



# **Waterloo Infant Toddler Daycare Association Pandemic Policies and Procedures For Parents and Staff**

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## WITDA Pandemic Policies and Procedures for Parents and Staff

Table of Contents .....	2
Policy Statement .....	3
Licensing Details .....	3
COVID-19 Waiting List & Waiting List Priority .....	3
Cohort Size and Ratio .....	4
Staffing .....	4
Infection Prevention .....	4
Laundry .....	6
Outdoor Play .....	6
Provision of Special Needs Resources (SNR) Services .....	6
Screening Policy .....	7
Policy: Operating Details .....	7
Greeting and Explanation .....	7
Screening Details .....	8
Screening for Staff/Visitors and Children .....	8
Screening for Staff/Visitors only .....	8
Children Symptoms .....	8
Staff/Visitors Symptoms .....	9
Steps to Screening for Participants (Mid-day) Children .....	9
Steps to Screening for Participants (Mid-day) Staff .....	9
WITDA Child Screening Protocols Chart .....	10
Isolation Protocol and Reporting for Symptomatic Persons .....	13
Operating Details & Procedures.....	13
Full Face Shield Disinfection After removal .....	13
Cleaning post-symptomatic child .....	14
Staff Illness .....	15
Pandemic Plan Infection Control Protocol POLICY .....	17
Infection controls Protocol .....	17
Cleaning toys and play equipment.....	17
Standard Cleaning protocols will be followed when children in care are asymptomatic .....	18
Cleaning post-symptomatic child .....	18
Hand Hygiene .....	19
Washrooms .....	19
Close Contact .....	20
Infants & Toddlers .....	20
Personal Protective Equipment (PPE) .....	20
Masks .....	20
How to wear your mask .....	20
How to throw away your mask .....	21
Face Shields should be used by staff .....	21
Disposable Gloves .....	21
How to put on gloves .....	21
How to remove gloves.....	21
Food preparation .....	21
WITDA Protocols for Managing illness for COVID-19 .....	21
Closing Comments .....	24

# Waterloo Infant Toddler Daycare Association Pandemic Policy

**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 times to support physical distancing.
4. Parents will not be able to enter pass the screening area, Unless otherwise indicated by the Director or Supervisor.
5. Any pre-planned group event and in person meetings will be cancelled. Use of video and telephone interviews should be used to interact with families, rather than in person.
6. A hallway floater will pick up and drop off the children at the screening area.
7. 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 and or safety protocols.
8. 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.
9. Children's daily attendance will be taken. Arrival and departure times will be indicated on the weekly attendance log.
10. WITDA will maintain daily records of anyone entering the centre and the approximate length of their stay (such as people doing maintenance work, people providing support for children with special needs). Records will be kept on the premises for one year.
11. 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.
12. 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 2 meters and for 15 minutes or longer), 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 COVID-19 case to support contact tracing. Records will be kept on the premises for one year.

## **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 whose parents served through emergency child care to their original placement and continuity of service for these families if there are any;
- Existing families where parents must return to work and that work outside of the home;
- Existing families with special circumstances that would benefit from children returning to care, such as children with special needs;
- Rest of existing families who wish to attend care
- Any new families on our waiting list and any other's 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. As of September 1, 2020, child care settings may return to maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak).
2. Staff and students are not included in the maximum group size, but should be assigned to a specific group where possible.
3. Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.
4. When holding a child that has runny nose and is crying, staff should wear a protective barrier such as a dress shirt or blanket over clothing.
5. Children should have a crib, cot, or mattress assigned to them. Beds 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.
6. 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.
7. Children must not share food, feeding utensils, soothers, bottles, sippy cups, etc.
8. 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
9. Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence.
10. 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.
11. Children attending WITDA must not attend other daycare centres including home care.

## **Staffing:**

1. Staff should work at only one location.
2. Supervisors and/or designates should limit their movement between rooms, only 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. Staff 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.
8. If at all possible extra staff will be hired to help with the extra cleaning procedures within the classrooms and hallways.

## **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 or sent home if they develop any symptoms during the day.
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. Individual sensory is fine but one day use.
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. All adults in the centre (i.e., child care staff, visitors, and students) should wear medical masks and eye protection while inside in the child care premises, including in hallways.

## **Exceptions**

### ***No medical masks or eye protection***

- Office staff when working in the office and separated by a barrier.
- In the staff room and separated by a barrier while eating lunch only

### ***No eye protection***

- In the kitchen while washing dishes and when there is only one person there or separated by a barrier.

### ***No medical masks but cloth mask***

- If somebody has a medical condition that prevents them from wearing a medical mask, they could wear a cloth mask that was approved by Public Health in July 2020.

In the event we do not receive the centre's PPE supplies from the province, we will have to wear cloth masks (that were previously approved by Public Health in July 2020) until it arrives.

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, handrails, 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). Our nightly cleaning staff will be the second time of high touch areas and full room cleaning done daily.
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.
  12. Where possible, children should practice physical distancing while eating.
  14. 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.
  15. A washable barrier should be used to separate every other toilet and sink and if not possible then, only every second toilet or sink should be used.
  16. When classrooms share a bathroom space a floor to ceiling temporary physical barrier will be put into place.
  17. Symptomatic child/staff at the centre is immediately separated from others and is supervised in a designated room/space and parent/guardian is contacted for immediate pick up. (See Isolation Protocol and Reporting for Symptomatic Persons)

### **Laundry**

1. Staff must use appropriate PPE when handling dirty laundry (e.g., gloves, mask, eye protection, apron etc.)
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. Clothing and linen from an unwell/infected child can be washed with other laundry.
6. 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 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, child 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 plexiglass barrier), and wearing personal protective equipment (PPE) (i.e., surgical/procedure mask and eye protection).
- 3) 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 the program.
- 4) The screener will also do a visual check of anyone entering the facility. Where a child/staff is obviously ill, vomiting, diarrhea, fever, runny nose, sore throat, they must refuse entry into the facility to promote health and wellness at the centre. (See Failed Screening Guidance)
- 5) Staff who are experiencing any of the symptoms are expected to stay at home and report their absence to their supervisor.
- 6) 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.
- 7) We will maintain daily records of screening results. These will be kept on premises for one year.
- 8) We will keep a record of essential visitors. Each record will include: name, contact information, time in/out and reason for visit. These records will be kept on premises for one year.
- 9) Upon passing the screen, the hallway floater (wearing surgical mask, eye protection and gown) will receive the child/children at the drop off zone.
- 10) If hallway floaters have to pick the child up, then they will have to change their gown before receiving another child.
- 11) 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.
- 12) The person screening will verify with the supervisor or designate that the child or staff is eligible to return.

## **Screening Questions**

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

1. Have you or anyone in your household travelled outside of Canada in the last 14 Days?
2. Have you had close contact with someone with confirmed COVID-19 in the past 14 days?
3. Has a doctor or public health unit told you that you should currently be isolating?
4. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? (If already went for a test and got a negative result then answer “No”)
5. Are you currently experiencing any of these symptoms?

## **Screening for Staff/visitors and Children**

### **1st Group**

- Fever of 37.8 and/or chills. Temperature of 37.8C or higher
- Cough or barking cough (croup)
- Shortness of breath
- Decrease or loss of smell or taste

### **2nd Group**

- Sore throat or difficulty swallowing
- Runny nose or nasal congestion (not related to seasonal allergies)
- Headache that is unusual or long lasting
- Nausea, vomiting, and/or diarrhea
- Extreme tiredness that is unusual or muscle aches

## **Screening for staff/visitors only**

- Pink eye
- Stomach pain

## **Children Symptoms**

**If answered Yes to any of the symptoms included in the 1<sup>st</sup> Group:** Child should self isolate and contact a health care provider for further advice or assessment, including if the child needs a COVID-19 test.

**If answered Yes to one of the symptoms included in the 2<sup>nd</sup> Group:** If the symptom is not related to a known condition we have on file, the child should stay home for 24 hours. **If the symptom persists or worsens**, contact your health care provider for further advice or assessment, including if the child needs a COVID-19 test. **If the symptom improves** and there are no new symptoms, the child may return to our centre.



## **Staff/Visitors Symptoms**

**If answered Yes to any of the symptoms:** Staff/visitors should self-isolate and contact a health care provider for further advice or assessment, including if a COVID-19 test is needed.

6. Does anyone in your household have one or more COVID-19 symptoms?
7. Have you taken any medication for fever or pain?
8. If you answered Yes to question 7 what medication?

## **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. Educators are encouraged to follow the quick checklist for what to do with a child who is showing symptoms before contacting the Supervisor or designate. 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

If any symptoms occur in a staff member mid-day they will inform the Supervisor or designate right away and will be covered and sent home.

## Waterloo Infant Toddler Daycare Association

### Child Screening Protocols

Screening Result	Next Steps	Siblings/ Household members with NO symptoms	Returning to WITDA
<b>One symptom from 1<sup>st</sup> group that is new, unusual, worsening:</b>  – <b>Fever (37.8 or higher) or Chills</b> – <b>Cough</b> – <b>Shortness of breath</b> – <b>Decreased / Loss of taste or smell</b>	1. Your child cannot attend WITDA. 2. Contact the office to let us know your child will not be attending. 3. Your child should stay home to <u>isolate</u> . 4. Contact your child's health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.	They <b>do not</b> need to isolate.  Self-monitor while awaiting the test result of the symptomatic individual.  Enrolled siblings who are not symptomatic may attend WITDA.	<b>If your child's COVID-19 test is negative or there is a known alternative diagnosis made by your health care provider</b> , they can return to WITDA if all the following apply: <ul style="list-style-type: none"> <li>• They do not have a fever (without using medication).</li> <li>• When symptoms are resolved for at least 24 hours.</li> <li>• They were not in close physical contact with someone who currently has COVID-19</li> </ul> <b>If the test result is positive for COVID-19</b> , Public Health will provide further guidance for self-isolation and return to WITDA.  <b>If not tested and if there is <u>No known alternative diagnosis</u></b> provided by a health care provider, return to WITDA can occur 14 days after symptom onset, provided symptoms are resolved for at least 24 hours.
Screening Result	Next Steps	Siblings/ Household members with NO symptoms	Returning to WITDA
<b>One symptom from 2<sup>nd</sup> group that is new, unusual, worsening:</b>  – <b>Sore throat</b> – <b>Stuffy or Runny nose</b> – <b>Headache</b> – <b>Nausea, Vomiting</b>	1. If the symptom is not related to a known condition we have on file, your child cannot attend WITDA. 2. Contact the office to let us know your child will not be attending. 3. Your child should stay home for 24	They <b>do not</b> need to isolate.  Self-monitor while awaiting the test result of the symptomatic individual.  Enrolled siblings who are not	<b>After 24 hours:</b> if their symptom is improving and there are no new symptoms, your child may return to WITDA when they feel well enough to do so. A negative COVID-19 test is not required to return.  For example, if they have a runny nose, it does not have to be completely gone. They can return if it is improving and they are feeling better.

<p>and/or <b>Diarrhea</b></p> <p>– <b>Fatigue / Lethargy / Muscle aches /Malaise</b></p>	<p>hours from when the symptom started.</p> <p>4. <b>After 24 hours:</b> If the symptom persists or worsens, contact your child's health provider for further advice or assessment, including if your child needs a COVID-19 test or determine whether the symptoms are related to another non-COVID-19 condition.</p>	<p>symptomatic may attend WITDA.</p>	
<p><b>Two symptoms from 2<sup>nd</sup> group that are new, unusual, worsening:</b></p> <p>– <b>Sore throat</b></p> <p>– <b>Stuffy or Runny nose</b></p> <p>– <b>Headache</b></p> <p>– <b>Nausea, Vomiting and/or Diarrhea</b></p> <p>– <b>Fatigue / Lethargy / Muscle aches /Malaise</b></p>	<p>1. Your child cannot attend WITDA.</p> <p>2. Contact the office to let us know your child will not be attending.</p> <p>3. Your child should stay home to <a href="#">isolate</a>.</p> <p>4. Contact your child's health provider for further advice or assessment, including if your child needs a COVID-19 test or determine whether the symptoms are related to another non-COVID-19 condition.</p> <p>5. If you think your child has a cold or the flu, you should still talk with a doctor or get tested. Symptoms are similar to COVID-19</p>	<p>They <b>do not</b> need to isolate.</p> <p>Self-monitor while awaiting the test result of the symptomatic individual.</p> <p>Enrolled siblings who are not symptomatic may attend WITDA.</p>	<p><b>If your child's COVID-19 test is negative or <u>there is a known alternative diagnosis</u> made by your health care provider</b>, they can return to WITDA if all the following apply:</p> <ul style="list-style-type: none"> <li>• They do not have a fever (without using medication).</li> <li>• When symptoms are resolved for at least 24 hours.</li> <li>• They were not in close physical contact with someone who currently has COVID-19</li> </ul> <p><b>If the test result is positive for COVID-19</b>, Public Health will provide further guidance for self-isolation and return to WITDA.</p> <p><b>If not tested and if there is <u>No known alternative diagnosis</u></b> provided by a health care provider, return to WITDA can occur 14 days after symptom onset, provided symptoms are resolved for at least 24 hours.</p>

Screening Result	Next Steps	Siblings/ Household members with NO symptoms	Returning to WITDA
<b>Travel outside of Canada in past 14 days</b>  <b>Close contact of a confirmed case of COVID-19</b>  <b>Directed to Isolate by Public Health</b>	1. Your child cannot attend WITDA. 2. Contact the office to let us know your child will not be attending. 3. Your child should stay home to <a href="#">isolate</a> immediately and follow the advice of Public Health.	Follow directions from Public Health	Your child can return to WITDA only when they are cleared by Public Health.

## Frequently Asked Questions

### 1. What happens if my child develops a new or worsening symptom after I drop them off?

Educators will monitor children throughout the day. If a symptom arises that is new and not related to a documented alternative diagnosis, they will notify the office and you will be asked to come and pick them up immediately. Please follow the steps above.

### 2. My child has a runny nose, what should I do?

If your child's only symptom is a runny nose, you should keep your child home and monitor their symptoms for at least 24 hours. When they feel better, they can return to WITDA and no COVID-19 testing is needed. If the symptom gets worse (ie clear nasal discharge develops into thicker, coloured discharge) or your child develops other symptoms, you should contact their health care provider for more advice. Mild symptoms known to persist in young children (e.g., runny nose) may be ongoing at time of return to WITDA if other symptoms have been resolved.

### 3. Who in my family needs to be tested along with my child?

If your child has been identified as needing a test and everyone else in the family is well, no testing of other family members is needed. If your child tests positive for COVID-19, the Region of Waterloo Public Health unit will contact you/your child and make a plan for additional testing of all close contacts.

### 4. Do I need a note from a doctor before my child comes back to WITDA after being off with symptoms or a copy of a negative test result?

No, you do not need a note from your doctor or proof of a negative test before your child returns to WITDA.

### 5. I need more information to feel confident in my assessment, what do I do?

If you need additional information about COVID-19 or have a question specific to your child and their health, please contact your health care provider.

# **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 by using the WITDA Protocols to Managing Illness. 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 and above the age of 2, the child should wear a 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 has 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 face shield will be disinfected or quarantined.
- 9) Disinfecting both, the program space and isolation space.

## **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) If a child/staff becomes symptomatic while at the centre and any of the following apply, Region of Waterloo Public Health must still be notified:

- Close contact with a COVID-19 case
- Travel outside of Canada within 14 days prior to symptom onset
- Been told by a doctor, health care provider, or public health unit to self-isolate

11) All WITDA staff have to log on Daily Staff Close Contact to keep track of who staff may have come into close contact with (less than 2 meters and for 15 minutes or longer), 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 COVID-19 case to support contact tracing.

12) Symptomatic child/staff must follow Public Health recommendations (See Symptomatic Child/Staff)

13) If child/staff has a symptomatic household member they may attend WITDA as long as they do not present any symptoms and **NONE** of the following apply to the child/staff or their household member:

- Close contact with a COVID-19 case
- Travel outside of Canada within 14 days prior to symptom onset
- Been told by a doctor, health care provider, or public health unit to self-isolate

Child/staff will self-monitor while awaiting the test result of the symptomatic household member. If a test is refused or not required the child/staff should self-monitor.

14) If child/staff has a symptomatic household member and **One or More** of the following apply to their household member (but not the child/staff)

- Close contact with a COVID-19 case
- Travel outside of Canada within 14 days prior to symptom onset
- Been told by a doctor, health care provider, or public health unit to self-isolate

Household member test is **Negative**: Child/staff should self-monitor and may return to our centre.

Household member test is **Positive**: Child/staff must isolate for 14 days unless they develop symptoms. Region of Waterloo Public Health will provide further guidance.

Test is **Refused** by household member: The child/staff must self-isolate for 14 days.

14) 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. If the Ministry of Education site is down or working slow and can't upload an SO. The Director will email the centre's Program Advisor and inform them of the issues.

15) The above reporting procedures will be followed when one of the following individuals has a **confirmed** case of COVID-19 **OR** a **suspected** case involving the individual exhibiting **1 or more symptoms AND** the individual has been **tested**, or has indicated that they will be tested for COVID-19:

- 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

16) Where a room, centre or premises is closed due to COVID-19, licensees must report this to the ministry as a serious occurrence.

17) Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless local public health advises otherwise.

18) Outbreaks should be declared if there is one confirmed case of COVID-19 as per ROW PH.

19) For illnesses not COVID-19 related, children must be 24 to 48 hours symptom free depending on the illness, 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 and remove themselves from the program as soon as possible.

2) 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 24 to 48 hours.

3) 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.

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

Child Care Centres  
Symptomatic Child/Staff

Case Details	Guidance for children and staff in the same group and other close contacts at the child care centre
<p>Symptomatic child/staff undergoing testing <b>with NO KNOWN exposure:</b></p> <ul style="list-style-type: none"> <li>• Close contact with a COVID-19 case</li> <li>• Travel outside of Canada within 14 days prior to symptom onset</li> <li>• Been told by a doctor, health care provider, or public health unit to self-isolate</li> </ul>	<ul style="list-style-type: none"> <li>• Self-monitor while awaiting test results or physician assessment of the symptomatic child/staff</li> <li>• If test of symptomatic child/staff is positive for COVID-19, Public Health will provide direction. Children and staff in the same group and other close contacts of the confirmed case while the case was infectious must self-isolate for 14 days from their last exposure to the case. If grouping was appropriately practiced, the child care centre may remain open for those who were not exposed. If there was no grouping, the child care centre must be closed</li> </ul>
<p>Symptomatic child/staff undergoing testing <b>with KNOWN exposure:</b></p> <ul style="list-style-type: none"> <li>• Close contact with a COVID-19 case</li> <li>• Travel outside of Canada within 14 days prior to symptom onset</li> </ul> <p>Been told by a doctor, health care provider, or public health unit to self-isolate</p>	<ul style="list-style-type: none"> <li>• In a situation where a child had a known exposure, public health will provide direct guidance. Generally, children and staff in the same group and other close contacts will require self-isolation while awaiting results of the symptomatic child.</li> <li>• If test of symptomatic child is positive for COVID-19, Public Health will provide direction. Children and staff in the same group and other close contacts of the confirmed case while the case was infectious must self-isolate for 14 days from their last exposure to the case. If grouping was appropriately practiced, the child care centre may remain open for those who were not exposed. If there was no grouping, the child care centre must be closed</li> </ul>

Confirmed Case

Case Details	Guidance for children and staff in the same group and other close contacts at the child care centre
Confirmed COVID-19 case in a child or staff person	Children and staff in the same group and other close contacts of the confirmed case while the case was infectious must self-isolate for 14 days from their last exposure to the case. If grouping was appropriately practiced, the child care centre may remain open for those who were not exposed. If there was no grouping, the child care centre must be closed



# 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. All adults in the centre (i.e., child care staff, essential visitors, and students) should wear medical masks and eye protection while inside in the child care premises, including in hallways.
  - a. **Exceptions**
    - b. *No masks or eye protection*
      - c. Office staff when working in the office and separated by a barrier.
      - d. In the staff room and separated by a barrier while eating lunch only.
    - e. *No eye protection*
      - f. In the kitchen while washing dishes and when there is only one person there or separated by a barrier.
    - g. *No medical masks but cloth mask*
      - h. If somebody has a medical condition that prevents them from wearing a medical mask, they could wear a cloth mask that was approved by Public Health in July 2020.
2. 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.
3. 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.
4. 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).
5. 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.
6. 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 can not 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 stored 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 the 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 the 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 with which the child interacted and not just in the isolation room.
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.

1. Staff must wash their hands with soap and warm water in the following situations:
  - Before handling food, drinks or medication
  - Before and after eating
  - Before and after diaper check and change
  - Before and after toileting
  - Before and after contact with bodily fluids
  - Before and after using gloves
  - Immediately following the disposal or laundering of any contaminated PPE.
  - Before and after touching theirs or someone else's face
  - When entering and leaving a classroom
  - After touching contaminated articles such toys that have been mouthed
  - If staff cannot access soap and water, alcohol based hand sanitizer containing a minimum of 60% alcohol can be used, only if the hands are not visibly soiled.
  - It is recommended all hand jewellery be removed.
  - 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.

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

## **Washrooms**

1. A washable barrier should be used to separate every other toilet and sink and if not possible then, only every second toilet or sink should be used.
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.
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
- When holding a child who is crying and drooling or nose is running due to excessive crying then educators should put a barrier between them and the child. This can be done with a blanket or dress shirt put on backwards. The blankets or dress shirt will need to be laundered between each use.

### **Sleep/Rest areas**

1. Children should have a crib, cot, or mattress assigned to them. Beds 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.
2. Bedding must be changed between each user. Bedding, if used by same user, must be cleaned weekly or more frequently as needed.
3. Beds must be cleaned and sanitized between each user if they are shared among children.
4. Beds 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.

#### **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:**

1. In the screening area and when accompanying children into the program from the screening area (See the screening Policy)
2. Any one preparing or serving food for children will wear a face shield or eye protection 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 mask and eye protection at all times
2. Limit the number of staff in the kitchen (one at a time if possible) and maintain physical distance in the kitchen
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

## WITDA Protocols for managing illness – COVID-19

Symptom	Monitor	Actions by Educator	Action by Supervisor
<b>Runny nose</b>	Wipe it Watch for at least 45 minutes. Consideration- Is there a known cause? I.e.: just came in from outside in the cold? Was the child recently crying? Check for other symptoms, i.e.: fever	If there is an unknown reason for runny nose, inform the supervisor and document in log book. If known cause, you don't have to contact supervisor.	If no known cause, please contact parents and get history of when it started and if it's getting better? If "yes" to getting better, child can stay. If new symptom, child should be picked up. Monitor for 24 hours, once improvement, they can return.  If sibling is symptom free, they may stay.
<b>Fever</b>	Monitor low grade fever for at least 30 minutes. Must be over 37.8C for contact parents.  If temp is over 37.8C, take every 10 minutes to ensure it's not climbing.  Considerations: temperatures in children may be higher coming in from outside, after big gross motor activities, or just waking up from a nap (wait at least 20 minutes after nap)	If fever 37.8C or higher, contact Supervisor. Record in log book.	Please contact parents and report to PH. SO-if COVID test is required.  If sibling is symptom free, they may stay.
<b>Cough</b>	Monitor for at least 30 minutes. Check for fever or other symptoms. Look for the following: Is the cough continuous? How does it sound (croup like)?	If consistent for more than 30 minutes, contact Supervisor. Record in log book.	If no known cause, please contact parents and report to PH. SO-if COVID test is required.  If sibling is symptom free, they may stay.
<b>Sneeze</b>	Look for other symptom. Sneezing is NOT a listed symptom of COVID.	If no other symptoms, do nothing.	Nothing
<b>Difficulty Breathing</b>	If not from physical activity, contact Supervisor ASAP Check for other symptoms	Comfort child. Contact Supervisor and record in log book.	Call parents ASAP. Report to PH. SO-if COVID test is required.  If sibling is symptom free, they may stay.

Symptom	Monitor	Actions by Educator	Action by Supervisor
<b>Difficulty Swallowing /sore throat</b>	Make sure the person is not choking Check for other symptoms.	Contact supervisor and record in log book.	Contact Parents. Report to PH.  Monitor for 24 hours, once improvement, they can return. SO-if COVID test is required.  If sibling is symptom free, they may stay.
<b>Vomiting</b>	One vomit, the child should be sent home. Check for other symptoms	Contact Supervisor and record in log book.	If no known cause, please contact parents and report to PH. SO-if COVID test is required. Monitor for 24 hours, once improvement, they can return  If sibling is symptom free, they may stay.
<b>Nausea /cramps</b>	Upset stomach. Monitor and check for fever or other symptoms  Considerations: Did the person/child just run or eat?	Contact Supervisor and record in log book.	If no known cause, please contact parents and report to PH SO- if COVID test is required.  Monitor for 24 hours, once improvement, they can return.  If sibling is symptom free, they may stay.
<b>Diarrhea</b>	2 bouts of diarrhea is considered "Diarrhea" Check for other symptoms.	Contact supervisor and record in log book.	If no known cause, please contact parents and report to PH. SO-if COVID test is required.  Monitor for 24 hours, once improvement, they can return. If sibling is symptom free, they may stay.
<b>Headache (Unusual)</b>	If no known cause monitor for 15-30 minutes. Check for other symptoms.	If last more than 15-30 minutes,  Contact supervisor and record in log book.	If no known cause, please contact parents and report to PH. SO-if COVID test is required. Monitor for 24 hours, once improvement, they can return.
<b>Chills</b>	Monitor for minimum of 30 minutes. Try to warm the child. Check for other symptoms.	If symptoms last more than 30 minutes, contact Supervisor.  Record in log book.	If no known cause, please contact parents and report to PH. SO-if COVID test is required. Monitor for 24 hours, once improvement, they can return.
<b>Body ache</b>	Monitor for minimum of 30 minutes. Check for other symptoms.	If symptoms last more than 30 minutes, contact Supervisor. Record in log book.	If no known cause, please contact parents and report to PH. SO-if COVID test is required.  Monitor for 24 hours, once improvement, they can return.

Symptom	Monitor	Actions by Educator	Action by Supervisor
<b>Lethargy</b>	Monitor for a minimum of 30 minutes. Check for other symptoms.	If symptoms last more than 30 minutes, contact supervisor. Record in log book.	If no known cause, please contact parents and report to PH. SO-if COVID test is required.  Monitor for 24 hours, once improvement, they can return.

If we get a doctor's note or parent direction to indicate **allergies**, we must have a clear list of symptoms and the allergy. It has to be in writing.

Allergy Considerations	<p>Allergic reactions can cause:</p> <p>Stuffy nose, sneezing, itching, or runny nose, and itching in ears or roof of mouth</p> <p>Red, itchy, watery eyes</p> <p>Red, itchy, dry skin</p> <p>Hives or itchy welts</p> <p>Itchy rash</p> <p>Asthma symptoms, such as shortness of breath, coughing, wheezing</p> <p>A severe, life-threatening allergic reaction (anaphylaxis). This can cause trouble breathing, vomiting, diarrhea, low blood pressure, fainting, or death.</p> <p><b>**Next steps- Parents/Guardians to complete an Allergy form that clearly indicates the child's specific allergy and list of symptoms**</b></p>
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## **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.