bags will be maintained and stored for each individual child.

6. It is recommended that enhanced cleaning and disinfection principles be applied to all aspects of the facility and may include the following:

- cleaning and disinfection of toilets, and changing tables

Sanitary Practices

- Where possible, use pre-mixed solution, only using disinfectant that a Drug Identification Number (DIN). Low level hospital grade disinfectants may be used.
- Check expiry dates of products used and always follow the manufacturer's instructions.
- Respect contact time for the disinfectant to kill germs (see product label).
- Ensure to follow the steps for cleaning and disinfection:
 1. Clean with soap and water
 2. Rinse with clean water
 3. Disinfect respecting contact time of the product used

Schedule for cleaning & disinfecting

1. After each use:

- Tabletops
 - Mouthed toys
 - Change tables
 - Potty chairs
- 2. Every 4 hours:**
- Increased frequency of cleaning schedule for toilets, toilet seats, handwashing sinks, countertops, and fixtures to a minimum of once every 4 hours.
- 3. Twice daily:**
- Frequently touched areas (examples include doorknobs, elevator buttons, light switches, counters, handrails, toilet handles, touch screen surfaces, key pads)
 - Surfaces that have frequent contact with hands should be cleaned at least twice per day.
- 4. Daily:**
- Floors
 - Vacuuming of carpets (if there are any)
 - Toys (unless shared between groups)
- 5. Weekly:**
- If child is not ill and not excluded from centre, linens and cots are to be cleaned weekly.

Shared Spaces

- Shared spaces such as gyms, dining areas or others should be cleaned and disinfected between cohorts. This includes cleaning high-touch surfaces such as doorknobs, elevator buttons, light switches, counters, handrails, toilet handles, touch screen surfaces, key pads.
- If play structures are to be used by more than one cohort, the structures can only be used by one cohort at a time. They should also be cleaned and disinfected before and after each use by a cohort.

Disinfecting blood, body fluids

Wear gloves when cleaning up blood, urine, vomit or other body spills.

Step 1: Clean up spill first using a disposable towel with soap or disinfectant and water.

Step 2: Disinfect following the disinfectant directions on the bottle, respecting contact time of the product used. Rinse.

Sanitary Log

1. Programs are required to keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.

2. This policy is in addition to Public Health Ontario's Cleaning and Disinfection for Public Settings' document.

3.17 PANDEMIC POLICY & PROCEDURE (COVID-19)

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Policy Statement

The Learning Centre provides personal protective equipment to accommodate a safe environment for children and staff members.

Policy Guidelines

1. Staff members are trained on the use of Personal Protective Equipment.
2. The advice of the Chief Medical Officer of Health and the Ministry of Education's Operational Guidance for Re-opening will be followed.
3. Staff members will ensure our learning environments nurture children's physical, social and emotional well-being.
4. This policy will be used during COVID-19 until notified by the Health Department and Medical Officer of Health that restrictions have been lifted. At that time The Learning Centre will return to the original operations policies and procedures.

Procedure

Adults

- i. All adults in a child care setting (i.e., child care staff, Ministry Advisor, EOHU inspectors, and students) are required to wear medical masks and eye protection (i.e., face shield) while inside the school, including hallways. Medical masks and eye protection (i.e. face shield) will be provided for all staff.

Note: Prescription glasses are not a substitute for face shield.

- ii. TLC employee that requires a reasonable exception for medical conditions must notify the Program Manager prior to employment.

Children

1. All children in grades 4 and above are required to wear a non-medical or cloth mask while inside in the child care premises, including in hallways.

2. All school-aged children (grade 3 and under) are encouraged but not required to wear a mask while inside in the child care premises, including in hallways (see information about the use of masks on the provincial COVID-19 website or the Public Health Ontario factsheet on non-medical masks). Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s).
 - iii. Children/parents that requires an exception must notify the Site Supervisor prior to enrollment.

Additional Mask Information

The use of masks is not required outdoors for adults or children if physical distancing of at least 2-metres can be maintained between individuals.

Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable exceptions for medical conditions, etc.

Where necessary, such as in children who are deaf or hard of hearing, masks with clear sections may be appropriate.

Masks should be changed if they become soiled or damp.

- *Educational videos: Putting on a mask, Taking off a mask*

Gloves

Gloves must be worn when:

- Cleaning blood and body fluids
- Taking care of ill child if bodily fluids are involved and/or 2 meters cannot be maintained.
- Diapering/toileting

Gloves are disposable and single use and must be disposed of after the task is completed.

- *Educational videos: Putting on gloves, Removing gloves*

Eye protection is reusable and must be washed and disinfected between each use. All adults in a child care setting (i.e., child care staff, Ministry Advisor, EOHU inspectors, and students) are required to wear medical masks and eye protection (i.e., face shield) while inside the school, including hallways. Medical masks and eye protection (i.e. face shield) will be provided for all staff.

Note: Prescription glasses are not a substitute for face shield.

Hand Hygiene

Hand washing must be performed:

- When entering the facility
- Before and after eating
- After washroom use
- Before and after touching your face
- After touching commonly touched surfaces
- After using a tissue/sneezing
- Before and after removing personal protective equipment
- After using a tissue/sneezing
 - *Educational videos: How to use hand rub, How to wash your hands*

Staff and children should,

- wash hands often with soap and water or alcohol-based hand sanitizer.
- incorporate additional hand hygiene opportunities into the daily schedule.
- cough and sneeze into sleeve.
- avoid touching their eyes, nose, or mouth (even if wearing gloves).

If symptoms develop in staff members or children during the day, what should staff members do and how should they use PPE?

For Staff Members

Staff members who become ill while at the child care centre should be sent home immediately. They should be directed to complete the online self-assessment tool for further guidance or seek assessment and testing at the nearest assessment centre.

For Children

1. Isolate the sick child and notify parents/guardians or emergency contacts for pick up immediately. The sick child should be kept at least 2 metres (6 feet) from other attendees and staff. Provide the sick child with a surgical/procedural mask if tolerable and above the age of 2 years.
2. Child care staff who supervise/care for the sick child must wear a surgical/procedural mask and eye protection at all time. Avoid contact with the child's respiratory secretions. Perform meticulous hand hygiene.
3. Clean and disinfect the space and items used by the sick child.
4. For items (e.g. paper, books, cardboard puzzles) that cannot be cleaned, they should be removed and stored in a sealed container for a minimum of 7 days.
5. Siblings of the sick child are also to be picked up and excluded from the child care centre.

Suspect Outbreaks

As per the Health Protection and Promotion Act, suspect outbreaks must be reported to public health.

1. Where a child, parent, provider or staff is suspected or has a confirmed case of COVID-19 a Serious Occurrence Report will be completed through the One Key Portal and the following will be notified,

- a) The Program Manager
- b) Eastern Ontario Health Unit
- c) CMSM

2. In the case of a suspected or confirmed case of COVID-19 or the closing of a room or centre on the premise of a school the following will also be contacted,

- a) Principal
- b) Head Custodian
- c) Community Use of Schools

When would PPE be required?

1. The COVID-19 virus is spread through the respiratory droplets of an infected individual. To limit the spread of the virus maintaining a physical distance of 2 metres between all individuals when possible and maintaining proper hand hygiene is recommended.

2. Hand hygiene should be promoted with both staff and children at the centre. In addition, enhanced cleaning and disinfection is a critical prevention strategy.

3. PPE should be worn in accordance with the Operational Guidance During COVID-19 Outbreak Re-Opening Child Care document.

4. When wearing a mask, you should wash your hands before donning the mask and before and after removing the mask. *Refer to Public Health Ontario resources for how to properly put on & remove Personal Protective Equipment.*

5. Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub for children. *Refer to Public Health Ontario's How to Wash Your Hands fact sheet.*

6. Child care operators and home child care providers should secure and sustain an amount of required PPE that can support ongoing operations.