



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 wellbeing 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. Prior to entering Compass facilities, all individuals and their families will complete screening.
4. Parents will be informed of the COVID-19 policy at registration and be notified of any policy updates using Sandbox Software.
5. Parents will be informed of any confirmed cases of COVID-19 within their program.
6. 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.
7. Staff members, students and providers will review this policy during orientation and when changes occur.
8. Visitors are required to review and complete the Visitor Sign In protocol before entering any CELC child care premises or locations, including centre based and home child care.

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. Compass ELC Hand Hygiene Guidelines will be followed.

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.

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 according to Compass ELC Sanitary Housekeeping Guidelines. Centres and School Age Care will document their cleaning and disinfecting using the COVID-19 cleaning duty checklist. HCC providers will document cleaning and disinfecting in their Log Books.
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 where possible.
6. Mouthed toys should be cleaned and disinfected immediately after the child is finished using them.
7. Where outdoor play structures, either on premises or in the community are used, there will be a focus on proper Hand Hygiene
8. 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. Training

Staff, providers and other adults in the home will receive training at orientation on:

- a. How to properly complete the screening process,
 - b. The use of Personal Protective Equipment where applicable
2. Each program will create a site-specific Plan that outlines considerations for PPE, visitors entering the program, and drop off and pick up procedures of children, taking into account results from parent, staff and providers surveys as well as COVID statistical data and information provided by the local Health Unit.

4. Immunization and Disclosure

Staff and Providers: CELC recognizes the importance of immunization of individuals regularly interacting and providing services to children. Due to the nature of their work and potential for exposure in the community, CELC will support all staff to receive the vaccine.

Vaccination Status Disclosure

1. All staff and providers will provide proof of COVID-19 vaccination status. As of Feb 11, 2022 proof of vaccination includes an enhanced vaccine certificate with a QR Code as outlined by the Ministry of Health <https://covid-19.ontario.ca/proof-covid-19-vaccination>

Those who have made the personal decision to not be fully vaccinated by October 31, 2021 or who have not been approved for an exemption will be offered an unpaid leave of absence for up to 6 months, or until they are fully vaccinated or the pandemic is declared over by World Health Organization.

Exemptions

1. Compass ELC requires all staff and providers to be fully vaccinated against COVID-19 with a Government of Canada approved vaccine unless granted an approved exemption from Human Resources. For all currently employed staff or providers, exemption request are due prior to employment. ([See Form](#))
 - a. Exceptions will be made for those who are unable to receive a COVID-19 vaccine for medical reasons, as documented by a physician or nurse practitioner, unless it would amount to undue hardship for Compass ELC. The documentation will indicate if the exemption is permanent or time limited. ([Request for Medical accommodation Form](#)) Information around frequently asked questions can be found at [OHRC](#)
 - b. Any staff or provider who cannot be vaccinated on grounds of religion or creed recognized by the Ontario Human Rights Code, may complete an accommodation request for consideration. ([Request for Creed Accommodation Form](#))
 - c. Those with approved exemptions or accommodations will be required to participate in an education session and provide confirmation of completion. Rapid testing may be required as outlined by the Ministry of Health.

All other household members over 18 years of age present in a providers home will be required to be fully vaccinated against COVID-19 and provide proof unless with medical exemption or approved accommodation request which may include a guarantee that the unvaccinated individual will not access the licensed space while children are in care. Families will be informed of all unvaccinated household members and visitors, as well as the strategies to reduce risk and exposure to the children in the home. Providers are responsible to record proof of vaccination of household members and visitors.

5. Screening and Isolation Requirements

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.
2. Individuals who do not pass screening are not permitted to attend the program.
3. Educators will conduct a visual check of children entering the program and periodically throughout their time in program.
4. To minimize the spread of contagious illness, we ask that parents keep their children home when they are not feeling well.

6. 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.
2. Clean and disinfect the space and items used by the sick child, staff or student.
3. All staff members are aware of a designated room for ill children.
4. Families will be provided with rapid test kits where available.

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 will be provided rapid tests where available.

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 will be provided with rapid test kits where available

Outbreak

1. A COVID-19 outbreak may be declared by the local Health Unit when 30% of the program is absent with confirmed cases of COVID 19
2. Where an outbreak is declared, local health Unit directives will be followed.

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

1. When there is an unplanned disruption of service due to a closure determined by the Local Health Unit or a voluntary closure of a child care or home child care premise related to COVID19, a Serious Occurrence must be reported within 24 hours.

7. 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.

8. Meetings and Common Spaces

1. Where teams from different sites meet in a common space, 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.

9. 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.
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. Adequate ventilation will be provided by opening windows, using Air Purifiers and HEPA Filters and moving activities outdoors as much.

10. 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 being 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.