



COVID-19 POLICY AND PROCEDURE

August 19, 2020 Amended and Approved: March 31, 2021

Purpose

The Whitney Child Centre is dedicated to establishing a plan to address the operations and provision of care for our staff, families, children, any authorized visitors to the Centre as well as the community during the Pandemic. As part of our “due diligence” to provide a safe workplace, the Whitney Child Centre has developed and implemented standards and procedures for the protection against infectious disease based on our Risk Assessment and the Toronto Public Health and Ministry of Education Guidance documents.

This policy applies to all employees, clients, families, children, and any other persons engaged in business with the Centre.

Responsibilities

Supervisor (or designate):

- Develop, review, and communicate the Risk Assessment and COVID-19 related Policies and Procedures and Protocol to Centre staff.
- To ensure families and clients, and any other relevant individuals and agencies receive the COVID-19 related policies and updates.
- Keep staff informed of all changes to requirements, for example – Public Health and Ministry of Education Guidance Documents.
- Revise Policies and Procedures when necessary, retrain staff, as necessary.
- Implement a review of policies as often as we feel necessary.
- Respond to recommendations from Public Health, Ministry of Education and Health & Safety Representative.
- Provide ongoing training to staff.
- Enforce all policies and procedures.
- Train and educate persons within our facility about the risk of infection and the controls to minimize possible infection of disease. This includes staff, families, other relevant adults and children.

Board of Directors:

- Review, contribute and approve the Risk Assessment and pandemic related Policies, Procedures and Protocol for Centre staff
- Keep informed of all changes to requirements from Public Health and Ministry of Education Guidance Documents.

- Review and Approve all Policies and Procedures as required.

Staff:

- Participate in training and give input on policies and procedures
- Wear the Personal Protective Equipment (PPE) as directed by the Supervisor and the Centre's policies and procedures.
- Report to the Supervisor and/or Board of Directors any known violation of this policy or procedure
- Report to the Supervisor if you feel or suspect that you may be infected or not feeling well
- Follow all directives, policies and procedures relating to COVID-19
- Actively participate in your own health and safety and that of others.

Health and Safety Representative:

- To be consulted in the development of policies and assessments and review them for improvements.
- Make recommendations where required.
- Engage staff in identifying hazards.
- Complete and record health and safety inspections.
- Identify hazards and report any hazards to the Supervisor and/or Board of Directors.
- Review and maintain written records and reports.

Policies include or address:

- Screening and temperature check
- Attendance reporting
- Cohorting staff and children
- Physical distancing
- Hand hygiene and respiratory etiquette
- Food safety practices
- Enhanced environmental cleaning and disinfecting
- Requirements for the use of toys, equipment, and other materials
- Use of personal protective equipment
- Isolation/exclusion of ill children and staff
- Management of cases and outbreaks of COVID-19
- Communication with families/guardians and other stake holders
- Health and safety

COVID-19

Coronaviruses are believed to spread mainly from person to person through close contact, for example, in a household and in a workplace.

It is believed that the 2019 novel coronavirus is spread through respiratory droplets (from person to person through coughing, sneezing, close contact), and from touching contaminated surfaces.

COVID-19 Fact Sheet: https://www.toronto.ca/wp-content/uploads/2020/02/8d59-Fact-Sheet_Novel-Coronavirus.pdf

COVID-19 What to do: <https://www.toronto.ca/home/covid-19/covid-19-what-you-should-do/covid-19-have-symptoms-or-been-exposed/?accordion=know-the-symptoms>

Symptoms may 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, or new 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, but are not limited to:

- Sore throat, hoarse voice
- Diarrhea
- A runny nose

Symptoms for adults could include, but are not limited to:

- Cough
- Running Nose
- Congestion
- Sore throat
- Fever
- Diarrhea
- Muscle Pain
- Body aches
- Difficulty breathing
- Loss of taste or smell

A fever is defined as 37.8 C or 100.4 F or above.

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

Staff and children must have a screen completed daily, before arrival, or on arrival before entering. Anyone entering the facility for any reason must complete a screen before being admitted to the facility. The screen must be validated.

For more information about COVID-19 visit the Ministry of Health Ontario website.

Staff are encouraged to download and use the COVID-19 alert app to inform them if they have been in close contact with someone who was contagious with COVID-19.

The following protocols and procedures will define how the Whitney Child Centre is managing the hazards of contacting COVID-19.

Enhanced Attendance

Reporting practices for children, staff and all other individuals entering the Centre:

- Maintain daily attendance records of all individuals other than staff entering the Centre in a log. This includes, but is not limited to, maintenance workers, cleaning/environmental staff, food service workers and government agency employees (e.g., public health inspectors, fire inspectors).
- Records will include the following information: name, company, contact information, date, time of arrival/departure, reason for visit, rooms/areas visited, screening results.
- Maintain daily attendance records for children and staff.
- Absences will be recorded when a child, or staff is absent. This will be completed on the daily attendance.
- The Supervisor or designate will follow-up with all individuals to determine the reason for any unplanned absences and determine if the absence is due to illness to note any symptoms (e.g., fever, sore throat, cough).
- Following guidelines outlined on the screening tool, parents/guardians of ill children and ill or unwell staff are encouraged to call Toronto Public Health or their health care provider to determine if further care is required. If symptoms indicate testing, they are encouraged to seek COVID-19 testing at assessment centres and/or consult with their health care provider, and/or Toronto Public Health.
- Parents, guardians, and non-essential visitors will not be permitted to enter the Centre.
- Attendance records will be monitored for patterns or trends (e.g., children and childcare staff in the same group or cohort absent at the same time or over the course of a few days).
- Attendance records will be always available on-site.
- The Medical Officer of Health, or designate, may access the Centre records, or copies of the records, on request.

Cohorts and Scheduling of Staff

- The Supervisor will ensure as much as possible, when scheduling staff that each group of children should be cared for by the same staff members.
- Maximum cohort size for each room in the Centre must consist of no more than the licensed capacity. The Centre needs to take into consideration the available space in the program area in relation to group size and programming activities to ensure that physical distancing can be practiced as best as possible. The number of staff must adhere to required licensed ratios.
- Additional staff may be required to assist with enhanced cleaning, screening, escorting and physical distancing.
- Staff and children will be assigned to designated cohorts or groups by age group.
- Staff are not to go into other cohorts either inside the classroom or outside in the playground, unless specified by the Supervisor, in the event of a situation or emergency where a staff may need to be replaced.

- Cohorts will be designated to a specific classroom or area, and staff will arrange the schedule to avoid mixing of cohorts in the hallway, washroom, etc.
- There will be no mixing of classes/cohorts at any time during operating hours. Children and staff will be in their specific room /cohorts throughout the day. Staff must avoid standing in doorways to talk to children or staff in a different cohort.
- Programming will be planned in a manner that prevents cohorts from mixing throughout the day. Cohorts may only use their designated space, washroom, or designated area of the playground, unless permission to share a space has been given, and all cleaning requirements followed.
- If more than one cohort is sharing a room, that room must be cleaned, disinfected, and ventilated (by opening the windows) before and after each use. The cleaning will include the mopping of the floors, the disinfecting of all equipment, and all high and low touch areas used. If room 105 is used as a sleep room, the napping children are encouraged not to play with that classroom's equipment. Any toys or equipment touched will be sanitized, and children will return to their regular classroom once they are awake.
- Any staff rotation should be limited to required breaks and shift changes, or staff absence (if any).
- Multiple staff will be assigned to one room consistently over the course of the day and should not need to move to other rooms.
- Shifts will be organized so that staff will avoid covering off for colleagues or being assigned to different cohorts or working in different rooms/areas during the day.
- If a staff must cover off for a colleague in a different cohort/room they must do so in a manner that maintains physical distancing as best as possible. In the event a staff has to cover another staff outside in the playground, that replacement staff must wear a mask and face shield/goggles and socially distance from the staff and children in that cohort even though they are outside.
- In case of emergencies (injuries, etc.), cohort division must be maintained, and administrative/designate staff will be notified immediately of said emergency. Administrative/designate staff may go into a cohort to help staff deal with the emergency. PPE must be worn, and other children/staff will be separated from the area where the emergency is taking place. The classroom will be cleaned and disinfected after the emergency has been taken care of.
- When on breaks, or if staff are communicating with each other during the day, it is important to remember to follow all the correct protocol required to ensure personal safety and safety for others. This includes wearing PPE, physical distancing, not sharing utensils or personal belongings, and being conscious of communication - remembering that loud laughter, shouting, singing, or speaking forcefully may put others at risk. When eating, staff may remove masks but should do so for as brief a period as necessary and only when physically distanced from others. When removing a mask to eat, follow hygiene protocol and store the mask in a clean paper bag or replace it with a clean mask.
- Staff may take breaks and eat or drink outside in the playground or in the lobby or in other empty rooms when on break, but only at times when the children are not using the playground or classroom. Staff must sanitize the break area they are using, particularly seating and areas and items used for eating/drinking both before and after use.
- There are room restrictions in certain areas – two staff only in 104 (either end) and a staff in fridge area, one staff in food prep area/sanitization area in room 106 at any given time.

Staff using any area for break time must ensure a six feet distance between each person and can use the dividers and ensure the room is well ventilated.

- To reduce risk to all employees and children, staff are requested not to work outside of the Centre in other jobs.

Employment in the Whitney Public School (TDSB) Effective September 2021

- The Centre will allow kindergarten staff on a split shift to work in the TDSB kinder lunchroom 210 if it does not affect their full-time role at the Whitney Child Centre.
- Staff should be aware that the Whitney Child Centre may be required to change their shift or placement during the course of the school year, and this may affect their ability to work for the TDSB. All staff are expected to be able to work any shift at the Centre, as required.
- Requirements of the full-time position at the Whitney Child Centre would be expected to take priority over a part time position with the TDSB.
- Whitney Child Centre kindergarten staff may supervise the TDSB kindergarten lunchroom 210 as this is the room, we currently provide the before and after care from.
- Staff must be aware that working in two different facilities increases risk to themselves and others and must be vigilant in following all Public Health guidelines to minimize that risk. It would be expected that staff wear both a mask and a face shield indoors when supervising the lunch time programs for the TDSB, as well as maintaining physical distance from others as much as feasible and wearing a mask outside.
- Staff must also be aware that our Board of Directors has the right to change this policy at short notice and/or if Public Health or the Ministry of Education prohibits it.

Health Screening Procedures

To help reduce the risk of respiratory infections (including COVID-19) a health screening is an essential step. This procedure applies to all employees, clients, community members and any other persons engaging in business with the Whitney Child Centre. Everyone, regardless of status or position must be screened prior to entering the Centre. TDSB caretaking staff do not have to be screened by the Centre.

All staff are trained in the screening process and parents and guardians are informed of screening protocols in advance.

Screening results are recorded daily. Monitor screening process to ensure drop off and pick up is staggered, to prevent parents/guardians from gathering or grouping together.

In consideration of the increased health risk associated with the spread of COVID-19, the Centre will ensure that a Health Screening Station and enough PPE supplies are provided to ensure that staff are able to conduct a health screening of all individuals (staff, and children and any other approved individuals) entering the child care premises, in a safe manner.

Staff Screener

The staff assigned to screening will arrive promptly and be responsible for self screening themselves before arriving for work using the online screen. A hard copy of the screen must be completed prior to entry if the online screen has not been completed. The screener must wear full PPE inside and outside, and follow all rules outlined in the policy. The screener will ensure all postings at the screening station are up to date and that the screening trolley is fully stocked and sanitized. Resources for families should be available.

Signage:

- Hand hygiene (sanitizing/washing hands)
- Poster for entrance (covid-19 check)
- Information about Covid-19
- Physical distancing
- Protect yourself
- Cover your cough
- Signage to don and don off PPE
- Poster for entrance

Supplies:

- Hand sanitizer (ensure hand sensitizer is visible to those entering the building)
- Screening questionnaires
- Pens (unused and used bins for cleaning)
- Disinfectant wipes
- Paper towel
- Personal Protective Equipment (Disposable gloves, Masks, and face shield)
- Touchless Thermometer
- Public Health COVID-19 information resources
- Walkie Talkie

Screening for Staff

- a) All staff must complete the online screen prior to the start of their workday, or complete a hard copy of the screen on arrival before their shift commences.
- b) Staff who are experiencing any of the symptoms or who will answer “yes” to any of the questions on the active screening sheets are expected to stay at home and report their absence to their supervisor by 11 PM the night before or 6 AM the day of their shift.
- c) The Supervisor or designate will organize a replacement to assume the staff members’ duties.
- d) Staff confirmed or suspected of having COVID-19, should contact Toronto Public Health (TPH) for further assessment and follow the direction from TPH and their respective medical doctor regarding testing and for clearance to return to work.

Classroom Daily Screening Check (after entrance screening):

1. Once a child enters their room, staff will perform a visual health check and will have the child wash their hands.

2. A temperature check of each child will be conducted on arrival by a staff in the classroom. This temperature is recorded on the daily sign in record.
3. Any symptoms observed need to be documented and tracked (date, time, who is in the cohort).
4. If a child has passed the screen but has a symptom such as a runny nose, that will be documented as a baseline symptom so it can be monitored to ensure the symptom is not worsening.

Screening Station Set Up

- Place contact information at the Whitney Child Centre Playground Gate and the main doors of the Whitney Public School and the WPS kindergarten gate.
- The screening station is at the entrance to the Child Centre; the location may change seasonally: either the Centre playground gate or the playground door in Room 106
- Only ONE entrance/exit should be used for screening, to ensure that each person is screened; however, staff complete the online self-screen before arrival, and may use the garage entrance.
- Maintain a minimum of 2 meters distance between staff conducting screening and the person being screened.
- Provide visual guides to assist with physical distancing (e.g., pylons, tape) if a line-up forms while parents and their children are waiting to be screened prior to entering the Centre.
- Place front entrance signage on gate with contact numbers, post screening information on the windows so parents can view, and it is protected from the weather. Information is always emailed to parents, and when updated. Serious Occurrence Notifications are posted with the screening information, to be visible to parents.
- Place hand sanitizer at the screening table or on window ledge with information on hand sanitizing adjacent. Ensure it is visible to staff/clients entering the building and they are asked to sanitize their hands, and their child's. Extra masks are accessible for families.
- The screener is dressed in full PPE and has a trolley with hard copies of the forms, resources for parents, a thermometer, gloves, walkie talkie, cell phone, tissues, a pen, paper towel, extra PPE, hand sanitizer and disinfectant wipes. These are well organized and maintained in a sanitary fashion.
- Ensure Toronto Public Health resources are available for anyone who does not pass the screening; these can also be emailed, same day.
- Ensure the health screening area is disinfected regularly throughout screening, and staff follow hand sanitizing procedures.
- Parents are requested to complete an on-line screening tool prior to arrival at the Centre. Health screening forms are available for the parent/guardian to answer on their child's behalf if they have not completed the on-line screen.
- Screening forms for children and staff may be done on-line, in person, or over the phone.
- The screener will verbally confirm with the adult dropping off that the screen has been completed and the screen was clear.
- Parents/guardians are not permitted past the health screening line to ensure physical distancing. Only one parent/guardian is permitted into the playground, and screening area.

- Parents/guardians and non-essential visitors are not permitted inside the building.
- Screening station is completely sanitized with disinfectant wipes or OxivirTb prior to first arrival and as necessary.
- The online screen must be submitted by arrival or no later than 10.00 a.m. for school age and kindergarten children.
- All absences of children are to be reported, with reason for absence.

Visitors

Every staff, child and visitor must be screened prior to being admitted into the Centre – online or hard copy. Staff must follow the screening checklist for each person and record the outcome (pass or fail). A temperature is only checked on children, not on adults. Adults are asked if they have a fever as one of the questions on the form. There is a visitors' log for keeping a record of visitors and a record of their screen. Non-essential visitors are not permitted entry.

Retention

Validation of screening is required, and records will be kept for a minimum of 12 months.

Kindergarten and School Age Children

For children attending after care programs, a form must be emailed/completed by 10.00 a.m. Parents will be given one reminder, and if the form is still not received, they will be informed that their child will not be accepted into the program on that day. If not received, the Whitney Public School will be informed that the child cannot be accepted into after care. School age and kindergarten children will be screened by temperature (recorded on attendance) and a visual check for symptoms of ill health or concern by our staff on arrival in after care. Parents will be contacted immediately if the child is unwell or has any symptom of concern, and the child will be isolated until picked up by an authorized adult.

Screening Protocol:

- Greet everyone with a friendly, calm manner.
- Only ONE parent/guardian enters the playground and screening area with the child and request they both use hand sanitizer.
- Record the name of the person bringing the child and contact details if that person is not the parent or a guardian listed on the child's file.
- Ask if the online screen has been completed and if they answer no, or are they are unsure, a hard copy of the screen must be completed.
- The screener must also do a visual check of the child for any visible signs and symptoms of illness.
- Staff who are screening or escorting must complete hand hygiene (hand washing or hand sanitizing), and wear a mask, and face shield or goggles. Face shields or goggles and masks are mandatory for staff for the entire day when inside. Goggles may replace face shields if preferred but must safely cover the eye area.
- The escort is the child's teacher wherever possible, or the assigned escort. The assigned

escort will wash or sanitize their hands between escorting each child.

- The screener will complete hand hygiene (hand washing or hand sanitizer) after touching a child or the child's belongings.
- If a temperature is taken for any reason, disinfect the thermometer between staff or if it touches a child or client. Store the thermometer hygienically.
- Screening records must be kept for a minimum of 12 months.

How to respond:

- If the individual answers NO to all questions and does not have a fever (37.8 C and above), they have passed the screening and can enter the building.
- If the individual answers YES to any of the screening questions, refuses to answer, and/or has a fever (37.8 and above), they have failed the screening and cannot enter.

Failed screening:

- The adult is informed, 'Based on these answers, we are not able to let your child enter the Centre. Please review the self-assessment tool on the Ministry of Health website or the Toronto Public Health website to determine if further care is required.'
- Inform the Supervisor.
- For a staff member, the staff member is not admitted, and the screener must quickly advise the Supervisor, who will follow up later in the day.
- Provide clients with resources or let them know you will email resources that day.
- Ensure that door handles, and any other surfaces the individual has touched are disinfected immediately. Personal protective equipment (PPE), a mask and gloves, must be worn for this, with hand hygiene performed before and after donning and doffing the gloves and mask.

Exclusion of Sick Children and Staff While in Attendance

As required by the Child Care and Early Years Act, we must separate children of ill health and contact parents/guardians to take the child home as soon as possible.

Procedures

When children are ill and/or exhibit COVID-19 related symptoms, staff will ensure the following:

- Ill children will be separated from all other children to the designated exclusion area and will be supervised and monitored by a staff until they are picked up from care by a parent/guardian. Parents are notified to pick up as soon as possible.
- Symptoms of illness will be recorded in the child's daily record and in a daily log as per the CCEYA.
- The parent/guardian of the ill child will be notified of the child's symptoms and of the need to pick the child up immediately; or
- If it appears that the child requires immediate medical attention, the child will be taken to the hospital by ambulance and examined by a legally qualified medical practitioner or a

nurse registered under the Health Disciplines Act. R.R.O. 1990, Reg. 262, s. 34 (3).

- Deep clean the child's (or staff member's) environment/classroom and equipment and the isolation area if used.
- Parents are advised to follow the direction on the screen tool as it relates to testing and medical attention and guidance.

Isolation/exclusion protocol of handling of ill children while in care:

- If a child becomes ill with symptoms while in care, immediately separate them from the rest of their group in a designated location (and supervise the child until they are picked-up).
- Notify Supervisor or designate.
- Notify parents/guardians or emergency contacts to pick up the ill child as soon as possible.
- The designated location must have a hand washing sink or hand sanitizer (70-90% alcohol concentration) available.
- Provide tissues to the ill child to help support respiratory etiquette. Hygiene and respiratory etiquette must be practiced while the child is waiting to be picked up.
- Proper disposal of the tissues and proper hand hygiene protocol will be strictly enforced for both child and staff.
- Children older than two years should wear a mask (if tolerated) and they are able to use it properly (e.g., donning and doffing carefully, avoiding touching while on).
- Staff supervising the ill child should maintain physical distancing as best as possible and wear all required PPE.
- Open outside doors and windows to increase air circulation in the area if it can be done so safely.
- Once the symptomatic individual has left the centre, environmental cleaning of the space the child has occupied should be conducted. All potentially contaminated surfaces and high touch areas are disinfected thoroughly. Any books or items that cannot be sanitized will be placed in a sealed container, labelled with the date and kept sealed for a minimum of 7 days.

Exclusion of Ill Staff

If a staff member begins to experience COVID-19 symptoms during the day:

- Ensure the staff member immediately performs hand hygiene and leaves the Centre.
- Inform the Supervisor or designate before leaving.
- Staff demonstrating symptoms of COVID-19 are strongly encouraged to attend a COVID-19 assessment centre for testing as soon as possible, and to self-isolate at home until their results are available. The Supervisor or designate will follow up.

Exclusion of Sick Children and Return to Care

If a child failed the screen or was sent home with a symptom of illness that could be related to COVID-19, the parents are encouraged to contact their health care provider, take the child for a test and/or consult with Toronto Public Health.

Symptoms

- **Fever of 37.8 or above**
- **Cough**
- **Difficulty Breathing**
- **Loss of taste or smell**
- **Sore throat, or trouble swallowing**
- **Stuffy or runny nose**
- **Headache**
- **Nausea, vomiting or diarrhea**
- **Feeling unwell, aches, feeling tired**

Children should be excluded from attending child care, under the following conditions:

- A. If the child has **one or more symptoms of the symptoms listed above**, even if it is mild or has resolved, the child should stay home, self-isolate and get tested or contact their health care provider.
 - Any other children and adults in the household who attend a child care will also need to stay home.
 - Adults in the home, including parents, who do not attend a child care must self-monitor for symptoms, but can go to work as long as they do not have symptoms and the child has not tested positive.
- B. If anyone in the child's **household** has one or more of the above symptoms the child should also stay home until COVID-19 is ruled out for the household member with symptoms and follow instructions from public health.
 - If the household member with symptoms does not go for testing the children and adults in the home who attend a child care setting must stay home for 10 days.
 - If the household member has symptoms and is a close contact of someone who has COVID-19, but is not tested, the rest of the household must stay home for 14 days.
 - If the household member has symptoms and is a close contact of someone and tests negative, the children in the household will still need to stay home from child care until the household member completes their self-isolation.
- C. If the child has been in **close contact with a person who has COVID-19** they will need to stay home and self-isolate for 14 days, even if they do not have symptoms.
 - The child should go for testing. Even if the test is negative, they will have to self-isolate for the full 14 days.
 - If the child develops symptoms and is not tested, the child must self-isolate for 10 days from when their symptoms started.
 - Any children in the household must stay home from child care until the child who is a close contact completes their period of self-isolation.
 - Adults in the home can attend work or child care as long as they do not have symptoms.
- D. If the child has a **household member that has been in close contact with a person who has COVID- 19**, all children in the household must stay home from child care for 14 days (until the person who had close contact has completed their self-isolation period).
 - If the child is tested and the test is negative, they must still self-isolate for the full 14 days.

- Adults in the home (who did not have contact with a person has COVID-19) can go to work or child care if they do not have symptoms.
- E. If the child has **travelled outside of Canada**, they must **self-isolate** for 14 days.
- Everyone in the household who attends a child care setting must also stay home until the person who travelled completes their 14-day period of self-isolation.
- F. If the child has a **household member that has travelled outside of Canada** all individuals in the household who attend a child care setting must stay home until the individual who travelled completes their 14-day travel quarantine. Note: This does not apply if the person who travelled performs an essential job (e.g., truck driver, pilot) and is exempt from travel quarantine.
- Quarantine requirements may also apply to some areas within Canada. If your child, or any individual in your home/household has travelled and is quarantining **inside the home where your child resides**, your child may not attend the Centre during that period.

Child has symptoms and tests positive for COVID-19

- The child must stay home and self-isolate for 10 days, starting from the day the symptoms started.
- The child may return to child care after 10 days if they do not have a fever (without use of medication), and their symptoms have been improving for at least 24 hours.
- Even if the child does not have symptoms they must stay home and self-isolate for 10 days from the day of the test.
- All other adults and children in the household members must stay home, self-isolate for at least 14 days, and follow public health advice.

Child has symptoms and tests negative for COVID-19

- The child may return to care if their symptoms have been improving for 24 hours, they are well enough to manage in the program, and do not have a fever (without use of medication) and if they are not a close contact of someone with COVID-19 or have travelled outside of Canada.
- Household members can return to care right away as long as they do not have symptoms.

Child has symptoms and is not tested for COVID-19

- If the child has symptoms of COVID-19 that are not related to an existing medical condition and they are not tested, they must stay home and self-isolate for 10 days from the date their symptom(s) started. The child can return to child care after 10 days if they do not have a fever (without taking medication), and their symptoms have been improving for 24 hours
- The children and adults in the household that attend a child care must stay home and can return to child care after 10 days as long as they do not have symptoms.

Child has symptoms but has an alternative medical diagnosis and is not tested for COVID-19

- Children who have symptoms but have been given an alternative diagnosis by a health care provider (**not** related to COVID-19) may return to child care if their symptoms have been improving for 24 hours.
- A cold or respiratory infection is not considered an alternative diagnosis, and the individual should be tested for COVID-19.
- Household members can return to child care right away as long as they do not have symptoms.

Identifying Symptoms That May Persist

If a negative COVID-19 test has been received and the child continues to have a runny nose, but the runny nose is not worse, and no other new or existing symptoms are present, the child may return if they appear otherwise well.

Staff must record the runny nose symptom as being present in the daily log and on the child's health record.

If the runny nose becomes worse or concerning, or further symptoms develop, the child will be sent home as per Centre guidelines.

The Centre may consider what else might be causing a runny nose – cold weather, allergies, etc. The parent may also be asked to bring in a letter from the child's physician. A baseline of a runny nose may be considered. The Centre may ask for further documentation from the child's physician, but will also consider the daily screening results, information provided by the parent (allergies, asthma, anxiety), daily health observations made by staff that help clarify if it is an ongoing issue or if it is worsening or improving, or if it might be weather or environment temperature related. The Centre can refer to the Child Care Decision Tool for clarification: <https://www.toronto.ca/wp-content/uploads/2020/10/8fdc-COVID-19-Child-Care-Decision-Guide.pdf>

If a staff or parent believes that symptoms to be as a result of pre-existing conditions (e.g. allergies) that may also present as COVID-19 symptoms, the Centre may request the staff or child be tested for COVID-19 to confirm that is not the source of their symptoms and may ask for medical documentation stating pre-existing conditions. Toronto Public Health may be consulted in situations where pre-existing health conditions have not previously been disclosed with appropriate documentation to determine next steps. Parents may want to speak to their employers about exclusion and return to care requirements in the event their child becomes unwell and is excluded from care.

Exposure at the Centre to an Individual with COVID-19 Symptoms

Staff and children who have been exposed to an individual who **became ill with symptoms** (i.e., suspect COVID-19 case) must continue to be grouped together (i.e., cohorted), and monitored for signs and symptoms of illness:

- Staff and children must not be assigned to other groups/cohorts and staff must not work in other child care settings.
- They must also be advised to avoid being in contact with vulnerable person or settings where there are vulnerable people.
- Child care staff must ensure that mixing of children is prevented.
- Supervisors must inform parents/guardians of children who were exposed to the ill child and advise that they should monitor their child for symptoms.
- Supervisors may consult with Toronto Public Health, as necessary.
- Child care staff and children **who are being managed by TPH** (i.e., confirmed, or probable cases of COVID-19, close contacts of cases) must follow TPH instructions to determine when to return to the Centre:
- Staff must also report to their Supervisor prior to return to work.
- Clearance tests are not required for staff or children to return to the Centre.

Exposure at the Centre to a Positive Case of COVID-19

- Staff and children exposed to a confirmed case of COVID-19 must follow advice from Public Health.
- They must be excluded from the Centre for 14 days from the day of their last exposure.
- They must self isolate at home and monitor for symptoms for the next 14 days.
- They should go for a COVID-19 test but are required to self isolate for the 14 days even if their test is negative.

Staff Exclusion:

If a staff member should fail the screen and have one symptom or more listed on the screen, they must:

Stay home, self isolate and go for a test.

If a test comes back positive stay home for at least ten days and follow all advice from public health.

The Supervisor will call public health and follow advice and guidance from Toronto Public Health in regard to staff, children, and any required closure.

Household members must self isolate and follow public health guidance.

If the test comes back negative staff may return to work if it has been 24 hours since symptoms have started improving and they have not travelled outside of Canada or had close contact with a positive case.

Household members should self monitor but do not need to self isolate.

If staff do not go for a test, they must stay home for a minimum of ten days. They may return to work after that ten days if symptoms are improving, and if they have not travelled and have had no close contact with a positive case of COVID-19.

Staff with an alternative diagnosis from a health care provider may return to work, once symptoms are improving for 24 hours, and if they have not travelled and have had no close contact with a positive case of COVID-19.

Serious Occurrence Reporting

A serious occurrence will be reported if:

- There is a confirmed case of COVID-19. (Under the category of *Confirmed Case of COVID-19*.)
- A closure of the program or a room ordered by TPH due to a confirmed or suspected case of COVID-19. (See Serious Occurrence Policy regarding category for reporting.)

The Supervisor will ensure follow up with families of children, or with staff members who are absent due to a positive case of COVID-19 and will update each case reported as required. In addition:

- Parents are notified of confirmed cases.
- Parents are notified if children or staff are away with symptoms that require testing.
- The Provincial Advisor is emailed directly if there is a confirmed case.
- A Serious Occurrence Notification Form will be posted in the screening area, visible to parents for each case reported.

See Serious Occurrence Policy for full details.

Reporting to Toronto Public Health

A single symptomatic lab confirmed case of COVID-19 in a Centre staff member or child is considered a confirmed COVID-19 outbreak, in consultation with TPH.

The Supervisor or designate, must immediately report a laboratory confirmed case of COVID-19 in any of its staff, children, attendees by completing the TPH COVID-19 notification form for child care settings: <https://s.tphsurvey.chkmkt.com/?e=207897&h=532FC3825EA96E3&l=en> Additional support and guidance can be accessed by contacting TPH at **416-338 7600** during work hours (8:30 a.m. to 4.30 p.m., Monday to Friday) or **3-1-1** after hours or by emailing TPH at publichealth@toronto.ca.

Clusters of suspected cases (i.e. two or more children or staff with COVID-19 symptoms within a 48-hour period) in the same room will need to be documented and monitored as a suspected outbreak.

Pick Up Procedure

As parents/guardians are not permitted to enter the Centre, the Centre will organize “pick up times” in consultation with families and create a schedule for the pick-up of children noting the name of the adult picking up and the time they are to arrive. The classroom teachers and the

assigned designated escort will be given a list indicating the name of the person picking up the child and the time they are to arrive.

At the designated time of pick up the classroom teacher will:

- Wash or sanitize their hands.
- Have the child wash or sanitize their hands.
- Assist the child with changing into their outside shoes, leaving their indoor shoes at the Centre.
- Assist the child to put on outside clothing and gather the child's belongings.

The designated child's teacher who is to escort, or the assigned escort, will ensure they have washed or sanitized their hands and ensure they are wearing full PPE. They will then:

- Collect the child from the teacher/class
- When the escort is not the child's designated teacher, the escort will make best efforts to ensure minimal, or no contact, with the child and safely bring the child to the gate and dismiss the child to their parent/guardian/approved pick up adult and ensure the child is signed out on the attendance.
- Ensure social distancing from parent/guardian.
- The escort will sanitize the gate if touched and wash their hands or hand sanitize between each child.
- Parents must be wearing a mask and wait outside the gate/door for their child.

If the group is outside for pick up, the teacher will escort the child to the gate and sign the child out, ensuring social distancing. Sanitize the gate if it is touched. Staff will wear full PPE outside when escorting a child to the gate.

Communication with families/guardians and other stakeholders

- Parents are emailed the COVID-19 policies and screening protocols. They may request hard copies of policies at any time.
- They are emailed any changes to policies or protocols in a timely manner.
- Parents are emailed if a serious occurrence is reported in their child's room and would be notified if there was exposure to a person with COVID-19, or a confirmed case of COVID-19.
- Accident reports are emailed to parents in a timely manner.
- Staff can telephone or use zoom or similar platforms for meetings between Centre staff and between staff and parents/guardians.
- Signs are posted at all entrances instructing participants and their families not to enter if they are sick.
- Communicate with the school principal and caretaking staff on a routine basis to provide updates about policies and procedures and to align any gaps or concerns regarding IPAC practices.
- Create a log for kindergarten staff in the WPS and the WCC to communicate issues.
- Toronto Public Health will provide further advice about information that should be shared with other staff, parents/guardians, and other stakeholders (e.g., school boards) in the event there is a case or outbreak of COVID-19 in the setting.

- If communication with the parents is required during the day, staff may contact families by phone call, email, or a platform such as Zoom to have that discussion rather than a face-to-face meeting.
- Staff will also maintain the classroom blog.
- A parent tour may be conducted by cell phone. No children will be photographed in the process.

Surveillance

The Supervisor and designate and the Health and Safety Rep, will ensure that all environmental conditions are constantly monitored as an essential step in the prevention of infection and reducing illness.

Ensure surveillance includes the following:

- Monitor attendance records for an increase in above normal number of illnesses among other employees and children by looking at the normal occurrence of illness at that location and during the specific period.
- Observe children for illness upon arrival; temperature is taken and recorded by the screener or class teacher on the daily attendance.
- Record symptoms of illness for each child including signs or complaints the child may describe (e.g., sore throat, stomach ache, head ache etc.) on the daily log and on the child's health record.
- Record the date and time that the symptoms occur.
- Record the room the child attends (e.g., room number/age group).
- Record attendance and absence and reason for absence.

The Health and Safety Representative will:

- Ensure cleaning logs are being maintained.
- Monitor hand washing and hand sanitizing procedures.
- Ensure staff are aware of disinfecting contact times,
- Monitor the correct use and wearing of PPE, including glove use.
- Check the environment, including the inside of cupboards for clutter and cleanliness weekly and record check and any follow up needed.
- Report hazards and contravention.

Personal Protective Equipment (PPE)

The Whitney Child Centre will provide their employees with all PPE required to safely carry out their required job duties. Staff must supply personal clothing suitable for wear, pockets are particularly useful for storing gloves, personal pens, etc. It is recommended that launder clothing daily and bring indoor shoes and a change of clothing.

The staff will receive training which will include, but is not limited to, the proper use of PPE for

routine cleaning, mixing of disinfectant solutions, changing diapers, hand hygiene, screening, escorting, and assessing potentially ill children.

Procedures:

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.

- All employees will receive training on proper, safe use and disposal of PPE.
- The Assistant Supervisor will track and log amounts of PPE at the Centre as well as cleaning agents and supplies.
- Any exceptions related to not wearing PPE will be documented.
- The following PPE will be available for use:
 - Gloves – disposable
 - Masks – disposable, medical
 - Face Shields – reusable. Sanitize after use or when touched.
- Staff wear full PPE during screening (masks and face shields/goggles) when screening children, staff, and essential visitors at entry.
- Medical face masks and a face shield or goggles are worn inside the building by all staff and essential visitors.
- Proper hand hygiene must be exercised before donning and doffing PPE including gloves, face masks and eye protection.
- Exceptions to wearing a mask and eye protection may include medical conditions that may make it difficult to wear a mask or eye protection, such as difficulty breathing or low vision, a cognitive condition or disability, hearing impairment where the person may need to see the mouth for essential communication. Exceptions may require medical documentation. Staff may remove face shield/goggles if working alone in a room, office, programming, etc.

When to Wear Personal Protective Equipment (PPE):

- Staff must always wear a medical mask and face shield/goggles when working inside the facility, including hallways.
- Staff have to wear a mask outside unless they are able to consistently stay 6 feet apart from children and other staff.
- A face shield/goggles and a mask must be worn when screening or escorting.
- If staff are physically distant and have removed their mask, they must have these available to put on if they are unable to physically distance from children or other adults, or in the event of dealing with an accident.
- If not wearing a mask outside, staff must maintain a distance of 6 feet from children and other adults.
- Staff members must not be outside with another cohort unless requested to do so as an essential staff replacement. If they are outside as a replacement staff, they must wear a face mask and face shield/goggles and physical distance from other staff and children as much as possible.

- Staff must wear a medical mask and face shield/goggles in the screening area, and when screening or escorting children to rooms.
- Staff must wear the appropriate gloves when diapering, changing children, toileting, cleaning, and disinfecting or when dealing with blood or bodily fluids.
- Gloves must be worn when it is anticipated that hands will come in contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment, or environmental surfaces.
- When caring for a sick child or a child showing symptoms of illness staff wear mask, face shield and gloves, and try to keep 2 metres apart from the child. A clean lab coat is available for staff to wear.
- Appropriate PPE must be worn when using cleaning chemicals and supplies.

Masks

- A medical face mask and a face shield/goggles must be worn by all staff and any other individual who has permission to enter the Centre.
- A mask should be worn by a child (over 2 years of age) demonstrating signs of illness. If a child is unable or unwilling to wear a face mask, the person providing care should attempt to maintain a distance of at least 2 metres from the child and ensure the area is well ventilated.
- Children in kindergarten to grade six are strongly encouraged to wear a mask when inside. This is mandatory for grade one and up.
- Children in kindergarten to grade six are strongly encouraged to wear a mask outside if they are not able to physically distance from others. This is mandatory for children in grade one and up.
- If children remove their masks to eat or drink the masks must be handled hygienically and stored in a clean paper bag which is labelled with their name.
- The Centre encourages every child registered in preschool, and over the age of two years, to wear a mask inside the Centre. Parents are requested to send their child in a clean and labelled mask and provide one or two spare labelled masks. Masks worn must be laundered daily. The Centre has washable and disposable masks available for children.
- Children over the age of two are also required to wear a mask if they are in the public school's common shared spaces, i.e.: hallways in the public school (not on our level).
- Children will never wear a mask at nap time.
- Masks will be placed in a clean and labelled paper bag when not worn.
- Preschool children are encouraged to wear a mask when playing outside if not physically distanced from others.
- Children under the age of two must not wear a mask.
- If eating with children at lunch time, staff must wash hands before taking off their mask, and eat ensuring social distancing from children and other adults. Wash hands before replacing the mask. Store mask hygienically in a clean paper bag or put on a clean mask as soon as possible after eating lunch, following proper hand hygiene protocol.
- If staff are eating or drinking on breaks, a mask can be removed but the mask must be replaced as soon as possible after eating or drinking, following proper hand hygiene protocol. Staff must be social distanced from others.
- Parents must wear a mask when dropping off and picking up their child.

Glove Use

Nitrile gloves are disposable and single use only and must be disposed of after the task is completed.

Yellow heavy-duty gloves for dishwashing, chemical use, must be sanitized after use and labelled with the name of staff that they belong to.

Gloves shall be worn when it is anticipated that hands will encounter mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.

Rubber gloves or heavy-duty nitrile gloves must be worn when cleaning to protect staff. Hand hygiene shall be practiced before applying and after removing gloves.

To reduce hand irritation related to gloves:

- Wear gloves for as short as time as possible.
- Ensure that hands are clean and dry before wearing gloves.
- Ensure gloves are intact, clean, and dry inside.

Gloves When Cleaning/Disinfecting

To mix Virox 5 and water for playground sprayer staff must wear thicker rubber gloves or heavy-duty nitrile gloves.

Use only the recommended dilution. Five-minute contact time required.

Do not overfill the playground spray equipment as it could cause strain or injury. Fill only for daily use.

Use heavy duty gloves when immersing toys in diluted disinfectant when toy washing.

Glove use is required when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment, or surfaces. For example, when carrying out any of the following:

- Performing first aid
- Wiping noses
- Caring for a child who shows symptoms of illness
- Changing a child's diaper or assisting a child with toileting
- Mixing disinfectants (use PPE as required in accordance with MSDS)
- Routine cleaning and disinfecting activities
- Cleaning bodily fluids
- Handling toys, bedding or other items which may have come into contact with bodily fluids
- Dealing with an item or surface that may have been contaminated

Hand Hygiene

Definitions

Hand Hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands.

Hand hygiene may be accomplished using soap and running water or a hand sanitizer (70- 90% alcohol based). Hand washing with soap and running water must be performed when hands are visibly soiled.

Procedures

Hands carry and spread germs. Touching your eyes, nose, mouth or sneezing or coughing into your hands may provide an opportunity for germs to get into your body or spread to others.

Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs.

Staff are encouraged to keep jewellery to a minimum and keep nails well trimmed.

All staff must practice hand hygiene in the screening area, before entering into the classroom and when leaving the classroom. Furthermore, hand hygiene must be practiced:

- At the beginning and end of shifts
- When visibly dirty
- Before touching your face or mask or face shield
- Before preparing, handling, serving, and eating food /raw foods
- Handling soiled laundry or dishes/soiled toys or other items
- After using the washroom
- Performing toileting/diapering routines
- Before and after going outside
- After contact with body substances, mucous membranes of the eyes, nose and mouth and non-intact skin
- Before putting on and after taking off PPE
- Before and after child contact After touching 'regularly touched' items such as doorknobs, microwave, toilets and sink taps
- Giving medication
- Handling garbage
- Sneezing, coughing, or blowing your nose
- Coming into contact with bodily fluids
- Coming into contact with any soiled/mouthed items
- Gardening
- Handling animals
- Touching a cut or open sore
- Dealing with a sick child
- Glove use – before and after
- Before and after giving medication
- Communal sensory play activity (not currently permitted)
- Whenever there is a chance that your hands may have been contaminated!

Physical distancing at 2 metres and proper hand hygiene and the correct wearing of PPE are the most important ways to protect yourself from the COVID-19 virus.

Follow these steps for cleaning hands:

- Wet hands
- Apply soap
- Lather for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails
- Rinse well under running water
- Turn taps off with paper towel
- Dry hands well with paper towel

When hands are not visibly soiled, and using hand sanitizer follow these steps for cleaning hands:

- Apply hand sanitizer (70-90% alcohol-based)
- Rub hands together for at least 15 seconds
- Work sanitizer between fingers, back of hands, fingertips, and under nails.
- Rub hands until dry.

Hand Hygiene Monitoring

To ensure that employees are using proper hand hygiene methods, the Health and Safety representative will review hand hygiene practices on a regular basis and provide feedback to employees as required.

Hand Sanitizing Information

When your hands are not visible dirty, a 70-90% alcohol-based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of 18 months and must always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. Parent consent is required to use hand sanitizer on children. If consent is not provided the child may not be permitted to attend during this period of Covid-19.

Children under the age of 1 are not permitted to have hand sanitizer applied.

Covering Your Cough Procedure

Germs, such as coronaviruses, influenza, and cold viruses, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs.

- Keep your distance (preferably more than 2 metres/6 feet) from people who are coughing or sneezing.
- Avoid touching your face, nose, and mouth with unwashed hands.
- Follow these steps to stop the spread of germs:
- If you have a tissue, cover your mouth and nose when you cough, sneeze, or blow your nose.
- Put used tissues, or soiled masks in the garbage.
- If you do not have a tissue, cough or sneeze into your sleeve, not in your hands.
- Clean your hands with soap and water or hand sanitizer (70-90% alcohol-based) after coughing or sneezing or wiping or touching your nose.

Postings

Screening Posters, and Infection Control posters provided by Toronto Public Health are visible at the entrance and on the interior of the building visible to all individuals entering the facility:

- Social Distancing and Screening posters must be posted in visible locations (classrooms, common areas: entrance, hallways, food prep, etc.)
- Public Health Hand washing posters must be posted in a visible location near all sinks
- Public Health Hand Sanitizing posters must be posted in a visible location near where hand sanitizer is kept for use
- Public Health Diapering Routine posters must be posted in a visible location near all diaper change tables.

Signage:

- Hand hygiene (sanitizing/washing hands)
- Poster for entrance (COVID-19 checklist)
- Information about COVID-19
- Physical distancing
- Protect yourself poster
- Cover your cough
- PPE information
- Cleaning
- Use tape or visual markers to demarcate walkways, play areas to encourage children and staff to maintain social distancing.

Practice Physical Distancing

Staff:

Staff members will practice physical distancing between children and other staff. Staff will endeavour to keep a physical distance of 2 meters at all times when they are at the Centre and in particular when entering common areas (hallways, bathrooms, etc.). Physical distancing of 6 feet is practiced in the classroom, and in outdoor play areas. Physical distancing is of key importance in ensuring safety for all.

Activities such as singing, shouting, speaking forcefully or loud laughing may propel droplets for a longer distance than normal talking.

Use visual markers or cues spaced two metres apart to indicate what physical distancing means. Staff do not enter rooms they are not assigned to and limit access to 104 and 106 to essential tasks. Masks are worn outside if staff are not able to maintain a distance of 2 metres between themselves and the children or other adults.

Children:

Every effort will be taken to encourage physical distancing between children, however physical distancing must not compromise the supervision of a child's safety, emotional or psychological well being. Staff should practice physical distancing as best as possible and incorporate individual activities or activities that encourage space between children while still permitting and planning for interaction and socializing to occur. Refer to Public Health's resource, 10 Ways to

Greet from 6 Feet: <https://www.toronto.ca/wp-content/uploads/2020/09/8fbf-10-Ways-to-Greet-From-6-Feet.pdf>

Contact between individual cohorts of children will be eliminated or minimized wherever possible. Staff will stagger the use of the hallway to reduce contact, for example, staggering transition to the playground so two groups do not meet in the hallway as one group is going outside and the other is coming in. Staff will avoid getting close to faces of all children, where possible. Children are encouraged not to hug or kiss or share equipment with others, but to use non physical gestures such as waves, nods, or hello. Remind children to keep their hands to themselves and not to share food, water, or personal items. Children in the same cohort may share toys/equipment both inside the classroom and outside in the playground. The toys/equipment must be sanitized daily or between cohorts.

Program

Staff are to use *Building on How Does Learning Happen – Pedagogical approaches to reopening licensed child care*, to inform their approach and methodology for programming and interactions, and to adapt our Program Statement in the best way possible in order to meet the needs of each child in our care. We are always focused on the principles of our Program Statement, while being aware of the need to adapt to keep staff, families, and children safe.

Indoor Play:

Requirements for the use of toys, equipment, and other materials:

- Only toys and equipment that are made of materials that can be cleaned and disinfected will be utilized.
- All toys and play equipment are washed and disinfected daily or between cohorts.
- No plush toys, porous toys in the classroom.
- Singing, shouting, or speaking loudly is discouraged indoors
- Toys and large play equipment (e.g., playhouses, shelving) must be cleaned and disinfected at minimum daily.
- Mouthed toys, toys used by children showing signs of illness, or soiled with bodily fluids must be separated, cleaned, and disinfected immediately after the child has finished using it/them.
- Clean and disinfect toys in a mechanical dishwasher, the rinse cycle must reach a minimum of 82 degrees Celsius, or by approved three or two sink method.
- The dishwasher will only be used when it is not being used for any other purposes (i.e., washing dishes, food preparation, etc.).
- Ensure required disinfectant contact times are achieved.
- Dry toys in a designated protected from sources of contamination.
- Suspend group sensory play activities. Individual sensory activities will be discarded at the end of day.
- Increase space between seating and play areas so that children and staff can maintain a safe distance apart. This may include the removal of extra chairs, tables, and furniture to increase space in the area to promote physical distancing.
- Avoid planning activities that involve shared objects or toys.
- Consider labelled personal items/boxes of items for children.

- If washrooms are shared, only one cohort may use at a time. The washroom must be cleaned between cohorts – this includes the sink.
- Place tape, signs or other visual markers on floors, tables, seats, and other play areas to help both childcare staff and children visually maintain physical distancing.
- Wall fans can be used only if the fan can be directed up at the ceiling.
- Air purifiers have been placed in each classroom. Any issues to be promptly reported to the Supervisor or designate.
- Children and staff should not be engaged in moderate to vigorous physical activity indoors. When moderate to vigorous physical occurs outside staff and children should maintain physical distancing. Masks should not be worn for high intensity activity.
- The school gym may only be used by one group of children at a time, and only for moderate activity where physical distancing measures and current masking protocols for children and staff can be followed.
- Equipment used in the gym must be cleaned between groups.

Ensure policies pertaining to environmental and toy/equipment cleaning are followed.

Outdoor Play:

- We will ensure the outdoor physical space for each program will be arranged for all cohorts to provide as much physical distancing as the space will allow.
- Only one group of children will be in any section of the outdoor play area at any given time. Two groups are permitted only when the barrier is up and a space of 1 metre is indicated on either side of the barrier. Ensure requirements for sufficient space per child is adhered to.
- Tape will be used to outline the walkway to the gate/screen station – minimum of two metres is required.
- Outdoor physical activity will be part of our regular routine. Our outdoor routine will be flexible and allow for time spent outdoors to vary. We will not be taking the children to community parks.
- All outdoor toys will be cleaned and disinfected daily or between cohorts. The outdoor toys and equipment will consist of materials that can be cleaned and disinfected easily.
- When moderate to vigorous physical activity occurs outside, staff and children should maintain physical distancing. Masks should not be worn for high intensity activity.

The following protocols must be followed during outdoor play:

- No outdoor group sensory play activities, although the sand box may be used if children are socially distanced and a limit of three children enforced. Sand must be kept inside the sandbox and must be raked before use.
- Large play structures must only be used by one cohort at a time.
- Mouthed outdoor toys, or toys that have been contaminated by a symptomatic child or soiled with bodily fluids must be separated, cleaned, and disinfected immediately after the child has finished using it.
- Ensure required disinfectant contact times are achieved during cleaning.
- Ensure policies pertaining to environmental and toy/equipment cleaning are followed.

- Outside toys will not be put into the dishwasher.

Cleaning, Sanitizing, and Disinfecting

Definitions

- **Cleaning:** refers to the physical removal of foreign material (i.e., dust, soil) and organic material (i.e., blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm water, detergent, and mechanical action (i.e., wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.
- **Sanitize:** is defined as the reduction of microorganisms to levels considered safe from a public health viewpoint. Sanitizing takes place after the cleaning step because it is most effective on a minimally soiled surface.
- **Disinfecting:** describes a process completed after cleaning in which a chemical solution (i.e., OxivirTb is used to kill most disease-causing microorganisms. In order to be effective disinfectants must be left on a surface for a period of time (contact time). Contact times are generally prescribed by the product manufacturer. Any items children may come into contact with, requires a final rinse after the required contact time is observed.

Staff must be aware of the contact time necessary and post in the classroom if they need a visual reminder.

Procedures

All products including cleaning agents and disinfectants must be kept in a secured location that is out of reach of children. All cleaning agents and disinfectants must be labelled and must have Safety Data Sheets (SDS) up to date (within three years), which are posted or accessible to staff. These will be reviewed at least once per year with staff at a staff meeting.

Cleaning

- Use detergent and warm water to clean visibly soiled surfaces.
- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure detergent is removed.
- Let the surface dry.

Sanitizing – Multiuse Utensils

- Dishes, cutlery and cutting boards must be sanitized in our dishwasher after they have been cleaned with water and detergent.

Disinfecting Surfaces and Contact Time

- For general environmental disinfection of high touch surfaces use OxivirTb, which comes ready to use in spray bottles or wipes, the contact time for disinfecting is **1 minute, 3**

minutes for bodily fluids.

How to Disinfect

- Put on rubber or heavy-duty nitrile gloves.
- Spray or wipe on OxivirTb and leave on the surface for the appropriate disinfecting contact time. Ensure the spray setting is on stream and not mist.
- Once the disinfecting contact time has elapsed, the surface has now been disinfected.
- Any surface that food or children may come in contact with requires a final rinse with a single-use paper towel (i.e., counters, trolleys, sinks).
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel.

Food Safety and Preparation

Cleaning and disinfecting routines must be increased as the risk of environmental contamination is higher:

Tables and countertops: used for food preparation and food service must be cleaned and disinfected before and after each use.

Spills: must be cleaned and disinfected immediately.

High Touch surfaces: these are surfaces that have frequent contact with hands, food, and other objects. These surfaces must be cleaned at least twice per day and as often as necessary (i.e., when visibly contaminated). Examples include:

- Counter tops
- Trolleys and bussing trays
- Food prep equipment
- Sinks
- Door handles
- Dishwasher door and handle
- Gates – indoors and outside

Cutting Surfaces and Utensils

All cutting of food must be done on a plastic cutting board and used for one single task at a time. Cutting boards must be routinely cleaned in hot water, sanitized, and rinsed after each use. Care must be taken not to transfer contamination of one food to another (i.e., vegan). Knives used to cut or slice food items should not be used for other foods or other items, unless the knife has been adequately cleaned with hot water, sanitized, and rinsed.

Access to Food Prep Area

Only authorized staff are permitted to enter the food prep or food storage areas or use the fridge that stores food for the Centre.

Only staff who are appropriately clothed (i.e., clean clothes, hairnet, face mask, face shield, etc.) are permitted to enter the food preparation/storage area. Signs will be posted at entrance

reminding staff of these rules.

Food prep staff must wear masks, face shields and hairnets, and gloves where mandated.

Meals and Snacks:

- Tables, chairs, and countertops used for food service/meal routines must be cleaned and disinfected immediately prior to use and again after food service has ended.
- Children will not self-serve food themselves. All food will be served by staff only, and all serving dishes kept covered and out of children's reach when food is not actively being served.
- Staff will ensure that children do not share food or eating utensils.
- We will arrange mealtime seating to maximize physical distance between children, while still ensuring that all children can be appropriately supervised. (e.g., children seated at several different tables within clear sight of staff, rather than seated all together at one table).
- Children will not assist with setting up the table.
- A child may clear their own dishes, or staff may do so, however children should not be permitted to assist other children's clear plates and other dishes.
- Ensure each child has their own individual meal or snack.
- Multi-use utensils must be sanitized.
- Children must not share soothers, sippy cups, etc. that are brought from home. Label these items with the child's name to discourage accidental sharing.

Food Safety:

- When carrying out any cleaning or disinfecting in the food prep area, appropriate PPE must be worn in accordance with MSDS information for the particular product in use.
- OxivirTb will be used to comply with our cleaning and sanitizing protocols.
- Hand hygiene must be completed before and after use of PPE, and upon completion of cleaning and disinfecting
- All hard surface personal items brought into the food prep area by any individual must be cleaned and disinfected upon arrival.
- Food prep staff shall maintain its own Environmental Cleaning and Disinfecting Log
- This log must be accessible in the food prep area (e.g., posted on the wall, or in a binder kept in an accessible location)
- Cleaning and disinfecting routines shall be carried out consistently in accordance with the Environmental Cleaning and Disinfecting Log by the staff designated to the food prep.
- All low touch areas must be cleaned and disinfected minimum once and as often as necessary (e.g., when visibly dirty, or contaminated with body fluids).
- All garbage containers in the Centre, and laundry containers must have a lid and foot pedal.

Receiving Catered food:

- Caterer delivery person must check in at the screening area, a screen is not necessary if he/she does not pass the screening area and enter the facility.
- Caterer delivery person will be asked if he passed his employment screen and is logged in with name and time of arrival.
- The food prep staff/screener will put the empty containers on a trolley and leave them at the gate.
- The food prep staff/screener will take the food containers on the trolley into room 106 and sanitize.
- Food prep staff will disinfect container(s) before opening, take and record food temperature, and store food appropriately.

Drop off/pick up food items to rooms:

- Food prep staff will individually separate snack/lunch for each room and will deliver it on a trolley and leave outside the classroom.
- Staff will bring it into the room.
- After snack/lunch is finished, staff will put the trolley with used dishes/utensils outside the room for the food prep staff to pick up.
- Food prep staff will collect all trolleys from outside of the classrooms and bring to room 106 to clean and disinfect.
- Disposable dishes and utensils will be disposed of in each room.

Nap Time

To further reduce the risk of illness, when setting cots up for nap time:

- Cots will be set up in such a way to keep the children socially distanced.
- Cots should be arranged so that children are napping ‘head-to-toe’.
- Cots must be disinfected weekly or if soiled with bodily fluids or if used by a child who shows symptoms of illness.
- Bedding must be laundered weekly. Daily remove the sheet, disinfect the cot, fold sheet and blanket on the bed to ensure they do not have contact with another child’s bedding.
- Each classroom shall maintain its own Cot and Bedding Environmental Cleaning and Disinfecting Log. This log must be accessible to all staff working in the room (e.g., posted on the wall, or in a binder kept in an accessible location).
- Cleaning and disinfecting routines shall be carried out consistently in accordance with the Cot and Bedding Environmental Cleaning and Disinfecting Log.
- All cots once assigned to a child are to be labeled with that child’s name.
- Cots must be stored in a manner that prevents the bedding and/or sleeping surface of one cot from touching the bedding and/or sleeping surface of any other cots (e.g., do not allow a blanket to hang over the side of a cot and make contact with the cot stacked below). Legs of cots may touch.
- Cots are to be stored in their respective area and covered. The cover is changed and washed weekly.
- No items are to be placed or stored on top of cots/cribs (e.g., extra bedding, toys).

Cot cleaning and disinfecting:

- Cots must be labelled and assigned/designated to a single child.
- Cots must be cleaned and disinfected weekly, or if contaminated by bodily fluids or a symptomatic child, or visibly soiled.
- Cots must be stored in a manner which there is no contact with the sleeping surface of another cot
- The floor must be mopped before placing cots.
- Bedding must be laundered weekly (or when soiled) on the "hot" setting.

Diapering

- Diapers, creams, lotions, wipes, and all other items associated with the diapering routine, must be labeled with the child's name, and disinfected upon arrival at the centre, and regularly after each use.
- Never put hands directly into lotion or cream containers, use a tissue, popsicle stick or single use glove to remove product from the container and apply product to child's skin.
- If more product is needed, a fresh tissue, popsicle stick, or another single use glove must be used.
- Only sealed packages of diapers should be accepted for use at the Centre.
- Upon arrival the package must be disinfected and labeled with the child's name.
- Diaper tables are sanitized after use.

Sunscreen

- Children's individual sunscreen containers must be labeled with the child's name and disinfected upon arrival at the centre, and regularly after each use.
- When applying, or helping children to apply sunscreen, staff must use disposable gloves.
- Staff must perform hand hygiene and wear required PPE when applying sunscreen.

Office and Common Areas

- Cleaning logs will be kept for common building areas (e.g., entryways and hallways).
- Cleaning and disinfecting routines shall be carried out consistently in accordance with the Environmental Cleaning and Disinfecting Checklist.
- All high touch areas, such as door knobs and light switches must be cleaned and disinfected at a minimum, twice daily and at the end of the day and as often as necessary (e.g., when visibly dirty, or contaminated with body fluids).
- Cabinets, counters, desks to be cleaned and disinfected frequently or when visibly dirty or contaminated with body fluids.
- All low touch areas, such as walls and floors must be cleaned and disinfected at a minimum, once daily and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- The room 104 break room is closed. The kettle and microwave must be sanitized after each use.

- Staff will clean up any personal items directly after use. Dishes, cups, or utensils will not be left in the sink or sink area.

Environmental Cleaning and Disinfecting Logs

- Washroom Cleaning and Disinfecting Logs – all bathrooms
- Low Touch Surface Cleaning Log – all classrooms and common areas
- High Touch Surface Cleaning Logs – all classrooms and common areas
- Children’s Personal Bins – bin and contents sanitized daily.
- Cot and Bedding Environmental Cleaning and Disinfecting Log
- Food Prep Area Cleaning and Disinfecting Log
- Sanitization Area Cleaning and Sanitizing Log
- Outside Toy Cleaning and Disinfecting Log

A visitor log is maintained and a log documenting the supplies of PPE.

Toy Disinfection Procedures

The disinfection of toys is vital to ensuring the health and safety of children as it reduces and mitigates the potential spread of germs and viruses among children and those who may come into contact with them.

All toys that are plush must be removed and not used in play, these include, stuffed animals, hand puppets, cloth toys etc. In addition, all group sensory play is suspended, this includes (playdough and slime). All porous toys or materials that cannot be effectively cleaned and disinfected must be removed and not used in play.

Toy Washing Procedures - Cleaning and Disinfection using a Mechanical Dishwasher

It is recommended that the dishwasher be used for toy washing whenever possible:

- The rinse cycle must meet a minimum of **82 degrees Celsius**.
- Only use the dishwasher in the kitchen when it is not being used for any other purposes (i.e., washing dishes, food preparation, serving).
- Toys are placed evenly on the dishwashing racks and are an appropriate size to ensure sanitization.
- Toys are removed carefully once the wash cycle is complete as they may be hot or contain hot water,
- Toys are air dried in a designated area that is separate from bathrooms or change tables and protected from sources of contamination.
- The area is clean and tidy when you have completed toy washing.

Toy Washing Procedures - Manual Cleaning and Disinfection

Manual cleaning steps for small toys that can be immersed in water for washing.

1. Sink/Bin - wash with soap and warm water to clean visible dirt

2. Sink/Bin - rinse soap off with clean water

Washing and rinsing may be performed in the same sink if three sinks are not available.

3. Sink/Bin – soak/thoroughly spray in OxivirTb for 1 minute required contact time for disinfecting

4. Ensure contact time is achieved and rinse.

Toy Washing Procedures - Cleaning and Disinfecting Large Toys/Equipment In-Place Inside

Large toys, wooden toys, cots, etc. that cannot be immersed in a disinfectant solution should use this method for washing. Please follow the steps below:

1. Clean with soap and water using a cloth.
2. Wipe with a clean wet cloth to rinse,
3. Disinfect by spraying OxivirTb or disinfectant wipes and let it sit for a **1-minute** (required 1 minute contact time). Do not spray product to toys and surfaces when children or other staff are nearby.
4. A final rinse is required using a single-use wet paper towel.

Tips & Reminders

Fill buckets/containers/playground sprayer only to a level that is comfortable for transporting to the area you use for toy washing – a trolley can also be used to assist with transporting. Refer to the manufacturer’s label on cleaning products for further information or review.

Frequencies and Toy Cleaning Schedules

- Cleaning and disinfecting logs and sign off will be posted in each area and updated daily by the staff responsible.
- Large pieces of play equipment will be cleaned and disinfected at daily and as often as necessary i.e., when items are visibly soiled or if contaminated with body fluids or a symptomatic child.
- Items such as electronic devices should be cleaned and disinfected between users, prior to redistributing.
- Refer to *Environmental Cleaning and Disinfecting* for more guidance.
- Toys can only be shared between cohorts after disinfecting, being covered or sealed, and set aside for seven days before re-using; it is preferable that each group has its own equipment. (Date sealed items with masking tape.)
- Items such as books can be batched after use and put in sealed containers bags and set aside for seven days between users. (Date sealed items with masking tape.)

Handling used toys

Toys that have become visibly dirty or that have come into contact with body fluids (e.g., toys that have been mouthed) or handled by a symptomatic child, should be taken out of circulation, and cleaned and disinfected immediately. Toys that cannot be cleaned and disinfected

immediately should be placed in a designated dirty/mouthed toy bin. The bin must be clearly labelled and inaccessible to children, i.e., on the trolley in a bussing tray/bin.

Individual equipment and sensory play

Children may have individual boxes or Ziploc bags of personal toys (i.e., Lego, markers, paint brushes, crayons). These must be sanitized daily.

Boxes must have lids, and bags must be sealed and both labeled.

Disinfect the boxes/bags and contents daily or more often if contaminated.

Sensory play may be provided individually and materials sanitized after use.

Sensory materials, including playdough must be disposed of daily.

Playground Cleaning

Permanent Playground Structures

Permanent playground equipment must be cleaned if visibly soiled, contaminated with bodily fluids or used by a child who has been placed in the isolation area due to symptoms of illness. If the equipment needs to be disinfected, the sprayer can be used on all playground equipment/gate with an approved disinfectant.

The second sprayer will be used after the five-minute contact time to rinse with water, and the equipment left to air dry.

The sprayer is filled with only sufficient water/cleaning solution daily to avoid overfilling and strain when lifting.

Playground Toys and Equipment

Larger outside equipment including bikes can also be sanitized using the playground sprayer system.

Balls, hoops, and other smaller play equipment must be cleaned as per instructions for toy washing and sanitized at minimum daily or between cohorts.

Outside equipment is not placed in the dishwasher to avoid damage to the dishwasher.

Hand Hygiene

Children must wash hands before and after outside play.

Environmental Cleaning and Disinfecting

Cleaning

- Use detergent and warm water to clean visibly soiled surfaces.

- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure detergent is removed.
- Let the surface dry **and disinfect with OxivirTb** which is an approved for use by TPH for use in our Centre as a disinfectant.

Disinfecting

Accelerated Hydrogen Peroxide has been approved by TPH for use in child care as a disinfectant. Our Centre uses OxivirTb Spray or disinfecting wipes.

Virox 5 is an approved disinfectant and must be diluted as per product instructions to use in the sprayer for the playground. Put water in the sprayer first and then add the Virox 5. Use rubber gloves when mixing and goggles.

We may also use Lysol or other disinfectant wipes or spray.

OxivirTb is considered a high-level disinfectant which is defined as the complete elimination of all microorganisms in or on a surface.

- For general environmental disinfection of high touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution use OxivirTB, which comes ready to use in spray bottles or wipes, the contact time for disinfecting is **1 minute**.
- **Refer to Toy Disinfection Procedures for further guidance.**

Disinfecting using OxivirTb Spray & Wipes

- Put on rubber or heavy-duty nitrile gloves.
- Spray or wipe on **OxivirTb** and leave on the surface for the appropriate disinfecting contact time (**1 minute**). 3 minutes of contact time is necessary for bodily fluids. Ensure the spray setting is **on stream** and not mist.
- Once the disinfecting contact time has elapsed, the surface has now been disinfected.
- Any surface children may come in contact with requires a final rinse with a single-use paper towel after being disinfected (i.e., lunch tables, floor, shelves)
- If the surface continues to be wet, you may wipe it dry with a single-use paper towel.

Cleaning and Disinfection Frequency Requirements

Clean and disinfect upon **ENTRY** to child care (for staff):

- Any hard surfaces such as water bottles, travel mugs, cell phones, lunch containers

Store personal items safely, and ensure they are inaccessible to children and stored hygienically. Designate an area, basket, hook for personal outside belongings such as shoes or boots.

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

- Any hard surfaces such as water bottles, containers, backpacks

Clean and disinfect frequencies for other surfaces and items:

Cleaning and disinfecting routines must be increased as the risk of environmental contamination is higher:

- **Tables and countertops:** used for food preparation and food service must be cleaned and disinfected before and after each use.
- **Chairs:** must be cleaned and disinfected at minimum twice per day.
- **Spills** must be cleaned and disinfected immediately.
- **Handwash sinks:** staff and children washroom areas must be cleaned and disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids). Shared bathrooms must be cleaned between cohorts or at minimum twice per day. The staff bathroom after each use for high touch areas by staff using the bathroom. Sinks and surrounding areas are sanitized at the end of the day, ensuring walls and cupboard doors are all cleaned.
- **Cupboard contents** are kept well organized, free of clutter and regularly disinfected.
- **Floors:** cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, at minimum twice per day for toddler and preschool and minimum once per day for after care.
- **Floor Mats:** cleaning and disinfecting must be performed throughout the day, and at a minimum of twice daily and always at the end of the day.
- **Outdoor play equipment:** must be disinfected before each group uses it, and additionally as required (e.g., visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect.
- **High-touch surfaces:** any surfaces at your location that has frequent contact with hands (e.g., light switches, shoe baskets, shelving, containers, hand rails, door knobs, sinks toilets etc.) These surfaces should be cleaned at least twice per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids).
- **Other shared items:** e.g., phones, IPADs, IPODs, attendance binders etc., these must be disinfected between users. These do not require a final rinse if children are not handling them.
- **The shared kindergarten room** is cleaned by TDSB staff before our after care program commences and then as per our guidelines.
- **Shoe baskets,** and other items are moved from the floor in the hallway at the end of the day to ensure thorough mopping of the hallways and they are sanitized at least once daily.

Clean and disinfect daily:

Low-touch surfaces (any surfaces at your location that has minimal contact with hands), must be cleaned and disinfected daily (e.g., Window ledges, doors, sides of furnishings, shelving, etc.)

Cleaning and Disinfecting Blood/Bodily Fluid Spills:

Using the steps below, the surface must be cleaned first then disinfected:

1. Isolate the area around the spill so that no other objects/humans can be contaminated.

2. Gather all supplies, perform hand hygiene, then put on single-use nitrile gloves,
3. Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag,
4. Clean the spill area with detergent, warm water, and single-use towels.
5. Rinse to remove detergent residue with clean water and single-use towel.
6. Discard used paper towels and gloves immediately in a tied/sealed plastic bag.
7. Spray OxivirTB in and around the spill area and allow the appropriate **3-minute** disinfecting contact time.
8. A final rinse is required if children come into contact with the area.
9. Remove gloves as directed and discard them immediately.
10. Perform hand hygiene.

Cot cleaning and disinfecting:

- Cots must be labelled and assigned/designated to a single child.
- Cots must be cleaned and disinfected weekly.
- Cots must be cleaned and sanitized if soiled, contaminated with bodily fluids or used by a child who shows signs of illness.
- Cots must be stored in a manner which there is no contact with the sleeping surface of another cot.
- The floor must be mopped before placing cots.
- Bedding and the cover for the beds must be laundered weekly (or when soiled) on the "hot" setting.

Laundry

- Laundry must not be done in the home environment except for personal items. It is advisable that staff clothing worn at the Centre should be laundered daily.
- A staff will be assigned to perform Centre laundry duties at a laundrette. Money will be taken from petty cash. Alternatively, a laundry service may be used.

Additional Infection Prevention and Control Practices for Hygiene Items

- Pacifiers must be individually labelled and stored separately in a container or Ziploc bag (not touching each other), they must not be shared among children. The pacifier must be washed in soap and water upon arrival to the Centre.
- Label individual hygiene items and store them separately.
- For creams and lotions during diapering, never put hands directly into lotion or cream bottles, use a tissue or single-use gloves. Upon arrival to the Centre, wipe the cream/lotion container with a disinfecting wipe.

PA Days

Every effort will be made not to mix cohorts of children on PA days. If it should be necessary due to low enrolment or staffing issues, parents will be notified in advance that there will be a

combined group and informed of Public Health requirements: mask use, physical distancing, respiratory etiquette, hand hygiene and screening practices. The Centre will also plan to ensure physical distancing within the cohort, accessing larger space such as the gym and staff will provide as much outdoor programming as possible. Licensing requirements regarding mixed age grouping must be followed.

Field Trips and Third-Party Programs and Volunteers

The Centre will not be employing third party programs for the purposes of class visits or program enrichment during the period of the Pandemic.

Children will not be going on field trips during the period of the Pandemic.

Volunteers will not be accepted.

Community walks are permitted but must be documented in the daily log and must be approved by the Supervisor or designate.

Hours of Operation

- Hours of operation will be determined by the Board of Directors during this time and are subject to change over the course of year.
- The current program hours of operations are 8:00 am to 5:00 pm.
- If deemed necessary, there will be one half hour designated at the beginning and end of the day to follow environmental cleaning guidelines. Staff are assigned to clean and do laundry during the day.
- Staff are expected to arrive before their shift for screening and getting prepared for work.
- Parents must be aware that classrooms or the Centre may be closed due to exposure to COVID-19, or if closed by Toronto Public Health or the Ministry of Education.
- We may also be forced to close classrooms or the Centre if we do not have sufficient staff due to outbreak or illness.
- Parents may get limited notice of closure.
- The Board will make decisions on fee reimbursement due to unplanned closure based on policy directives, guidance and direction given by governing bodies and operational needs of the Centre.

Health & Safety

The Whitney Child Centre has both existing health and safety guidelines and procedures and COVID-19 related written measures and procedures for staff and children's safety, including measures and procedures for infection prevention and control.

- Detailed guidelines for COVID-19 are available on the Ministry of Health COVID-19 website: <https://www.toronto.ca/wp-content/uploads/2020/02/8c20-Child-Care-Centre-IPAC-RBP-Revised-2018-2019-AODA2.pdf>

Education and Training

All workers, volunteers and contractors will be required to receive the following training:

- Training in this policy and procedure
- Personal Protective Equipment (PPE)

- Proper hand hygiene
- Physical Distancing
- Cleaning Protocols using OxivirTB, Virox, cleaning wipes, or any other cleaning products used at the Centre
- Symptoms of COVID-19
- Cough and sneeze etiquette.
- When to stay home if you are sick or might be sick. Follow the Public Health Agency of Canada's steps for self-assessment: <https://www.canada.ca/coronavirus>.
- Health and safety protections and employment standards: <https://www.ontario.ca/page/covid-19-coronavirus-and-your-employment-standards-protections>

For more public health information, visit their website at www.toronto.ca/COVID19 or call 416-338-7600. Telehealth can be contacted at 1-866-797-0000 or contact your primary care provider.

Mandatory Use of Mask and Face Shield Policy

All employees, parents and visitors are required to wear a mask and face shield or goggles upon entering and remaining in enclosed space of the Whitney Child Centre. The mask or face covering must be a clean surgical mask which will cover the nose, mouth and chin. Masks and face shields can be found in our staff/visitor screening area and are available to children and parents at the Parent/Child screening area.

Employees, parents and visitors must wear appropriate personal protective equipment such as a surgical mask and eye protection (goggles or face shield) that provides protection of their eyes, nose and mouth, while in an indoor area.

TDSB employees are required to wear a mask inside the building. The mask or face covering must cover the nose, mouth and chin.

Employees, parents, TDSB staff and visitors to the Centre must make every effort to stay at minimum 2 metres or 6 feet from other adults and children.

Temporary removal of the mask is permitted where necessary for the purposes of eating or drinking while sitting down in a designated area, where permitted during break or lunch when at least 2 metres or 6 feet from other adults.

A staff may remove the goggles or face shield if working alone in an area. If another person enters the face shield or goggles must be put back on immediately.

Correct hand hygiene must be followed when removing or donning or storing PPE. Masks must be replaced when soiled or wet. Please cut the mask elastic before disposal to be aware of the environmental issues.

A face shield or goggles does not have to be worn outside. If staff can maintain physical distancing from others they may remove their mask, but when working with young children physical distancing may be difficult to maintain, so it is recommended that a mask still be worn

outside when supervising children. Full PPE is worn when screening or escorting children – mask and goggles or face shield.

The following people are exempted from requiring a mask or face covering and will not be required to provide proof of such exemption:

- Children under two years of age.
- Individuals with an underlying medical condition that inhibits their ability to wear a mask or face covering.
- Individuals who are unable to place, remove, or use a mask or face covering without assistance.
- Individuals who are reasonably accommodated by not wearing a mask or face covering in accordance with the Accessibility for Ontarians with Disabilities Act, 2005.
- Individuals who are reasonably accommodated under the Ontario Human Rights Code. Revised May 7, 2021.

The Centre must ensure that employees are aware of and understand all components of the mask wearing requirement.

The Centre must ensure that employees are trained on implementing this requirement, including how to respond to various circumstances, should they arise, such as:

- Employees, parents or visitors arrive without a mask because they forgot or don't have one;
- Employees, parents or visitors who arrive and are exempt from wearing a mask;
- Employees, parents or visitors who want more information about the policy and by-law;
- Employees, parents or visitors who become aggressive about the policy and mask requirements;
- Employees, parents or visitors who want information about the importance of wearing a mask or the science on the use of masks; and
- Employees, parents or visitors who want to know if they can be fined for not wearing a mask.

The Whitney Child Centre must ensure that a sign about the by-law is posted at all entrances of the premise in a manner that is visible to the public.

Employees must ensure that they review and understand this policy.

Employees must follow and implement this policy, as described.

