



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.

Requirements

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 adults while in the program are required to wear medical grade PPE and where possible, maintain physical distance at all times.
4. Prior to entering Compass facilities, all individuals and their families will complete screening.
5. Parents will be informed of the COVID-19 policy at registration and be notified of any policy updates using Sandbox Software.
6. With direction from the local Health Unit, parents will be informed of any confirmed cases of COVID-19 within their program.
7. For licensing requirements, each Compass ELC Administrative Lead is the Designated Authority and takes lead on the program's response to COVID-19 cases and will inform the links team by email: links@compasselc.com within 24 hours.
8. Staff members, students and providers will review this policy during orientation and when changes occur.

Procedures

1. Hand Hygiene and Respiratory Etiquette

Hand hygiene using handwashing will be promoted between all staff members, providers, students, essential visitors and children. Child care staff, home child care providers, home child care visitors and students on educational placement will assist children in appropriate hand hygiene and respiratory etiquette and provide age appropriate education. 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. Where soap and water are not available, hands are not visibly soiled, and where parent's written authorization has been given, a dime size amount of hand sanitizer may be administered to children under adult supervision. 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
- When moving from room to room (i.e. staff room, classrooms, kitchen)
- Before and after participating in sensory activities
- Before entering the childcare setting

Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) will be provided, where possible.

2. Cleaning

1. Programs will be cleaned daily, more frequently where needed.
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. Programs and home child care providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or group of children.
7. Toys and equipment provided will be made of materials that can be cleaned and disinfected easily.
8. Mouthed toys should be cleaned and disinfected immediately after the child is finished using them.
9. Where outdoor play structures, either on premises or in the community are used, there will be a focus on proper Hand Hygiene.
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, providers and other adults in the home 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. Medical Masks
 - All adults are required to wear medical masks while inside a child care setting, including in hallways and staff rooms.
 - While outdoor, masks are not required but will be readily available for use
 - Physical distancing is strongly encouraged between groups

- Time with masks off should be limited to meal times, alone in designated eating areas and outdoors.
 - All child care staff, home child care providers, home child care visitors and students on educational placement are required to wear medical masks when providing transportation for children.
 - It is recognized that when an identified positive case has been declared, anyone who was in close proximity of the individual without a mask for more than 15 minutes, may be considered high risk. It should be recognized that any exposure presents a risk of contracting COVID-19.
3. Face shields or approved goggles (eye protection)
- Face shields or approved goggles are required to be worn indoors when individuals are working in close contact with children who are not wearing face protection (children younger than grade 1)
 - While outdoors, face shields or approved goggles are not required but will be readily available for use
 - Eye protection for drivers providing transportation for children should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with children, such as during boarding and exiting.
 - It is recognized that when an identified positive case has been declared, anyone who was in close proximity of the individual without a mask for more than 15 minutes, may be considered high risk. It should be recognized that any exposure presents a risk of contracting COVID-19.
4. Gloves and gowns
- Gloves and gowns may be worn when individuals come in contact with a child exhibiting respiratory symptoms or objects that may be contaminated.
 - Gloves and gowns are disposable and single use, and must be disposed of after the task is completed
5. Children
- All children in grades 1 and above are required to wear a non-medical or cloth mask while inside 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).

Exemptions

Staff, providers and anyone in the home may consider the following exceptions to the requirement of wearing masks and or eye protection indoors

- a. Situations where a child cannot tolerate wearing a mask, or tolerate the educator wearing a mask.
- b. 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:
 - i. Medical condition, mental health condition, cognitive condition or disability that prevents wearing a mask or face covering.

- ii. Medical condition that makes it difficult to breathe or someone who is unconscious or incapacitated.
- iii. 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.
- iv. Individuals who are unable to put on or remove a mask without assistance.
- v. People who require accommodation in accordance with the [Ontario Human Rights Code](#). Every effort will be made to support staff accommodation unless it would amount to undue hardship based on cost or health and safety to staff or families.

4. Screening

1. The [Ministry of Education COVID-19 School and Child Care Screening](#) tool will be completed daily by families, students, essential visitors and staff members, providers and all their household members. If families, students, essential visitors staff members or providers or their household members are 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 and symptoms have subsided;
 - 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.

If the child care staff, provider, placement student, child, visitor or someone within the household received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, 2 and no other symptoms, they should respond “no” in the screening tool and may continue to attend the child care program if they are feeling well enough to do so.

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 10 days from their last contact with that symptomatic individual

2. A staff member/screener will actively confirm screening for children and adults has been completed and passed before allowing access to the program.
3. Staff members, providers, screeners, students and visitors will send email confirmation of the results of the completed screening to the program prior to entering the building.
4. Screeners will remain 2 meters from those being screened, or be separated by a physical barrier and use appropriate PPE.
5. In person screening will be performed in the event that an individual is not screened prior to arriving at the child care setting.
6. Markings will be used to facilitate social distancing for families at pick up and drop off areas.
7. A staff member will greet the family and child at the door during drop off and pick up.

8. Masking is required by staff and parents at pick up and drop off areas where 2 meters cannot be maintained unless there is a medical exemption.
9. Staff will accompany the child to and from their room honouring physical distancing measures and protocols in the hallway.
10. Individuals who do not pass screening are not permitted to attend the program.
11. "Close contact" is defined as someone who has been in contact with the confirmed COVID -19 individual for more than 15 minutes, within a 2-meter distance and with no PPE. If someone within the household has been identified as high risk and under an isolation order, we ask all family members to stay home, isolate and not attend our programs unless fully immunized. See [High Risk Contact Flow Chart](#)
12. The Local Public Health Unit Active Screening Poster and information in regards to PPE requirements and social distancing 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.
13. Entry into the child care program past the screening area will be limited to staff members/providers, children, students and essential visitors. Parents may be permitted under extraordinary circumstances.
14. 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.
15. 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 ill child and notify parents/guardians or emergency contacts for pick up as soon as possible. The ill child should be kept at least 2 metres (6 feet) from other attendees and staff. Provide the ill 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 ill 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 room for ill children.
6. Parents will be informed of any confirmed cases of COVID-19 with documentation from the Communication Coordinator or Health Unit 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 as soon as possible.
3. Providers should complete the online self-assessment tool for further guidance or seek assessment and testing at the nearest assessment centre.

Probable Case

A probable case is when a parent/staff has contacted the program informing of a positive COVID-19 test but not confirmed by the Health Unit or they have been identified as a close contact and have symptoms but test results have not been provided. The Communication Coordinator will provide documentation to be shared with families through Sandbox Software.

Confirmed Case

When a confirmed case of COVID-19 has been identified by the Health Unit and the program has been advised to have children sent home, educators and children will move outdoors (when possible) to await pick up.

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 Coordinator 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 within 24 hours
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 within 24 hours.

6. Staffing

1. All efforts will be made to minimize the number of locations where staff members work.
2. This policy is supported by the *COVID-19 Administration Working From Home Protocol*.
3. Post-secondary students on field placement should be assigned to a specific licensed age group.
4. 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 at all times indoors
2. Participants are encouraged to maintain 2m distance between each other.
3. Seating should be arranged to facilitate physical distancing where possible.
4. 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 where possible. 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. If sensory materials (e.g., playdough, water, sand, etc.) are offered, emphasis should be placed on hand hygiene before and after the use of materials.
5. 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 (e.g. Home Child Care Visits) can be done virtually or in person following the Health Unit Guidelines and wearing medical grade PPE.
6. Where required, the ministry's Building on How Does Learning Happen? Will be used to support the social and emotional health and wellbeing of children and families and collaborate with child and youth mental health agencies
7. High-contact physical activities should take place in outdoor settings, Low contact physical activities are permitted indoors
8. Adequate ventilation will be provided by opening windows, moving activities outdoors as much as possible
9. 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.