

Friday, February 19, 2021

Dear Compass ELC families,

We have updated our policy called, "Providing Care During Covid 19" based on new directives from the Ministry of Health. The biggest changes relate to stronger screening and isolation requirements, including for family members of children in our programs. Please find the attached updated policy. We know this is going to be very difficult for everyone, but we also understand the great need right now to exercise an abundance of caution in order to keep everyone safe, and ultimately to contain the virus and find an end to the global pandemic.

When completing the screening tool each morning before sending your child(ren) to Compass ELC programs, please note that the new guidelines indicate **that any individual experiencing even one COVID-19 symptom must stay home** until either:

- a) They receive a negative test result
- b) They receive an alternate diagnosis from a health care provider
- c) It has been 10 days since their symptom onset and they are feeling better

**New isolation requirements for family members:**

All asymptomatic household contacts of symptomatic individuals are required to quarantine until the symptomatic individuals receive a negative COVID-19 test result or an alternative diagnosis by a health care professional. If the symptomatic individual does not seek COVID-19 testing, all household contacts must quarantine for 14 days from their last contact with that symptomatic individual.

**Covid-19 symptoms include:**

- new or worsening cough
- shortness of breath or difficulty breathing
- temperature equal to or over 38°C
- feeling feverish
- chills
- fatigue or weakness
- muscle or body aches
- new loss of smell or taste
- headache
- gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)
- feeling very unwell
- runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- pink eye (conjunctivitis)
- Additional symptoms for children: abdominal symptoms and skin changes or rashes, sluggishness, lack of appetite

Please let your Administrative Lead know if you have any further questions about this.

Thank you, Jill Wickins, Operations Link

# Providing Care During COVID-19



## Policy

Taking into consideration Compass Early Learning and Care's Program Statement and Pedagogical Principles at all times, CELC supports the physical health, social and emotional well being of children, staff members, providers, students and families during COVID-19, consistent with the Chief Medical Officer of Health and Ministry of Education Operational Guidelines.

## Guidelines

1. To reduce the spread of disease and infection, Health Unit recognized Guidelines including Hand Hygiene, Diapering and Sanitary Housekeeping are followed.
2. An approved disinfectant that is effective against COVID-19 will be used.
3. All individuals entering the program are required to wear PPE as directed by the local Health Unit.
4. All individuals entering the child care program will be screened daily prior to entering the Program.
5. Parents will be informed of the COVID-19 policy at registration and be notified of any policy updates using Sandbox Software.
6. Parents will be informed of any confirmed cases of COVID-19.
7. For licensing requirements, each Compass ELC Administrative Lead is the Designated Authority.
8. Staff members, students and providers will review this policy during orientation and when changes occur.

## Procedures

### 1. Hand Hygiene

Hand hygiene using handwashing will be promoted between all staff members, providers, students, essential visitors and children. Alcohol based hand rub containing 60%-90% alcohol will be available at each entrance and exit in a location not easily accessible by young children.

Handwashing should be done:

- Before touching your face
- Before preparing, handling, serving and eating food
- After using the washroom
- 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 door knobs, toilets and sink taps
- Whenever there is a chance that your hands may have been contaminated

## 2. Cleaning

1. Programs will be cleaned daily.
2. Frequently touched surfaces will be cleaned and disinfected twice per day or more often as required (for example, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).
3. Children are not in close proximity when disinfectant cleaners are used.
4. Where ever possible liquid disinfectants and other cleaners are poured and are not used in spray form.
5. Rooms will be ventilated after use of disinfectants.
6. Toys and equipment provided will be made of materials that can be cleaned and disinfected easily.
7. Mouthed toys should be cleaned and disinfected immediately after the child is finished using them.
8. Each room or group of children will have designated toys and equipment. Where toys and equipment are shared, they are to be cleaned and disinfected between groups. Sensory materials will be provided for a single child use and available for the day only.
9. Where outdoor play structures are available, they should be used by only one group at a time with a focus on proper Hand Hygiene. Community playgrounds will not be used unless written notification is given by Local Health Unit.
10. Where an outbreak is declared, recommendations on cleaning and disinfecting will be followed as set out by the local health Unit.

## 3. Personal Protective Equipment

1. Staff and providers are encouraged and expected to use professional judgement in the use of PPE and will receive training at orientation on:
  - a. How to properly complete the screening process,
  - b. The signs and symptoms of COVID-19
  - c. The use of Personal Protective Equipment
2. Gloves and gowns may be worn when individuals come in contact with a child exhibiting respiratory symptoms or objects that may be contaminated.
3. Gloves and gowns are disposable and single use, and must be disposed of after the task is completed.
4. Educators/providers may consider the following exceptions to the requirement of wearing masks indoors:
  - a. Circumstances where a physical distance of at least 2 metres can be maintained between individuals (ie. sleep time, in staff rooms, meal time, outdoors etc)
  - b. Situations where a child cannot tolerate wearing a mask, or tolerate the educator wearing a mask.
  - c. Individuals with a medical condition that makes it difficult to wear a mask where it will be documented in staff file. This can include but is not limited to:
    - Medical condition, mental health condition, cognitive condition or disability that prevents wearing a mask or face covering.
    - Medical condition that makes it difficult to breathe or someone who is unconscious or incapacitated.

- People who are hearing impaired, or are communicating with a person who is hearing impaired, and where the ability to see the mouth is essential for communication.
  - Individuals who are unable to put on or remove a mask without assistance. -People who require accommodation in accordance with the *Ontario Human Rights Code*.
5. All adults in a child care setting (i.e., child care staff, home child care providers, home child care visitors, and students) are required to wear provided medical masks and eye protection (i.e., face shield, goggles) while inside in the child care premises, including in hallways.
  6. All children in grades 1 and above are required to wear a non-medical or cloth mask while inside in the child care premises, including in hallways. Younger children are encouraged but not required to wear a mask. Children under the age of 2 are not recommended to wear a mask. Parents/guardians are responsible for providing their school-aged child(ren) with a mask(s).
  7. All adults and children in grades 1 and above are required to wear a non-medical or cloth mask outdoors where physical distancing of 2 meters is not possible.

#### 4. Screening

1. The Compass Early Learning and Care Screening tool that aligns with Ministry and Local Health Unit requirements, will be completed daily by families, students, essential visitors and staff members/providers.

If you or your child is experiencing any new or worsening symptoms (should not be chronic or related to other known causes or conditions) of COVID-19, even those with only 1 symptom, the individual must stay home until:

- They receive a negative COVID-19 test result;
- They receive an alternate diagnosis by a health care professional; or
- It has been 10 days since their symptoms onset and they are feeling better.

#### Isolation Requirements

All asymptomatic household contacts of symptomatic individuals are required to quarantine until the symptomatic individuals receive a negative COVID-19 test result or an alternative diagnosis by a health care professional. If the symptomatic individual does not seek COVID-19 testing, all household contacts must quarantine for 14 days from their last contact with that symptomatic individual

2. A staff member/screener will actively confirm screening has been completed and passed before allowing access to the program.
3. Screeners will remain 2 meters from those being screened, or be separated by a physical barrier and use appropriate PPE.
4. In person screening will be performed in the event that an individual is not screened prior to arriving at the child care setting.
5. A staff member will greet the family and child at the door during drop off and pick up. Staff will accompany the child to and from their room honouring physical distancing measures and protocols in the hallway.
6. Individuals who do not pass screening are not permitted to attend the program.

7. The Local Public Health Unit Active Screening Poster is visible on the exterior door of the identified entrance used as the screening area and on the interior of the building visible to all persons entering the facility or home.
8. Entry into the child care program past the screening area will be limited to staff members/providers, children, students and essential visitors and parents under extraordinary circumstances.
9. The following tools will be used on a daily basis to support contact tracing in the event of a COVID -19 outbreak.
  - a. Sandbox Software will be used to track children's attendance.
  - b. Payroll software, Smart Find Express staff registry and Sandbox software will be used to track and maintain records of staff/providers attendance at the program.
  - c. Visitor Sign-In Log will be used to track and maintain records of visitors at the program.
10. Educators will conduct a visual check of children entering the program and periodically throughout their time in program.

## **5. Illness in a Program**

### When a Child Becomes Ill

1. Isolate the sick child and notify parents/guardians or emergency contacts for pick up immediately. The sick child should be kept at least 2 metres (6 feet) from other attendees and staff. Provide the sick child with a surgical/procedural mask if tolerable and above the age of 2 years.
2. Child care staff/providers who supervise/care for the sick child will continue to wear a surgical/procedural mask and eye protection at all time and not interact with others.
3. Avoid contact with the child's respiratory secretions. Perform meticulous hand hygiene.
4. Clean and disinfect the space and items used by the sick child, staff or student. For items (e.g. paper, books, cardboard puzzles) that cannot be cleaned, they should be removed and stored in a sealed container for a minimum of 7 days.
5. All staff members are aware of a designated sick room.
6. Parents will be informed of any confirmed cases of COVID-19 with documentation from the Communication Coordinator initially through Sandbox Software, followed by direct contact from the program.

### When a Staff or Student Becomes Ill

1. Staff and students who become ill while at the child care centre should be isolated from the group and sent home immediately.
2. Staff and students should complete the on-line self assessment tool for further guidance or seek assessment and testing at the nearest assessment centre.

### When a Provider Becomes Ill

1. Providers who become ill while offering care should immediately contact their HCC Consultant.
2. Families should be notified and children sent home immediately.
3. Providers should complete the online self-assessment tool for further guidance or seek assessment and testing at the nearest assessment centre.

## Outbreak

1. An outbreak may be declared by the local Health Unit when there are two or more laboratory confirmed cases within a 14-day period that may be linked, where at least one case could have reasonably acquired their infection in the child care setting.
2. Where an outbreak is declared, local health Unit directives will be followed.
3. When the Health Unit has declared a COVID-19 outbreak, the Communication Co-ordinator will provide documentation to be shared with families through Sandbox Software, followed by direct contact from the program.

## Serious Occurrence (Refer to **Serious Occurrence Policy**)

1. When there is a confirmed case of COVID-19 the Local Health Unit must be notified and a Serious Occurrence must be reported
2. When there is an unplanned disruption of service due to a closure determined by the Local Health Unit in regards to COVID-19, a Serious Occurrence must be reported.

## **6. Staffing**

1. Staff members should work at only one location
2. Leads and/or designates should limit their movement between rooms, doing so when absolutely necessary
3. Supply/replacement staff members should be assigned to a specific group so as to limit staff interaction with multiple groups of children.
4. Post secondary students on field placement should be assigned to a specific licensed age group.
5. If replacement staff members must come from another site, it is important that the facility is keeping track of staff members movements between sites in the event of the need for contact tracing.

## **7. Meetings and Common Spaces**

1. Masks will be worn in shared spaces, meeting rooms, hallways or anywhere else it is difficult to maintain physical distancing or where droplets could be spread.
2. Participants should maintain 2m distance between each other as much as possible.
3. Masks should be worn whenever physical distancing is not possible and when 2 or more people are sharing the space for 2 hours or more.
4. Seating should be arranged to facilitate physical distancing.
5. Masks must be worn if physical distancing cannot be maintained and the meeting cannot be held using remote technology or outdoors.
6. Before and after an in-person meeting, all frequently touched surfaces should be disinfected by the team using the room.

## **8. Best Practice**

1. To further reduce the risk of illness, a minimum of 2 metres will be maintained between children's napping arrangements. Beds, cribs and cots should be arranged so that children are napping 'head-to-toe'.
2. Food will be served to children by a staff member/provider at each table. Each child will have their own individual meals and snacks. Sharing of food will not be permitted
3. Children will not share personal items – bottles, soothers, facecloths – All personal items will be labeled with child's name for easy identification.
4. To support family engagement, build relationships of trust, support transparency within the program and to keep everyone safe during COVID- 19 the child care program, staff/providers may use any of the following: videos, virtual calls, Sandbox Software and/or telephone interviews when interacting, sharing documentation and registering new families. Pre-planned group events and in-person meetings (eg Home Child Care Visits) can be done virtually or in person following the Health Unit Guidelines.
5. Children will be encouraged to physical distance while in the same common space. Considerations will be used when setting up the environment by offering carefully considered small group and individual experiences that align with our Program Statement and physical distancing protocols.

## **9. Employee Occupational Health & Safety**

1. The Admin Lead in consultation with the Operations Link and Human Resources Link will consult with Local Public Health Unit to determine when the staff member can return to work.
2. If the staff member's illness is determined to be work-related, in accordance with the Occupational Health and Safety Act, the employer must provide a written notice within four days of begin advised that a staff member has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board on behalf of the staff member with respect to the occupational illness.