

COVID-19 Policies and Procedures Reference Guide

Childcare Centre Re-Opening – Version 4

Current as of December 3 , 2020



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RE: COVID-19 Response Plan

To: All Childcare Centres in Renfrew County

The County of Renfrew and the Renfrew County and District Health Unit (RCDHU) understands the importance of strict operational requirements for childcare settings during the COVID-19 pandemic. Among other duties, child care facilities have a duty to report suspect or confirmed cases of disease to RCDHU under the Health Protection and Promotion Act. This manual includes recommendations developed from the *Ministry of Education Childcare Re-Opening Guidelines* and guidelines adapted from Public Health authorities such as Toronto Public Health and Ottawa Public Health to assist child care facilities in preventing and managing COVID-19 infections.

This manual has been developed in an attempt to minimize and control risks in the childcare setting for children, families and staff. The County of Renfrew and RCDHU have joined forces to support the reopening of local childcare centres in Renfrew County. While community transmission of COVID-19 in Renfrew County is low, the risk of transmission may still occur from both symptomatic and asymptomatic individuals.

Childcare centres may have an increased risk of many infectious diseases, including COVID-19, due to the mixing of separate families within one facility. Studies show children are more likely to have very mild symptoms or be asymptomatic (without symptoms). Children with mild symptoms or no symptoms can still transmit the COVID-19 virus to other children and adults within the centre. This means children can acquire the COVID-19 virus from the childcare facility and take it home to household members without awareness.

Enhanced Health and Safety Measures

COVID-19 Preparation for Re-Opening

Prior to the opening of each childcare centre an inspection will take place with a designated member of RCDHU.

- This inspection will follow guidelines set out by RCDHU in the *COVID-19: Infection Prevention and Control Checklist for Childcare Settings*.
- Each childcare centre must submit a *COVID-19 Response Plan* based on the policies and procedures in this manual to The County of Renfrew prior to reopening the childcare centre.
- Communication with RCDHU must be completed utilizing: infectioncontrol@rcdhu.com

General Recommendations

- Do not use community playgrounds.
- Parents/guardians should provide sunscreen for their own child which cannot be shared. Staff must perform proper hand hygiene (i.e., wash hands before and after assisting children with application).
- Supervise and ensure children frequently practice hand hygiene, including inside and outside settings.
- Staff should avoid getting close to children's faces.
- Masks are not recommended for children under the age of two.
- Childcare operators should secure and sustain an adequate amount of PPE and cleaning supplies that can support their current and ongoing operations.
- It is recommended that operators who are reopening their childcare centres actively inform families and their staff about the risk of exposure to COVID-19 in the centre.

Staff Requirements

- Staff should only work at **one** childcare location and must not work in additional high risk jobs while working at the centre (i.e. health care settings.)
- Supervisors and/or designates should limit their movement between rooms, doing so only in emergency situations or when absolutely necessary.
- Supply/relief staff should be assigned to specific cohorts.

- Staff from Quebec are permitted to work in childcare centres as this is considered essential travel into Ontario.
- Older childcare workers or those with impaired immune function should take into consideration the risk to themselves when entering a childcare centre.
- Interaction with multiple groups should be avoided as much as possible.

Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. Licensees must submit an attestation to the Ministry that confirms new policies and procedures have been developed and reviewed with employees, home child care providers, home child care visitors and students. These policies and procedures must be consistent with any direction of a medical officer of health and include information on how the child care setting will operate during and throughout the recovery phase following the COVID-19 outbreak including: disinfection of the space, toys and equipment; how to report illness; how physical distancing will be encouraged; how shifts will be scheduled, where applicable; rescheduling of group events and/or in-person meetings; and, parent drop off and pick up procedures.

Staff Training

- All childcare centres must collaborate with The County of Renfrew and RCDHU to ensure training is provided to all childcare staff. Training includes all health, safety and other operational measures outlined in this document plus any additional local requirements prior to reopening.
- This may include instruction on how to properly clean the space and equipment, how to safely conduct daily screening, attendance records, and management of an ill individual.
- CMSMs/DSSABs must ensure that training that is aligned with local public health unit direction is provided to all child care staff/providers on the health, safety and other operational measures outlined in this document plus any additional local requirements in place as close to re-opening as possible.
- New training is not required with each iteration of this guidance but should be offered in a way that includes child care staff/providers at least once, whether they have re-opened through the summer or later into the fall.

Signage

All signage related to COVID-19 must be *clearly* posted at *all* entrances to the centre or home. Signage related to COVID-19 should be from a government source.

In addition to COVID-19 signage, RCDHU recommends posting the following items in an accessible location, such as staff area, or in a binder for staff to reference when needed. All of the recommended signage can be found in the appendices of the document titled, “*Renfrew County and District Health Unit. A Public Health Guidance Document for Childcare Centres, 2019 Edition.*” https://www.rcdhu.com/wp-content/uploads/2019/09/2019_IPAC_Day-Care_Renfrew-County-and-District-Health-Unit-FINAL.pdf

- Hand washing procedure
- Diapering and Toileting procedure
- Cleaning and Disinfecting Schedule
- Chlorine (Bleach) Solution for Disinfecting
- Common Childhood Illnesses and Exclusions
- Illness Tracking Form
- Communicable Diseases Reporting Form
- Illness Signage
- Outbreak Signage

RCDHU recommends staff be familiar with the following resource procedures:

- Renfrew County and District Health Unit Public Health Guidance Document for Childcare Centres, 2019 Edition
- Renfrew County and District Health Unit Communicable Disease Guidelines for Schools and Childcare Facilities, 2019 Edition

Screening

All childcare centers require a screening process to help detect symptomatic infections or those meeting high risk criteria. Additional screening and documentation is recommended at pick up as an added monitoring measure. Individuals who require screening include; staff, children, parents/ guardians and essential visitors. Home child care providers and residents must also be screened each day before receiving children into care.

All individuals must self-screen every day before arrival at the child care setting. Families should also be self-screening on days their child is not in attendance (weekends, holidays, etc.) to monitor for symptoms. All screening must follow the *most recent* publication provided by the Ministry of Health.

- Individuals who do not pass the screening are not permitted to attend the program and must stay home.
- An ill individual who has a known alternative diagnosis provided by a health care provider may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours.

The [Covid-19 school and child care screening tool](#) is available to support parents/guardians, staff/providers and essential visitors or those regularly in a home child care setting in meeting this requirement.

Licensees may continue to provide a checklist to parents to perform daily screening of their children before arrivals at the child care setting (i.e., something other than the provincial school and child care screening tool, such as another online form developed by municipal partners, a survey, or e-mail, or through paper form) and are asked to align the criteria to the provincial tool.

This screening process will not detect infected children or adults who do not exhibit symptoms at the time of screening, therefore physical distancing of at least 2 meters is encouraged.

Where possible, daily screening should be done electronically (via on line form, survey or email) prior to arrival at the child care setting is an option for everyone (staff, parents, and children) prior to attending the facility in the morning.

Screening Log

- Childcare centres must maintain daily records of anyone entering the facility. Ensure daily records are kept up-to-date and available on the premises. These records will be used to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.
- Information that should be included in the daily records are:
 - Name of person entering the facility
 - Contact information
 - Time of arrival/departure

There is no longer a requirement to maintain the screening completion/results in your daily records.

Screening Station

Pick-up and drop-off of children should happen outside the childcare centre unless it is determined the set-up is not conducive to this. Consultation with public health is recommended in this case. Identify and set up the location of the screening table:

- Place table/ screening station at front entrance blocking entry into the centre (if possible)
- Ensure ONE entrance and exit is used to ensure that each person is screened
- Maintain a minimum of 2 metres distance between staff conducting screening and the person being screened
- Provide visual guides to assist with physical distancing (e.g., pylons) in the event that a line-up forms while parents and their children are waiting to be screened
- Ensure Public Health resources are available for anyone who does not pass the screening.
- Ensure the screening area is disinfected regularly throughout screening process.
- Ensure an extra set of PPE is available for use.

- All entrances should have alcohol-based hand rub with a concentration of 70-90% available with signage demonstrating appropriate use (see How to Wash Your Hands).
- Alcohol based hand rub should not be accessible to children (i.e., within their reach) and children should be supervised when using the hand rub.
- Consider using signage/markings on the ground to direct families through the entry steps.

Screening Requirements

- Children and families must go through the screening process and have a *staggered* entry plan for drop-off and pick-up.
- All staff members must also go through the screening process and have a *staggered* entry.
- The first person to enter the facility must complete the screening in a self-screening method which requires all necessary documentation completed. The designated screener must also answer the screening questions.
- As much as possible parents should not go past the screening area. If absolutely necessary, parents/guardians should use the necessary COVID-19 precautions and keep the visit as brief as possible.
- Screening questions are for the parent/guardian to answer pertaining to their own health as well as their child's.
- If there are multiple drop-offs happening at once, encourage parents to wait until a child is dropped off before bringing their child(ren) to the door. Communicate parents need to allow a few extra minutes at drop-off time to ensure they are not late getting to work.

Designated Screener

All individuals must self-screen every day before arrival at the child care setting. Individuals who do not pass the screening are not permitted to attend the program and must stay home.

An ill individual who has a known alternative diagnosis provided by a health care provider may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours.

- The [COVID-19 school and child care screening tool](#) is available to support parents/guardians, staff/providers and essential visitors or those regularly in a home child care setting in meeting this requirement.
- Licensees may continue to provide a checklist to parents to perform daily screening of their children before arriving at the child care setting (i.e., something other than the provincial school and child care screening tool, such as another online form developed by municipal partners, a survey, or e-mail, or through a paper form) and are asked to align the criteria to the provincial tool.
- Self-assessment tools should be made available to staff to ensure awareness of possible symptoms of COVID-19.
- Should a parent forget to screen prior to arrival, there must be someone available to screen at arrival if needed.

- Alcohol-based hand rub (ABHR) must be available at the screening station for use prior to entry into the facility. Children must be supervised when using ABHR.
- Ensure signage is visible which clearly explains the screening process and the rules and conditions for entry.
- Designated staff member will sign child(ren) in and out on behalf of the parent/guardian while the parent/guardian is present.
- Thermometers must not be used between children/staff without single-use protective covers or disinfecting between use.
- A “runner” should be designated to ensure the screener does not leave the screening station. This runner is responsible for assisting children from the screening station to designated room.

Screening Visitors

- Public officials (e.g. fire marshal, public health inspectors) are permitted to enter and inspect a childcare centre, home childcare agency and premises at any reasonable time. They must be thoroughly screened prior to entry.
- Special needs services may continue. Should questions arise in respect of which service providers are permitted to enter the premises, please consult with RCDHU.
- Parents should not go past the screening area.
- There should be no non-essential visitors or volunteers
- The use of video or telephone is suggested for interactions.

Personal Protective Equipment for Screening

The use of full personal protective equipment (PPE), such as a surgical/procedural mask and eye protection (goggles or face shield), gown and gloves is required at screening stations. If the screeners PPE becomes contaminated it must be safely removed, then new PPE put on. If a 2 metre distance between the screener and the child and parent/ guardian cannot be maintained they must be separated by an appropriately sized physical barrier (such as a Plexiglas barrier).

When the screening process is completed in the morning, the designated screener and runner must remove all PPE, complete hand hygiene and then may then join another room in the centre or home.

Cohorting

To reduce the spread of COVID-19 and simplify public health requirements for contact tracing, cohorting should be implemented in all childcare centres. For the purpose of this document, a **cohort is defined as a group or team of children and the staff members assigned to it**. This group must stay together throughout the duration of the program for a minimum of 7 days.

As of September 1, 2020, child care and early years programs may return to maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID19 outbreak). All child care settings and Home-based child care providers must operate with enhanced health and safety measures in place.

Staffing

- **No staff** (this includes supervisors and cooks) are permitted to drift between multiple programs and multiple locations at any time.
- Staff assigned to a cohort should remain within their designated cohort when covering breaks. When movement into another cohort is necessary (due to staffing needs) proper masking and physical distancing restrictions must be followed.
- Kitchen staff should not enter a cohorted room. All food should be delivered by trolley/cart/bin and delivered outside the room door to avoid non-cohorted staff from entering multiple rooms.
- Staff must maintain 2 meter distance from one another while in staff lunch rooms. If physical distancing cannot be maintained, only (1) person should be in the room at a time.

Family

RCDHU recommends, *where possible*, children from the same family be grouped together to reduce the likelihood of transmission to children of multiple families.

Program Areas

- For cohorting, it is important to note that these stipulations apply for both indoor *and* outdoor environments. If there are multiple programs running within a centre, it is mandatory that each group utilize a *different* space for outdoor play.
- If there are multiple programs running, there will need to be a staff designated for each program to cover staff breaks, or the ratio will need to allow for staff to cover each other within the program.

- For any play activity room that is currently licensed for a maximum group size of less than 10 children due to square footage requirements (e.g., infant room 1 is licensed for 6 children), licensees can only have the number of children listed on the license and ensure the cohort does not exceed 10 (including staff).
- Each cohort (including staff) must stay together throughout the day and are not permitted to mix with other cohorts.

Maximum Capacity of Building

- More than one childcare program or day camp can be offered per building as long as they are able to maintain separation between the programs and cohorts and follow all health and safety requirements that apply to those programs.
- There are no changes to the maximum group size for home childcare which allows for a maximum of 6 children, not including the providers own children who are 4 years or older.

Infection Control Measures

Physical Distancing

When setting up play space, physical distancing of at least 2 metres is to be maintained between cohorts. Educators will consider activities they can implement that support distance between children as much as possible, however, we cannot enforce that children stay apart from others within their cohort.

A 2 metre distance between children within the same cohort should be encouraged. This can be achieved by:

- Spreading children out into different areas at meal and dressing time.
- Incorporating more individual activities.
- Using markings or visual cues on floors and walls to promote physical distancing.
- Using a temporary, floor to ceiling physical barrier when two cohorts are using the same indoor space (e.g., gym).
- Moving activities outside to allow for more space.
- Increasing distance between sleeping equipment (e.g., cots and mats) or placing children head-to-toe or toe-to-toe if space is limited.

- If cribs are used, consider moving them to allow for 2 metres distancing or place infants in every other crib. Provide clear marking for cribs that should not be used.
- Avoid singing activities indoors.
- Ensure childcare staff is practicing physical distancing during breaks/lunches. Re-arrange chairs and tables to ensure physical distancing in staff room.

Hand Hygiene

Hand Hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand sanitizer.

Hand washing with soap and running water must be performed when hands are visibly soiled. Perform and promote frequent proper hand hygiene (including supervising and assisting children). Incorporating additional hand hygiene opportunities into the daily schedule is encouraged.

Ensure that employees and children are always practicing good hand hygiene when hands are visibly dirty and/or after:

- Sneezing, coughing or blowing nose
- Using the washroom
- Handling garbage
- Handling raw foods
- Outdoor play
- Toileting/diapering routine
- Handling soiled laundry or dishes
- Handling soiled toys or other items
- Coming into contact with bodily fluids
- Coming into contact with any soiled/mouthed items
- Gardening

Hands should be cleaned using soap and water or hand sanitizer before and after:

- Gloves use
- Handling animals
- Touching a cut or open sore
- Changing diapers
- Preparing, handling, serving and eating food
- Dispensing/handling expressed breast milk
- Before and after giving medication
- Communal sensory play activity

When hands are visibly soiled, follow these steps for cleaning hands:

- 1) Wet hands
- 2) Apply soap
- 3) Lather for at least 20 seconds
- 4) Rub between fingers, back of hands, fingertips, under nails
- 5) Rinse well under running water
- 6) Dry hands well with paper towel or hot air blower
- 7) Turn taps off with paper towel, if available

When hands are not visibly soiled, follow these steps for cleaning hands:

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

Alcohol Based Hand Sanitizer can be used when hands are not visible dirty. Hand sanitizers, with a minimum **70% alcohol**, can be used on children although they must always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. Hand washing with soap and water is still the preferred method of hand hygiene with children.

Respiratory Etiquette

Germs, such as influenza and cold viruses, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs. Keep your distance (preferably more than 2 metres) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

- Follow proper cough and sneeze etiquette. Cough or sneeze into your sleeve (not your hands) or cover your mouth and nose with a tissue and throw the tissue out immediately. Wash your hands afterwards.
- Clean your hands with soap and water or hand sanitizer (70-90% alcohol-based) regularly and after using a tissue on yourself or others
- Post signage to promote personal protective practices (hand washing, hand sanitizing, respiratory etiquette, how to prevent respiratory illness).

Personal Protective Equipment

Personal protective equipment (PPE) includes gloves, gown², mask² and eye protection (goggles or shield). These items are to be worn to prevent illness transmission between care providers and children. The selection of PPE is based on the nature of the interaction and/or the likely mode(s) of transmission of infectious agents. PPE should be appropriate for the type of activity according to the risk assessment. Facilities must ensure they have an adequate supply for current and future operations.

Staff must be trained on the importance of PPE and follow the proper donning and doffing sequence to ensure staff is properly protected. Signage for proper donning and doffing is recommended in areas of increased risk (e.g., diaper changing, toileting and screening areas). Public Health Ontario has created videos to be utilized for training purposes.

PPE must be removed and discarded in the same area of use. This would include removal and disposal in the isolation room, screening area or at the toileting/ diapering station. All these locations are required to have foot activated garbage to decrease environmental contamination.

Full PPE (gloves, gown, medical mask and eye protection) must be worn when;

- Conducting screening at drop off
- Taking care of a symptomatic child while waiting for pick up
- When a staff member becomes ill at work and is waiting for pick up
- When coming into contact with blood or body fluid

Gloves

Gloves shall be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces. Medical gloves are single use only. Hand hygiene must be completed before putting on gloves as well as after removing gloves. To reduce hand irritation related to gloves:

- Wear gloves for as short a time as possible
- Ensure that hands are clean and dry before putting on gloves
- Ensure gloves are intact, clean and dry inside
- Gloves are single use only, and must be task specific such as for diaper changes
- Alcohol based hand rub cannot be used on gloves as it is known to decrease the efficacy of gloves

Gown

Gowns may be disposable (one time use) or reusable, with no preference noted in the child care setting. Gowns should be long sleeve with cuffs to protect the user's clothes and must come to knee length for the wearer.

Mask/Eye Protection

All adults in a child care setting are required to wear a medical mask and eye protection (goggles or face shield) as noted above in full PPE section. Staff should have their own designated eye protection. Eye protection is required to be cleaned and sanitized between uses or at end of day. Staff should not share equipment between sanitizing.

All child care staff, home child care providers, home child care visitors and students completing post-secondary placements are required to wear medical masks and eye protection (i.e, face shield or goggles) while inside a child care setting, including in hallways and staff rooms (unless eating- but time with masks off should be limited and physical distance should be maintained).

All other adults (i.e. parents/guardians, and visitors) are required to wear a face covering or non-medical mask while inside the premises.

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

For information on mask exemptions refer to Operational Guidance During COVID 19 Outbreak [Child Care Re-Opening](#).

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

All younger children (grade 3 and below) are encouraged but not required to wear a non-medical mask or face covering while inside a child care setting, including hallways.

Masks are not recommended for children under the age of two.

For information on how to properly wear and take off masks and eye protection refer to [Public Health Ontario resources](#).

Personal Belongings: Staff and Children

All personal items must be cleaned and disinfected upon ENTRY into the childcare facility. These items may include any hard surfaces such as water bottles, travel mugs, cell phones and lunch containers. Bags or backpacks should be immediately placed into their designated cubby or storage area ensuring it does not touch nearby items.

Cleaning and Disinfecting

Renfrew County and District Health Unit is advising that childcare centres and licensed homes complete the following enhanced cleaning practices to support infection prevention and control:

- Cleaning refers to the removal of dirt and organic material from surfaces. Cleaning alone does not kill or deactivate germs.
 - Disinfection works by using chemicals to kill/deactivate germs on surfaces. This process does not work effectively if surfaces are not cleaned first.
 - Clean and disinfect *high touch surfaces* at least **twice** a day, using an enhanced cleaner/disinfectant used for outbreaks (e.g., doorknobs, light switches etc.).
 - Clean and disinfect *low-touch surfaces* (any surfaces at your location that has minimal contact with hands) at least **once** a day (e.g., window ledges, doors, sides of furnishings etc.).
 - Avoid sensory play (e.g. water or sand activities, use of playdough). If utilized, it must be used with only one child and discarded at the end of the day.
 - Remove shared items such as toys that cannot be easily cleaned and disinfected (e.g., stuffed toys and natural play items).
 - Reduce clutter and limit toys which can be disinfected daily.
 - Enhance hand hygiene practices for both staff and children.
 - Do *not* share items *between* cohorts including electronics (phones, iPads)
- It is recommended that licensees keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.
 - Existing practices should be reviewed to determine where enhancements might be required, including frequency and timing of cleaning and disinfection, areas to clean and/or disinfect, choice of cleaning products, and child safety, staffing, signage, and PPE use when cleaning.
 - It may also be helpful to keep an inventory to determine items to be stored, associated with cleaning (for example, porous or soft items such a stuffed toys, area rugs, fabric upholstered seating).

Other Surfaces

Cleaning and disinfecting routines must be increased as the risk of environmental contamination is higher. Cleaning and disinfection frequencies for other surfaces and items:

Item	Requirements
Tables and countertops	When used for food preparation and food service, must be cleaned and disinfected before and after each use
Highchairs	Must be cleaned and disinfected before and after serving food
Spills	Must be cleaned and disinfected immediately
Handwash Sinks	Staff and children washroom areas must be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids)
Floors	Cleaning and disinfecting must be performed as required (i.e. when spills occur) <u>and</u> throughout the day when rooms are available (i.e. during outdoor play)
Outdoor Play Equipment	Must be disinfected before use, and as required (e.g., visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect. In winter conditions, due to challenges with sanitizing equipment during cold temperatures, make sure to focus on proper hand hygiene before and after.
High-Touch Surfaces	Any surfaces at your location that has frequent contact with hands (e.g. light switches, shelving, containers, hand rails, door knobs, sinks toilets etc.,). These surfaces should be cleaned at least twice per day and as often as necessary (e.g. when visibly dirty or contaminated with body fluids)
Hard/Smooth Toys	Clean, disinfect, and rinse <i>daily</i> and when visibly soiled
Mouth Toys	Clean, disinfect, and rinse after each use, place in dirty bin immediately after use
Soft Toys/Sensory Play Tables/Play Dough	If sensory materials (ex. Playdough, sand, etc) are offered, they should be provided for

	single child use. (Ex. Available to the child for the day) and labelled with child's name.
Water Tables/Water Toys	If water activities are offered, they should be provided for single child use. (Ex. Available to the child for the day) and labelled with child's name if applicable.
Diaper Stations and Bathrooms	Clean and disinfect diaper station after each use. Clean touch surfaces as often as possible (toilet handles, taps, etc.)
Cots/Blankets/Sheets	Disinfect and launder cots <i>after each use</i> .

Disinfectant and Solution Ratios

Use the guidelines outlined below from the RCDHU when cleaning during the COVID-19 pandemic:

- Only use disinfectants that have 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.
- For disinfectant, an intermediate-level bleach solution (1000 ppm) or a Health Canada approved disinfectant effective against coronavirus should be used in the centre/home on non-food contact surfaces. If used on table tops or countertops (food contact surfaces), high-level disinfectants must be followed by a clean water rinse.
- 1000 ppm bleach is mixed with 20 ml of bleach in 1000 ml of water (1:50 ratio).

Important note: when using high level disinfectants all toys need to be rinsed after disinfection, this instruction is in the childcare guidance document and listed below.

https://www.rcdhu.com/wp-content/uploads/2019/09/2019_IPAC_Day-Care_Renfrew-County-and-District-Health-Unit-FINAL.pdf

Toy Cleaning & Disinfecting Procedure

It is important that the sequence or steps involved in the cleaning process be done in the correct order.

STEP 1 – INSPECT: Inspect all toys before and after play to ensure there are no loose, sharp or broken edges as well as visible body fluid (stool, vomit, blood) that could be a safety hazard to the children.

STEP 2 – COLLECT: Remove toys from the play area and place them in a collection box.

STEP 3 – CLEAN: Toys should be washed and scrubbed with soap and hot water and then rinsed thoroughly. Use a brush to clean crevices or hard to reach areas.

STEP 4 – DISINFECT: Follow manufacturer labels for recommended application and contact time of disinfectants. Spray bottles with disinfectant are not recommended.

STEP 5 – RINSE: Rinse disinfectant with clean water.

STEP 6 - AIR DRY: Allow time to completely air dry before next use.

STEP 7 – RECORD: Keep a record of when toys were cleaned and disinfected.

Storage for Personal Items of Staff and Children

- It is essential that all personal items be labelled with each child's name and must not be shared with other children.
- Each child and staff must be provided with an area to store their personal belongings. This area must be cleaned and disinfected daily before being assigned. These areas, such as cubbies, should be separated so no items from an individual may come in contact with another individual's items.
- Personal items brought in by children and staff should be limited to essential items only and must be easily cleaned and disinfected upon arrival.
- Any items provided by the child and/or family must be placed in the area designated for the child. Staff are to assist the children to ensure their belongings are where they should be, as parents/caregivers will not be entering the childcare centre.
- Parents/caregivers are to inform a staff member if they have brought any needed items such as a pacifier or diaper cream. The staff member will then clean and disinfect the item and ensure it is labelled. Any items that are provided by the child and/or family for daily use, such as a pacifier, should be left at the center when possible.

Materials, Equipment and Furnishings

- All materials, equipment and furnishings provided inside and outside must be easily washed and disinfected according to the cleaning policy and procedure. All materials, equipment and furnishings must also be able to withstand frequent cleaning and disinfection. They must be maintained in good repair and must be inspected for damage, to avoid compromising the cleaning and disinfection process. Any materials

that are mouthed or contaminated by body fluids must be cleaned and disinfected before being used by another child.

- The amount of materials provided should reflect the number of children in attendance.
- Creative materials should be provided specifically for each child. Items that are unable to be cleaned and disinfected such as but not limited to, feathers, pom-poms and pipe cleaners should be provided in small quantities and then discarded after use.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with the child's name, if applicable.
- Play structures both indoors and outdoors should not be used if they cannot be appropriately cleaned and sanitized. If you wish to use onsite play structures, please consult RCDHU before use.

Outdoor Play

- Childcare centres should schedule outdoor play in small groups/cohorts in order to facilitate physical distancing. Where the outdoor play area is large enough to accommodate multiple groups, licensees may divide the space with physical markers to ensure cohorts remain separated by at least 2 metres.
- 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 hand hygiene should be encouraged before and after use by cohorts.
- Childcare centres are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.
- Childcare centres should find alternate outdoor arrangements (e.g. community walk), when there are challenges securing outdoor play space. Providers should follow physical distancing practices as much as possible.

The requirement to clean and disinfect outdoor play structures between each group has been removed, and Childcare Centres should focus on proper hand hygiene.

Sleep/Rest Periods

Current policies in place regarding sleep and rest should be followed in addition to the following:

- Cots must be labelled/assigned to a single child. The cot must be cleaned and disinfected before being assigned and then cleaned and disinfected after each use.
- Cots must be stored in a way where they do no contact other cots or objects.
- Bedding must be laundered daily, and when soiled or wet.
- Children resting or sleeping on cots should be spaced at least 2 meters apart.
- Children should also be positioned in their cots alternating head to toe, or toe to toe, if space is tight.

Safe Food Handling Practices

The following practices are required to be put in place in regards to snack and meal times for both the staff and children:

- Food trolleys/bins should not enter rooms. They should be delivered outside the door to the room to avoid staff from entering multiple rooms.
- If food is being prepared on site, all sections of Ontario regulation 493: food premises applies to the centre.
- Ensure that the fridge meets the requirements of the food premise regulation. This means it must maintain food at or below 4°C and has a thermometer inside.
- Tables must be properly cleaned and sanitized before and after meals and snacks, clean and disinfect with food contact surface sanitizer, as per food premises regulation:
 - chlorine (bleach) solution of 100 parts per million of available chlorine at a temperature not lower than 24° Celsius for at least 45 seconds;
 - quaternary ammonium compound of 200 parts per million at a temperature not lower than 24° Celsius for at least 45 seconds;
 - other sanitizing agents if approved for use by Health Canada, the Canadian Food Inspection Agency and the medical officer of health for the intended purpose
- Children must sit with adequate spacing between each other. Try to keep a 2 metre distance at all times.
- Children are not to share food or snacks with other children.
- Staff must ensure there is no cross contamination between meals and snacks brought into the centre.
- Staff and children must follow proper handwashing procedures prior to, and directly after, all meals and snacks.

Cutting Surfaces and Utensils

All food preparation must be done on a plastic cutting board and used for 1 single task at a time. Cutting boards must be routinely washed, sanitized and rinsed after each use. Care must be taken not to transfer contamination of one food to another. Knives used to cut or slice food items should not be used for other foods or other items, unless the knife has been adequately washed with warm water, sanitized, and rinsed. Multi-use utensils must be sanitized.

Access to Kitchen

Only authorized staff are permitted to enter the kitchen or food storage areas. Kitchen must not be used as a passageway to other areas of the centre. Only staff who are appropriately clothed (i.e., clean clothes, hairnet, etc.) are permitted to enter the kitchen/food preparation areas when food preparation is occurring. Signs should be posted at entrance of kitchen reminding staff of these rules.

Outbreak Management

If a child/staff member becomes ill at the centre (and is not a confirmed case of COVID-19), the decision of whether to close the daycare immediately will be assessed on a case by case basis. Please contact RCDHU if required or concerned in these circumstances to discuss the matter.

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 part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting.

- The local public health unit will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.
- If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care *setting*. The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.

If the public health unit determines that partial or full closure of the child care setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

Illness: Child or Staff

- It is recommended that childcare staff and children with symptoms of COVID-19 contact their Health Care Provider, or call RC VTAC for testing as soon as possible and to self-isolate at home until the result is available.

Symptomatic Child Process

If a child becomes ill with symptoms while in care, they *must* be immediately separated from the rest of the cohort into a designated room or space and *must* be supervised until pick-up. Supervising staff *must* maintain physical distancing as best as possible and wear **full** personal protective equipment including gown, eye protection, gloves and surgical mask. Parents/guardians or emergency contacts *must* be notified to pick up the ill child as soon as possible. Children older than two years should wear a mask (if tolerated) and they are able to use it properly.

If a child develops symptoms and their self-screening indicates they should stay home but their sibling(s) do not have symptoms, check your local public health unit's website or call to see if those without symptoms should go to school/child care. Some public health units have different rules based on local risk.

- If a child is tested for COVID-19, follow the guidance of the local public health unit, health care provider and related direction for isolation and returning to the program. If there are other siblings or members of the household that attend school or child care, the local public health unit will provide any further direction on returning to school/child care.
- Persons who test positive may not return to the child care setting until they are cleared by the local public health unit. Note that individuals do not need to provide a medical note or proof of negative result to return to the program. For home-based programs: if a person who resides in the home tests positive for COVID-19, the local public health unit should be notified and their advice on next steps should be followed (including closing the program and notifying all families if necessary).

Symptomatic Staff Process

Ill staff *must* be separated from others into the designated exclusion room to self-isolate until they are able to be picked up. If they are well enough to drive themselves and have a personal vehicle, they are to drive directly to their place of residence.

If a staff member or child requires immediate medical attention, they *must* be taken to the hospital via ambulance and examined by a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act. R.R.O. 1990, Reg. 262, s. 34 (3).

Room set-up:

The designated room/space *must* have either a handwashing sink or alcohol-based hand sanitizer of at least 70% alcohol concentration. Tissues should be provided for the ill child to support respiratory etiquette. Outside doors and windows can be opened to increase air circulation in the area (if safe to do so). Staff *must* clean and disinfect the area and all items used immediately after the symptomatic child has left the facility. All items that cannot be cleaned (paper, books, cardboard puzzles) *must* be removed and stored in a sealed container for a minimum of 7 days.

Exposure Process

Childcare staff and children who were exposed to an individual who **became ill with symptoms** (i.e. suspected COVID-19 case) *must* continue to be grouped together (i.e. cohorted) and monitored for signs and symptoms of illness:

- Staff *must* inform parents/guardians of children who were exposed to the ill child, and advise that they should [monitor](#) their child for symptoms.
- Childcare staff *must* not work in other childcare settings. They *must* be advised to avoid contact with vulnerable populations or settings.

Childcare staff and children exposed to a **confirmed case of COVID-19** *must* be excluded from the childcare setting for 14 days:

- These individuals *must* [self-isolate](#) at home and [monitor](#) for symptoms for the next 14 days.
- Individuals who have been exposed to a confirmed case of COVID-19 should get tested as soon as any symptoms develop.
- If asymptomatic, individuals who have been exposed are also encouraged to get tested any time within 14 days of the potential exposure. *They must continue to self-isolate for 14 days even if the test is negative.*

Staff and children who are being managed by RCDHU (e.g. confirmed or probable cases of COVID-19 and close contacts of cases) must follow RCDHU instructions to determine when to return to the childcare centre/home:

- Staff must also report to their occupational health and safety department prior to return to work when applicable.

Report cases and outbreaks to Renfrew County and District Health Unit

Childcare centres are to notify RCDHU by faxing the **COVID-19 Child Care Facility Reporting form** to 613-735-3067 when:

- Any child, staff, and students test positive for COVID-19
- Greater than 15% absence of children, staff and students within the daycare in one day (in the absence of underlying reasons for these symptoms)

When can a child return to Daycare?

- If your child has a negative COVID-19 test, they can return to daycare 24 hours after their symptoms started improving. They DO NOT need a note from a healthcare provider in order to go back to school.
- If your child feels better but you are still waiting for the test result, your child should stay away from daycare and self-isolate at home until the test result is known.
- If your child was not tested and has either -one or more major symptoms or -2 or more minor/major symptoms, they should self-isolate for 10 days unless all the following apply:
 - A health care provider diagnosed them with another illness

AND

- They do not have a fever (without using medication)

AND

- It has been at least 24 hours since their symptoms started improving

- If your child has only one minor symptom as listed under the ministry self assessment, they must Self-isolate (stay home) **for 24 hours** and not leave except for a medical emergency. Retake this screening every day before they go to school/child care **IF after 24 hours: if their symptom is improving** they can return to school/child care when they feel well enough to go. They do not need to get tested. For example, if they have a runny nose, it does not have to be completely gone. They can return if it is improving and they're feeling better.

- If your child has a positive COVID-19 test, you will be contacted by Public Health directly with more detailed advice.

Additional Information on Suspected/Confirmed Cases of COVID-19: When to contact the Ministry (Licensing) regarding /confirmed cases of COVID-19:

Child care licensees have a duty to report suspected or confirmed cases of COVID-19 to the medical officer of health under the [Health Protection and Promotion Act](#). Previously, licensees were also required to report all suspected cases of COVID-19 to the ministry. Currently, only where a child, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident /regularly present at a home child care premises has a confirmed case of COVID-19 (i.e., a positive COVID-19 test result), licensees must: report this as a serious occurrence to the ministry.

report to the local public health unit and provide any materials (e.g., daily attendance records) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation, including the [Municipal Freedom of Information and Protection of Privacy Act](#).

Public health officials will determine any additional steps required, including but not limited to how to monitor for other possible infected staff/providers and children and the declaration of an outbreak and closure of rooms and/or entire child care settings.

If a closure is ordered by the local public health unit and the licensee has already submitted a serious occurrence for a confirmed case, the existing serious occurrence must be updated to reflect the closure.

- Should additional individuals at the child care program develop a confirmed case, licensees must either: Revise the open serious occurrence report to include the additional cases; or, Submit a new serious occurrence report if the first has been closed already.

- While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that a full or partial closure is required (i.e., program room, home premises or entire child care centre must remain closed for a period of time), a serious occurrence report must be submitted under the “Unplanned Disruption of Service” category. Please also note there are requirements of employers to let workers know if they may have been exposed in the workplace. Please see the [guide on developing a COVID-19 workplace safety plan](#) for more information.

Additional Information/Tips:

Symptoms of COVID-19

The ministry recommends licensees refer to the Ministry of Health COVID-19 Reference Document for Symptoms which outlines the symptoms which have been most commonly associated with COVID-19.

Revision of open Serious Occurrences

Program advisors will be using the “Request for Revision” process for all COVID-19 related serious occurrences. This process will give licensees the opportunity to revise an open serious occurrence. i.e. change suspected to confirmed or add/remove individuals impacted.

For all serious occurrences not related to COVID-19, the update process will continue.

When to contact your CMSM (County of Renfrew, Child Care and Early Years Division) regarding suspected/confirmed cases of COVID-19:

Your CMSM will automatically receive a serious occurrence (SO) report from the Ministry regarding confirmed cases.

That being said, we will require that centres please confirm with CMSM if there is a confirmed/positive case of COVID-19.

Testing for COVID-19

Symptomatic staff and children should be asked to complete the School/Child Care Self Assessment tool and follow the directions provided at end of assessment, they should then contact their health care provider or RC VTAC. Testing of asymptomatic persons should only be performed as directed by the assessing health care provider or RCDHU staff as part of outbreak management. An outbreak is declared 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 part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting.

The employer should consult with RCDHU to determine when the staff member and/ or child can return to facility.

Work Safe Staff Reports

If the staff member’s illness is determined to be work-related, in accordance with the Occupational Health and Safety Act (OHSA) and its regulations, the employer must provide a written notice within four days of being advised that a staff member has an occupational

illness, including an occupationally acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by, or on behalf of, the staff member with respect to an occupational illness, including an occupational infection, to the:

- Ministry of Labour, Training and Skills Development
- Joint Health and Safety Committee (or health and safety representative)
- Trade Union, if any.

Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

Disease Surveillance

Childcare facilities must monitor for an increase in “normal” amount of illnesses among staff and children by looking at the “normal” occurrence of illness at that location and during a specific time period. Ensure a surveillance program includes the following:

- Observe children for illness upon arrival
- Record symptoms of illness for each child including signs or complaints the child may describe (e.g., sore throat, stomach pain, headache, etc.)
- Record the date and time that the symptoms occur
- Record the room the child attends (e.g., room number/description)
- Record attendances and absences

Support and Reassurance

Communication with Families

It is imperative to reduce face to face meetings and handling of paper documentation as much as possible. The following precautions should be considered.

- If any face to face meeting is required, such as to go over policies and procedures, discuss any specifics about care being provided, or general inquiries, virtual meeting platforms are recommended.
- Send all documents, including registration packages, childcare handbook, policies etc., via email to be reviewed by families.
- Allow for electronic signatures to be utilized when filling out registration packages, to eliminate passing paperwork back and forth.

- Families should scan and email any supporting documentation required by the childcare centre, such as vaccination records, to eliminate the handling of original/paper documents.
- Whenever possible, communication with families should be done via email or phone. If an in-person meeting is required, ensure that all parties remain 2 meters apart.

Providing Support and Reassurance

Being a positive role model is an effective strategy to help reduce fear and anxiety as well as a way to promote healthy behaviours. Remember that children are often listening when you talk to others about COVID-19.

Maintain familiar routines and activities to reinforce a sense of security.

- Refer to Public Health Ontario's Information on how to self-monitor
<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-self-monitor.pdf?la=en>
- Acknowledge concerns and provide reassurance about personal safety and health.
- Refer parents/caregivers to the RCDHU website for the most up-to-date COVID-19 information.
- Help identify when sources of misinformation are circulating and correct this information when it occurs.
- Further guidance is available from the World Health Organization to help children cope with stress.

This document was created in consultation with the Renfrew County and District Health Unit and is in alignment with requirements and recommendations from the Ministry of Education.