

COVID-19 RESPONSE GUIDE

1. OVERVIEW

Upper Canada Child Care (UCCC) strives to protect the health and safety of children and employees at all times. During the current COVID-19 pandemic, heightened measures will be implemented in order to prevent institutional spread of the COVID-19 virus.

While the focus of this guide is on measures required to prevent the spread of COVID-19 virus, equal efforts will continue to be made to provide welcoming and caring environments that are responsive to the social and emotional needs of the children in our care.

2. SCOPE

This guide applies to all employees/students at all centres, and is applicable until current COVID-19 recommendations are amended.

3. RESPONSIBILITY

- 3.1 It is the responsibility of all employees to follow precautions aimed at ensuring a safe and healthy environment for everyone.
- 3.2 **Employees** are responsible for:
 - 3.2.1 being aware of their responsibilities and following outlined procedures.
- 3.3 **Supervisors** are responsible for:
 - 3.3.1 following protocols, communicating guidelines to employees and clients, and ensuring the implementation of procedures.
- 3.4 **Assistant supervisors or designates** are responsible for:
 - 3.4.1 assuming all duties of the supervisor in the absence of the supervisor.

4. GUIDELINES

- 4.1 This guide is intended to be used in conjunction with UCCC's *Sanitary Practices: Infection Prevention and Control Policy*. In the event of a conflict between this guide and the *Sanitary Practices Policy*, this guide will prevail.
- 4.2 Advice of the local Public Health Unit (PHU) must be followed at all times; in the event of a conflict between this guide and advice of the local Public Health Unit, PHU guidelines will prevail.
- 4.3 **Cleaning and Disinfecting**

Centres will follow standard cleaning and disinfecting procedures as outlined in UCCC's *Sanitary Practices: Infection Prevention and Control Policy*. Where there is elevated incident of COVID-19 in a classroom (30% illness rate or higher), enhanced environmental cleaning procedures should be implemented within that room.

 - 4.3.1 **Enhanced Environmental Cleaning (for elevated illness rates)**
 - 4.3.1.1 Frequently touched surfaces must be cleaned and disinfected at least twice a day, and as otherwise necessary. These include, but are not limited to frequently used toys and equipment, washroom surfaces (toilet fixtures, faucets etc.), door knobs, light switches, desks, phones, keyboards, tablets, entry keypad, gate latches, hand rails, computers, photocopiers, water fountain knobs etc.
 - 4.3.1.2 High-touch electronic devices (e.g. keyboards, tablets, and smartboards) will be cleaned with 70% alcohol (i.e. alcohol prep wipes). Employees will ensure the wipe makes contact with the surface for one minute for disinfection.
 - 4.3.1.3 Toys that have been mouthed or coughed/sneezed on will be removed from the play area immediately, and will be cleaned prior to their return.

- 4.3.1.4 Toys and equipment that are made of materials that are difficult to clean and disinfect will be removed from the play area until illness levels return to normal. These include natural materials, dress-up clothes, plush toys, books, cardboard puzzles etc.
- 4.3.1.5 Sensory play will be limited to individual use. Bins and tools will be cleaned between uses.
- 4.3.1.6 Enhanced cleaning must be done according to the schedule outlined in *COVID-19 Cleaning and Disinfecting Guidelines*. Records of all cleaning and disinfecting must be kept on the appropriate cleaning and disinfecting logs.
- 4.3.1.7 Existing practices will be reviewed on an ongoing basis to determine where enhancements might be required, including frequency and time of cleaning and disinfecting, areas to be cleaned and/or disinfected, child safety, staffing, signage, and use of Personal Protective Equipment (PPE).
- 4.3.1.8 Supervisors will make arrangements with school principals to establish coordinated enhanced cleaning and disinfecting practices for shared spaces where necessary.

4.3.2 **Laundry**

- 4.3.2.1 Towels and washcloths must not be shared between children, and must be laundered daily.
- 4.3.2.2 Washing will be done with regular laundry soap and hot water (60°C - 90°C) and laundry will be dried thoroughly.
- 4.3.2.3 Clothing and linen from an unwell/infected child can be washed with other laundry. Linens and children's clothing soiled with fecal material should be washed separately. Laundry should be handled in a manner that minimizes possible spread of infection. Full PPE (gown, gloves, mask, eye protection) will be used when handling laundry from an unwell child.

4.4 **Use of Masks and Personal Protective Equipment (PPE)**

- 4.4.1 A supply of the following PPE that can support current and ongoing operations will be maintained at all centres:
 - 4.4.1.1 medical masks;
 - 4.4.1.2 eye protection (safety glasses, face shields, or goggles);
 - 4.4.1.3 lab coats; and
 - 4.4.1.4 gloves.
- 4.4.2 All employees and students will be trained on the proper use of PPE, including how to put on, remove, and discard.
- 4.4.3 All employees and students will have the option to wear medical face masks and eye protection while working.
- 4.4.4 All children aged two and up will have the option to wear masks while in attendance. Parents must provide detailed written requests for their child's mask use.
- 4.4.5 Individuals who are close contacts of a COVID-19 case or a symptomatic individual must wear a mask for the duration of their self-monitoring period of 10 days following last exposure.
- 4.4.6 Individuals returning from international travel must wear a mask for 14 days from arrival in Canada.
- 4.4.7 Full PPE (masks, eye protection, gowns, and gloves) will be used in the following circumstances:
 - 4.4.7.1 when taking care of a symptomatic child prior to their pick-up;
 - 4.4.7.2 when coming into contact with bodily fluids, if there is a risk of splashing;

- 4.4.7.3 when laundering the linens, and cleaning the classroom/isolation room of a child who becomes symptomatic during the day; and
- 4.4.7.4 when cleaning and disinfecting toys, equipment, and environmental surfaces.

4.5 **Food Preparation and Provision**

4.5.1 Self-serve practices will be discontinued. Meals and snacks will be served in individual portions to the children, and there should be no shared items, such as utensils, available. If food is provided family style, educators must serve all items.

4.5.2 Children and educators must practice proper hand hygiene before and after eating.

4.6 **Hand Hygiene and Respiratory Etiquette**

4.6.1 Handwashing with soap and water is the preferred method for cleaning hands. Additional hand hygiene opportunities will be incorporated into the daily schedule. All individuals must clean their hands upon entering the facility, and after touching, eating, or preparing food. Individuals must wash hands after using washroom, before and after playing outside, after sneezing/coughing into hands, and when hands are visibly soiled.

4.6.2 Educators will teach and role model proper handwashing procedures for the children, will encourage these in a fun and relaxed way, and will supervise and assist children as necessary.

4.6.3 When there is no access to soap and water, alcohol based hand sanitizer (ABHR) containing a minimum of 60-90% alcohol solution can be used; however this will not be effective if hands are visibly soiled. Children must be supervised when using ABHR. To ensure proper use, employees will follow the manufacturer's directions.

4.6.4 All individuals will follow proper cough and sneeze etiquette. Individuals should cough or sneeze into a sleeve or cover their mouth and nose with a tissue and throw the tissue out immediately. All individuals will wash hands afterwards.

4.6.5 Individuals should avoid touching eyes, nose, and mouth with unwashed hands. Children should be frequently reminded and encouraged to avoid touching their faces.

4.6.6 Employees will ensure supplies of hand soap, paper towels, hand sanitizer, tissues, and lined garbage receptacles are available and easily accessible, and available postings are in place.

4.7 **Screening**

4.7.1 Employees, students, and parents will be reminded that they must not attend the child care centre when they, or any other member of their household, are ill. Parents and employees should report any COVID-19 related symptoms to the supervisor, and should seek COVID-19 testing.

4.7.2 All individuals must screen themselves prior to entering the child care centre.

4.7.2.1 Individuals will be directed to use the most current version of the provincial *COVID-19 Screening Tool* or screening tool otherwise approved by their local Public Health Unit.

4.7.2.2 Individuals who do not pass the screening process are not permitted to attend the program and must remain at home, following the guidelines outlined in the most current version of the provincial *COVID-19 Screening Tool* (or screening tool otherwise approved by the local Public Health Unit).

4.7.3 A healthy child check will be conducted on all children upon arrival.

4.7.4 Parents and guardians will be advised of screening requirements prior to enrollment, and through visible signage at all entrances.

4.7.5 Employees and children will be monitored for symptoms of ill health throughout the day.

4.8 **Attendance Records**

- 4.8.1 In addition to daily classroom attendance records, centres will maintain attendance logs of all visitors entering the child care centre, including students, maintenance employees, food delivery services, contracted cleaning employees, Inclusion Support employees, caterers, and government agency employees (e.g. Ministry of Health Program Advisors, Public Health inspectors, fire inspectors).
 - 4.8.2 Records of visitors are maintained on the form *COVID-19 Visitor Log*, and will include: name, date, and time of arrival/departure, reason for visit, rooms/areas visited, contact information.
 - 4.8.3 Records must be kept up to date and available to facilitate contact tracing in the event of a COVID-19 outbreak.
 - 4.8.4 Centre employees will follow up with all individuals, to determine the reason for any unplanned absences. If it is determined that the absence is due to illness, employees will note any symptoms (e.g. fever, sore throat, cough).
 - 4.8.5 Attendance records will be monitored for patterns or trends (e.g. children and child care employees-in the same group or cohort absent at the same time or over the course of a few days).
 - 4.8.6 Completed attendance forms and logs will be kept on site for a period of one year.
- 4.9 **Visitors**
- 4.9.1 Visitors are permitted to enter the child care centres. All visitors must follow screening protocols prior to entering the building.
 - 4.9.2 Supervisors should work with school administration to maintain a consistent approach to visitor traffic in schools.
 - 4.9.3 Large gatherings and events (e.g. parent BBQs, concerts etc.) may resume.
- 4.10 **Management of Ill Employees, Students, and Children**
- 4.10.1 Any individual who is symptomatic, does not pass screening, or has been advised to self-isolate by a Public Health Unit, must not be permitted to attend the centre.
 - 4.10.2 Employees, students, and children will be monitored closely throughout the day for signs or symptoms of illness. If an individual develops any COVID-19 related symptom while in the child care centre, they will be separated from others.
 - 4.10.3 Employees and students who become ill while at the child care centre will be sent home immediately, advised to use the most current version of the provincial *COVID-19 Screening Tool* or screening tool otherwise approved by the local Public Health Unit, and follow guidelines provided.
 - 4.10.4 If a child becomes ill while in program, they will be isolated until a family member or emergency contact can pick them up. Parents will be notified immediately, and asked to pick up the child, as soon as possible. Parents will be advised to use the most current version of the provincial *COVID-19 Screening Tool* or screening tool otherwise approved by the local Public Health Unit, and to follow guidelines provided. Siblings of an ill child should be assessed using the screening tool as well.
 - 4.10.5 Where possible, an ill child will be isolated in a separate room. If this is not available, they must be kept a minimum of two metres from others. The designated room or space in which the child is isolated must have soap and running water, or have 60-90% alcohol based hand sanitizer available.
 - 4.10.6 The child should be provided tissues and reminded of respiratory etiquette and proper disposal of tissues.
 - 4.10.7 Doors and/or windows should be opened to increase air circulation, if it can be done so safely.

- 4.10.8 Children above the age of two should wear a mask, if tolerated and it can be worn properly.
- 4.10.9 An employee will remain with the child until a parent can pick up. The employee supervising the child will wear a medical mask, gown, and eye protection and maintain physical distancing of two metres from the child as much as possible. The employee should avoid contact with respiratory secretions and perform proper hand hygiene.
- 4.10.10 Once the child has been removed from their classroom, all high-touch surfaces and toys should be cleaned and disinfected with outbreak level disinfectant.
- 4.10.11 Once the child has been taken home, all surfaces in the isolation area within two metres of the ill child should be cleaned and disinfected with outbreak level disinfectant, as well as items used by the child. All linens used by the child should be laundered, and soiled clothing sealed in a plastic bag and sent home.
- 4.10.12 Employees or students who have been in close contact with a sick child should self-monitor for symptoms for the next 10 days.
- 4.10.13 An ill individual who has a known alternative diagnosis provided by a health care professional may return to child care if they do not have a fever and their symptoms have been improving for at least 24 hours, or 48 hours for gastrointestinal symptoms.
- 4.10.14 Where a child becomes ill while in care, an *Illness Report* must be completed and maintained in the child's file.
- 4.11 **Case Reporting and Outbreak Management**
 - 4.11.1 Supervisors will notify their local Public Health Unit when COVID-19 related absenteeism rises to approximately 30% within a centre.
 - 4.11.2 All directions provided by Public Health will be followed.
- 4.12 **Serious Occurrence Reporting**
 - 4.12.1 Where there is a centre closure, whether by Public Health order or UCCC operational discretion, a *Serious Occurrence Report* will be submitted.
 - 4.12.2 *Serious Occurrence Reports* will be completed and a *Serious Occurrence Notification Report* will be posted, in accordance with UCCC's *Serious Occurrence Policy*.
- 4.13 **Communication with Schools**
 - 4.13.1 Supervisors will work with school principals to determine appropriate coordination of the following:
 - 4.13.1.1 communication procedures in the event of symptomatic children
 - 4.13.1.2 cleaning routines
- 4.14 **Communication with Parents**
 - 4.14.1 These guidelines will be made available to each family; families will be notified of significant procedural updates.
 - 4.14.2 Parents will be notified when case counts exceed the 30% threshold. Parents will be provided with electronic copies of supporting communication issued by the local Public Health Unit.

5. RELATED DOCUMENTS

- 5.1 *COVID-19 Cleaning and Disinfecting Guidelines*
- 5.2 *COVID-19 Visitor Log*
- 5.3 *Illness Report*
- 5.4 *Sanitary Practices: Infection Prevention and Control Policy*
- 5.5 *Serious Occurrence Notification Report*
- 5.6 *Serious Occurrence Policy*