

Cornerstone Preschool Childcare Centre Covid-19 Policy

Introduction

COVID-19 Pandemic Plan

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. To reduce the impact of COVID-19 outbreak conditions on our children, staff and families, it is important for us to plan for COVID-19 and mitigate the associated risks. This document provides guidance and direction for staff and families to reduce the potential risk for infection.

These instructions supersede Cornerstone Preschool's policies that are already in place. Covid-19 Pandemic plan measures/policy will be reviewed with all center staff prior to their start date. The implementation of the policy is monitored in accordance with our Monitoring Compliance and Contraventions Policy.

Cornerstone Preschool, a licensed child care facility within the Region of Hamilton, COVID-19 Pandemic Plan outlines the enhanced health and safety measures that Cornerstone Preschool is required to implement, and conduct staff training on, to prevent and reduce the spread of COVID-19.

These protocols are based on:

- The Ontario Ministry of Education [Operational Guidance During COVID-19 Outbreak: Child Care Re- Opening](#)
- The Public Services Health and Safety Association [Health and Safety Guidance for Employers of Child Care Centres](#)
- Hamilton Public Health [resources](#).

General Requirements

The maximum cohort size for each room in Cornerstone Preschool (including each family age group) will consist of no more than the license capacity of the room ("a cohort"), space permitting. This includes both staff and children.

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 a minimum of 7 days. Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.

Staff should work at only one location. Supervisors and/or designates should limit movement

between rooms, doing so when necessary. Supply/replacement staff should be assigned to specific cohorts.

Purpose

The purpose of this procedure is to establish an Emergency Child Care Plan for the provision of care for our staff, the families we serve, their children, any contractors (cooks, cleaners etc.) or visitors to our workplace as well as the community.

As part of our “Due Diligence” to provide a safe workplace, Cornerstone Preschool Child Care Inc will develop and implement standards and procedures for the protection of our staff and children against Infectious Disease based on a Hazard Assessment.

The focus of this Infectious Disease assessment and program is to look at specific jobs, equipment, processes and environment to determine if the hazard of exposure to Infectious Disease hazards have been adequately controlled and make recommendations for improvement when deficiencies have been identified.

Scope

Our goals are to evaluate all jobs and tasks that our staff would engage in or be exposed to the possible exposure to Infectious Disease, and ask ourselves “if someone was to become ill, what would be the source of that exposure be” and how can we minimize or eliminate the risk of exposure.

We will assess all areas of our facility, jobs and other areas that may expose our staff and children to infection or disease. Once we have assessed those hazards, we will develop controls that will ensure the safety of the staff and children. As part of that assessment process we will take into consideration elements such as ensuring we understand how to prevent the transferring of contagions and understand the infectious disease, what kinds of controls are needed to protect workers such as sanitizing, cleaning, and means of distancing workers from each other. We will also consider a business continuity plan as part of our due diligence. All directives will come from Public Health

Safe Work Procedure for working during COVID 19

The following safe work procedures will define how Cornerstone Preschool Child Care Inc will manage the hazards of contacting COVID 19.

COVID 19

Coronaviruses are spread mainly from person to person through close contact, for example, in a household, workplace or daycare centre. There is no vaccine available to protect against the novel coronavirus

The 2019 novel coronavirus is spread through respiratory droplets:

- o from person to person through coughing, sneezing, close contact; and
- o touching contaminated surfaces.

Symptoms

Symptoms range from mild – like the common cold and other common respiratory infections – to severe, and can include: fever, cough, and difficulty breathing, muscle aches, fatigue, headache, sore throat, and runny nose. Also, difficulty swallowing, new olfactory or taste disorder

Complications from the novel coronavirus can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

Symptoms for children could include;

- o Sore throat, hoarse voice
- o Diarrhea
- o Look to see if exhibiting a runny nose

Atypical Symptoms/ signs of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms can include:

- o Unexplained fatigue/ malaise
- o Delirium (acutely altered mental status and inattention)
- o Unexplained or increased number of falls
- o Acute functional decline
- o Exacerbation of chronic conditions
- o Chills, Headache
- o Croup, Conjunctivitis
- o Atypical signs can include:
 - o Unexplained tachycardia, including age specific tachycardia for children
 - o Decreased in blood pressure
 - o Unexplained hypoxia (even if mild i.e. O2 sat>90%)
 - o Lethargy, difficulty feeding in infants (if no other diagnosis)

Screening

All individuals, including children, parents/guardians and staff must be screened including daily temperature checks upon arrival at child care setting. Children should be monitored for signs and symptoms of COVID-19.

Entry into the child care centre, past the screening area, must be limited only to staff, children, and essential visitors.

- When in-taking children, we will have someone outside screening each person as they come on site. Every effort will be taken not to allow parents or guardians into the facility if they do not need to be inside.
- Screening of every person entering our facility will include gathering the names, email and phone #'s for each person (information on file for all children and staff). As part of our screening, we will ask the parents/ guardians the screening questions as set out by Public Health (see below). Children in particular should be monitored for atypical symptoms and signs of COVID-19.
- We will take the temperature of each person entering our facility using a No touch infrared thermometer. We will be taking the temperature of those dropping off the children to see if they are showing signs of COVID-19 (this can only be done using an infrared thermometer).
- A table will be set up outside for parents/ guardians to place any items that the child needs, this will include backpacks, special food and medication onto the table. Options

at that time could include having the materials contained in a clear plastic bag with the child's name on it or plastic containers with the child's name on it to keep children's personal items separate. Jackets, boots and other clothing items can also be put into these totes.

- Screeners should take appropriate precautions when screening, including maintaining a distance of at least 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as plexiglass barrier), and wearing personal protective equipment (PPE) (i.e. surgical/ procedure mask; gown; gloves; eye protection)
- Entry will be staggered, and signage will inform parents/guardians of the drop off/pick up area and waiting area.
- **During drop off time, all children will be escorted to their classroom by a Cornerstone Preschool staff member**
- **During pick up time, parents will stay outside and ring the doorbell and a staff member will bring their child at the door. All children picked up after 4:30 pm, will have to be picked up at the classroom's individual door at the side / back of the center.**
- Alcohol based hand rub containing at least 60% to 90% alcohol content must be provided at screening table or upon entry to the facility.
- Anyone entering the facility must perform hand hygiene upon entering.
- Cohort staff (public health and the government direction: a cohort is defined as a group of children and 2 staff) to assist child with hand hygiene upon entering program

Personal Belongings -

- **Parents can only send water bottles and change of clothes in clear (preferably Large Ziploc) bags only**
- **Only clear School bags are permitted at this time**

COVID-19 school and child care screening

Version 4: February 24, 2021

Students and children must screen for COVID-19 every day before going to school or child care. Parents/guardians can fill this out on behalf of a child.

Date (mm-dd-yyyy) _____

Screening Questions

1. In the last 14 days, has the student/child or anyone they live with travelled outside of Canada? Yes No

If exempt from quarantine requirements (for example, an essential worker who crosses the Canada-US border regularly for work), select "No."

2. Has a doctor, health care provider, or public health unit told you that the student/child should currently be isolating (staying at home)? Yes No

This can be because of an outbreak or contact tracing.

3. In the last 14 days, has the student/child been identified as a "close contact" of someone who currently has COVID-19? Yes No

Yes No

4. In the last 14 days, has the student/child received a COVID Alert exposure notification on their cell phone?

If they already went for a test and got a negative result, select "No."

5. Is the student/child currently experiencing any of these symptoms?

Choose any/all that are new, worsening, and not related to other known causes or conditions they already have.

Fever and/or chills

Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

Yes No

Cough or barking cough (croup)

Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)

Yes No

Shortness of breath

Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)

Yes No

Decrease or loss of taste or smell

Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have

Yes No

Sore throat or difficulty swallowing

Painful swallowing (not related to seasonal allergies, acid reflux,

Yes No

or other known causes or conditions they already have)

Yes No

Runny or stuffy/congested nose

Not related to seasonal allergies, being outside in cold weather,
or other known causes or conditions they already have

Yes No

Headache

Unusual, long-lasting (not related to tension-type headaches, chronic migraines,
or other known causes or conditions they already have)

Nausea, vomiting and/or diarrhea

Not related to irritable bowel syndrome, anxiety, menstrual cramps,
or other known causes or conditions they already have

Yes No

Extreme tiredness or muscle aches

Unusual, fatigue, lack of energy, poor feeding in infants
(not related to depression, insomnia, thyroid dysfunction, sudden injury,
or other known causes or conditions they already have)

Yes No

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6. Is someone that the student/child lives with currently
experiencing any new COVID-19 symptoms and/or waiting for
test results after experiencing symptoms?

Yes No

Results of Screening Questions




If you answered “YES” to question 1 or 3 do not go to school or child care.


- The student/child must self-isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
- If you answered “**YES**” to **question 1**, follow the advice of public health. The student/child can return to school/child care after they are cleared by your local public health unit.
 - Siblings or other people in your household must self-isolate (stay home) for 14 days.
- If you answered “**YES**” to **question 3**, talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test. The student/child can return to school/child care after 14 days, even if they get a negative test result.
 - If you live in certain areas of the province, like Toronto, siblings and other people in your household must stay at home. This is because of local risk factors.
 - If you live in other areas of Ontario, siblings and other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons. Ask your school/child care for more information.
- If they develop symptoms or test positive, contact your local public health unit or doctor/health care provider for more advice.
- Contact your school/child care provider to let them know about this result.




If you answered “YES” to question 2 do not go to school or child care.

- The student/child must self-isolate (stay home) and not leave except for a medical emergency.
- Follow the advice of public health. The student/child can return to school/child care after they are cleared by your local public health unit.
- If they develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
- If you live in certain areas of the province, like Toronto, siblings and other people in your household must stay at home. This is because of local risk factors.
- If you live in other areas of Ontario, siblings and other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons. Ask your school/child care for more information.
- Contact your school/child care provider to let them know about this result.

-  If you answered “YES” to question 4 do not go to school or child care.
- The student/child must self-isolate (stay home) and not leave except for a medical emergency.
 - Visit an assessment centre to get them a COVID-19 test.
 - If they test negative (they do not have the virus), they can return to school/child care.
 - If they test positive (they have the virus), they can return only after they are cleared by your local public health unit.
 - If they develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
 - Siblings or other people in your household can go to school, child care or work, but must not leave the home for other, non-essential reasons until the individual who got the COVID alert tests negative, or is cleared by your local public health unit.
 - Contact your school/child care provider to let them know about this result

-  If you answered “YES” to any of the symptoms included under question 5 or question 6 do not go to school or child care.
- The student/child must isolate (stay home) and not leave except to get tested or for a medical emergency.
 - If you answered “**YES**” to **question 5**, talk with a doctor/health care provider to get advice or an assessment, including if the student/child need a COVID-19 test.
 - If you answered “**YES**” to **question 6**, the student/child can return to school or child care after the individual gets a negative COVID-19 test result, or is cleared by your local public health unit, or is diagnosed with another illness.
 - Siblings or other people in your household must stay at home until the student/child showing symptoms or individual tests negative, or is cleared by your public health unit, or is diagnosed with another illness.
 - Contact your school/child care provider to let them know about this result.

-  If you answered “NO” to all questions, your child may go to school/child care because they seem to be healthy and have not been exposed to COVID-19. Follow your school/child care provider’s established process for letting staff know about this result (if applicable).

Public Health Ontario – Contact Tracing

Answering these questions is optional. This information will only be used by Public Health officials for contact tracing. All information will be deleted in 28 days.

Date: _____

Name: _____

Phone or Email: _____

Attendance Records

- In addition to attendance records for all children receiving child care, all child care licensees are responsible for maintaining daily records of anyone entering the child care facility/home.
- These records must include all individuals who enter the premises (e.g., staff, cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food)
 - Records are to be kept on the premises (centre or home) and along with name and contact information must include an approximate time of arrival and time of departure for each individual.
 - Records must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak (i.e., records can be made available to public health within 24 hours of a confirmed COVID-19 case or outbreak).

Monitoring and Responding to Reports of COVID-19 Symptoms at Cornerstone Preschool

- All child care and early years sector partners, together with Ministry of Health and Public Health will work closely to monitor and respond to reports of COVID-19 symptoms.
- Anyone who is symptomatic, does not pass screening, or has been advised to self-isolate by the local public health unit must not be permitted to attend the program and should stay at home (this includes children, child care centre staff, students completing post-secondary placements, home child care providers and those ordinarily resident/regularly at the home child care premises).
- If an individual becomes ill while in the child care setting:
 - The ill individual must be immediately separated from others, in a separate room where possible (i.e., an isolation room). Parents/guardians must be contacted for pick-up of symptomatic children.
 - Symptomatic children who are separated from others must be supervised.
 - Anyone providing care to the ill individual should maintain as much physical distance as possible. If physical distancing is not possible (e.g., if a young child needs comfort) staff/providers should consider added PPE (i.e., gloves, gown). •
 - The person caring for the individual should wear a medical mask and eye protection and be trained on proper use of PPE, including donning and doffing.
 - If tolerated, the ill individual should also wear a medical mask. • Hand hygiene and respiratory etiquette should be practiced while the ill individual is waiting to be picked up.
 - Cleaning of the area the separated individual was in and other areas of the child care setting where the ill individual was should be conducted as soon as

reasonably possible after the ill individual leaves (see above in the Cleaning section).

- The ill individual and/or their parent or guardian be advised to use the online self-assessment tool and follow instructions which may include seeking medical advice or going for testing for COVID-19. Note that individuals do not require a medical note or proof of negative test to return back to the program.
 - Communication protocols to update and inform necessary stakeholders within the child care community while maintaining confidentiality of the ill individual should be initiated (e.g., contact the school, home child care agency, service system manager and/or ministry through a Serious Occurrence Report as applicable).
 - Regular child care operation can continue unless directed otherwise by the local public health unit.
- If a child develops symptoms and their self-screening indicates they should stay home but their sibling(s) do not have symptoms, the siblings do not need to isolate until the other child tests positive for COVID-19. However, check your local public health unit's website or call to see if those without symptoms should go to school/child care. Some public health units have different rules based on local risk.
 - If a child is tested for COVID-19, follow the guidance of the local public health unit, health care provider and related direction for isolation and returning to the program. If there are other siblings or members of the household that attend school or child care, the local public health unit will provide any further direction on returning to school/child care.
 - Persons who test positive may not return to the child care setting until they are cleared by the local public health unit. Note that individuals do not need to provide a medical note or proof of negative result to return to the program.

How to Exclude:

- If a child or child care staff becomes sick while in the program, they should be isolated in the office and family members contacted for pick-up. If the sick person is a child, a child care staff should remain with the child until a parent/guardian arrives.
- The child care centre should specify where the isolation room/area will be and who will be responsible for monitoring the child.
- As soon as the child is isolated from others, the staff member caring for the child should perform hand hygiene and put on a surgical/procedure mask and face shield/goggles.
- The child care staff should also avoid contact with the child's respiratory secretions.
- Staff member must perform hand hygiene after any contact with the ill child.

- If a separate room is not available, the ill child should be kept at a minimum of 2 metres from others. This may be achieved by using physical barriers, floor markers, etc.
- The ill child should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- Anyone who is providing care to the ill child should maintain a distance of at least 2 metres or wear appropriate PPE (surgical/procedure mask and eye protection, gloves and gown if there is risk of exposure to infectious droplets).
- All items used by the ill person should be cleaned and disinfected by the cleaning staff designated for that cohort. Any items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 3 days.

Reporting and Serious Occurrence Reporting

- Contact Hamilton Public Health 905-974-9878 option 1 to speak with a Public Health Inspector (PHI).
- The PHI will provide infection control guidance and refer the child for testing.
- Child care centers must consider two or more laboratory- confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link, where at least one case could have been infected in the child care setting
- Child care licensees have a duty to report suspected or confirmed cases of COVID-19 to the medical officer of health under the Health Protection and Promotion Act.
- Previously, licensees were also required to report all suspected cases of COVID-19 to the ministry. Currently, only where a child, staff, student, home child care provider, home child care visitor or a person who is ordinarily a resident /regularly present at a home child care premises has a confirmed case of COVID-19 (i.e., a positive COVID-19 test result), licensees must:
 - report this as a serious occurrence to the ministry.
 - report to the local public health unit and provide any materials (e.g., daily attendance records) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation, including the Municipal Freedom of Information and Protection of Privacy Act.
- Public health officials will determine any additional steps required, including but not limited to how to monitor for other possible infected staff/providers and children and the declaration of an outbreak and closure of rooms and/or entire child care settings.
 - If a closure is ordered by the local public health unit and the licensee has already submitted a serious occurrence for a confirmed case, the existing serious occurrence must be updated to reflect the closure.
- Should additional individuals at the child care program develop a confirmed case, licensees must either:
 - Revise the open serious occurrence report to include the additional cases; or,

- Submit a new serious occurrence report if the first has been closed already.
- While licensees are no longer required to report a serious occurrence for suspected cases; if the local public health unit determines that a full or partial closure is required (i.e., program room, home premises or entire child care centre must remain closed for a period of time), a serious occurrence report must be submitted under the “Unplanned Disruption of Service” category. Please also note there are requirements of employers to let workers know if they may have been exposed in the workplace. Please see the guide on developing a COVID-19 workplace safety plan for more information.

COVID-19 Outbreak Response

- An outbreak may be declared by the local public health unit when:
 - within a 14-day period, there are two or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting.
- The local public health unit will work with the licensee to determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting.
- If the local public health unit declares an outbreak, they will determine what happens next. This could include closing particular child care rooms or cohorts or an entire child care setting.
 - The public health unit will help determine which groups of children and/or staff/providers need to be sent home or if a partial or full closure of the child care setting is required.
 - If the public health unit determines that partial or full closure of the child care setting is required, the licensee must revise their existing serious occurrence report for a confirmed COVID-19 case to include information about the closure.

Triggering an outbreak assessment. Once at least one child or staff has presented with new symptoms compatible with COVID-19, the child care centre should immediately trigger an outbreak assessment and take the following steps:

Exclusion

Individuals who are tested:

- Children/staff who test negative for COVID-19 must be excluded until 24 hours after symptom resolution
- Children/staff who test positive for COVID-19 must be excluded from child care centre for 14 days after the onset of symptoms and clearance has been received from the local public health unit

Individuals who are not tested:

- Ill children/staff, if not tested, must be excluded for 14 days from onset of their symptoms

Management of a Single Case in a Child/Staff. A single positive case in a child/staff results in an outbreak being declared at the child care centre. All members of the cohort are to be excluded from the child care centre for 14 days. In consultation with Public Health, cohort members may be referred for testing.

Required Steps in an Outbreak. If an outbreak is declared at the child care centre, the following measures must be taken:

- 1) Consult with and follow directions from Public Health.
- 2) Notify all family, staff, and essential visitors of the facility's outbreak status. (i.e. letters and signage)
- 3) Enhance cleaning and disinfecting procedures
- 4) Enhanced screening procedures (i.e. increased frequency of health checks)
- 5) More frequent hand hygiene with children and staff.
- 6) Review staff training on proper PPE use.

Management of cases in multiple cohorts. If there are additional positive cases in other cohorts, the facility will close. In consultation with Public Health, all staff and children in the child care centre may be referred for testing.

Declaring an Outbreak Over. In consultation with Public Health, the outbreak can be declared over if no new cases have occurred in 14 days from the last day of attendance of the most recent COVID-19 positive staff/child

Mandatory Training

As part of the Ministry of Education's Child Care Reopening Guidelines, the City of Hamilton must ensure that training is provided to all child care staff/providers on health and safety measures prior to reopening.

Public Health Ontario and Hamilton Public Health Services have developed videos and posters to assist with understanding our role in stopping the spread of COVID-19 in our community.

Links to important information are provided below and all child care staff/providers must complete this training prior to reopening.

- 7 Steps of Hand Hygiene - <https://www.publichealthontario.ca/en/videos/7-steps-handhygiene>
- Putting on Gloves - <https://www.publichealthontario.ca/en/videos/ipac-gloves-on>
- Putting on Mask and Eye Protection - <https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on>
- Taking off Mask and Eye Protection - <https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>
- Taking off a Gown and Gloves - <https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off>
- Taking off Full Personal Protective Equipment - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>
- Putting on Full Personal Protective Equipment - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

Parents/ guardians of those children that will be attending our center will receive the following information:

Policy regarding sick children and what the process will be in the event that children are identified as being ill before intake, as well as during the day including additional precautions. This will include procedures for child pick up when requested (parents/ guardians must have a plan in place to have children picked up if requested)

Physical Distancing

Every effort will be taken to encouraging physical distancing between children by spreading children out into different areas, staggering lunch and snack times and play times outside.

We will avoid taking the children to community play grounds. Outdoor play at our own play area outside is encouraged in small groups. All equipment will be disinfected regularly and after use.

We will stagger meal and snack times to allow for safe physical distancing.

When setting cots up for nap time, they will be set up in such a way to keep the children 2 m apart or set up so that they are head to toe. Cots should be disinfected after each use.

If we need to have conversations with parents, we will try and have these using live streaming programs like Zoom to have that discussion rather than a face to face meeting.

Our center will provide tissues and dispose of used tissues in plastic-lined receptacles.

Staff will be required to regularly wash their hands for at least 20 seconds with soap and warm water at:

- At the start of their shifts
- Before preparing or serving food, cleaning up after meals and snack times
- After touching shared items and after using the washroom,
- Before and after changing a child's diaper,
- Helping others with toileting and after handling garbage,
- Before leaving your workspace.

Additional procedures that are required to be followed include:

Make sure washrooms are cleaned frequently (3 times per day, more often if needed) and stocked with soap and paper towels. Disinfect diaper changing areas.

Disinfect commonly touched surfaces, shared toys, tables, chairs, etc. All smaller toys will be cleaned in the commercial dishwasher.

The following items should be considered as items to be cleaned and sanitized:

- Eating areas
- All equipment
- Toys and other play items
- Offices and common areas, Washrooms
- Door knobs, light switches, toilet seats, handles, table tops, at least twice a day.
- Floors
- Play areas, Rest areas
- Other as needed

Linens must be laundered daily and cots disinfected.

Do not use water or sensory tables

Children must not share soothers, bottles, sippy cups, facecloths, etc. Label these items with the child's name to discourage accidental sharing.

Reinforce "no food sharing" policies.

If meals or snacks are provided, ensure each child has their own individual meal or snack. Multi-use utensils must be sanitized.

When holding infants and toddlers, use blankets or cloths over childcare providers clothing and change the blankets or cloths between children.

Avoid getting close to faces of all children, where possible.

Use disposable cleaning cloths and gloves.

Regularly wash blankets, towels, smocks, bibs, etc.

Items used by children should be of a material that allows them to be easily cleaned and disinfected at least twice daily; such as items with hard surfaces. In an effort to maintain a

physical distance of 2 metres between individuals and limit the spread of pathogens, items such as toys should be limited to one child at a time and cleaned and disinfected after each use.

Items that are not able to be cleaned and disinfected easily or at least twice daily should be removed from use at this time. Activities which do not allow for a physical distance of 2 metres between individuals and where media cannot be easily cleaned and disinfected should also be discontinued at this time.

Examples of items and activities that should be discontinued include but are not limited to the following:

- soft toys
- items that require laundering such as dress up clothes
- paper materials that are unable to be cleaned and disinfected such as books, puzzles, cards, magazines
- sensory play including the use of water, sand and dry foods
- The use of personal items such as tablets and books is not recommended; use of these items by staff must be closely monitored to ensure items are maintained in a clean and sanitary condition and are not shared between individuals.

It is recommended that enhanced cleaning and disinfection principles be applied to all aspects of the facility and may include the following:

- cleaning and disinfection of toilets, changing tables, after each use
- cleaning and disinfection of sleeping cots after each use.
- bedding is designated for each child and laundered daily
- Refer to section 4 of the Ministry of Education's Child Care Center Licensing Manual (Sept. 19 2019) for more information.

From what is currently understood about COVID-19, commonly used cleaners and disinfectants are effective against the virus that causes COVID-19. In order to prevent the spread of respiratory illnesses including COVID-19, licensed child care centres will be required to maintain their routine cleaning and disinfection schedules, providing enhanced cleaning and disinfection of high-touch surfaces and mouthed toys.

Further information on routine cleaning requirements and scheduling recommendations can be found in City of Hamilton's **Infection Control Guidelines for Child Care Centres** (<https://www.hamilton.ca/sites/default/files/media/browser/2018-12-07/infection-control-guidelines-child-care-centres.pdf>).

All products including cleaners and disinfectants must be out of reach of children, labelled and must have Safety Data Sheets (SDS) that are up to date and stored in WHMIS binder on site.

Each classroom and washroom should have its own designated detergent and disinfectant.

Cleaning: is done with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning with soap and water will also substantially reduce the number of germs that may be on surfaces.

Disinfecting: after cleaning will kill most of the germs that were left behind. A routine housekeeping schedule is necessary to ensure these duties are completed (a checklist is useful).

Selection of Disinfectants

It is important to choose an approved disinfectant with a drug identification number (DIN). It must be appropriate for the surface it is being used on and the contact time (time the surface stays wet) must be achievable. Public Health recommends a product with a shorter contact time of between 1 and 3 minutes.

Disinfectant used at CORNERSTONE PRESCHOOL:

Only using disinfectants that have a Drug Identification Number (DIN). Low level hospital grade disinfectants may be used; CORNERSTONE PRESCHOOL uses ES65H HYDROGEN PEROXIDE DISINFECTANT CLEANER / BLEACH & WATER/ ON THE MARK BY STRONG ARM

Record Keeping

The child care centre must produce a specific cleaning and disinfecting schedule for each cohort, washroom, kitchen, common areas, indoor/outdoor play areas, and other areas accessed by the program.

A cleaning and disinfection log must be used to track and demonstrate cleaning schedules (indoor and outdoor).

The child care centre must designate staff to clean and disinfect. These individuals will be responsible for keeping cleaning and disinfecting records, which should include the date, time, product used, the name of the staff responsible, etc.

Recommendations for the use of Personal Protective Equipment (PPE) in Child Care Centres

For non-healthcare settings the use of PPE should be considered based on a risk assessment of the task, the individual and environment. Any Government guidance documents for your specific sector should be followed.

Key Recommendation:

- Droplet and Contact Precautions are recommended for the care of someone suspected or confirmed with COVID-19
- N95 respirators are not indicated for use in childcare settings.

Staff Role	Type of PPE required	PPE conservation Guidelines
Screener	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Surgical/Procedure Masks • Re-useable face shields or goggles • Gowns • Gloves (optional). If not wearing gloves, need to practice handwashing 	Follow conservation guidelines for masks to extend use. Recommendation: 2 masks/ day 1 gown/day
Staff member in cohorts	Changing diapers / Cleanup of bodily fluids with the risk of splashing/soiling of clothing: <ul style="list-style-type: none"> • Surgical/Procedure Masks • Re-useable face shields or goggles • Gloves 	Masks, gloves and gowns should not be re-used and be discarded. Recommendation: 1 mask/cohort/week 1 gown/cohort/week 2 sets gloves/cohort/week
Environmental staff/ staff moving in-between classrooms	Staff that are involved in tasks that do not require close contact or direct care to children and are moving in between cohorts should wear: <ul style="list-style-type: none"> • Surgical/Procedure Masks 	Follow conservation guidelines for masks to extend use. Recommendation: 2 masks/ day

Personal Protective Equipment

Guidance on the Use of Masks, Personal Protective Equipment (PPE) and Hand Hygiene

- Licensees must include information on the use of PPE in their health and safety protocols that is consistent with the information in this section as well as any direction provided by their local public health unit.
- Expectations for adults in a child care setting:
 - All child care staff, home child care providers, home child care visitors and students completing post-secondary placements are required to wear medical masks and eye protection (i.e., face shield or goggles) while inside a child care setting, including in hallways and staff rooms (unless eating – but time with masks off should be limited and physical distance should be maintained).
 - All other adults (i.e. parents/guardians, and visitors) are required to wear a face covering or non-medical mask while inside the premises (see information about the use of face coverings on the provincial COVID-19 website).
- Expectations for children:
 - All children in grades 4 and above are required to wear a nonmedical mask or face covering while inside a child care setting, including in hallways.
 - All younger children (grade 3 and below) are encouraged but not required to wear a non-medical mask or face covering while inside a child care setting, including in hallways. 14
 - Masks are not recommended for children under the age of two.
 - See information about the use of masks on the provincial COVID-19 website.
- Parents/guardians are responsible for providing their child(ren) with a nonmedical mask(s) or face covering each day and should be reminded that if children are wearing masks, they will require a way to store their mask when not in use.
- Masks should be replaced when they become damp or visibly soiled.
- Refer to Public Health Ontario resources for how to properly wear and take off masks and eye protection. You may also wish to view a helpful video on how to properly put on and take off masks and eye protection.
- The use of masks is not required outdoors for adults or children if physical distancing of a least 2 metres can be maintained between individuals.
- Reasonable exceptions to the requirement to wear masks are expected to be put in place by licensees. Exceptions to wearing masks indoors could include circumstances where a physical distance of at least 2 metres can be maintained between individuals, situations where a child cannot tolerate wearing a mask, reasonable exemptions for medical conditions, etc.
- The use of medical masks and eye protection is for the safety of child care staff/providers and the children in their care. This is very important when working with young children who may not be wearing face coverings (i.e. under the age of two).

- Keep in mind that it may be difficult to put on a mask and eye protection properly (i.e. without contamination) after having removed them, given the frequent and spontaneous need for close interactions with young children in a child care setting.
- To support healthy and safe operation of child care programs, a supply of medical masks and eye protection (i.e., face shields) is being procured and delivered through the Ministry of Government and Consumer Services to licensed child care centres and home child care agencies on a monthly basis.
 - A back-up supply of non-medical or cloth masks will also be provided for school age children in child care in case they cannot bring one from home.
- The Ontario Together Portal has a Workplace PPE Supplier Directory that lists Ontario businesses that provide PPE and other supplies.
- Perform and promote frequent, proper hand hygiene (including supervising or assisting participants with hand hygiene). Hand washing using soap and water is recommended over alcohol-based hand rub when hands are visibly soiled and for children. Refer to Public Health Ontario's How to Wash Your Hands fact sheet.

All staff members will wear all PPE equipment at all times. All staff will wear a mask, and eye/face protection at all times

All staff members will know how to use and maintain PPE that they are required to wear.

Social distancing at 2 metres and proper hand hygiene will be the most important way to protect yourself from the COVID-19 virus

Improper use of PPE can create a false sense of confidence, increase chances of infection and waste supply

Proper use of PPE is an effective part of infection prevention and control, however it is not a stand-alone method

Proper hand hygiene must be exercised before donning and after doffing PPE including gloves, face masks and eye protection.

The following PPE is available at all ECC sites and may be used if there is an identified risk of exposure to the COVID-19 virus:

Gloves, Masks and Eye Protection

Gloves may be worn when hands come into contact with a child exhibiting respiratory symptoms or objects that may be contaminated. Gloves are disposable and single use, and must be disposed of after the task is completed. Gloves protect you against contact with infectious materials. However, once contaminated, gloves can become a means for spreading infectious materials to yourself, other patients or environmental surfaces. Therefore, the way YOU use gloves can influence the risk of disease transmission. These are the most important do's and don'ts of glove use.

Work from clean to dirty. This is a basic principle of infection control. In this instance it refers to touching clean body sites or surfaces before you touch dirty or heavily contaminated areas.

Limit opportunities for “touch contamination” - protect yourself, others and environmental surfaces. How many times have you seen someone adjust their glasses, rub their nose or touch their face with gloves that have been in contact with another person or surface? This is one example of “touch contamination” that can potentially expose oneself to infectious agents. Think about environmental surfaces too and avoid unnecessarily touching them with contaminated gloves. Surfaces such as light switches, door and cabinet knobs can become contaminated if touched by soiled gloves.

Change gloves as needed. If gloves become torn or heavily soiled and additional tasks must be performed, then change the gloves before starting the next task. Always change gloves after use, and discard them in the nearest appropriate receptacle. Gloves should never be washed and used again. Washing gloves does not necessarily make them safe for reuse; it may not be possible to eliminate all microorganisms and washing can make the gloves weak.

A face mask must be worn by an individual with respiratory symptoms. If the individual is unable or unwilling to wear a face mask, the person providing care must wear a face mask if a physical distance of 2 metres cannot be maintained.

A combination of PPE types is available to protect all or parts of the face from contact with potentially infectious material. The selection of facial PPE is determined by the isolation precautions required or the nature of contact.

Masks should fully cover the nose and mouth and prevent fluid penetration.

Masks should fit snugly over the nose and mouth. For this reason, masks that have a flexible nose piece and can be secured to the head with string ties or elastic are preferable.

Goggles provide barrier protection for the eyes; personal prescription lenses do not provide optimal eye protection and should not be used as a substitute for goggles. Goggles should fit snugly over and around the eyes or personal prescription lenses. Goggles with antifog features will help maintain clarity of vision.

Eye protection may be worn as a precaution if staff is within 2 metres of a child exhibiting respiratory symptoms. Eye protection is reusable and must be washed and disinfected between each use.

There are four key points to remember about PPE use.

First, don it before you have any contact with another person, generally before entering the room. Once you have PPE on, use it carefully to prevent spreading contamination. When you have completed your tasks, remove the PPE carefully and discard it in the receptacles provided. Then immediately perform hand hygiene.

The gown should be donned first (if wearing one) The mask should be put on next and properly adjusted to fit. The goggles or face shield should be donned next and the gloves are donned last. Keep in mind, the combination of PPE used, and therefore the sequence for donning, will be determined by the precautions that need to be taken.

To don a gown, first select the appropriate type for the task and the right size for you. The opening of the gown should be in the back; secure the gown at the neck and waist. If the gown is too small to fully cover your torso, use two gowns. Put on the first gown with the opening in front and the second gown over the first with the opening in the back.

Some masks are fastened with ties, others with elastic. If the mask has ties, place the mask over your mouth, nose and chin. Fit the flexible nose piece to the form of your nose bridge; tie the upper set at the back of your head and the lower set at the base of your neck. If a mask has elastic head bands, separate the two bands, hold the mask in one hand and the bands in the other. Place and hold the mask over your nose, mouth, and chin, then stretch the bands over your head and secure them comfortably as shown; one band on the upper back of your head, the other below the ears at the base of the neck. Adjust the mask to fit. Remember, you don't want to be touching it during use so take the few seconds needed to make sure it is secure on your head and fits snugly around your face so there are no gaps.

If eye protection is needed, either goggles or a face shield should be worn. Position either device over the face and/or eyes and secure to head using the attached ear pieces or head band. Adjust to fit comfortably. Goggles should feel snug but not tight.

The last item of PPE to be donned is a pair of gloves. Be sure to select the type of glove needed for the task in the size that best fits you. Insert each hand into the appropriate glove and adjust as needed for comfort and dexterity. If you are wearing a gown, tuck the gown cuffs securely under each glove. This provides a continuous barrier protection for your skin.

In addition to wearing PPE, you should also use safe work practices. Avoid contaminating yourself by keeping your hands away from your face and not touching or adjusting PPE. Also, remove your gloves if they become torn and perform hand hygiene before putting on a new

pair of gloves. You should also avoid spreading contamination by limiting surfaces and items touched with contaminated gloves.

To remove PPE safely, you must first be able to identify what sites are considered “clean” and what are “contaminated.” In general, the outside front and sleeves of the isolation gown and outside front of the goggles, mask, and face shield are considered “contaminated,” regardless of whether there is visible soil. Also, the outside of the gloves are contaminated. The areas that are considered “clean” are the parts that will be touched when removing PPE. These include inside the gloves; inside and back of the gown, including the ties; and the ties, elastic, or ear pieces of the mask, goggles and face shield.

The sequence for removing PPE is intended to limit opportunities for self contamination. The gloves are considered the most contaminated pieces of PPE and are therefore removed first. The face shield or goggles are next because they are more cumbersome and would interfere with removal of other PPE. The gown is third in the sequence, followed by the mask.

Removing gloves: Using one gloved hand, grasp the outside of the opposite glove near the wrist. Pull and peel the glove away from the hand. The glove should now be turned inside-out, with the contaminated side now on the inside. Hold the removed glove in the opposite gloved hand.

Slide one or two fingers of the ungloved hand under the wrist of the remaining glove. Peel glove off from the inside, creating a bag for both gloves. Discard in waste container

Removing face shield: Using ungloved hands, grasp the “clean” ear or head pieces and lift away from face. If goggle or face shield are reusable, place them in a designated receptacle for subsequent reprocessing. Otherwise, discard them in the waste receptacle.

The front of the mask is considered contaminated and should not be touched. Remove by handling only the ties or elastic bands starting with the bottom then top tie or band. Lift the mask away from the face and discard it into the designated waste receptacle.

Removing gown: Unfasten the gown ties with the ungloved hands. Slip hands underneath the gown at the neck and shoulder, peel away from the shoulders. Slip the fingers of one hand under the cuff of the opposite arm. Pull the hand into the sleeve, grasping the gown from inside. Reach across and push the sleeve off the opposite arm. Fold the gown towards the inside and fold or roll into a bundle. (Only the “clean” part of the gown should be visible.) Discard into waste or linen container, as appropriate.

After removing PPE: Hand hygiene is the cornerstone of preventing infection transmission. You should perform hand hygiene immediately after removing PPE. If your hands become visibly contaminated during PPE removal, wash hands before continuing to remove PPE. Wash your hands thoroughly with soap and warm water or, if hands are not visibly contaminated, use an

alcohol-based hand rub.

What will the classroom look like for your child?

- No carpets or rugs
- No soft toys or non washable pillows
- Lots of toys and activities that can easily be sanitized.
- Less furniture and lots of indoor space to play.
- The same staff in the room all day, no additional staff unless there is an emergency. Staff will relieve each other for breaks and lunchtime.
- There will be positive interactions and emotional support for all children
- Positive and safe outdoor play, one group at a time, with additional outdoor cleaning.
- Individual baskets of art supplies per child.

Snack and Meal times:

- All snacks will be served on an individual plate or bowl
- Children will be spread out at the table during all meals
- Children will have an individual labeled cup to drink water from during the day, the water fountain will be closed.
- Children will wash hands before snacks/meals and immediately after, disposable paper towels will be used to wash faces
- Staff may wear a mask/face shield during the serving of food.
- All food will be served away from the children, no family style meals. Any second servings will be served with a clean utensil every time, to avoid cross contamination between children.

Medication:

- Any prescribed medication must be given in the original container and preferable left the centre for the duration of the prescription. Medication forms must be filled in online and sent to supervisor@cornerstonepreschool.ca

Communication during this time, when parents can not enter the building.

- A screen shot of the daily log will be emailed to the parents.
- Any updates, concerns or daily information will be emailed to parents. During this time, a face to face conversation may not be possible, documentation of activities and events may be limited but staff will maintain communication during this time, to the best of their ability.
- Artwork or creatives will be saved and sent home when appropriate to do so.
- Your child will be dressed and brought to the door to go home.

- Diapers and any necessary supplies must be put into a bag labelled and given to the staff receiving your child at the door.
- If your child requires medication, fill in the form and e-mail to supervisor@cornerstonepreschool.ca.
- We will administer the medication as instructed.
- All information and updates will be sent through e-mail, unless it is an emergency and you will receive a phone call.
- Accident reports will be emailed, in lieu of a signature, please respond to the sent email, that you have received it.
- CORNERSTONE PRESCHOOL understands that face to face conversations are important, and we will attempt various methods to give you updates and keep in touch.