

COVID-19 Policies and Procedures Reference Guide

Childcare Centre Re-Opening

Current as of September 2021

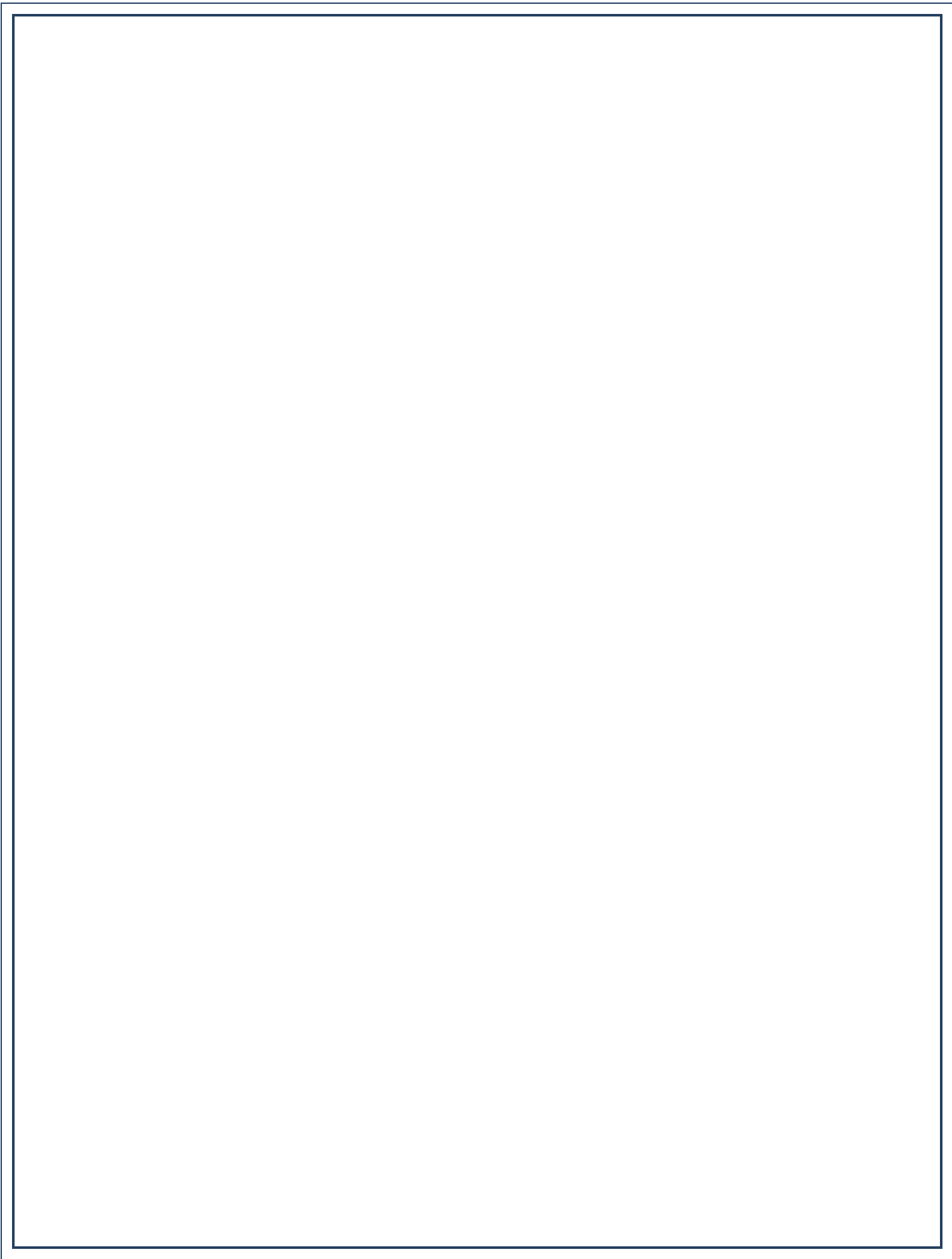


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RE: COVID-19 Response Plan

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 suspected or confirmed cases of disease to RCDHU under the Health Protection and Promotion Act (HPPA).

This manual includes recommendations developed from the *Ministry of Education Childcare Re-Opening Guidelines* and guidelines adapted from Public Health authorities such as Renfrew County and District Health Unit, 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 licensed childcare centres in Renfrew County.

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 may 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. The risk of transmission may still occur from both symptomatic and asymptomatic individuals.

Every attempt will be made to present the most current information, however, information and recommendations regarding the COVID-19 pandemic are rapidly evolving and the information presented here may be out of date. Please continue to check the Ministry of Health, Ministry of Ontario, Ministry of Education, Renfrew County and District Health Unit and Renfrew County Childcare and Early Years Division for the most up to date information.

Enhanced Health and Safety Measures

COVID-19 Preparation for Re-Opening

An inspection with designated member(s) of RCDHU is required prior to the re-opening of each childcare centre. This inspection follows guidelines set out by RCDHU in the *COVID-19: Infection Prevention and Control Checklist for Childcare Settings*. All communication with RCDHU must be completed utilizing infectioncontrol@rcdhu.com.

A *COVID-19 Response Plan* is required from each facility based on the policies and procedures in this manual to The County of Renfrew prior to reopening the childcare centre.

General Recommendations

- Physical distancing of 2 meters is encouraged.
- 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 which support their current and ongoing operations.
- Interaction with multiple groups/ cohorts should be avoided as much as possible.
- Families and staff should be informed on the risk of exposure to infections, including COVID-19.
- Staff and children with impaired immune function should consider the risk to themselves when entering a childcare centre.

Staff Requirements

- Refer to the most recent Ministry of Health and Ministry of Education guidance pertaining to movement within cohorts of supervisors and/or designates, staff and students.

Policy Requirements

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:

- Operation during and throughout all stages of the pandemic.
- Proper cleaning and disinfection of the space, toys and equipment.
- Requirements and procedure for reporting an illness.
- Scheduling of shifts, events and in-person meetings.
- 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.
- Instruction on how to properly clean the space and equipment.
- Screening, attendance records, and management of an ill individuals.
- CMSMs/DSSABs must ensure training is aligned with local public health unit direction 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 on an annual basis and as needed.

Signage

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

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 (or as current)
- Renfrew County and District Health Unit Communicable Disease Guidelines for Schools and Childcare Facilities, 2019 Edition (or as current)

Screening

All childcare centers require a screening process to help detect symptomatic infections or those meeting high risk criteria. Additional passive screening 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 of the home must also be screened each day before receiving children into care. Families should also be self-screening on days their child is not in attendance (weekends, holidays, etc.) to monitor for symptoms. Facilities are not required to maintain the screening completion/results in their daily records.

All screening must follow the *most recent* publication provided by the Ministry of Education/Health. Facilities are encouraged to follow the most current [COVID-19 Screening Tool for Childcare and Schools](#).

This tool can be printed and given to families to ensure they are using the most up-to-date screening tool.

Screening Log

Childcare centres must maintain daily records of anyone entering the facility. These 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 and contact information of person entering the facility
- Time of arrival and departure
- Purpose of visit

Screening Station

Pick-up and drop-off of children may occur inside or outside the childcare centre. Set up of the screening area includes:

- Placement at main entrance blocking entry into the centre (if possible).
- Maintaining a minimum of 2 metres between screener and the person being screened.
- Visual guides to assist with physical distancing (e.g., pylons, markings on the ground).
- Ministry disinfectant for surfaces.
- An extra set of PPE.
- 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.*

Screening Requirements

- Staff, children and families must go through the screening process.
- Staggered entry plans are encouraged for drop-off and pick-up to avoid crowding.
- Communicate parents need to allow a few extra minutes at drop-off time to ensure they are not late getting to work.

Designated Screener

- Should a parent forget to screen prior to arrival, there *must* be someone available to screen at arrival.
- A designated staff member will sign child(ren) in and out on behalf of the parent/guardian while the parent/guardian is present.
- A “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. These records must be kept in the case of contact tracing.

Parents, visitors, special needs services and students are encouraged to follow most recent guidelines for allowances. **Non-essential visitors should be discouraged.**

Screening Station PPE

The use of personal protective equipment (PPE), such as a surgical/procedural mask, and eye protection (goggles or face shield) are required at screening stations. The use of gowns and gloves is discretionary. If the screener's PPE becomes contaminated (i.e., wet or dirty) it must be safely removed, disposed of immediately, then new PPE put on.

Cohorting

A cohort is defined as a group or team of children and the staff members assigned to it. Cohorting should be implemented in all childcare centres to reduce the spread of COVID-19 and simplify public health requirements for contact tracing. This group is encouraged to stay together throughout the duration of the program.

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

- Staff assigned to a cohort are encouraged to stay within their designated cohort.
 - Proper PPE and physical distancing should be followed when movement into another cohort is necessary.
- Staff are encouraged to maintain 2 meters distance from one another while in staff lunch rooms.

Program Areas

- Cohorting recommendations apply for both indoor *and* outdoor environments
- 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).

Maximum Capacity of Building

- More than one childcare program or day camp can be offered per building while following 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

Physical distancing of at least 2 metres should be maintained within each cohort. Educators are required to implement activities supporting distance between children. 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 (8 foot) 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, readjust to allow for 2 metres distancing or place infants in every other crib. Provide clear marking for cribs that should not be used.

- Singing is permitted as indicated in the Ministry of Education guidance document Version 7.

- Re-arrange chairs and tables to ensure physical distancing in staff room.

Providers are not expected to enforce children to stay apart from others within their cohort.

Hand Hygiene

Hand Hygiene is a general term referring to any action of hand cleaning which kills and/or removes soil and microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

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). Incorporate additional hand hygiene opportunities into the daily schedule.

Ensure 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 Rub or hand sanitizer can be used when hands are not visible dirty. Hand sanitizers must have a minimum of 70% alcohol and can be used by children with adult supervision. Adults must ensure that the product has completely dried 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 can be 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 especially when 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 after.
- Clean your hands with soap and water or hand sanitizer regularly and after using a tissue on yourself or others
- Post signage to promote personal hygiene practices (i.e., hand washing, hand sanitizing and respiratory etiquette).

Personal Protective Equipment

Renfrew County and District Health Unit works in partnership with the Ministry of Education, Ministry of Health and Ministry of Labour. Noncompliance with public health recommendations pertaining to PPE may result in enforcement with the above organizations.

Personal protective equipment (PPE) includes gloves, gown, mask and eye protection (goggles or shield). These items are worn to prevent illness transmission between individuals. 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 everyone is properly protected. Signage for proper donning and doffing is recommended in areas of increased risk (e.g., diaper changing, toileting and screening areas).

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;

- Within 2 meters 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 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. Gloves should not contain allergens to which the user is allergic (e.g., natural rubber latex). Latex gloves should not be worn in the vicinity of individuals with latex allergies.

Good fitting characteristics for gloves include

- Availability in different sizes
- Easy to put on (don) and take off (doff)
- Fit snugly around the wrist for use with a gown
- Meet dexterity requirements without tearing

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

- 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 must have long sleeves with cuffs to protect the user's clothes. They should cover the body front and back from the neck to the thighs, overlap in the back, fasten at the neck and back and be easy to put on and take off.

Eye Protection

Examples of eye protection include goggles, face shields and mask with visor attachment. Follow manufacturers guidelines for intended use (i.e., single use vs reusable). Operators should have the necessary education and training to ensure competency on the appropriate selection, use, cleaning/ disinfection and disposal of PPE to prevent exposure to infection. Face shields must be disinfected daily and as needed. It is important to allow the disinfectant to dry before putting on the eye protection to avoid burning of the eyes from chemical vapors.

When selecting appropriate eye protection the following elements must be considered;

- **Goggles** must fit snug around the eyes and cover the front and sides of the face. Studies show goggles provide the **most reliable eye protection** from splashes, sprays, and respiratory droplets. (The characteristics of the goggles that make them the most reliable protection for the wearer do result in concerns with comfort during extended periods of use.)
- **Face shields** are often preferred as they cover the maximum area of the face to reduce exposure from splash, spray or droplets to both the eyes and face as well as provides an extra layer of protection of the face mask.

**** Safety glasses** do not provide the same level of protection from splashes, sprays, and droplets as goggles or face shields, and should not be used for infection control purposes. They are not recommended for close contact, especially if the client is unmasked. **

Surgical Masks

For information pertaining to masking requirements (while inside and outside) as well as mask exemptions, visit the Ministry of Education Operational Guidance for Child Care During COVID-19 Outbreak and any subsequent memo's provided by the Minister of Education and/or Minister of Health . Please ensure the most up-to-date version of the resource guide is being utilized.

For information on the proper donning and doffing of masks and eye protection: visit [Public Health Ontario](#) Steps to Put on a Mask and Eye Protection. For easy signage on the proper donning and doffing of PPE: visit [Public Health Ontario](#) Lanyards.

Personal Belongings: Staff and Children

All personal items (water bottles, travel mugs, cell phones and lunch containers) should be cleaned and disinfected upon entry into the childcare facility. Bags or backpacks should be placed into their designated cubby or storage area.

Cleaning and Disinfecting

Renfrew County and District Health Unit advises 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 or 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 (e.g., doorknobs, light switches etc.).
 - Clean and disinfect *low-touch surfaces* at least **once** a day (e.g., window ledges, doors, sides of furnishings etc.).
- Sensory play recommendations are as per latest recommendations. If utilized, careful consideration for hand hygiene must be followed before and after use.
 - Shared items that cannot be easily cleaned and disinfected (e.g., stuffed toys and natural play items) require at least 3 days (72 hours) out of circulation to ensure cellular death.
- Reduce clutter and limit toys ensuring they 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.

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	Emphasis should be placed on hand hygiene before and after the use
High-touch surfaces	Any surfaces at your location that has frequent contact with hands (e.g. light switches, 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
Mouthed toys	Place in dirty bin immediately after use. Clean, disinfect, and rinse after each use.
Soft Toys/Sensory Play Tables/Play Dough	Emphasis should be placed on hand hygiene before and after the use
Water Tables/Water Toys	Emphasis should be placed on hand hygiene before and after the use
Diaper stations	Clean and disinfect diaper station after each use.
Cots and linens	Disinfect cots and launder linens after each use.

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).
- 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 a bleach solution is 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 and disinfection 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

- Each child and staff must be provided with an area to store their personal belongings. This area must be cleaned and disinfected daily. 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.
- It is essential that all personal items be labelled with each child's name and must not be shared with other children.

- 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 immediately taken out of circulation, cleaned and disinfected before being used by another child.
- The amount of materials provided should reflect the number of children in attendance.
- Hand hygiene must be followed before and after use of;
 - Creative materials (i.e., feathers, pom-poms and pipe cleaners),
 - Sensory materials (e.g., playdough, water, sand, etc.).

Outdoor Play

- Childcare centres should facilitate physical distancing, even while outside.
- Hand hygiene before and after outdoor play must be encouraged.
- 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 are encouraged to find alternate outdoor arrangements (e.g. community walk), while outside.
- 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 which are in place regarding sleep and rest should be followed including;

- Cots/cribs/resting mats/playpens must be labelled and assigned to a single child. It must be cleaned and disinfected after each use.
- Sleeping surfaces 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.
- Sleeping surfaces should be spaced at least 2 meters apart.
- Children should be positioned alternating head to toe, or toe to toe, if space is limited.

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:

- 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. Freezer temperature must ensure all contents remain frozen solid.
- Consideration must be given to the location of food items within the fridge. Storing food properly is an important part of protecting everyone from food poisoning. Keep raw meat, eggs, poultry, fish and seafood separate from other food in the refrigerator.
- Place raw meat, eggs, poultry, fish and seafood in sealed containers or plastic bags on the bottom shelf of your refrigerator so raw juices won't drip onto other food.
- Tables must be properly cleaned and disinfected before and after meals and snacks, 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
- Encourage 2 meter distance between children during meals.
- Children should not share food or snacks with other children.
- Staff and children must follow proper handwashing procedures prior to, and directly after, all meals and snacks.

At least one certified food handler must be onsite during all hours of operation in which food preparation is occurring as per Regulation 493.
This includes home and centre based childcare.

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, disinfected and rinsed after each use. 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. The 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.

If the local public health unit declares an outbreak, they will determine what happens next.

*** 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

As stated above, all individuals are required to follow the appropriate COVID-19 Ministry Screening Tool and must follow corresponding guidance provided by the tool.

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. Children

older than two years should wear a mask (if tolerated) and they are able to use it properly. Parents/guardians or emergency contacts *must* be notified to pick up the ill child as soon as possible.

Supervising staff are encouraged to maintain physical distancing as best as possible and wear **full** personal protective equipment including gown, eye protection, gloves and surgical mask if within 2 meters of the ill child. If distancing of 2 meters can be maintained, only mask and eye protection is required.

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. Local public health will provide further direction on returning to school/child care.

For home-based programs: if a person who resides in the home tests positive for COVID-19, RCDHU 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).

Isolation Room Set-up:

The designated room/space *must* have either a handwashing sink or alcohol-based hand rub 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 3 days (72 hours).

Exposure Process

Childcare staff and children 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 parents/guardians they should [monitor](#) their child for symptoms.

Exposure process and contact tracing is a task which will be completed by RCDHU. Many variables exist for each situation, therefore, are often handled on a case by case basis. Facilities will be contacted by RCDHU directly with more detailed advice.

Duty to Report

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

- Any child, staff, or student tests 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).

If a child has a positive COVID-19 test, the affiliated childcare centre or home will be contacted by RCDHU with more detailed advice.

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](#). Report to RCDHU 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.

Testing for COVID-19

Symptomatic staff and children should be asked to complete the most recent [Ministry of Ontario COVID-19 School and Child Care Screening](#) and follow the directions provided at end of assessment.

Returning to daycare

All children, staff and students must pass the screening tool noted above prior to returning to daycare. Facilities may email infectioncontrol@rcdhu.com for consult when necessary. Families do NOT need a note from a healthcare provider in order to go back to school or daycare.

Disease Surveillance

Childcare facilities must monitor for an increase in a “normal” amount of illnesses among staff and children. The “normal” occurrence of illness depends on the location and during the specific time period (i.e., influenza season). Surveillance programs must include the following:

- Observation of children for illness upon arrival
- Symptoms of illness recorded for each child including signs or complaints the child may describe (e.g., sore throat, stomach pain, headache, etc.)
- Date and time the symptoms occur
- Details on child whereabouts (e.g., room number)
- Record attendances and absences

Additional Information on Suspected/Confirmed Cases of COVID-19:

When to contact the Ministry (Licensing) regarding /confirmed cases of COVID-19:

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.

If a closure is ordered by RCDHU 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:

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.

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.

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.

- Virtual meeting platforms are recommended for meetings rather than face to face.
- All documents, including registration packages, childcare handbook, policies etc., should be sent 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, phone or a virtual method. If an in-person meeting is required, ensure that all parties remain 2 meters apart with required personal protective equipment worn.

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.