



# **Waterloo Infant Toddler Daycare Association Pandemic Policies and Procedures**

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# Waterloo Infant Toddler Daycare Association Pandemic Policies and Procedures

**Policy Statement:** In response to the pandemic WITDA will provide safe, quality child care to all our families. Our program will follow all guidelines set out by the Ministry of Education and the Region of Waterloo Public Health.

## **Licensing Details:**

1. All licensing requirements will be met to satisfy the Ministry of Education and program advisor.
2. Our hours of operation will be Monday to Friday 8:00am to 5:00pm for the duration of the pandemic.
3. WITDA will have staggered drop offs and pick up times to support physical distancing.
4. Parents will not be able to enter pass the screening area.
5. A hallway floater will pick up and drop off the children at the screening area.
6. We will continue to implement our program statement recognizing that there may be approaches outlined in the program statement which may not be possible due to physical distancing.
7. We will provide a hot lunch and morning and afternoon snack daily. Meals will be prepared to meet the dietary needs of all children. If there are specific dietary restrictions, the Centre staff will work with the parent to accommodate the menu. In some situations, it may be necessary for the parent to provide the food for the child following the normal procedures around labelling, etc.
8. Children daily attendance will be taken. Arrival and departure times will be indicated on the weekly attendance log.
9. WITDA will maintain daily records of anyone entering the Centre and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs). Records are to be kept on the premises.
10. Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

## **COVID-19 Waiting List & Waiting List Priority**

This policy will be in effect for the duration of the pandemic.

When determining prioritization of limited child care spaces, WITDA will be considering the following:

- Returning children served through emergency child care to their original placement and continuity of service for these families;
- Care for families where parents must return to work and that work outside of the home;
- Families with special circumstances that would benefit from children returning to care, such as children with special needs; and
- Other local circumstances.

New families need to register on OneList.

## **Cohort Size and Ratio:**

For the purposes of this document, 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.

1. Maximum cohort size for each room in a child care Centre will consist of no more than 10 individuals (“a cohort”), space permitting. This includes 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).
2. 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 CCEYA. Licensee can increase staff to child ratio as long as the cohort does not exceed the maximum of 10 individuals.
3. When holding children use blankets or cloths over clothing and change the blankets or cloths between children.
4. Infants will be placed in every other crib, and mark the cribs that should not be used in order to support physical distancing.
5. Recognizing that physical distancing is difficult with small children and infants, suggestions to support physical distancing include:
  - planning activities that do not involve shared objects or toys; and,
  - when possible, moving activities outside to allow for more space.
6. Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc.
7. Mouthed toys must be removed immediately for cleaning and disinfecting and must not be shared with other children. Label these items with the child’s name to discourage accidental sharing
8. Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence.
9. Reduced ratios are permitted as set out under the CCEYA provided that cohorts are not mixed with other cohorts. Reduced ratios are not permitted at any time for infants.
10. Children attending WITDA must not attend other daycare Centres including home care.

## **Staffing:**

1. Staff should work or volunteer at only one location (this includes secondary jobs).
2. Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary.
3. Supply staff should be assigned to specific cohorts and should remain in that cohort for the week.
4. Staff will be responsible to ensure that all children are supervised at all times.
5. Staff are expected to follow all new policies related to the provision of care, and all other required policies and procedures as used during normal business operation.
6. Certification in Standard First Aid Training, including Infant and Child CPR. Staff that are included in ratios are required to have valid certification in first aid training including infant and child CPR

7. Licensees are required to obtain Vulnerable Sector Checks (VSCs) from staff and other persons who are interacting with children at the Centre.

### **Infection Prevention:**

Infection prevention and control measures that will be taken to help reduce the risk of respiratory infections, including COVID-19, are as follows:

1. All staff, children and caregivers will be screened prior to entering the child care Centre and mid-day (See Screening Policy). Any person who fails the screen will not be permitted into the Centre.
2. All entrances should have hand sanitizer
3. No visitors or delivery personnel will be permitted into the Centre during the pandemic.
4. Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
  - planning activities that do not involve shared objects or toys;
  - when possible, moving activities outside to allow for more space; and
  - avoiding singing activities indoors.
5. Personal belongings (e.g., backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled and kept in the child's cubby/ designated area.
6. The use of communal sensory play materials will not be permitted.
7. Staff will regularly engage in proper hand hygiene protocol, which includes but is not limited to prior to entering and before leaving a room. Hand washing with soap and water is the preferred method, hand sanitizer is also acceptable. (See Infection Control Policy).
8. A surgical mask must be worn during screening activities, when caring for any ill children or any one experiencing symptoms or dealing with body fluids. For all other activities a cloth mask may be worn.
9. Cleaning in the form of disinfecting will take place a minimum of twice per day (more often if visibly soiled) on high traffic touch spots (Examples include doorknobs, light switches, toilet handles, counters, hand rails, touch screen surfaces and keypads). General thorough cleaning of the rooms will take place at least once daily. All cleaning products used will meet Public Health guidelines. (See Infection Control Policy).
10. Every effort will be made for social / physical distancing between staff to staff, child to child and for all other people in the Centre.
11. 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;
  - incorporating more individual activities or activities that encourage more space between children;
  - and using visual cues to promote physical distancing
12. Ensure there is no self-serve or sharing of food at meal times.
13. Cooks and support staff will avoid entering program.

14. Where possible, children should practice physical distancing while eating.
15. Every reasonable effort will be made to limit the number of staff that enter a room. 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 should use a non-medical face mask or face covering.
16. Only every second toilet or sink should be used, and where possible, or a washable barrier should be used to separate every other toilet and sink.
17. When classrooms share a bathroom space a floor to ceiling temporary physical barrier will be put into place
18. Children will sleep in their assigned classroom. There will be a minimum 2-meter distance between all children's cribs or cots.
19. If a child or child care staff/provider becomes sick while in the program, they should be isolated and family members contacted for pick-up. (See Isolation Protocol and Reporting for Symptomatic Persons)

### **Laundry**

1. Gloves and gown should be worn when doing laundry
2. All laundry should be handled in a manner that minimizes possibly spreading the disease/virus
3. Wash with regular laundry soap and hot water (60°C - 90°C) and dry thoroughly
4. Clean and disinfect laundry hamper/container that comes in contact with heavily soiled laundry
5. Staff must use appropriate PPE when handling dirty laundry post-symptomatic child (e.g. gloves, eye protection, apron etc.).
6. Clothing and linen from an unwell/infected child can be washed with other laundry
7. Linens and children's clothing soiled with fecal material should be washed separately.

### **Outdoor Play**

1. Licensees should schedule outdoor play in small groups/by cohort in order to facilitate physical distancing. Where the outdoor play area is large enough to accommodate multiple groups, licensees may divide the space with physical markers to ensure cohorts remain separated by at least 2 metres.
2. If play structures are to be used by more than one cohort, the structures can only be used by one cohort at a time and should be cleaned and disinfected before and after each use by each cohort.
3. Children will spend additional time outdoors weather permitting.
4. Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application)

## **Provision of Special Needs Resources (SNR) Services**

1. The provision of in-person special needs services in child care settings should continue where appropriate.
2. WITDA will work with special needs service providers to explore alternative modes of service delivery where in-person delivery is not possible.
3. Maximum capacity rules do not apply to SNR staff (consultants and enhanced staff) on site (i.e., if they are not counted towards staff to child ratios, they are not included in the maximum capacity rules).
4. All SNR staff must be screened before entering the child care setting, as per the protocol in the Screening Policy.

## **Screening Policy**

**Policy:** To prevent the spread of COVID-19 and reduce the potential risk of exposure at the Centre. Screening questions will be required for all individuals prior to entry. Screening requirements apply to every WITDA employee, children attending childcare, parents/guardians and essential visitors before entering the Centre, including temperature checks. In addition to this, children and staff will be screened mid-day.

### **Operating Details**

#### **Greeting and Explanation**

- 1) A greeting and explanation will be posted on the entrance, notifying caregivers and staff of the requirements for screening prior to entry.
- 2) Screening criteria with questions will be provided to parents/guardians and staff once arriving at the childcare Centre.

#### **Screening Details**

1. Pick-up and drop-off of children should happen outside the childcare setting unless it is determined that there is a need for the parent/guardian to enter the setting.
2. If children are screened at the child care setting, screeners should 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, or being separated by a physical barrier (such as a Plexiglas barrier), and wearing personal protective equipment (PPE) (i.e., surgical/procedure mask and eye protection (goggles or face shield)).
3. Any person, including the child of a parent/guardian who answers **yes** to the screening criteria will be denied entry into the building.
4. Parents/guardians and staff should be encouraged to check their temperatures (and children's temperatures) daily before coming to the childcare setting.
  - a. If the temperature is equal or greater than 37.8 degrees Celsius or if the child/children have any cold-like symptoms or vomiting and/or diarrhea, the child should not be brought to program.

5. 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.
6. For #'s 3, 4 and 5, the Director/Supervisor will notify Public Health for follow-up.
7. Staff who are experiencing any of the symptoms or who will 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. The Director/Supervisor will notify Public Health for follow-up.
8. The supervisor or delegate will assign the active screening schedule for each day.
9. No visitors, including deliveries, will be permitted into the childcare Centre during the pandemic. Deliveries shall be left in the designated location outside the entrance.
10. We will maintain daily records of screening results. These will be kept on premises.
11. Upon passing the screen, the hallway floater will receive the child/children at the drop off zone.
12. If close contact for child transfer is required, staff will don a mask and blanket/cloth barrier to pick the child up.
13. If a child or staff member has been absent from the program due a positive case of COVID-19, the child or staff cannot return to program until 14 days post symptom onset and the absence of any symptoms.
14. The person screening will verify with the supervisor or designate that the child or staff is eligible to return.
15. All WITDA staff have to log on the Daily Staff Close Contact 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.

**Child Care Staff Daily Close Contact Log**

**Appendix E: Child Care Staff Daily Close Contact Log**

**Staff Name:**

**Instructions:**

1. During the course of your shift or at end of your shift please log the people who you have been in close contact with. **Close contact is defined as being less than 2 meters a part from someone.**
  - Only include names of people (staff and/or children initials) you were in close contact with.
  - If you were in close contact with someone, please note what location (room) you were in and what PPE was donned.
2. Each staff should file their daily log in a designated location by the end of each shift. We may need to use this information in the event of a positive COVID19 case to support contact tracing.

Date	Time	Record: People you were in close contact with, the location and what PPE was donned.

## **Screening Questions**

The following questions are to be asked of all individuals entering the building, this includes WITDA employee, children, parents/guardians and essential visitors.

1. Have you travelled outside of Canada in the last 14 days?
2. Do you have any new or worsened cough or difficulty breathing?
3. Do you have a sore throat or difficult swallowing?
4. Do you have a fever?
5. Do you have a runny nose, nasal congestion– in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.?
6. Are you experiencing any of these symptoms?
  - Fever
  - Cough
  - Difficulty breathing
  - Sore throat or difficulty swallowing
  - 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).

## **Steps to Screening for Participants (Mid-day)**

### **Children**

- 1) Each Educator will be required to complete a mid-day screening on the children to ensure they have not become symptomatic throughout the day.
- 2) The Educator will log the screening information on the program active screen Form
- 3) The educator will take the temperature of each participant under her/his care.
- 4) Throughout the day, Educators will monitor children's general conditions, including all symptoms per the most recent MOH COVID-19 Symptoms guidance document. This would include, but is not limited to:

- New or existing cough
- Difficulty breathing
- Fever
- Runny nose
- Diarrhea
- vomiting
- Sore throat
- Muscle fatigue

5. If the child fails the mid-day screen, or if their condition changes at any time throughout the day, the Educator will notify the supervisor immediately so the caregivers can arrange to have the child picked up. The child will be isolated until pick up.

### **Staff**

Staff will have a Mid-day temperature check. They will also monitor themselves including all symptoms per the most recent MOH COVID-19. This would include, but is not limited to:

- New or existing cough
- Difficulty breathing
- Fever
- Runny nose
- Diarrhea
- vomiting
- Sore throat
- Muscle fatigue

## **Isolation Protocol and Reporting for Symptomatic Persons**

### **Operating Details**

To ensure the health and well-being of children within WITDA. Children and staff who become ill while attending the program will be required to leave the program.

Staff must assess the situation to determine the need for pick up. This can be determined through either the noticeable onset of symptoms, or from the mid-day screening activity. Staff will self-monitor their own health throughout the day.

### **PROCEDURES**

1. Any child who develops symptoms of ill health including symptoms of ill health related to COVID-19 must leave the child care program.
2. The Educator will notify the Director/Supervisor 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.
3. Symptomatic children are immediately separated from others in a supervised area until they can go home. An Educator from the program room will accompany the child and provide supervision at all times.

The Educator must use appropriate PPE including gown, gloves, surgical mask and face shield. If willing, the child will wear a surgical mask.

4. Every effort will be made to keep the child comfortable until someone arrives to take him or her home.
5. Hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up. Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene.
6. Once the child and siblings have been picked up, the Educator will remove and dispose of appropriate PPE
7. Reusable PPE such as blanket, cloth or lab coat should be laundered immediately.
8. Reusable PPE such as a face shield will be disinfected.
9. Disinfecting of both the program space and isolation space will be cleaned.

#### **Full Face Shield Disinfection After removal**

- Put on clean gloves.
- Disinfect front side of shield.
- Turn shield over, wipe inside of shield and other areas, e.g. strap or ear loops.
- If face shield appears damaged or torn – discard and obtain a replacement

#### **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.
  - 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).
  - 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.
10. The Director/Supervisor will contact ROW Public Health Case and Contact Management and notify them of a potential case. The Director/Supervisor will follow all direction provided by Public Health. The following information will be shared with Public Health: Child Care Centre Name, Child's Name, Child's Date of Birth, Names of people (staff and other children) that have been in close contact (Close contact is defined as being less than 2 meters a part from someone) up to 48 hours prior to symptoms.
  11. Symptomatic children and families must go through their family practitioner or the online self-assessment tool to determine if COVID testing is necessary.

12. In consultation with Public Health Case Contact manager, it will be determined if children and/or staff that have been in close contact with a symptomatic person will go into self-isolation or if they are able to remain at the Centre and cohort.
13. If the symptomatic child has not been in contact with any known positive COVID-19 cases, it may be determined by the Public Health Case Contact Manager that the children and staff that have been in close contact with the symptomatic child can remain at the center and cohort together until the test results comes back. In order to be able to cohort, measures to eliminate exposure to others would need to be put in place. For example, separate washroom facilities (for both children and staff) and separate play areas as well as no cross over of staff between different classrooms. It will be up to the Director/Supervisor to determine if cohorting close contacts at the Centre is a safe and feasible option.
14. If close contacts are required to self-isolate until the test results are known and the test results of the suspected case come back negative, the staff and children can return to the child care Centre as long as they are symptom free. The symptomatic individual can return 48 hours after symptom free. If the test results come back positive for COVID-19, all close contacts will self-isolate for 14 days from the last contact with the symptomatic individual.
15. If close contacts are able to cohort at the child care Centre while they await testing results and the test results of the suspected case come back negative, all close contacts can stop cohorting practices and resume normal Centre operations. If the test results come back positive for COVID19, all close contacts will be required to self-isolate for 14 days from the last contact with the symptomatic individual.
16. Children or staff that become symptomatic when in isolation should contact their family practitioner or complete the online self-assessment tool and be tested for COVID-19. They will begin 14 days of isolation from symptom onset.
17. The Director/Supervisor will follow the regular Serious Occurrence (SO) reporting requirements which includes submitting a SO report in Child Care Licensing System (CCLS) within 24 hours of being notified of the SO and posting the SO notification form.
18. The above reporting procedures will be followed for any suspected and/or confirmed cases of COVID-19 for the following individuals:
  - A child enrolled at the child care Centre
  - A parent/guardian of a child enrolled at the Centre
  - A staff of the licensee currently working at the child care Centre
19. Where a room, Centre or premises closes due to COVID-19, licensees must report this to the ministry as a serious occurrence.
20. Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless local public health advises otherwise.
21. Outbreaks should be declared if there is one confirmed case of COVID-19
22. For illnesses not COVID-19 related, children must be 48 hours' symptom free before returning.

## **Staff Illness**

1. Any staff person who suspects that they have an infectious disease should not attend the child care program if they are not well, particularly if their symptoms include any outlined in the most recent Ministry of Health COVID-19. Staff must pass the active screen process to work at the site.

If a staff member becomes ill while at the Centre they should let their Director/Supervisor know, don a face mask and remove themselves from program as soon as possible.

2. The Director/Supervisor will notify Public Health and notify them of a potential case. The Director/Supervisor will follow all direction provided by Public Health. The following information will be shared with Public Health:

a. Staff name

b. DOB

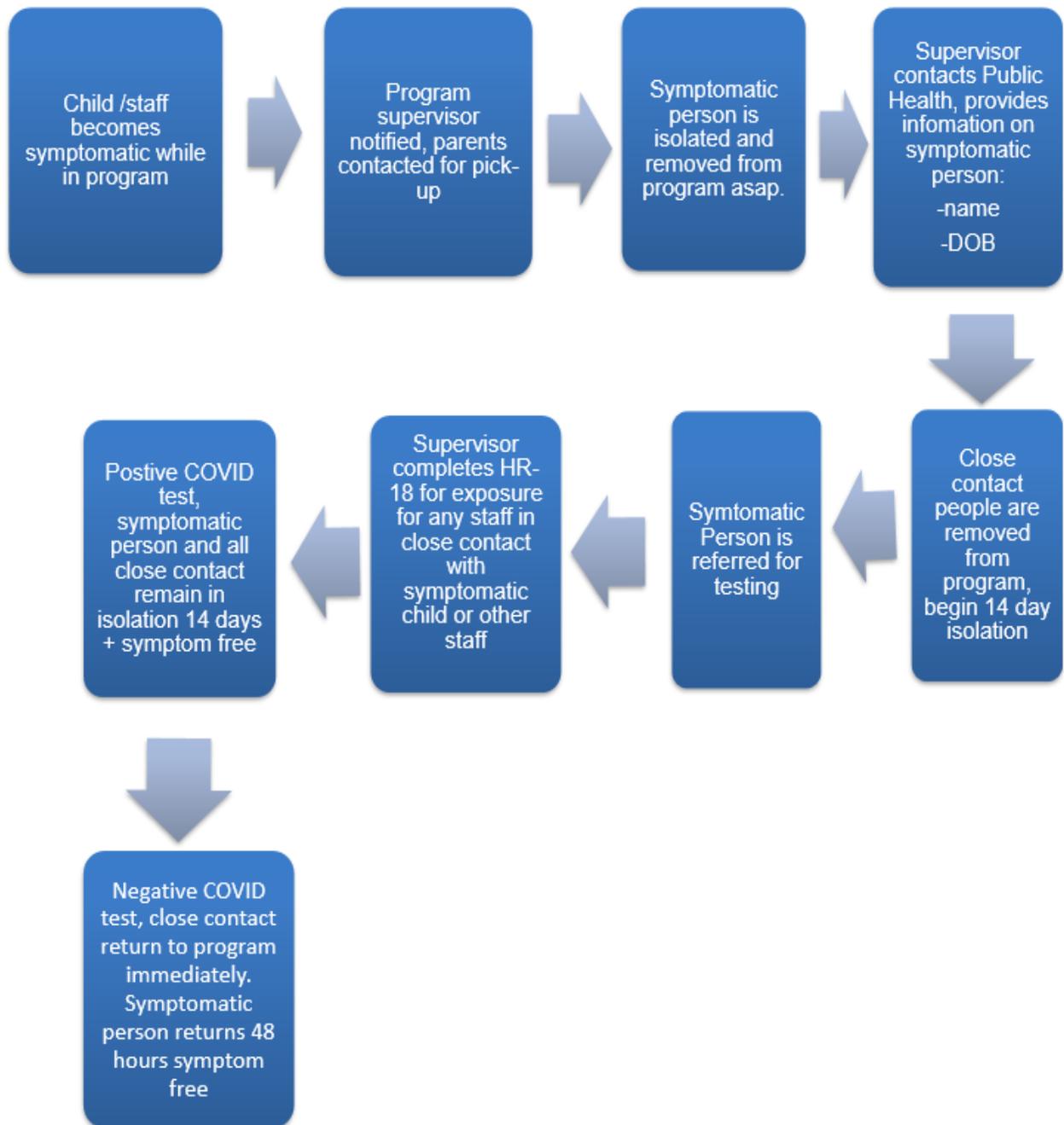
c. Names of people (staff and other children) that have been in close contact up to 48 hours prior to symptoms

3. Symptomatic staff can take the online COVID self-assessment tool to determine if they need to be tested and/or contact your doctor

4. A staff person who presents with symptoms of ill health (non COVID related) must follow normal procedures and not return to the Centre until they have been symptom free for 48 hours.

5. The Director/Supervisor will follow the regular Serious Occurrence (SO) reporting requirements which includes submitting a SO report in CCLS within 24 hours of being notified of the SO and posting the SO notification form.

6. Public health will provide direction for self-monitoring or self-isolation as determined by the exposure and inform any childcare wide measures.



# **Pandemic Plan Infection Control Protocol**

**POLICY:** In addition to routine practices for dealing with blood/body fluids and blood/body fluids by-products, all staff must strictly adhere to sanitary precautions in all aspects of the program.

## **Infection Control Protocol**

1. Shared spaces and structures that cannot be cleaned and disinfected between cohorts should not be used. Shared spaces and structures, including lunch tables, microwave, taps, etc. must be disinfected between users.
2. We will clean and disinfect with either hospital grade or regular household cleaners with a Drug Identification Number (DIN) and that is effective against viruses. A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada. Check the expiry date of products you use and always follow manufacturer's instructions.
3. If a diluted bleach solution is used, it should be prepared according to instructions on the label or if 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. Be sure to prepare the solution fresh, when you are intending to use it, and only dilute bleach in water (and not with additional chemicals).
4. We will ensure we have an adequate amount of PPE and cleaning supplies that can support our current and ongoing operations on hand at all times.
5. Each room will have a cleaning and disinfecting log to track and demonstrate cleaning schedules that must be signed.

## **Cleaning toys and play equipment**

1. Staff will wear gloves when cleaning / disinfecting any toys, equipment or furnishings.
2. Staff must ensure that all toys and equipment are in good repair, clean and sanitary.
3. The Supervisors/director or designate must be advised of any concerns regarding toys and equipment.
4. Avoid the use of plush toys as they cannot be readily cleaned and disinfected. Personal comfort toys can be brought to Centre and used during nap time. They must be placed back in a bag in the designated container with the child's name on it
5. It is recommended that books, puzzles, cardboard/boxboard, etc. that are absorbent and cannot be easily cleaned and disinfected are limited or removed.
6. If a classroom has a symptomatic child all books must be removed and store in a sealed container for a minimum of 7 days.
7. Sensory materials commonly shared such as sand, water, playdough are discouraged. If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with child's name, if applicable. These materials may be used if designated for each child and will not to be shared with others, i.e., playdough bagged with child's name.

8. Licensee child care providers 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. Mouthed toys should be cleaned and disinfected immediately after the child is finished using it.

9. 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

**Standard Cleaning protocols will be followed when children in care are asymptomatic:**

1. Toys will be cleaned a minimum of once per week or daily for items that are handled frequently.
2. Mouthed toys must be cleaned and sanitized after every use.
3. Large equipment and shelving must be cleaned and disinfected every week
4. Encourage more physical space between children by spreading out activities
5. Floors must be kept clean and dry throughout the day. Sweeping must be done carefully to avoid spreading particles into the air. Floors must be damp mopped as necessary by staff.
6. Tables, including underside, and chairs being used are to be cleaned and disinfected twice daily and more often as needed.
7. Tables used to eat meals should be cleaned and disinfected before and after each meal.
8. Meals should be individually portioned for each child (i.e., no family style service). They should be portioned into individual size in the designated food preparation area in the program area.
9. Re-enforce not sharing food amongst the children.
10. Ensure sippy cups, bottles, soothers are labelled to avoid accidental sharing.
11. Food should be served by one person rather than letting children help themselves.
12. Children's cubbies are to be kept neat and checked weekly by staff.
13. If outdoor equipment is accessed it must be cleaned and disinfected before each use.

**Cleaning post-symptomatic child**

1. 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.
2. Cleaning will include disinfection of all toys and surfaces including tabletops, chairs, washrooms, cots, and equipment.
3. All linens and bedding touched/used by the symptomatic child at the Centre must be laundered immediately.
4. Staff must use appropriate PPE when handling dirty laundry (e.g. gloves, eye protection, apron etc.).
5. All laundry should be handled in a manner that minimizes possibly spreading the disease/virus
6. Wash with regular laundry soap and hot water (60°C - 90°C) and dried thoroughly

7. Clothing and linen from an unwell/infected child can be washed with other laundry
8. Linens and children's clothing soiled with fecal material should be washed separately.
9. Items unable to be disinfected will either be disposed of or quarantined in a storage area for a minimum of 7 days.

### **Hand Hygiene**

Hand hygiene is a key practice for staff and children to prevent transmission and spread of COVID-19. We will use our standard practice as stated in our Health & Safety Policy. We will be adding additional measures relate to hand hygiene and COVID-19. 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:

1. Before handling food, drinks or medication
2. Before and after eating
3. Before and after diaper check and change
4. Before and after toileting
5. Before and after contact with bodily fluids
6. Before and after using gloves
7. Immediately following the disposal or laundering of any contaminated PPE.
8. Before and after touching theirs or someone else's face
9. When entering and leaving a classroom
10. After touching contaminated articles such toys that have been mouthed
11. If staff cannot access soap and water, alcohol based hand sanitizer containing a minimum of 60% alcohol can be used, only if the hands are not visibly soiled.
12. It is recommended all hand jewellery be removed.
13. Staff will not be allowed to wear nail polish or have artificial nails to ensure thorough hand sanitizing and hand hygiene.

Staff provides supervision for hand hygiene practices and provides assistance where necessary.

1. Children should wash their hands with warm soapy water:
2. Before handling food
3. Before and after eating
4. Before and after toileting, including after a diaper change
5. After putting their hands in their mouths

### **Washrooms**

1. Only every second toilet or sink should be used, and where possible, a washable barrier should be used to separate every other toilet and sink.
2. If more than one cohort uses the same washroom, thorough disinfection must be performed between cohorts. Physical distancing

## **Close Contact**

1. Efforts should be made to maintain physical distancing between staff to staff, and staff to children (2m minimum).
2. Avoid close contact with a child's face as much as possible. You must wear a mask when close contact can't be avoided.
3. 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
  - Incorporating more individual activities or activities that encourage more space between children
  - Using visual cues to promote physical distancing

## **Infants & Toddlers**

1. When physical distancing is not possible with holding toddlers or infants, use blankets or cloths (can be a lab coat) over childcare providers clothing and change the blanket between children. Lab coats, blankets or cloths will need to be laundered between each use. Disposable lab coats will not be reused.
2. Do not wear blankets, cloths or lab coats outside the program room, into the kitchen or into the staff room.
3. Wash your hands for at least 20 seconds immediately after laundering any contaminated coverings.
4. Cribs or cots should be placed 2 metres apart if possible to support physical distancing practices. If 2 metre separation is not possible, children should be placed head-to-toe or toe-to toe
5. Bedding must be changed between each user. Bedding, if used by same user, must be cleaned weekly or more frequently as needed.
6. Cribs or cots must be cleaned and sanitized weekly or more frequently as needed.

## **Personal Protective Equipment (PPE)**

Staff are to adhere to proper don/doffing of any mandatory or optional personal protective equipment and practice hand hygiene immediately following the disposal or laundering of any contaminated PPE.

## **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 should be used by staff:**

- In the screening area and when accompanying children into the program from the screening area (See the screening Policy)
- When changing a diaper or wiping after a child uses the washroom
- When cleaning and disinfecting blood or body fluid spills if there is a risk of splashing
- When caring for a sick child or a child showing symptoms of illness

- Any one preparing food for children will wear a face mask at all times
- When doing laundry
- If a staff must enter a different cohort they must use a non-medical face mask or face covering
- In all the common areas and when they are leaving their cohorts. Note: In the staff room make sure to be separated by a physical barrier or maintain 2 metres distance while eating your lunch.

### **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 or laundry container with a lid for the reusable masks.
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.

### **Face Shields should be used by staff:**

- In the screening area and when accompanying children into the program from the screening area (See the screening Policy)
- Any one preparing food for children will wear a face shield at all times

### **Disposable Gloves**

1. Gloves must be worn in the following circumstances and disposed after use:
2. Administering first aid
3. Cleaning up blood and body fluid e.g. vomitus spills and disinfecting surfaces
4. Rinsing wet clothing or linen
5. Diaper changing
6. 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**

1. Any one preparing food for children will wear a face mask and face shield at all times
2. Limit the number of staff in the kitchen (only kitchen staff) and maintain physical distance in the kitchen when ever possible.
3. Food handlers must be in good health and practice hand hygiene and respiratory etiquette
4. 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).
5. Children should not prepare food or provide food that could be shared with others
6. Proper hand hygiene is practiced during food preparation and before and after eating
7. Children and staff should practice physical distancing while eating, if possible

### **Closing Comments**

If any parent, staff member have questions regarding Waterloo Infant Toddler Daycare Association Pandemic plan they should contact the Director at 519-746-7510. WITDA works very hard to ensure the safety of the Children, Staff and Families of WITDA. We want to work with everyone to ensure everyone's safety during these trying and unprecedented time. WITDA has the right to change any policy as they see fit at any time with little notice to families and or staff. WITDA follows all guidelines set out by The Public Health, Ministry of Education and the Ministry of Labour.