



## **COVID - 19 Policy**

Our organization is committed to the health and safety of our employees and the prevention of occupational injuries and disease. It is our responsibility to be the benchmark in effectively managing and communicating our programs regarding health and safety and maintaining compliance with the occupational health and safety act and related regulations.

To this end, every employee is responsible for working in a safe and healthy manner/environment and promoting a secure and hazard free environment.

### **TERRY TAN CHILD CENTRE**

- Recognizes that an essential part of our business is dependent on providing a safe and healthy work environment where every individual has been empowered to participate in our health and safety program.
- Recognizes and will take every reasonable step in ensuring a healthy and safe work environment.
- Recognizes and supports the efforts of our Health and Safety Representative.
- Recognizes that accidents and illnesses can be controlled, reduced, or eliminated.
- Recognizes the responsibility of both workers and supervisors to work safely and report all unsafe working conditions and ensure that safe and healthy working conditions are maintained.
- Recognizes all applicable government guidelines, standards, regulations and acts are a minimal requirement and we will meet or exceed these requirements.
- Recognizes that all employees of **TERRY TAN CHILD CENTRE** will have a Health and Safety component as a part of their yearly performance appraisal.
- Recognizes that an Early and Safe Return to Work Program as promoted by the WSIB is an effective way of providing rehabilitation for the injured/affected worker.
- Firmly believes that the incorporation and implementation of proven health and safety principles and practices are an effective way of providing responsible management.

Administrative staff will ensure positions are delegated to frontline staff on a weekly basis. Positions will be screeners, runners, cleaners and educators in classrooms. All frontline staff will be trained on ALL positions and will have the opportunity to fulfill all roles. Specific roles are to be maintained by those staff for the week. They must not change or fill in different roles unless a staff becomes sick due to safety measures. Staff and children will maintain physical distancing, use appropriate PPE, follow proper hygiene, follow all guidelines of TPH/CCLS etc., screening practises, read and follow updated policies/procedures and modules (training), communicate frequently, disinfect all high touch areas/toys when touched and maintain decreased ratios.

## **Environmental Cleaning and Disinfecting Policy and Procedures:**

### 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 kill 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.

**Disinfecting:** describes a process completed after cleaning in which a chemical solution (i.e., Accel PREvention Ready-to-Use (RTU)), 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.

### Procedures

All products including cleaning agents and disinfectants must be out of reach of children, labelled, and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in the WHMIS (blue) binder.

### Disinfecting

Accel PREvention Ready-to-Use (RTU)), was approved by TPH for use in our child care centres as a disinfectant.

For general environmental disinfection of high touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution use Accel PREvention, which comes ready to use in spray bottles, the contact time for disinfecting is 3 minutes.

Disinfecting using Accel PREvention Tb Ready-To-Use (RTU) Spray  
Put on gloves and mask, if the employee has scent sensitivities. Spray or wipe on Accel PREvention 3 minutes solution and leave on the surface for the appropriate disinfecting contact time (3 minutes). Ensure the spray setting is on stream and not mist.

Once the 3 minutes 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 (i.e. lunch tables, high chair tray, floor, toy 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

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

Any hard surfaces such as door knobs, stair rails

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

Highchairs: must be cleaned and disinfected before and after serving food

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).

Floors: cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play

Floor Mats: cleaning and disinfecting must be performed throughout the day, and at a minimum of twice daily

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. It is recommended to limit the amount of outdoor play equipment in use

High-touch surfaces: any surfaces at your location that has frequent contact with hands (e.g., light switches, 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, attendance binders etc., these must be disinfected between users.

Note: Most areas are best cleaned with Accel PREvention and do not require a final rinse if children do not come into contact with them.

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 etc.)

Clean and disinfect as required:

Blood/Bodily Fluid Spills: Using the steps below, the surface must be cleaned first then disinfected:

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

Gather all supplies, perform hand hygiene, then put on single-use nitrile gloves

Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag

Clean the spill area with detergent, warm water and single-use towels

Rinse to remove detergent residue with clean water and single-use towel

Discard used paper towels and gloves immediately in a tied plastic bag

Spray Accel PREvention Ready-to-Use Disinfectant in and around the spill area and allow the appropriate 3 minute disinfecting contact time

A final rinse is required if children come into contact with the area

Remove gloves as directed and discard them immediately

Perform hand hygiene as directed

Notes:

If the spill includes broken glass, ensure a brush and dustpan is used to pick it up and discard. Disinfect the brush and dustpan after use. NEVER use your hands to clean up the glass

If the spill occurs on a carpet, follow the above steps along with professional steam/wet cleaning the carpet. Contact AMU to arrange for cleaning

Please refer to the TPH, 'Blood and Bodily Fluid Spills' poster for further guidance

Crib and cot cleaning and disinfecting:

Cots and cribs must be labelled and assigned/designated to a single child per use

Cots and cribs must be cleaned and disinfected before being assigned to a child

Crib mattresses must be cleaned and disinfected when soiled or wet and before being assigned to a child

High touch surfaces on cots and cribs must be disinfected at least twice per day and as often as necessary

Cots must be stored in a manner which there is no contact with the sleeping surface of another cot

Bedding must be laundered daily on the "hot" setting, and when soiled or wet

Additional Infection Prevention and Control Practices for Hygiene Items

Pacifiers must be individually labelled and stored separately (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

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

Linens must be washed on the "hot" setting.

**Physical Distancing Measures:**

All parents must wear face coverings/masks when approaching the facility for the screening process. They must maintain a distance of 2 metres/6 feet as designated by markers entering the screening area. All staff and children are to be maintaining the 2 metres/6 feet distance at all times throughout the day.

Classrooms have been prepared to maintain distancing with coloured tape on floors for markers, tape divisions on the tables, shelving and designated markers for the children's seating arrangements.

Scheduled family meetings will be conducted via phone and video conferences.

**Screening procedure:**

Every staff, child and visitor must be screened prior to being admitted into Terry Tan Child Centre. This will be done by prescreening forms sent electronically to staff and parents. Staff must follow the screening checklist for each person and record the outcomes (pass or fail).

**Pre-screening form asks the following questions:**

1. Do you/the child, or any member of your household have any of the following symptoms: fever/feverish, new or existing cough, shortness of breath/difficulty breathing, sore throat or difficulty swallowing, decrease or loss of taste or smell, chills, headache, unexplained fatigue or muscle aches, nausea or vomiting, diarrhea, abdominal pain, pink eye, runny nose or nasal congestion without other known causes? Yes/No

2. Have you/the child travelled outside of Canada within the last 14 days: Yes/No

3. Have you/the child had close contact with a confirmed or probable COVID-19 case? Yes/No

4. Has your child been instructed to stay home and self-isolate? Yes/No

5. Have you/the child been given fever reducing medicine in the last 5 hours? Yes/No

\*When families/staff arrive at the centre the screener will verify answers and take the child/staff temperature. If the child passes, an additional staff will escort the child to the respective cohort.

\*At the end of the day when children are picked up a runner will be stationed upon the parent's arrival. They will then go to children's respective cohort and bring the child to parent.

**Staff scheduling:**

All staff will remain in the same designated positions for 1 week.

There will be two staff per room with an early and late shift per room so cohorts are not mixing. Breaks and lunches are covered by one another in the designated rooms. There will be 3 designated for screener, runners and cleaners. All pre-planned grouped events have been cancelled for the time being. All in person meetings will be conducted via phone and video meeting.

## **Response Plan to confirmed or suspected cases:**

If a staff or child presents symptoms while in care or during worktime, they are to be immediately excluded from the program, parents called (child) and they are to be picked up as soon as possible.

If there is a confirmed or suspected case of COVID the following will take place:

\*Report as a **SERIOUS OCCURRENCE**

\*TPH, CCLS will be notified and advice followed

\*TPH conducts an investigation where the person with COVID may have acquired the infection and with whom they came into contact with.

## **Exclusion of Sick Children/Child Care Staff Policy and Procedures**

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

- Ill children will be separated from all other children to the designated exclusion room, and will be supervised and monitored by a staff until they are picked up from care by a parent/guardian
- 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).

If you suspect a child has symptoms of a reportable communicable disease (refer to Terry Tan Child Centre Guidelines for Common Communicable Diseases), please report these immediately to TPH's Communicable Disease Surveillance Unit (416-338-7600 press 8 then 5).

### **When to exclude**

Child care employees should exclude a sick child when the child has any signs and/or symptoms that are greater than normal, or if the child is unable to participate in regular programming because of illness.

Exclusion Examples:

- If the child has one or more of the following symptoms fever, cough, muscle aches and tiredness or shortness of breath
- Symptoms defined as greater than normal would be if a child has diarrhea consistent with teething, and an additional symptom presents itself, such as lethargy

## **How to exclude**

- Supervise the child in a designated room with a hand washing sink and/or hand sanitizer available
- Notify parents/caregivers of the sick child for pick up
- Only one staff should be in the designated exclusion room and attempt physical distancing. If physical distancing cannot be avoided, staff should wear a mask and gloves. In addition, staff should perform hand hygiene and attempt to not touch their face with unwashed hands
- If possible, a mask should be placed on the ill child, but only if the child is able to understand that they cannot touch it
- Increase ventilation in the designated exclusion room if possible (e.g., open windows)
- Clean and disinfect the area immediately after the child has been sent home
- Staff and children who were in the same room with the ill child will be grouped together and not mixed with other care groups for 14 days
- Staff should self-monitor for symptoms for the next 14 days. During this period, they should avoid contact with vulnerable persons or settings where there are vulnerable persons (i.e., long-term care homes)
- Staff will inform parents/guardians of children who were in the same room of possible exposure, and should monitor their child for symptoms
- Children who are being managed by Toronto Public Health should follow their instructions to determine when to return to the child care centre

## **Surveillance**

Ensuring that all environmental conditions are constantly monitored is essential in prevention and reducing illness. Employees must monitor for an increase in above normal amount of illnesses among other employees and children by looking at the normal occurrence of illness at that location and during the specific time period.

### **Ensure surveillance includes the following:**

- Observe children for illness upon arrival
- Record symptoms of illness for each child including signs or complaints the child may describe (e.g., sore throat, stomachache, head ache etc.)
- Record the date and time that the symptoms occur
- Record the room the child attends (e.g., room number/description)
- Record attendances and absences

**Individuals with a laboratory confirmed positive COVID-19 test**

Staff and children must stay home and self-isolate for 10 days from the day their symptoms first appeared. They may return to the centre 10 days if they do not have fever (without use of medication) and their symptoms have been improving for 24 hours or longer. Staff and children who are being managed by TPH must follow TPH instructions to determine when to return to Terry Tan. Staff must also report to the administration team prior to return to work when applicable. Clearance tests are not required for staff or children to return to the centre.

**Close contacts of someone with COVID-19**

Child care staff and children (i.e. contacts) exposed to a confirmed case of COVID-19 must be excluded from the centre for 14 days from the day of their last exposure: These individuals must self-isolate at home and monitor for symptoms for the next 14 days. Individuals who have been exposed to a confirmed case of COVID-19 should get tested. Staff and children who were exposed to a confirmed case of COVID-19 will need to continue to self-isolate for 14 days even if their test is negative.

**Returning from exclusion due to illness**

If an ill child who has not been exposed to someone with COVID-19 has a negative test result, they can return to the setting 24 hours after their symptoms start improving, the child is well enough to participate in the program activities and they pass screening upon returning to the centre.

**Return to care for children with symptoms who tested for COVID-19**

If an ill child who has not been exposed to someone with COVID-19 has a negative test result, they can return to the setting 24 hours after their symptoms start improving, the child is well enough to participate in program activities and they pass screening.

## **Return to care for children with symptoms who are not tested for COVID-19**

For children who do not go for testing and do not have an alternative diagnosis (i.e. a new or worsening symptom not related to an existing medical condition), if they have:

One of the following symptoms: fever, cough, difficulty breathing or loss of taste/smell

One of the following symptoms that does not improve in 24 hours: sore throat, stuffy/runny nose, headache, nausea/vomiting/diarrhea, muscle ache/fatigue.

Or Two of the following symptoms: sore throat, stuffy/runny nose, headache, nausea, vomiting, diarrhea, muscle ache/fatigue The parent/guardian should ensure that the symptomatic child self-isolates for 10 days from the date their symptom(s) started, and contact a health care provider for further advice or assessment, including if the child needs a COVID-19 test or other treatment. The child may return to the centre after 10 days if they do not have a fever (without taking medication), their symptoms are improving for 24 hours and the individual is well enough to participate in program activities. The supervisor may allow children that have not been tested to return to the centre based on an alternative assessment made by a physician or health care practitioner regarding symptoms or the determination that COVID-19 testing is not required. Medical notes are not recommended or required by Toronto Public Health. Parents can complete a Return to Child Care Confirmation Form to confirm their child is well and may return to the centre.

### **Policy and Procedure Review**

This policy and procedure will be reviewed and signed off by all employees before commencing employment/unpaid placement at Terry Tan Child Centre, and at any time where a change is made.

## **See addendum to the Food Policy**

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Signature  
President of Board of Directors  
**TERRY TAN CHILD CENTRE**

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Date