

Pandemic Child Care Protocol	<u>CHILDREN'S SERVICES</u> Policy No. 7.06	Page: 1 of 14 Effective: August 2020 Revised: October 2021
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INTENT:

1. To comply with the *Child Care and Early Years Act, 2014, Ontario Regulation 137/15*.
2. To comply with the requirements outlined in the Ministry of Education's latest version of the *Operational Guidance During COVID-19 Outbreak for Child Care* document.
3. To ensure that PSDSSAB Directly Operated Early Learning and Child Care Programs maintain required and recommended health and sanitary practices during the COVID-19 pandemic and recovery period.
4. To comply with the recommendations of the Local Medical Officer of Health and the North Bay Parry Sound District Health Unit.

POLICY:

1. All program staff, placement students and volunteers will adhere to the protocols as set out below.
2. All program staff, placement students and volunteers will be committed to providing a safe and healthy environment for children, families, employees and students and will take every reasonable precaution to prevent the risk of communicable diseases within all child care locations.
3. All program staff, placement students and volunteers will follow the Children's Services Policies and Procedures and Pandemic Child Care Policies and Procedures.
4. Program supervisors or designates will monitor compliance with the protocols contained in this policy.
5. The program manager or designate will revise and update this policy as legislation and regulations change.

PART 1 - ENVIRONMENTAL CLEANING AND DISINFECTING PROCEDURES:

Definitions

Cleaning: refers to the physical removal of foreign material (i.e., dust, soil) and organic material (i.e., blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm water, detergent, and mechanical action (i.e., wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

Disinfecting: describes a process completed after cleaning in which a chemical solution (i.e., Bleach, Virox, Quato 44), is used to kill most disease-causing microorganisms. To be effective disinfectants must be left on a surface for a period (contact time). Contact times are generally prescribed by the product manufacturer. Any items children may come into contact with, requires a final rinse after the required contact time is observed.

Procedures

All products including cleaning agents and disinfectants must be secured and out of reach of children, clearly labelled, and child care centre-based programs must have Safety Data Sheets (SDS) up to date (within three years), which are stored in the Health and Safety/WHMIS binder or located in an easily accessible space.

1. Cleaning- Accelerated Hydrogen Peroxide - Appendix U1

Spray disinfectant and wipe with a clean cloth on hard surfaces (tables, counters, chairs, doorknobs, other high touch areas).

2. Disinfecting- Accelerated Hydrogen Peroxide

Surfaces must be cleaned prior to disinfecting.

Hard surfaces (tables, counter tops etc.)

- Spray the disinfectant on the surface and let it sit for the contact time listed on the product label (usually about 5 minutes).

- Wipe with a clean wet cloth where children are eating (tables) or on food contact surfaces if the product label indicates it can be used on food contact surfaces.

Hard Toys

- Spray the disinfectant and let the toys air dry out of the reach of children.

3. Cleaning- Chlorine (bleach) 5% to 6% Sodium Hypochlorite

A cleaning step is required prior to disinfection to remove organics and debris from equipment, objects, and surfaces. Cleaning involves the physical removal of organic matter and debris using soap and a detergent followed by rinsing with clean water. It is conducted prior to disinfecting the facility.

4. Disinfecting- Chlorine (bleach) 5% to 6% Sodium Hypochlorite

Disinfection is the inactivation of disease-producing microorganisms. Disinfecting does not destroy bacterial spores. It is conducted after the equipment has been cleaned thoroughly for it to be effective. The level of disinfectant used will depend on the use and the type of equipment, surfaces and objects and the nature of contamination.

DISINFECTION CHART

Lower Level	Higher Level - Accelerated
Disinfectant Chlorine (bleach) 5% to 6% sodium hypochlorite	(bleach) 5% to 6% sodium hypochlorite
1 tsp bleach with 10 cups of water	¼ cup bleach with 2 ¼ cups water
Concentration 100 ppm	Concentration 5000 ppm
Contact Time: 10 minutes	Contact Time: 10 minutes
Use general disinfectant products for daily use	Use during gastroenteritis outbreaks

Check expiry dates of products used and always follow manufacturer's instructions

5. Cleaning and Disinfection Frequency Requirements * Outbreak Control Measures Implemented - Appendix U2

Clean and disinfect upon program staff's, placement student's or volunteer's ENTRY to child care:

- Any hard surfaces such as water bottles, travel mugs, cell phones, food containers, etc.

Clean and disinfect upon children's ENTRY to child care premises:

- Any hard surfaces such as water bottles, food containers, soothers, etc.

Clean and disinfect frequencies for other surfaces and items: cleaning and disinfecting routines **must** be completed at least twice a day and may be increased as the risk of environmental contamination is higher:

- **Food Service:** all items and surfaces (counters, tables, highchairs, etc.) related to food prep, service and seating must be cleaned and disinfected before and after each use.
- **Spills:** must be cleaned and disinfected immediately.
- **Hand wash sinks:** must be cleaned and disinfected at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- **Staff and children's washrooms:** must be cleaned and disinfected at least twice daily or as often as necessary (e.g., when visibly dirty or contaminated with body fluids). If it is a shared washroom, only one group of children should access a washroom at a time and should be cleaned between each use.
- **High-touch surfaces:** any surfaces that has frequent contact with hands (e.g., light switches, shelving, containers, handrails, door knobs, sinks, toilets etc.) should be cleaned at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- **Low-touch surfaces:** such as windowsills, doors and furniture should be cleaned and disinfected daily.
- **Floors and carpets:** cleaning and disinfecting must be performed at least daily and as required throughout the day when rooms are available. Carpets are to be removed, if possible, vacuumed daily and steam cleaned when visibly dirty.
- **Other shared items:** (e.g., phones, IPADs, IPODs, attendance binders etc.) must be disinfected between users.
- **Toys and equipment:** Toys and equipment should be cleaned and disinfected as often as necessary and between cohorts if sharing items.
- **Mouthed toys:** must be placed in a marked container and cleaned and disinfected before returned to the play area.
- **Cleaning and disinfecting records:** all cleaning and disinfecting is to be recorded and initialed on the appropriate checklists in the [Disinfection Binder](#) at child care centres and reviewed with the program supervisor to identify where changes in routines are required.

Clean and disinfect as required:

Blood/Bodily Fluid Spills: Using the steps below, the surface must be cleaned first then disinfected:

1. Isolate the area around the spill so that no other objects/humans can be contaminated.
2. Gather all supplies, perform hand hygiene, then put on single use gloves.
3. Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag.
4. Clean the spill area with detergent, warm water, and single use towels.
5. Rinse to remove detergent residue with clean water and single use towel.
6. Discard used paper towels and gloves immediately in a tied plastic bag.
7. Spray disinfectant in and around the spill area and allow the appropriate disinfecting contact time.
8. A final rinse is required if children could into contact with the area.
9. Remove gloves as directed and discard them immediately; and,
10. Perform hand hygiene as directed.

❖ **Notes:**

- If the spill includes broken glass, ensure a brush and dustpan is used to pick it up and discard. Disinfect the brush and dustpan after use. **NEVER** use your hands to clean up the glass.

- If the spill occurs on a carpet, follow the above steps along with professional steam/wet cleaning the carpet.

Cribs, cots, and bedding

- Cots and cribs must be assigned/designated to a single child per use and clearly labelled with the child's name.
- Cots and cribs **must** be thoroughly cleaned and disinfected before being assigned to a child.
- Crib mattresses and cots must be cleaned and disinfected when soiled or wet.
- High touch surfaces on cots and cribs must be disinfected as often as necessary.
- All bedding must be removed and laundered weekly at the minimum and when soiled or wet.

Outdoor Structures and Equipment/Toys

- It is recognized that diligence with proper hand hygiene is the best defense against the spread germs. Children, program staff, placement students, and volunteers will practice good hand hygiene before and after using the outdoor playground.
- A camping jug with a spigot, filled with water, paper towel, liquid soap, and a small bucket to catch the grey water may be used outdoors to support hand hygiene.
- Outdoor structures and equipment that remain outside need to be cleaned and disinfected if there is visible spill or bodily fluids contaminating the surfaces. Follow the cleaning and disinfecting procedures as outlined above.
- Children will have access to tissues and encouraged to both use them and dispose of them appropriately while outside.
- Children will be coached to cough and/or sneeze into their elbows.

Additional Infection Prevention and Control Practices for Hygiene Items

- Pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. The plastic handle of the pacifier must be washed in soap and water upon arrival to the centre and after each use.
- Wipe down any individual hygiene items using a disinfecting wipe, label and store them separately.
- For toy cleaning and disinfecting, please refer to the Phase 3 Cleaning and Disinfecting Checklist as well as the Children's Services Policy: Sanitary Practices and Infectious Disease Control
- Toothbrushes are to be removed from the child care program and not to be used during the pandemic.

Ventilation

- Adequate ventilation in the child care play space will be provided by opening windows, moving activities outside when possible, and through mechanical ventilation including HVAC systems.
- Program supervisors and designates will ensure that:
 1. HVAC systems are in good working condition and serviced by a qualified contractor including regular changing of filters.
 2. All areas near the HVAC inlets and outlets are clear of any potential blockages (i.e., furniture, plants, materials, etc.); and,
 3. Furniture is arranged in such a way as to not block air vents and high airflow areas.

PART 2 - INFECTION CONTROL AND PHYSICAL DISTANCING

- Observe and assist children with proper hand washing and promote hand washing in between each activity or event throughout the day.
- Ensure that children and all program staff, placement students and volunteers have submitted an up-to-date immunization record to the NBPSDHU as required.
- Outside food or beverages are not permitted in the child care programs that are not part of an allergy/medical individualized plan or infant feeding requirement (e.g., formula). Any individual food entering the program must be clearly labeled with the child's name, the date and all food items must be stored appropriately as per *Children's Services Policy #3.08 – Anaphylactic and Medical Needs and Policy # 3.12 – Nutrition and Menu Planning*.
- Face cloths are to be single use only and placed in a labeled container to be washed regularly throughout the day. Do not reuse damp and soiled cloths.
- Artwork that is created in the child care program will be sent home the day it is created. In the event of any suspicious cases of illness all items will remain at the program.
- Communication with families should be done electronically (in place of paper) where possible. In the event of any suspect illness, hard copy communication will discontinue until the results of the suspect illness is negative.
- Toys and equipment which are made of materials that can easily be cleaned and disinfected are to be used.
- Plush and soft surfaced toys are not to be used.
- Furniture that cannot be cleaned and disinfected will be removed or covered in a washable material.
- Sensory materials including sand and water tables may be used with small groups of children and hand hygiene must be practiced before and after engaging in sensory play.
- Practice physical distancing between children as best as possible. Spread children out into different areas. Stagger or alternate outdoor time and incorporate more individual activities that encourage more space between children.
- Stagger mealtimes when possible and have children seated apart from each other. Mealtimes may be served “family” style with children self-serving. Children and staff must practice hand hygiene before and after each meal. Children are not to share their individual utensils or food from their own dishes.
- Cots will be placed to support physical distancing practices (two meters apart or if space is limited place cots head to toe).
- When holding children, position the child facing away from the adult and use blankets or cloths to cover the clothing of the adult and changing them between children.
- Avoid getting close to faces of all children where possible.
- Each group of children must have their own assigned indoor space separated by a physical barrier (minimum floor to eight feet high and span the entire space).
- When using the same common space (hallway, entrances) two metres must be maintained between groups.
- In-person small group events are permitted (e.g., Team meeting, case conferences) providing everyone wears a face mask or maintains a distance of 2 metres and the space capacity as per the provincial re-opening guidelines are adhered to. It is recommended that meetings are held outside when possible and contact tracing records are maintained.
- Singing is permitted indoors if children can be spaced apart. It is recommended that visual cues be used to assist the children in distancing from each other.

Outdoor Programming

- Increased time and programming outdoors is recommended following Children's Services Policy 3.04 Outdoor and Playground Safety.
- Outdoor activities should facilitate physical distancing. If shared space is being utilized, groups must be separated by two metres.
- Children should bring their own sunscreen where possible. When applying sunscreen proper hand hygiene will be completed, washing before and after application.
- It is recommended that staff encourage singing during the time spent outdoors.
- Staff are no longer required to wear masks or eye protection while outside with the children but are strongly encouraged to maintain social distancing whenever possible.

Visitors

- Visitors, including parents and guardians, are permitted on site providing they can provide evidence of self-screening and use hand sanitizer prior to entering any indoor areas. They are to maintain a minimum 2 metre distance from all children.
- Visitors will self-screen prior to entering, will sign the visitor log with their contact information and will be required to wear a nonmedical mask.
- Adults picking up and/or dropping children off are to remain outside of the playroom area if possible and wear non-medical masks.
- Special Needs Resourcing (SNR) staff are permitted to provide service in the child care setting.
- Visitors, including parents and guardians, students and SNR that move between cohorts in one program must complete contact tracing in each room.
- SNR staff will self-screen and are required to wear their own PPE including medical masks and eye protection.
- Where SNR services are provided through an external service provider, they will be required to be self-screen prior to entering the child care program, sign the log maintained for contact tracing and wear the required PPE.
- Where SNR services are provided by the ISS Program staff, they must self-screen prior to entry to the child care program, sign the log maintained for contact tracing and wear the required PPE.
- SNR staff are permitted to attend more than one child care setting per day and must practice hand hygiene if they are moving between play rooms and programs.
- Students completing post-secondary placements are permitted and may attend more than one child care setting and group of children.
- Placement students are also required to practice the same health and safety protocols as program staff (screening, PPE, protocol review).
- Volunteers are not permitted in the child care programs.

Parent Visits and Meetings

- Meetings with program staff and/or parents are encouraged to happen by a method that does not require face to face contact (i.e., virtual meeting, telephone)
- If program staff and/or parent meetings are not able to be conducted by an alternate method, a meeting will be scheduled at a time and location when there will be no children present, that will support physical distancing (i.e., after hours, outside), and masks must be worn.

New Program Staff and Placement Students

- All new program staff and placement students will be required to complete the following **prior** to interaction with children:

- In addition to the existing employment requirements with the Parry Sound District Social Services Administration Board, the following documents and policies will be reviewed and signed off in relation to COVID-19.
 - 7.01 Pandemic Extended Hours
 - 7.02 Pandemic Mandatory PPE Training
 - 7.03 Pandemic Monitoring and Responding to Reports of COVID-19
 - 7.04 Pandemic Wearing PPE and Exemptions
 - 7.05 Pandemic Serious Occurrence Reporting
 - 7.06 Pandemic Protocols
 - 7.07 Pandemic School Age Protocols
 - 7.08 Pandemic HCCP Protocols
 - 7.09 Pandemic Re-Opening Enrollment Prioritization, Intake, Waiting List, and Discontinuation of Services
 - 7.10 Pandemic Immunization Disclosure
- All document review will be done virtually or off-site, when possible. If necessary, the program supervisor will arrange for the documentation to be reviewed at the child care program, taking all necessary precautions, and disinfecting the space and equipment before and after the individual uses it.
- On-site orientation will be scheduled and completed once all of the required training is completed in a manner that supports physical distancing and required PPE will be worn.

Use of Masks and Personal Protective Equipment (PPE)

- All program staff and placement students will review *Children's Services Policy # 7.04 Pandemic Child Care Wearing PPE and Exemptions.*
- All adults in a child care setting are required to wear medical masks and eye protection while inside the child care, including hallways, and staff rooms.
- Masks and eye protection are not required outdoors unless close contact with the children, staff, and placement students cannot be avoided.
- Masks must be frequently and regularly changed when they become moist or dirty.
- Reasonable exceptions to wearing masks indoors can include circumstances where physical distancing of two metres can be maintained (office, kitchen etc.).
- All program staff and placement students will follow procedures for donning and removing PPE – **see Appendix U7 and U8 for instructions.**

Changing Diapers

Please see *Children's Services Policy 3.07: Sanitary Practices and Infectious Disease Control* for specific policies and procedures.

Potty Chairs/Seats

Potty chairs are not permitted, if a seat is required to accommodate a child, it must be disinfected before AND after each use.

Hand Washing - Appendix U3

Hands carry and spread germs. Touching your eyes, nose, mouth or sneezing or coughing into your hands may provide an opportunity for germs to get into your body or spread to others. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and

spreading germs. Ensure that employees, students, and children are always practicing good hand hygiene when hands are visibly dirty and:

- Before entering the child care play space.
- Before preparing and immediately after handling food.
- Before and after going outside.
- After using the washroom.
- Assisting children in the washroom or changing a diaper.
- After contact with contaminated surfaces (e.g., garbage bins).
- After handling pets, animals, animal waste, pet food or treats.
- After wiping or blowing your nose or coughing or sneezing into your hand.
- After contact with blood, bodily fluids, or wounds.
- Before and after giving care or visiting someone who is ill or less able to fight infections.
- Handling soiled laundry or dishes.
- Handling soiled toys or other items.
- Coming in contact with soiled/mouthed items.
- Glove use.
- Before and after handling medication.

The recommendation from the Hospital for Sick Children is to have regularly scheduled hand washing breaks beyond the regular moments for hand washing. Children must be supervised and assisted with proper hand washing procedures.

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

1. Wet your hands with warm running water and apply soap.
2. Rub your hands vigorously for at least 15-20 seconds. Remember to wash the front and back of your hands, as well as in between fingers, around thumbs, and under fingernails and jewelry.
3. Rinse hands well under warm running water.
4. Pat hands dry with paper towel; and,
5. Turn off water using a paper towel and discard.

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

1. Apply hand sanitizer (60-90% alcohol-based).
2. Rub hands together for at least 15 seconds.
3. Work sanitizer between fingers, back of hands, fingertips, and under nails; and,
4. Rub hands until dry.

Hand Sanitizing Information - Appendix U3

Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

1. Ensure hands are visibly clean and dry.
2. Apply enough hand sanitizer into a cupped palm to completely wet both your hands.
3. Rub your hands together to cover all areas of your hands, including under your nails.
4. Use a rubbing motion to evenly distribute the product over ALL surfaces of your hands until your hands feel dry; and,

5. This should take at least 15 seconds.

Hand sanitizers can only be used on children who are over the age of two and 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. Where families have indicated on the *Authorization for Over-the-Counter Products* that their child is not to be exposed to hand sanitizer, soap and water is to be used.

Glove Use

Gloves shall be worn when it is anticipated that hands will come into contact with broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment, or environmental surfaces. Gloves are single use only and must be removed by grabbing the top of the glove and reversing the glove, so it is removed inside out and disposed of in a garbage container.

Gloves and Hand Hygiene

Hand hygiene shall be practised before applying and after removing gloves. Gloves shall be removed and discarded after each use.

To reduce hand irritation related to gloves:

- Wear gloves for as short as time as possible
- Ensure that hands are clean and dry before wearing gloves
- Ensure gloves are intact, clean, and dry inside
- Gloves must be removed by gripping the top of the glove and peel down to the fingertips rolling the glove inside out and disposed of in the garbage container
- Gloves are single use only, and must be task specific such as diaper changes

Covering Your Cough - Appendix U4

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.

Attempt to keep your distance (a minimum of 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

- If you have a tissue, cover your mouth and nose when you cough, sneeze, or blow your nose.
- Put used tissues in the garbage.
- If you don't have a tissue, cough, or sneeze into your sleeve, not in your hands.
- Clean your hands with soap and water or hand sanitizer (70-90% alcohol-based) regularly and after using a tissue on yourself or others.

PART 3 – ADMISSION TO PROGRAM – STAFF, STUDENTS, CHILDREN, AND OTHER ADULTS

Records of children and staff that are in each cohort, as well as a record of placement students and visitors, including parents and guardians, should be kept for contact tracing purposes for at least 30 days.

Infection Control for Incoming Staff, Placement Students and Visitors

1. Program staff, placement students and visitors will complete a self assessment and record on the **COVID-19 Staff Screening Form - Appendix U5** prior to entering the child care premises. Note: temperatures are not required as part of the self-screening process.

2. Any program staff or placement students displaying one of more of the listed symptoms and it is not related to an underlying condition must not proceed into the child care premises. The program staff or placement student will notify the program supervisor and take the appropriate action as outlined in the *Children’s Services Pandemic Policy 7.03 – Monitoring and Responding to Reports of Symptoms.*

Infection Control for Incoming Children

1. Upon arrival at the child care premises, the parent or guardian will proceed to the child care entrance and are required to wear a non-medical mask and use the supplied hand sanitizer. If a parent is entering the child care building, they must complete the Contact Tracing Form.
 - a) Parents or guardians will be required to complete the on-line screen using the HiMama App or staff will complete the on-line screen using the HiMama App prior to the parent/guardian leaving the premises
 - b) Parents may enter the child care building and proceed to the cubby area.
 - c) Parents will escort the child to the playroom entrance, letting the staff know that the child has arrived, and staff will verify the on-line screen for the child..
 - d) Staff will input the child’s attendance, time of arrival (and departure) in the HiMama App which will be available for further contact tracing.
 - e) Staff will complete the cleaning and sanitizing of personal belongings (bottles, toys, etc.) being brought into the program; and,
 - f) Staff will take child directly to a hand washing sink and assist them with proper hand hygiene.

3. As program staff greet the children each morning, take time to observe their general health.

4. If a child’s screening form responses are indicating symptoms of COVID-19, the staff will ask the parent or guardian to return home with the child and contact the local district health unit or their health care professional.

Infection Control for Departing Children

1. Upon arrival at the premise the parent or guardian will call the program to notify them they have arrived to pick up their child. Staff will direct them to enter the building when it is safe to do so.
2. The designated staff will then greet the parent with the child and their belongings at the playroom door or cubby area. If the children are going to be outside during pick-up time, it is recommended that they take their belongings with them so parents can easily be picked-up from the playground.
3. Parents are not permitted to linger or socialize during pick-up time. If they need to communicate important information to the staff, it is recommended that they use the HiMama App or call the program supervisor and a meeting will be scheduled outside of program hours.

PART 4 - EXCLUSION OF SICK CHILDREN, PARENTS/GUARDIANS OF ENROLLED CHILDREN, STUDENTS AND STAFF PROCEDURES:

1. All child care programs must separate children of ill health and contact parents/guardians to take the child home once it has been determined that the symptoms are new or worsening and not chronic or related to other known causes and conditions (e.g., allergies, teething) or the child is too ill to participate fully in the child care program.
2. A medical note or proof of a negative COVID-19 test result is not required for a return to child care.

3. If a child, staff member, student or volunteer has a chronic alternate diagnosis, documented proof from a health care provider is not required.
4. All household contacts of a symptomatic individual are required to isolate until the symptomatic individual:
 - i. Receives a negative COVID-19 test result, or;
 - ii. Receives a diagnosis by a health care professional.
5. If the symptomatic individual tests positive or is not tested and does not receive an alternative diagnosis from a health care professional, the symptomatic individual must isolate for 10 days from symptom onset. All household contacts must isolate until 14 days from their last contact with the symptomatic individual.
6. When children are exhibiting COVID-19 related symptoms that are new or worsening, program staff will ensure the following:
 - Ill children will be isolated immediately into the designated isolation room to be monitored by program staff, wearing Personal Protective Equipment (PPE), including gowns and gloves, until parent/guardian pick-up while maintaining a distance of two meters.
 - Symptoms of illness will be recorded in the daily log and illness record as per the CCEYA and *Children's Services Pandemic Policy 7.03 - Monitoring and Responding to Reports of Symptoms*.
 - The parent/guardian of the ill child will be notified immediately to take them home; or
 - If it appears that the child requires immediate medical attention call 911 requesting an ambulance and follow the instructions from the emergency personnel.
7. A child will be excluded from the child care program when the child has any COVID-19 related signs and/or symptoms that are not known to be chronic or related to other known causes and conditions, **or** if the child is unable to participate in the regular programming because of illness. (e.g., if the child has one or more of the following symptoms; fever, runny nose, cough or shortness of breath that is not related to an underlying condition).
8. When excluding a child from the child care program, the following procedure needs to be followed:
 - Remove the child from the play or common area to a designated isolation room with hand sanitizer available and supervise while the program staff is wearing PPE.
 - Immediately upon recognizing the child's symptoms, notify the parents/guardians of the sick child requesting the child be picked up from care.
 - Only one adult should be in the isolation room and attempt physical distancing. If physical distancing cannot be maintained from the ill child, the adult will don a medical mask, eye protection, gown, and gloves. Hand hygiene and respiratory precautions should be practiced while the child is waiting to be picked up and avoiding touching faces with unwashed hands. If the ill child is over the age of 2 years, the adult will encourage the child to wear an age-appropriate mask if tolerated.
 - Tissues will be provided to the child for proper respiratory practices with proper disposal of the tissues followed by proper hand washing/sanitizing.
 - Increase ventilation in the isolation room if possible (e.g., open windows). Fans are not to be used in the isolation room or area.
 - Clean and disinfect the surfaces and area immediately after the child has been sent home.
 - Children will not have access to any items that cannot be cleaned and disinfected (i.e., plush toys, paper, books, cardboard puzzles). Toys that can be cleaned and disinfected are permitted to be used while the child waits to be picked up by the parent or guardian.
 - If required, program staff will notify parents/guardians of children who were in the same room as the ill child of possible exposure and begin self-isolation procedures if so, advised by the North Bay Parry Sound District Health Unit.

- Program staff will notify the program supervisor and a report will be made to the NBPSDHU and a serious occurrence will be filed with the Ministry of Education as applicable.

9. The ability for program staff, placement students and children to return to child care after exclusion due to illness will be 24 hours' symptom-free and/or follow instructions from the North Bay Parry Sound District Health Unit to determine when to return to the child care premises and only return when the following conditions are completed:

- Program supervisor must receive confirmation that the person is cleared for a minimum of 24-hours of all symptoms, without the use of medication, that are not related to an underlying condition (i.e., allergies) and/or negative COVID-19 laboratory results have been received.
- Child care programs should consult with the district health unit to determine the next steps and return of program staff, placement students and children.

10. If program staff, placement students and/or visitors are suspected and/or confirmed to have COVID-19 the following MUST be followed:

- Isolate themselves immediately and staff/students will notify the program supervisor.
- Program supervisor will immediately notify the NBPSDHU for next steps and recommendations.
- All recommendations from the local district health unit will be implemented.
- Program supervisor will contact:
 - a) the Manager of Directly Operated Child Care Programs who will notify the PSDSSAB CAO (Tammy MacKenzie) and Manager of Human Resources if applicable.
 - b) all parents/guardians of children enrolled at the child care program upon receiving instruction from the NBPSDHU.
 - c) The NBPSDHU and submit a Child Care Reporting Form for Symptoms of COVID-19 and send it to cdc@healthunit.ca the DSSAB Incident Report will be completed and filed with the Manager of Human Resources (if applicable)
 - d) and follow the COVID-19 Serious Occurrence (SO) reporting requirements (including submitting a SO report in CCLS and posting the SO notification form) as outlined in the *Children's Services Pandemic Policy 7.05 Serious Occurrence Reporting.*

Outbreak Declarations and Postings

- a) When an outbreak has been declared by the District Health Unit, program supervisors or designates are responsible for posting the information supplied by the health unit in a visible location for families and visitors to the program.
- b) When an outbreak has been declared, the program supervisor or designate will complete and file a Serious Occurrence Report in CCLS and update the report as applicable.
- c) The program supervisor or designate is responsible for completing and filing the required "Line Listing" information to the local district health unit CDC nurse if requested.
- d) The program supervisor or designate will notify families by phone and the HiMama App, as well as staff, placement students, volunteers and any other person attending the child care program that an outbreak has been declared.
- e) As soon as an outbreak is declared, outbreak protocols will be implemented including increased infection control measures and sanitizing schedules as recommended by the District Health Unit and per *Children's Services Policy 3.07 Sanitary Practices and Infectious Disease Control.*
- f) Program supervisors or designates will work closely with the health unit Inspection team to mitigate any cross contamination.

- g) Program supervisors will follow all instructions from the provincial government, Ministry of Education, and the Medical Officer of Health.

Questions about isolating or reporting suspected cases of COVID-19 should be directed to the Health Unit's Call Centre at 1-844-478-1400.

Occupational Health and Safety

If a child care staff or student is suspected to have or is diagnosed with COVID-19, the program staff or placement student must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed. The NBPSDHU will also be consulted to determine when the program staff or placement student can return to work.

Program staff must also report to the Human Resources (Employee Health/Occupational Health and Safety) department prior to returning to work. Placement students must report to their post-secondary program academic advisor prior to resuming placement.

If the illness of the program staff or placement student is determined to be work-related and confirmed to be COVID-19:

- In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker 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 worker with respect to an occupational illness, including an occupational infection, to the:
 - Ministry of Labour;
 - Joint Health and Safety Committee (or health and safety representative); and
 - Union representative.

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

Program supervisors must report to the Human Resources Department to facilitate reporting to the appropriate agencies.

RESOURCES TO ACCOMPANY THIS PROTOCOL:

Appendices:

- U1: Accelerated Hydrogen Peroxide
- U2: Outbreak Control Measures Implemented
- U3: Hand Washing / Hand Sanitizing
- U4: Covering Your Cough
- U5: Staff Screening Form
- U7: Donning PPE
- U8: Removing PPE

Policies:

- 3.07 Children’s Services Sanitary Practices and Infectious Disease Control
- 3.04 Children’s Services Outdoor and Playground Safety
- 7.01 Pandemic Extended Hours
- 7.02 Pandemic Mandatory PPE Training for Staff/Students/Volunteers
- 7.03 Pandemic Monitoring and Responding to Reports of COVID-19
- 7.04 Pandemic Wearing PPE and Exemptions
- 7.05 Pandemic Serious Occurrence Reporting
- 7.06 Pandemic Protocol
- 7.07 Pandemic School Age Protocol
- 7.08 Pandemic HCCP Protocol
- 7.09 Pandemic Re-Opening Enrollment Prioritization, Intake, Waiting List and Discontinuation of Services
- 7.10 Immunization Disclosure

Forms:

- Pandemic Child Care Protocol Acknowledgement Form
- Cleaning and Disinfecting Checklist
- Cleaning and Disinfecting Housekeeping Checklist
- Contact Tracing Register