

# **CDSSAB COVID-19 Response Plan**

for

**Child Care Centres in the District of  
Cochrane**

Version 26- Effective September 15, 2022



**In collaboration with the  
Porcupine Health Unit**

## **PURPOSE:**

Regulations in the Child Care and Early Years Act require that all Licensed Child Care Centres offering childcare services during the COVID-19 outbreak practice good health and sanitary practices daily. Child Care Centres that have a purchase agreement with the Cochrane District Social Services Administration Board will be expected to comply with this guideline created in partnership with the Porcupine Health Unit as a minimum expectation. The document was created using guidelines and directions from the Ministry of Education and recommendations from the Porcupine Health Unit. Child Care centres may adopt this document as their COVID-19 Response Plan. This is a living document and may be revised upon new advice or changing information. Child Care Centres will be notified by email of any revisions to the document. The document will be available for families and the general public on the CDSSAB website, [www.cdssab.on.ca](http://www.cdssab.on.ca). This guidance document has been designed for use in conjunction with the Child Care Centre and Home Child Care Agency Licensing Manuals, the CCEYA and its regulations. In the event of a conflict between this document and the licensing manuals, this document will prevail. Advice of the local public health unit must be followed, even in the event that it is different from this guidance document.

## **POLICY:**

All Child Care Educators and staff will adhere to the following procedures and practices as set out below to promote good health and sound daily sanitary practices.

**\*\*Please note that the Ministry of Education, Chief Medical Officer of Health and the Local Chief Medical Officer of health may make sudden changes that may impact this guideline. The guidelines of this plan may change quickly and may be noted in memos directed to CMSMs/ DSSABs and / or Child Care Licensees. Always follow changes in memos while awaiting the revised CDSSAB COVID-19 Response Plan for Child Care Centres in the District of Cochrane.**

## **Inspections**

The Porcupine Health Unit will continue their mandated Food Premise Inspections.

Ministry staff will conduct in-person monitoring and licensing inspections of child care centres, home child care agencies, home child care premises, and in-home services where necessary.

## **Licensing Processes and Renewals**

Licences are required to be amended, if necessary, to ensure director approvals and conditions on the licence align with new restrictions.

To support the operational needs of licensees, the ministry will prioritize and expedite the review of requests to revise and amend licences.

Licensees are required to meet all the requirements set out in the Child Care and Early Years Act, 2014 (CCEYA) and its regulations and to obtain all necessary municipal (CDSSAB) approvals to support licence revision requests.

Licensees must follow all current ministry and CMSM/DSSAB policies and guidelines.

## **MAXIMUM GROUP SIZE**

### **All Programs**

Child care settings may operate using maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak).

**For All Child Care Centres including before and after school programs:**

Understanding that staff will require breaks, any staff member that replaces a group staff member must abide by the following:

- Must wash hands upon entry of the room.
- Must wash hands upon leaving the room.

**HEALTH & SAFETY PROTOCOLS**

Every licensee must ensure that there are written policies and procedures outlining the licensee's health and safety protocols. These policies and procedures must be consistent with any direction of a local medical officer of health and include information on how the child care setting will operate to prevent and minimize the impact of COVID-19 in child care settings.

Under the Occupational Health and Safety Act (OHSA), employers must take every reasonable precaution to protect the health and safety of workers.

**Signage**

Signs are recommended to be posted to:

- Advise that a room/area is used for isolation purposes
- Remind staff to clean and disinfect tables and chairs after use
- Appropriate use of hand sanitizer and the handwashing procedure (see How to Wash Your Hands).

**Employee Illness Requirements under Health and Safety**

The Service Provider must have a written policy and procedure if a childcare worker is suspected to have or diagnosed with COVID-19. The childcare worker must remain off work until they have satisfied the conditions outlined in the most recent public health guidelines and this COVID-19 Response Plan.

At minimum, the Service Provider must follow guidelines provided by the Ministry and CDSSAB of when the childcare worker can return to work. The CDSSAB may be consulted when necessary. Contact the Program Manager of Childcare Quality Assurance, Cathy Courville or in her absence, Director of Children's Services, Shannon Costello. Childcare workers should also report to their Employee Health/Occupational Health and Safety department prior to return to work.

If the child care worker's illness is determined to be work-related: In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- a. Ministry of Labour;
- b. Joint health and safety committee (or health and safety representative); and
- c. Trade union, if any.

Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

## **Testing**

As you are aware, the ministry has made 3.6M rapid antigen tests (RATs) available to school boards and child care on a bi-weekly basis. This allocation was based on providing 2 tests per child/staff/provider at 30% of total enrolment/staff headcount for schools and child care centres. Bi-weekly shipments of RATs will continue to support symptomatic testing for staff, providers and children. Licensees are expected to continue distributing RATs to staff/providers and children who return from an unplanned absence.

For programs co-located with publicly funded schools, tests will be made available through the school/school board. For community-based programs, tests will be made available through the local service system manager. Licensees who are located within a school are required to notify Director of Children's Services, Shannon Costello if there are any issues around delivery of tests from the school board. Service providers should have a conversation with the Designated School Board Early Years Lead around delivery of tests after they have been notified by the respective school board of tests delivery. Licensees will be required to de-kit boxes in order to provide five rapid antigen tests per individual.

Children, staff, and providers will be required to self-monitor using the latest Ministry of Health screen each day. The five rapid antigen tests provided are to be used when individuals are symptomatic. Tests for children should be sent home with families to complete testing at home.

## **Personal Protective Equipment**

In alignment with community masking requirements, masks will no longer be required for staff, providers or any other individual (including children) at the child care or on transportation. Eye protection for staff will also no longer be required. As some children, staff/providers may choose to continue to wear masks or eye protection, the government will continue to provide free masks and eye protection. Licensees will be able to continue to receive these items through the Ministry of Government and Consumer Services. In addition, we know that many children and staff may choose to continue to wear masks at times, or consistently. We encourage child care licensees to promote respectful, welcoming and inclusive practices and communications within their communities. A reminder that under current federal travel requirements, upon return from international travel, individuals must, wear a mask at all times when in public spaces (including schools and child care), maintain a list of all close contacts for your first 14 days in Canada, and monitor yourself for signs and symptoms of COVID-19. Licensees must include information on the use of PPE in their health and safety protocols that is consistent with the information in this section as well as any direction provided by their local public health unit.

There are times when there is a requirement to wear a medical mask and eye protection, as these situations are a higher level of risk and wearing PPE at all times is important. These times are when:

- In the isolation room with ill children

- When cleaning blood and bodily fluid spills

### **Proper Use/Wearing of PPE:**

#### **How to Wear a Mask**

Properly wearing of masks, includes:

- On the face properly covering the mouth and nose
- Not lifted or dropped to the chin or around the neck
- All straps must be securely fastened
- Masks are single use and must only be touched with clean hands. If you touch your mask you must wash/sanitize your hands immediately after. Change your mask if it becomes moist, dirty, you touch it with soiled hands, or it comes into contact with another surface

#### **Eye Protection**

Staff can choose between face shields or safety goggles

#### **Gloves**

Types of gloves used are:

- Disposable nitrile or vinyl gloves- Used for tasks that include anticipated contact with blood and/or bodily fluids
- Dishwashing style gloves - Used for mixing disinfectant or immersing hands in sanitizer / disinfectant. These are reusable, staff should be assigned their own pair, and they should be disinfected after use

#### **Gloves must be worn when:**

- It is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces.
- Toileting routines, diaper changes
- Mixing sanitizer and disinfecting products.
- When conducting in-person screening and temperature checks. Gloves must be replaced, and hand hygiene performed if you touch the individual while screening them.
- Hand hygiene must be practised before donning (putting on) and immediately after removing (doffing) gloves.
- Nitrile/vinyl gloves are task specific (i.e., gloves must be changed, and hand hygiene practiced when changing tasks)
- Using gloves does not replace the need for hand hygiene
- Hands must be clean and dry before putting on gloves Ensure gloves are intact, clean and dry inside
- Consider removing jewelry which could tear/puncture the gloves
- Do not use hand sanitizer on gloves

#### **Confirmation of Screening**

Daily confirmation of screening for children and staff/provider will no longer be required by licensees. Individuals should continue to self-screen every day before attending child care using either the COVID-19 school and child care screening tool, or a screening tool designated by the local public health unit. The screening tool has been updated to align with the updated COVID-19

Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge 3  
The ministry recognizes that these changes are significant. Moving toward normalcy is a welcome change for many. However, some staff/provider and families may find this transition challenging. Licensees are encouraged to support staff/providers and families with clear communication about these changes.

## **SYMPTOMS OF COVID-19**

When assessing for the symptoms below, the focus should be on evaluating if they are **new, worsening, or different from an individual's baseline health status** (usual state). Symptoms should not be chronic or related to other known causes or conditions (see examples below).

**One or more of the following most common symptoms of COVID-19 necessitate immediate COVID-19 testing and treatment if eligible:**

### **Fever and/or chills**

**Cough:** Not related to other known causes or conditions (e.g., chronic obstructive pulmonary disease)

**Shortness of breath:** Not related to other known causes or conditions (e.g., chronic heart failure, asthma, chronic obstructive pulmonary disease)

**Decrease or loss of smell or taste:** Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders)

**Two or more of the following symptoms of COVID-19 necessitate immediate COVID-19 testing and treatment if eligible:**

**Extreme fatigue:** (general feeling of being unwell, lack of energy, extreme tiredness): Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia, malignancy, receiving a COVID-19 or flu vaccine in the past 48 hours)

**Muscle aches or joint pain:** Not related to other known causes or conditions (e.g., osteoarthritis, fibromyalgia, receiving a COVID-19 or flu vaccine in the past 48 hours)

**Gastrointestinal symptoms (i.e., nausea, vomiting and/or diarrhea):** Not related to other known causes or conditions (e.g., transient vomiting due to anxiety in children, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication)

**Sore throat** (painful swallowing or difficulty swallowing): Not related to other known causes or conditions (e.g., post-nasal drip, gastroesophageal reflux)

**Runny nose or nasal congestion:** Not related to other known causes or conditions (e.g., returning inside from the cold, chronic sinusitis unchanged from baseline, seasonal allergies)

**Headache:** Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines, receiving a COVID-19 or flu vaccine in the last 48 hours)

**Other symptoms that may be associated with COVID-19 include:**

**Abdominal pain:** Not related to other known causes or conditions (e.g., menstrual cramps, gastroesophageal reflux disease)

**Conjunctivitis (pink eye):** Not related to other known causes or conditions (e.g., blepharitis, recurrent styes)

**Decreased or lack of appetite**

**Individuals with any of the above symptoms are recommended to self-isolate and stay at home until fever is resolved and their symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms)**

Please use CCEYA for actions and exclusion guidelines for other common childhood communicable diseases.

**Absence Reporting**

To continue ongoing monitoring of COVID-19 impacts, licensees will continue to be expected to report absenteeism rates to public health units should they rise to a defined level (approximately 30% above their baseline). Under the CCEYA, licensees must ensure that a daily observation is made of each child receiving child care in each child care centre it operates before the child begins to associate with other children in order to detect possible symptoms of ill health. Licensees are also required to ensure that where a child receiving child care at a child care centre it operates appears to be ill, the child is separated from other children and the symptoms of the illness noted in the child's records. As a reminder, anyone who is sick or has any new or worsening symptoms of illness should stay home until their symptoms are improving for 24 hours (or 48 hours for nausea, vomiting, and/or diarrhea) and should seek assessment from their health care provider if needed. Childcare centres are to continue to submit the Absenteeism Rate Reports to [inspections@porcupinehu.on.ca](mailto:inspections@porcupinehu.on.ca). This needs to be completed **each day** that you have reached 30% absenteeism for children/staff present that day. Emails must include Program Manager of Child Care Quality Assurance, Cathy Courville.

**Updated Case and Contact Management Guidance**

The Ministry of Health has revised the COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge, with updated guidance for close contacts in the community and in households:

Population	Isolation Period	Additional Precautions after Self-Isolation Period
<p><b>All other individuals not listed above</b> who have <b>COVID-19 symptoms OR</b> a positive COVID-19 test (PCR, rapid molecular or rapid antigen test)</p>	<ul style="list-style-type: none"> <li>· Until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present.</li> <li>· Asymptomatic individuals with a positive test result do not need to self-isolate unless symptoms develop. If symptoms develop, they should self-isolate immediately</li> </ul>	<ul style="list-style-type: none"> <li>· For a total of <b>10 days</b> after the date of specimen collection or symptom onset (whichever is earlier/applicable), individuals should: <ul style="list-style-type: none"> <li>○ Continue to wear a well-fitted mask in all public settings (including schools and childcare, unless under 2 years old) and avoid non-essential activities where mask removal is necessary (e.g., dining out, playing a wind instrument, high contact sports where masks cannot be safely worn) <sup>4</sup></li> <li>○ Not visit anyone who is immunocompromised or at higher risk of illness (e.g., seniors)</li> <li>○ Avoid non-essential visits to highest risk settings such as hospitals and long-term care homes</li> </ul> </li> </ul>

**Close Contacts Outside of Highest Risk Settings**

For a total of 10 days after the last exposure to the COVID-19 positive case or individual with COVID-19 symptoms, the individual notified by a case should:

o **Self-monitor** for symptoms. They should self-isolate immediately if they develop any symptom of COVID-19 and seek testing if eligible;

oWear a well fitted mask in all public settings.

- Individuals should maintain masking as much as possible in public settings (including school and child care, unless under 2 years old). Reasonable exceptions would include removal for essential activities like eating, while maintaining as much distancing as possible;
- Participation in activities where masking can be maintained throughout may be resumed, but individuals should avoid activities where mask removal



would be necessary (e.g., dining out; playing a wind instrument; high contact sports where masks cannot be safely worn); and

- Individuals who are unable to mask (e.g., children under two years of age, etc.) may return to public settings without masking.

Avoid non-essential visits to anyone who is immunocompromised or at higher risk of illness (e.g., seniors); and

Avoid non-essential visits to highest risk settings such as hospitals and long-term care homes. Where essential visit cannot be avoided, close contacts should wear a medical mask, maintain physical distancing, and notify the highest risk setting of their recent exposure.

### **Lifting of Cohorting and Distancing**

Cohorting and distancing will no longer be required for indoor or outdoor activities. Licensees are required to ensure ratios, group sizes, reduced ratios and mixed age groupings meet the requirements under the Child Care and Early Years Act (CCEYA), as well as any conditions set out on their licence

### **Serious Occurrence Reporting:**

To continue to support ongoing monitoring and transparency related to COVID-19 impacts on child care, licensees are also required to report program closures related to COVID-19. For child care centres this represents any closure impacting the entire program. For home child care agencies, this represents any closure impacting an entire home child care premises. Both voluntary and public health ordered closures must be reported.

- Where public health orders a closure of the entire child care centre or home child care premises, submit a serious occurrence in CCLS under 'Unplanned Disruption of Service' with the subcategory of 'Public Health Closure of Entire Centre or Home Premises Related to COVID-19'
- Where there is a voluntary closure of child care centre or home child care premises, submit a serious occurrence in CCLS under 'Unplanned Disruption of Service' with the subcategory of 'Voluntary Closure of Entire Centre or Home Premises related to COVID-19'
- Please note that program room closures are not a reportable serious occurrence. Only Public Health Ordered and Voluntary Closures of the entire child care centre or of a home child care premises are a reportable serious occurrence.
- Where there is an existing/open serious occurrence in CCLS for Unplanned Disruption of Service related to COVID-19 and the subcategory for type of closure changes (i.e. Voluntary Closure becomes Public Health Closure or vice versa), please revise the serious occurrence.

If absenteeism rises to a defined level in a child care program (approximately 30% above baseline), licensees are expected to send a template notification to families and staff/providers in the affected child care setting, signed by the local medical officer of health, with information on public health measures for families and staff/providers to follow (for example, monitoring of COVID-19 symptoms). Licensees are encouraged to reach out to their local PHU in this scenario to get access to the required template

## **Hand Hygiene, Respiratory Etiquette, Cleaning and Disinfecting**

In accordance with local public health direction, appropriate hand hygiene, respiratory etiquette, cleaning and disinfecting should continue.

### **Ventilation Measures**

Licenseses and home child care providers are encouraged to implement best practices and measures to optimize ventilation (see Public Health Ontario's guidance: Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19). Adequate ventilation should be provided by opening windows, moving activities outdoors when possible and through mechanical ventilation including HVAC systems. Heating, ventilation and air conditioning systems (HVACs) and their filters are designed to reduce airborne pollutants, including virus particles, when they circulate through the system.

- Ensure HVAC systems are in good working condition.
- Keep areas near HVAC inlets and outlets clear.
- Arrange furniture away from air vents and high airflow areas.
- Avoid re-circulating air.

### **Cleaning Child Care Centres / Homes**

Operators must keep a cleaning and disinfecting log to track and demonstrate cleaning schedules as per the Child Care & Early Years Act, 2014 and Food Premise regulations.

### **Hand Hygiene and Respiratory Etiquette**

Appropriate hand hygiene and respiratory etiquette are among the most important protective strategies. Child care staff, home child care providers, home child care visitors and students on educational placement should be trained and able to assist children on appropriate hand hygiene and respiratory etiquette, including the use of alcohol-based hand rub (ABHR), and reinforcing its use.

Hand hygiene should be conducted by anyone entering the child care setting and incorporated into the daily schedule at regular intervals during the day, above and beyond what is usually recommended (for example, before eating food, after using the washroom).

Child care staff, home child care providers, home child care visitors, students on educational placement and children should be provided with targeted, age-appropriate education in proper hand hygiene and respiratory etiquette. Local public health units can provide additional guidance. Age-appropriate posters or signage should be placed around the child care setting.

- Soap and water are preferred as the most effective method and least likely to cause harm if accidentally ingested.
- ABHR with a minimum 60% alcohol concentration must be available (60-90% recommended, including ideally at the entry point to each child care room) and/or plain liquid soap in dispensers, sinks and paper towels in dispensers.
- ABHR can be used by children. It is most effective when hands are not visibly soiled.

- When hands are visibly soiled (for example, dirt, blood, body fluids (urine/feces)), hands are to be washed with soap and water.
- Safe placement of the ABHR to avoid consumption is important, especially for young children.
- Support or modifications should be provided to allow children with special needs to regularly perform hand hygiene as independently as possible.
- Tissues and lined, no-touch waste baskets (for example, foot pedal-operated, hand sensor, open basket) are to be provided, where possible.

Refer to Public Health Ontario's [how to wash your hands \(PDF\)](#) fact sheet and [respiratory etiquette infographic](#). Refer to Health Canada's [hard-surface disinfectants and hand sanitizers \(COVID-19\): list of hand sanitizers authorized by Health Canada](#), including which sanitizers may be appropriate for different groups of staff and students.

### **STAFF TRAINING:**

As part of ensuring proper use of personal protective equipment and proper hand hygiene the below training must be completed by each staff member.

Public Health Ontario have developed videos to assist with understanding our role in stopping the spread of disease in our community. Links to videos are provided below.. Sign off documents should be kept in order for centres to have a record of staff members having completed updated training.

#### ***7 Steps of Hand Hygiene***

<https://www.publichealthontario.ca/en/videos/7-steps-handhygiene>

Putting on gloves

<https://www.publichealthontario.ca/en/videos/ipac-gloves-on>

Putting on Mask and Eye Protection

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on>

Taking off Mask and Eye Protection

<https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off>

Taking off a Gown and Gloves

<https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off>

Putting on Full Personal Protective Equipment

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

Taking off Full Personal Protective Equipment

<https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

Putting on N-95 Mask

[https://www.youtube.com/watch?v=9Wki4GGU62U&feature=emb\\_rel\\_end](https://www.youtube.com/watch?v=9Wki4GGU62U&feature=emb_rel_end)

Taking off N-95 mask

<https://www.youtube.com/watch?v=lqKCeyjig9o>

Note: Other training opportunities may arise and will be mandated upon need.

### **Liability and Insurance**

All requirements under the CCEYA must be met in addition to the enhanced health and safety measures outlined in this document and by local public health.

Licensees and child care providers may wish to consult with their legal counsel or insurance advisor about any other considerations for operating and providing child care during this period.

Please note that this is a living document and will be updated when required. For questions or concerns about this document, please contact CDSSAB Program Manager Child Care Quality Assurance, Cathy Courville, 705-268-7722 ext. 240 [CourvilC@cdssab.on.ca](mailto:CourvilC@cdssab.on.ca)