

Alexandra Daycare

COVID-19 Policy and Procedure

Purpose: To prevent the spread of COVID-19 in Alexandra Daycare

Maximum Cohort Size and Ratio

A cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days. A cohort consists of a maximum of 10 people, inclusive of both staff and children.

- Maximum capacity rules do not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).
- Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.
- Licensees are required to maintain ratios set out under the Child Care and Early Years Act, 2014 (CCEYA). Licensee can increase staff to child ratio as long as the cohort does not exceed the maximum of 10 individuals.
- Reduced ratios are permitted as set out under the CCEYA if cohorts are not mixed with other cohorts.
- Supervisors and/or designates will limit movement between rooms, doing so only when necessary.
- Child care staff can only work at one location.
- Supply staff will be assigned to specific cohorts and these staff will not mix between cohorts.
- Child care staff should avoid covering off for colleagues assigned to different cohorts or working in different rooms/areas during lunches or breaks as best as possible:
 - o If a child care staff must cover off for a colleague in a different cohort/room (e.g. during breaks) they must do so in a manner that maintains physical distancing as best as possible, and they will use a **non-medical face mask**.

Infection Prevention

Environmental cleaning

- Alexandra staff will clean and disinfect frequently touched surfaces a minimum of twice per day during sleep time and end of day (more often if visibly soiled). Examples include doorknobs, light switches, toilet handles, counters, handrails, touch screen surfaces and keypads.
- Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used. Shared spaces and play structures, including lunch tables, microwave, taps, etc. must be disinfected between users.
- Alexandra Daycare will clean and disinfect with either hospital grade or regular household cleaners with a Drug Identification Number (DIN) and that is effective against viruses.

(Lysol , Virox , Bleach and water)

- Virox
 - Bathrooms
 - Bodily fluids, Blood, Vomit, Urine, Fecal matter, Mucus
 - Bleach water / Lysol
 - Cleaning touchable surfaces
- Using bleach that has a concentration of 5% hypochlorite, add 5 mL (1 teaspoon) of bleach in 250 mL (a cup) of water, or add 20 mL (4 teaspoons) bleach in 1 litre (4 cups) of water to give a 0.1% sodium hypochlorite solution. Each morning the solution be remade and distributed to the classrooms.
 - To help track cleaning and stopping the spread of the virus Alexandra Daycare will keep a cleaning and disinfecting log.

Cleaning toys and play equipment

- Sensory materials commonly shared such as sand, water, playdough will be discouraged while inside. If sensory materials (e.g., playdough, water, sand, etc.) are offered, they will be provided for single use (i.e. available to the child for the day) and labelled with child's name and kept in a large Ziplock bag.
- Each room or cohort will not move toys from room to room. Where toys and equipment are shared, (outside items) they will be cleaned and disinfected prior to being shared. Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.
- Staff will wear gloves when cleaning/disinfecting any toys, equipment, or furnishings. **Staff will perform hand hygiene before and after using gloves.**
- Staff will ensure that all toys and equipment are in good repair, clean and sanitary.
- Avoid the use of plush toys as they can not be readily cleaned and disinfected. Personal comfort toys can be brought to centre and used during nap/sleep time. **They must be placed back in a bag in the child's cubby after nap/sleep time. They are not to be shared.**
- Books, puzzles, cardboard/boxboard, etc. that are absorbent and cannot be easily cleaned and disinfected are limited or removed.
 - Books will be wiped down during sleep/nap time along with at the end of the day.
 - Each child will have their own bag of items (supplied by the center)
- Play structures, including those located outdoors can only be used by one cohort at a time and should be cleaned and disinfected at a minimum between cohorts

Hand Hygiene

Hand hygiene is a key practice for staff and children to prevent transmission and spread of COVID-19. Proper hand hygiene (**including supervising or assisting children with hand hygiene**). Hand washing using soap and water is recommended over alcohol-based hand rub for children.

- Staff must wash their hands with soap and warm water in the following situations:
 - o **Before and after using gloves**
 - o **Immediately following the disposal or laundering of any contaminated PPE.**
 - o **Before and after touching theirs or someone else's face**
 - o **Before entering and leaving a classroom**
 - o **After touching contaminated articles such toys that have been mouthed**
- If staff cannot access soap and water, alcohol based hand sanitizer containing a minimum of 60% alcohol will be used, only if the hands are not visibly soiled.
- No hand jewellery (rings) and nail polish will be worn to ensure hand sanitizing and hand hygiene are met to the full extent of preventing the transmission and spread of COVID-19.
- Children will wash their hands with warm soapy water:
 - **When entering and exiting the classroom**
 - **Before and after eating**
 - **Before and after toileting, including after a diaper change**
 - **After putting their hands in their mouths**

Washrooms

- A washable barrier will be used to separate the urinal and sink in the upstairs bathroom, along with the sinks in the main floor bathroom.
- If more than one cohort uses the same washroom, thorough disinfection must be performed between cohorts.

Physical distancing

- Physical distancing between children in a child care setting is difficult. Staff should always be encouraging and offer a welcoming and caring environment for children .
- When setting up the play space, physical distancing of at least 2 metres must be maintained between cohorts and should be encouraged, where possible, between children within the same cohort:
 - spreading children out into different areas, particularly at meal and dressing time
 - 4 children at each table during meal time
 - Only one class/cohort will be in the coatroom at a time with disinfecting between each cohort
 - incorporating more individual activities or activities that encourage more space between children
 - using visual cues to promote physical distancing

Toddlers

- When holding toddlers use blankets or cloths over clothing and change the blankets or cloths between children.
- Launder lab coats, blankets or cloths between each use. Do not reuse disposable lab coats.
- Do not wear blankets, cloths or lab coats outside the program room, into the kitchen or into the staff room.
- Wash your hands for at least 20 seconds immediately after laundering any contaminated coverings.
- Avoid close contact with a child's face as much as possible. Wearing a mask when close contact can't be avoided.

Sleep/Rest areas

- Children will have a cot assigned to them (Names should be clearly labelled) cots will be placed 2 metres apart if possible, to support physical distancing practices. If 2 metre separation is not possible, children will be placed head-to-toe or toe-to toe.
- Bedding will be cleaned weekly or more frequently as needed. Beds will be wiped down before putting away each day
 - all plastic feet on beds along with head and feet parts (all hard plastic on bed)

Masks

• **Wearing a mask can help to prevent the spread of some respiratory illnesses, but it can also become a source of infection if not worn or discarded properly. Wash your hands before putting on a mask and after removing a mask using soap and water or an alcohol based hand sanitizer.**

Masks will be used by staff:

- o In the screening area and when accompanying children into the program from the screening area.
- o When cleaning and disinfecting blood or body fluid spills if there is a risk of splashing.
- o When caring for a sick child or a child showing symptoms of illness.

How to wear your mask:

1. Wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer before putting on your mask.
2. Secure the elastic loops of the mask around your ears. If your mask has strings, tie them securely behind your head.
3. Cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask.
4. Do not touch the front of the mask while you wear it. Wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer if you accidentally touch your mask.

How to throw away your mask:

1. Do not touch the front of your mask to remove it.
2. Remove the elastic loops of the mask from around your ears or untie the strings from behind your head.
3. Hold only the loops or strings and place the mask in a garbage bin with a lid.
4. Wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer after you have discarded your mask.

Disposable Gloves

- Gloves are used alone or in combination with other PPE to prevent exposure. Gloves should be put on just prior to the interaction with the child and removed immediately and disposed of in the appropriate receptacle when the interaction has ended.

How to put on gloves:

1. Perform hand hygiene
2. Put on gloves, taking care not to tear or puncture glove

How to remove gloves:

- Remove gloves using a glove-to-glove/skin-to-skin technique
1. Grasp outside edge near the wrist and peel away, rolling the glove inside-out
 2. Reach under the second glove and peel away
 3. Discard immediately into waste receptacle
 4. Perform hand hygiene

Food preparation

- Limit the number of staff in the kitchen (one at a time) and maintain physical distance in the kitchen
 - While the cook is in the kitchen no one else will enter. If you need something the cook will get it for you.
- Food handlers must be in good health and practice hand hygiene and respiratory etiquette
- The cook will no longer be cleaning the main floor lunch area after lunches
- Lunch will not be self-serve or sharing of food and utensils (e.g., serving spoons, water jugs) at meal times.
- Meals will be individually portioned for each child by each teacher in the class
- No food provided by the family, outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).
 - No birthday treats or home snacks will be brought into the center.
 - No home containers, including water bottles (child care will provide disposable water cups for each class room along with outside)

- Children should not prepare food.
- Proper hand hygiene is practiced during food preparation and before and after eating
- Children and staff will practice physical distancing while eating, if possible
 - 4 children per table. Tables will be separated in the class
 - All tables and chairs will be cleaned between one cohort to another

Screening Entry Screening Procedures

- **All individuals** including children attending child care, staff and child care providers, parents/guardians, and visitors must be screened each day before entering the child care setting, including daily temperature checks.
- Pick-up and drop-off of children will happen outside the child care centre unless it is determined that there is a need for the parent/guardian to enter the centre (tent by the side door)
- Children and parents are screened at the child care setting (under tent at side of building), screeners will take appropriate precautions when screening and escorting children to the program, including maintaining a distance of at least 2 meters (6 feet) from those being screened, wearing personal protective equipment (PPE) (i.e., mask and face shield.)
- Alexandra Daycare will deny entry to any person including the child of a parent/guardian who has any of the symptoms outlined in the COVID-19 Reference Document for Symptoms on the Ministry of Health’s COVID-19.
- Staff who are experiencing any of the symptoms and answer “yes” to any of the questions on the active screening sheets are expected to stay at home and report their absence to their supervisor. Staff will follow Public Health guidelines on when they can return to work.
- Staff will also do a visual check of anyone entering the facility. Where a child or adult is obviously ill, vomiting, diarrhea, fever, runny nose, sore throat, staff must refuse entry into the facility to promote health and wellness at the centre.
- Upon passing the screen, the dedicated childcare teacher will escort the child from the screen point to the door of the classroom.
 - A mid day check will be conducted before naptime (as children are preparing to go on cots)
- **The child/children will be asked to complete hand hygiene before going into the program room. Toddlers will use soap and water only. Preschoolers can use soap and water or hand sanitizer if washroom is being used / unavailable.**

Infection Control Symptomatic Staff or Children

Daily Staff Close Contact Log Template

A daily close contact log will be used to keep track of who staff may have come into close contact with (less than 2m), at what time this happened, and whether or not any PPE was being used during this close contact. Recording this information can help Public Health in the event of a positive COVID19 case to support contact tracing.

Symptoms and signs to look for include but are not limited to:

- Fever
- Cough
- Difficulty breathing
- Sore throat or difficulty swallowing
- Runny nose or nasal congestion,
- Red eyes (conjunctivitis) (pink eye)
- Nausea/vomiting,
- Diarrhea
- Abdominal pain
- New loss of taste or smell
- Headache and a general feeling of being unwell
- Tired or sore muscles, chills
- Multisystem inflammatory vasculitis in children
- Presentation may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms (nausea, vomiting and diarrhea) and rash (Children should be monitored for atypical symptoms and signs of COVID-19.)

Staff COVID Symptomatic

- If a staff member becomes ill while at the centre they will let their supervisor know, don a face mask and remove themselves from program as soon as possible.
 - If a staff member is confirmed to have COVID-19 a serious occurrence will be filed with the Ministry of Education and program advisor.
- The supervisor or designate will notify Public Health at 519-575-4400 of the symptomatic staff members and include the following details:
 - o Staff name
 - o Name and address of Child Care Centre
 - o DOB
 - o Contact information
- Public Health management will assign a Public Health professional to initiate investigation.
- Staff can contact any testing/ assessment centre to book an appointment.
- Public health will provide direction for self-monitoring or self-isolation as determined by the exposure and inform any childcare wide measures.

Child COVID Symptomatic

- If a child becomes sick while in the program, they should be isolated and family members contacted for pick-up.
 - If a child is confirmed to have COVID-19 a serious occurrence will be filed with the Ministry of Education and program advisor.
- Any child who develops symptoms of ill health including symptoms of ill health related to COVID-19 must leave the child care program.
- The childcare teacher will notify the supervisor or designate immediately for contact to be made to the parent/caregiver. Pick-up shall be arranged for the child. If the parent cannot be reached, the emergency contact person will be contacted to pick up the child.

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

Symptoms and signs to look for include but are not limited to:

- Fever
- Cough
- Difficulty breathing
- Sore throat or difficulty swallowing
- Runny nose or nasal congestion,
- Red eyes (conjunctivitis)
- Nausea/vomiting,
- Diarrhea
- Abdominal pain
- New loss of taste or smell
- Headache and a general feeling of being unwell
- Tired or sore muscles, chills
- Headache and lethargy or difficulty feeding in infants (if no other diagnosis).
- Multisystem inflammatory vasculitis in children
- Presentation may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms (nausea, vomiting and diarrhea) and rash (Children should be monitored for atypical symptoms and signs of COVID-19.)
- **Symptomatic children must be immediately** separated from others in a supervised area until they can go home. A childcare teacher from the program room will always accompany the child and provide supervision until parent arrives. If over the age of 2, willing, and able to tolerate it, the child may don a mask.
- Other children, including siblings of the sick child, and child care staff in the program who were present while the child or staff member became ill should be identified as a close contact and further cohorted (i.e., grouped together) until they can be picked up by parents/guardians to self-isolate at home.

- Where possible, anyone who is providing care to the child should maintain a distance of at least 2 metres. If the childcare teacher supervising the symptomatic child cannot maintain a distance of 2 meters, they will wear the following personal protective equipment (PPE):

- o Mask (procedure / surgical / face shield)

- o Gloves

- o Lab coat, cloth or blanket if comforting / picking the child up is required.

- Hygiene and respiratory etiquette will be practiced while the child is waiting to be picked up. Tissues will be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene.

- Contaminated articles belonging to the symptomatic child (including soiled clothing) are sent home immediately for cleaning. Do not rinse or launder at the centre, roll and place items separately in a sealed plastic bag (take care not to contaminate the surrounding environment).

Once the child and siblings have been picked up, the childcare teacher will remove and dispose of PPE, according to the Public Health Ontario Don/Doffing PPE Fact Sheet

- Reusable PPE such as blanket, cloth or lab coat should be laundered immediately.

- The Supervisor will contact ROW Public Health 519-575-4400 to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre. The supervisor will follow all direction provided by Public Health. The following information will be shared with Public Health:

- a. Child Care Centre Name, address, contact person, phone number

- b. Child's Name

- c. Child's contact info

Cleaning post-symptomatic child

- A sign will be posted on the door of the isolation room indicating that the room is closed until a thorough cleaning can be done.

- Cleaning will include disinfection of all toys and surfaces including tabletops, chairs, washrooms, cots, and equipment.

- All linens and bedding touched/used by the symptomatic child at the centre must be laundered immediately.

- Staff must use appropriate PPE when handling dirty laundry (e.g. gloves, eye protection apron etc.).

- Items unable to be disinfected will either be disposed of or quarantined in a storage area for a minimum of 7 days.

General Approach to Isolation, Testing and Closure of Child Care Centres

The following provides a summary of the general approach taken by Region of Waterloo Public Health in the event of notification of a symptomatic child, staff or child care provider in collaboration with the child care centre. The specific details of each unique scenario may require a specific management plan for the centre. Region of Waterloo Public Health staff will work closely with child care centre staff to explain the required steps to be taken and provide ongoing support.

Symptomatic Child/Staff

Case Details	Isolation /monitoring recommendations
Symptomatic child/staff undergoing testing with NO KNOW exposure to confirmed COVID case	<ul style="list-style-type: none">- Child or staff member self-isolates and gets tested- Any one who was in close contact, staff and other children should self monitor
Symptomatic child/staff undergoing testing with KNOWN exposure to confirmed COVID case	<ul style="list-style-type: none">- Child or staff self-isolate and get tested- All close contacts (children, parents, staff) need to self -isolate.- If able to cohort where other groups of children and staff did not have contact, such as no shared lunch space area, shared facilities or play areas, these areas can remain open.- If there are shared spaces, shared facilities and there is close contact, then center must close.

Confirmed Case

Case Details	Isolation /monitoring recommendations
Confirmed COVID case child/staff	<ul style="list-style-type: none">- All close contacts (children, parents, staff) need to self -isolate- If able to cohort where other groups of children and staff did not have contact, such as no shared lunch space area, shared facilities or play areas, these areas can remain open.- If there are shared spaces, shared facilities and there is close contact, then center must close

Program Considerations

Visitors

- Appropriate signage should be posted at the front entranceway of all child care centres to notify visitors not to enter if they have any COVID-19 symptoms.
- A poster will be posted on the front door to the building.