

Kayla's Children Centre
COVID-19 Re-Opening Policy and Procedure
KCC COVID-19 Arrival and Screening Policy and Procedure

Purpose

This document has been developed to provide KCC and Camp-18 staff with guidance to promote enhanced health and safety of KCC staff and community and to meet the requirements set by the Ministry of Education in the document "[Operational Guidance during COVID-19 Outbreak - Child Care Re-Opening](#)" using the Ministry of Health Document "[COVID-19 Patient Screening Guidance Document](#)"

Definitions

Cohort: group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days. The maximum size of a cohort is 10 individuals including both staff and students.

Cohorting: grouping together individuals based on potential exposure to a designated disease (COVID-19)

COVID-19: Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people who fall sick with COVID-19 will experience mild to moderate symptoms and recover without special treatment.

Fever: a body temperature higher than 37.7 C or 99.8 F as measured by a reliable thermometer.

Positive Screen: an answer of "Yes" on ANY screening question. Testing, and isolation until test results return will be recommended and enforced.

Negative Screen: answers "No" to ALL screening questions

PPE: Personal Protective Equipment, designed to protect you and those around from the spread of disease causing organisms. Proper PPE use requires training, please see the policy document KCC PPE During COVID-19 or contact the school nurse for any questions.

Staff/Visitor Arrival and Screening Policy

All individuals who wish to enter KCC facilities, including all staff, must be screened for COVID-19 prior entering the KCC building. For the time being this screening will take place on site, in the future we may move to mandatory, daily, online screening prior to staff arrival.

Screening consists of 3 questions about recent activities, and a temperature check. Your temperature will not be recorded to protect privacy.

The Ministry of Health has very strict guidelines on what constitutes a positive screening, testing and isolation guidelines provided by the ministry will be followed and enforced. If you are sick, even if it seems like a minor cold, please do not come to work and refer to Public Health's [COVID -19 Self Assessment](#) for guidance on your next steps.

To facilitate the screening process staff should arrive slightly before their designated start time, be patient and respect social distancing while waiting. Masks/face coverings should be worn until you have been cleared for entry into the building.

Staff and Visitor Arrival and Adult Screening Procedure

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On Arrival

If screening is taking place in an enclosed space, such as a vestibule, please be mindful of physical distance and enter the screening area one at a time and wear a face covering until screening is complete. Screening of visitors, and staff entering through the Front Office entrance is the responsibility of the individual on Front Office duty, others are encourage to assist if office staff is not available.

Head Staff should wait to enter through the KCC Front Office entrance to be screened by front office staff/KCC Nurse. Room heads should then proceed to their assigned entrance(s) to screen counselling staff and then campers upon arrival.

Camp Counsellors/Aides/PSWs should wait to enter at their designated entrance to be screened by head staff. If you are arriving after 9:45am please enter through the Front Office, keep face covering in place until you have reached your program area.

Office/Maintenance/Therapists/Nurse should wait to enter through the KCC Front Office entrance to be screened. Front Office staff and the nurse should assist in screening others as they arrive. If you are first to arrive, please screen yourself and document it in the Daily Screening Log.

Visitors should go home, No Unnecessary Visitors! Necessary visitors should wait to enter through the KCC Front Office Entrance to be screened by front office staff. Visitors who are going to be on the premises for 15 minutes or longer, must also provide contact information in order to facilitate contact tracing. Meetings with parents should be conducted over phone/video/email whenever possible.

Staff/Visitor Screening Procedure:

1. The individual conducting screening should maintain physical separation using physical distancing of 2m combined with surgical/procedure mask AND face shield.
2. Locate staff members name in the screening log, or have them sign into the log book. Visitors must provide a phone number for contact tracing.
3. Begin with screening questions, document results in screening log.
 - i) Have you travelled outside Canada in the past 14 days?
 - ii) Have you tested positive for COVID- 19 or been in close contact with someone who has tested positive for COVID- 19 while not wearing appropriate PPE ?
 - iii) Has the person had any of the following symptoms in the past 24h (* atypical symptoms)
 - Fever
 - New onset of cough
 - Worsening chronic cough
 - Shortness of breath
 - Difficulty breathing
 - Sore throat

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- Difficulty swallowing
- Decrease of loss of sense of taste or smell
- Chills
- Headaches *
- Unexplained fatigue/malaise/muscle aches (myalgias) *
- Nausea/vomiting, diarrhea, abdominal pain*
- Pink eye*
- Runny nose or nasal congestion without other known cause (eg. Seasonal allergies, baseline secretions etc.

iv) If the response to any of these questions is " Yes" you may discontinue further questions as it is considered a positive screening.

4. Perform hand hygiene with alcohol-based hand rub, put on gloves
5. Attach disposable probe cover if applicable, or clean the probe with an alcohol swab for 15 seconds and let it dry (do not blow on it to help it dry).
NOTE: A touchless thermometer is in use/available at the Front Office, skip steps 5, 6 & 7 if using a touchless thermometer
6. Insert the thermometer tip into the ear while gently pulling the ear back, and take a measurement .
7. Dispose of probe tip in the garbage or clean the probe with an alcohol swab for 15 seconds and set aside to dry.
8. Remove gloves, perform hand hygiene with alcohol-based hand rub.
9. Record the temperature in Celsius in the Screening Log Book. A temperature of greater than 37.7 is positive for fever, and a positive screening.
Note: Certain circumstances may cause an elevated body temperature unrelated to fever including exercise, environmental conditions, excessive clothing. If you suspect this might be the case, contact the KCC Nurse for further direction.
10. Score the screening as positive or negative in the Screening Log Book.
11. Staff with a negative screening may enter after performing hand hygiene.
12. Staff with a positive screening should return home, preferably not by public transit, and consult Public Health Ontario's [Self Assessment](#) for further direction.

Camper/Client Screening and Drop-off/Pick-up Policy

Campers will be assigned a colour coded entrance based on their program. A colour coded tag with the campers program printed on the front is to be displayed by parents on their dashboard at pick-up and drop off. Some groups may have a slightly different entry time than others to facilitate physical distancing. Entrance and Exit is to occur exclusively at this location unless the camper arrives after 9:45am. Campers arriving after 9:45am should proceed to the Front Office entrance for screening.

After staff have been screened, they are expected to assist their head staff in screening campers and encouraging social distance prior to screening. A staff member from each program must be present at the their designated entrance from 9am to 9:45am.

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Staff should only assist campers from their own program group (cohort). Staff are not to enter or lean into cars to retrieve campers. If a child requires assistance exiting the car, parent(s) are to remove children from the vehicle. Children who do not ambulate or require assistance with ambulation are not to be carried by staff to the screening area.

Individuals conducting screening are required to maintain physical separation of 2m whenever possible combined with surgical/procedure mask AND face shield. Individuals accompanying students to the program area should also wear a mask/face covering.

Parents are not permitted past screening areas.

Independent Therapy Clients **Independent Therapy Clients** should wait to enter through the KCC Front Office Entrance. Screening is to be documented in the Therapy Log Book. Parents are permitted to attend therapy with their child after screening.

Camper/Client Screening and Drop-off/Pick-up Procedure

1. Program staff will be contacted via walkie-talking when their camper has arrived.
2. While wearing a mask/face covering and maintaining physical distance. The staff member is to meet the camper at the driveway and bring them to their entrance screening area.
3. The individual conducting screening should maintain physical separation using physical distancing of 2m combined with surgical/procedure mask AND face shield.
4. Locate the campers name in the screening logbook. Each entrance/screening area has its own colour-coded log book with the names of campers assigned to that entrance.
5. Look at the child to determine if they have any of the symptoms listed below; or if appropriate, ask them how they are feeling.
 - New or worsening chronic cough
 - Shortness of breath or difficulty breathing
 - Sore throat
 - Difficulty swallowing
 - Decrease of loss of sense of taste or smell
 - Chills
 - Headaches
 - Unexplained fatigue/malaise/muscle aches (myalgias)
 - Nausea/vomiting, diarrhea, abdominal pain
 - Pink eye
 - Runny nose or nasal congestion without other known cause (eg. Seasonal allergies, baseline secretions etc.)
 - Delirium (acutely altered mental status and inattention)
 - Unexplained or increased number of falls
 - Acute functional decline (suddenly can't do things they could before)
6. Perform hand hygiene and take child's temperature as outlined in steps 5-9 in the previous section.
7. Score the screening as positive or negative in the Screening Log Book.

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8. Campers who screen negative may be escorted to their program area by a staff member from their program after cleaning their hands with alcohol based hand-rub.
Note: Hand hygiene should be supervised closely by staff, only a dime sized amount should be used. If you suspect a child has ingested hand sanitizer contact the KCC Nurse immediately.
9. If a child screens positive due to temperature or presence of symptoms, ensure physical distancing of other children, have a staff member stay with them (wearing a mask and face-shield) outside of the screening area and contact the KCC Nurse (DO NOT bring them to the infirmary).
10. The KCC Nurse will confirm the positive screening and contact parents for pick-up. Tissues and a waste container are to be provided to the camper if suitable.

Development of Symptoms of Illness During Programing

If a child or any staff member develops symptoms of illness while camp programing is running, must be isolated at least 2m from other members of their cohort, or in separate room if available. A face mask should be worn by the ill person if it will be well tolerated and they are >2 years old.

Staff members who become ill should notify their head staff, and the KCC nurse. Ill staff should remain in their program area at least 2m away from others, until they are assessed by the KCC Nurse and sent home. Sick staff are recommended not to use public transportation to get home. On return home, staff should contact public health for further direction.

Ill individuals will be given tissues and a waste container, and education about proper respiratory etiquette and hand hygiene.

If a camper becomes ill, contact the KCC Nurse to come and assess the child (DO NOT bring the child to the infirmary). If symptoms are confirmed, the KCC Nurse will contact parents for pick-up.

A staff member from the campers cohort is to remain with the camper wearing mask, face-shield and gloves, and maintaining physical distance from other members of the cohort. If there is potential for body fluids to spray onto clothes, a disposable gown will also be provided to the staff members.

All items used by the sick individual should be cleaned and disinfected. If items cannot be cleaned (books, paper, cardboard puzzles) it should be removed and stored in a sealed container for a minimum of 7 days.

The KCC Nurse will notify public health of the occurrence, follow their directions.

KCC COVID-19 PPE & Infection Prevention and Control Policy and Procedure

Purpose

COVID-19 is a illness causing virus that has been shown to spread from person primarily through exposure to infected respiratory secretions, and surfaces contaminated by these secretions. Appropriate and safe use of personal protective equipment (PPE) protects both the wearer and those around them from spread of pathogens like COVID-19. This document aims to clearly outline when KCC staff are expected to wear PPE, and to provide staff with the knowledge to make safe, informed decisions regarding PPE use while caring for campers. Policies within meet guidelines set out in the

Definitions

Additional Precautions: specific actions that should be taken with individuals that are at risk of transmitting or acquiring disease.

Aerosol: Small droplet of moisture that may carry microorganisms. Aerosols may be light enough to remain suspended in the air for short periods of time, allowing inhalation of the microorganism.

Alcohol Based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time consuming to use than washing with soap and water.

Cleaning: The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

Cohort: group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days. The maximum size of a cohort is 10 individuals including both staff and students.

Contact Transmission: pathogens are transferred from person to person by either direct physical contact (touching, coughing, sneezing or kissing) or indirect contact, when objects become contaminated with a pathogen and a person comes in contact with one of these objects.

Disinfection: The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

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Donning/Doffing: the practice of employees putting on (donning) and removing (doffing) work-related PPE. Donning and doffing of equipment must be done in a specific sequence in order to prevent contamination.

Droplet-Contact Transmission: a pathogen is spread by both contact and droplets. COVID-19 spreads via droplet-contact transmission.

Droplet Transmission: Respiratory illnesses can be spread by droplets that are created when coughing or sneezing into the air. These droplets can be propelled up to two metres through the air, and enter the mucous membranes of the new host.

Eye Protection: A device that covers the eyes and is used by health care providers to protect the eyes when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or within two metres of a coughing client/patient/resident. Eye protection includes safety glasses, safety goggles, face shields and visors.

Hand Washing: The physical removal of microorganisms from the hands using soap (plain or antimicrobial) and running water.

Infection Prevention and Control (IPAC): Evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, other clients/patients/residents and visitors.

N-95 Respirator: A personal protective device that is worn on the face and covers the nose and mouth to reduce the wearer's risk of inhaling airborne particles. A NIOSH-certified N95 respirator filters particles one micron in size, has 95% filter efficiency and provides a tight facial seal with less than 10% leak.

Personal Protective Equipment (PPE): Clothing or equipment worn for protection against hazards. **Point-of-Care:** The place where three elements occur together: the client/patient/resident, the health care provider and care or treatment involving client/patient/resident contact.

Respiratory Etiquette: Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g., covering the mouth when coughing, care when disposing of tissues).

Routine Practices: The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used during all care to prevent and control transmission of microorganisms in all health care settings. Routine practices are based on the assumption that all blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items are potentially infectious.

Mask: loose-fitting, physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. It is meant to help block large-particle droplets, splashes, sprays, or splatter, that may contain germs, and keeping it from reaching your mouth

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and nose. Masks may also help reduce exposure of your saliva and respiratory secretions to others.

Pathogen: any micro-organism that is capable of causing a disease. Includes bacteria, fungi and viruses.

Personal Protective Equipment Policy

KCC/Camp-18 shall ensure that the equipment, materials and protective devices as prescribed are provided and the equipment, materials and protective devices provided by the employer are maintained in good condition. Staff will use or wear the equipment, protective devices or clothing that their employer requires to be used or worn and report to their supervisor any missing or broken equipment or protective device which may endanger themselves or another worker

If physical distance and separation cannot be maintained, staff will be provided personal protective equipment (PPE) consisting of surgical/procedure mask and eye protection (goggles or face shield) by KCC. Staff must use personal protective equipment (PPE) as outlined below. Staff will be trained on the proper use, care and limitations of any required PPE.

Within and Between Cohorts

Staff and campers are not required to wear PPE while with their cohorts in their program area. Any staff member visiting a cohort that they are not a member of (therapists, nurses, supervisors, maintenance staff etc.) they must wear a face mask and maintain physical distance.

When a cohort is moving within the school building, staff is required to wear a mask while in the hallway.

Physical distance of 2m must be maintained between cohorts at times, if this is not possible (eg. during a fire drill), campers >2years of age should also wear a mask if tolerated.

Cohorts may be made up of exclusively staff (eg. Front Office Staff), when entering these spaces a mask is to be worn by visiting staff, and physical distance of 2m is to be maintained. This is to be enforced with door signage.

Entrances and Common Areas

Masks must be worn by all staff when in all shared, indoor spaces, where individuals from a different cohort may be present. Including hallways, offices, stairwells, entrances, staff room and conference rooms. This will be enforced with appropriate signage.

Providing Care

Routine practices should be followed when providing care to campers/clients. Staff must assess the risk of coming into contact with blood, bodily fluids (not including sweat) and non-intact skin and identify the strategies that will decrease exposure and transition of microorganisms. PPE must be changed between campers you are

Personal Care/Toileting

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Staff must wear, at minimum, a mask and gloves when providing personal care or toileting to any camper. If there is risk splashing, or spraying of body fluids additional PPE is to be worn as appropriate. Always wear disposable gloves when changing diapers.

Feeding

Staff must wear gloves when assisting campers during meal times. Gloves must be changed between campers. If there is risk splashing, or spraying of body fluids additional PPE is to be worn as appropriate.

Pick-up, Drop-off and Screening Area

Screeners should take appropriate precautions when screening, including maintaining a distance of at least 2 metres from those being screened, and wear PPE consisting of surgical/procedure mask, gloves, and goggles or face shield.

During pick-up and drop-off staff are to wear a surgical/procedure masks when accompanying children to waiting parents.

Campers/Clients

The use of masks in children, especially children <2 years old, is not recommended.

Campers may travel within the KCC building without masks as long as a distance of 2m can be maintained from between cohorts.

Campers are only to wear masks if:

- A child is exhibiting signs/symptoms of an illness
- Physical distancing cannot be maintained between cohorts (such as during a fire drill)
- The mask is tolerated by the child

Mask Use

A mask is worn to protect a child care provider from pathogens that may enter the mucous membranes of the mouth and nose.

Appropriate mask use includes the following:

- Wash hands prior to putting on the mask
- The nose and mouth should be securely covered by the mask
- Change the mask if it becomes wet
- Do not touch the mask when wearing it
- Do not allow the mask to hang or dangle around the neck
- Do not reuse single-use disposable masks • Wash your hands after removing the mask

Eye Protection Use

Eye protection should be worn to protect the mucous membranes of the eyes when there is a chance of generating splashes or sprays of body fluids. Eye protection that is disposable is to be

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discarded after each use. If eye protection such as goggles can be reused, they must be cleaned and disinfected after each use.

Gown Use

Gowns must be worn by staff to protect uncovered skin and prevent the soiling of clothing during activities likely to generate splashes or sprays of body fluids. If gowns are single-use they must be discarded after each use.

Infection Prevention and Control Policy

Hand Hygiene

Handwashing is the single most important infection control measure staff and children can do to prevent the spread of infections. Staff must encourage and supervise campers hand hygiene and assist when appropriate.

The purpose of handwashing is to physically remove soil, organic material and pathogens from the hands and underneath the fingernail area. Chipped nail polish, artificial nails, and the crevices in jewelry can harbour microorganisms. It is recommended that child care staff keep their nails short and clean.

Handwashing with soap and water is the preferred method for hand hygiene. If soap and water are unavailable, ABHR containing 60 to 90% alcohol can be used, only if hands are not visibly soiled.

Wash your hands when:

- When you arrive at work
- Before and after handling food
- Before and after eating
- After using the washroom
- After you cough or sneeze into your hands
- After changing/checking diapers
- Before and after wearing gloves
- Before giving any medication
- After handling garbage
- Any time your hands feel dirty
- Any time your hands are visibly soiled

Alcohol-based hand rub containing at least 60% alcohol will be available at all entrances and in all program rooms.

Soap and running water is available in program rooms and bathrooms.

Physical Distancing

We recognize physical distancing between children in a child care setting is difficult. Staff are encouraged to maintain a welcoming and caring environment for children.

Physical distancing of at least 2 metres must be maintained between cohorts and should be encouraged, where possible, between children within the same cohort.

- Spread children out into different areas, particularly at meal and dressing time
- Use visual cues to promote physical distancing

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Activities

Activities are to be planned to promote physical distancing and reduce spread of microorganisms.

- Incorporate more individual activities or activities that encourage more space between children.
- Plan activities that do not involve shared objects or toys
- When possible, move activities outside to allow for more space;
- Avoid singing activities indoors
- Do not use water or sensory tables/trays

Toys and Equipment

Toys and equipment that cannot be easily cleaned and disinfected should be removed, plush toys should be avoided completely.

Books, cardboard puzzles etc. should not be shared between cohorts. Items must be placed in a sealed container for 7 days before being provided to another cohort for use.

Toys and equipment will be designated for each room/cohort. It will not be removed from its designated area. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared

Sensory materials may be offered for individual child use. Materials are to be discarded at the end of the day and labeled with the child's name.

Mouthed toys are to be cleaned and disinfected immediately after the child is finished using it.

If multiple cohorts will be completing the same activity (eg. craft) supplies that cannot be cleaned/disinfected (eg. paper) is not to be shared between cohorts.

Playground and Outdoor Play

Outdoor play will be scheduled by cohort in order to facilitate physical distancing. Physical markers will be used to ensure cohorts remain separated by 2 m.

In shared outdoor space, cohorts must maintain a distance of at least 2 metres between groups and any other individuals outside of the cohort.

Only 1 cohort may use a playground structure at a time and playground structures/equipment must be disinfected between cohort use.

Personal Belonging and Supplies

Personal belongings (e.g., backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled and kept in the child's cubby/ designated area.

All personal belongings must return home at the end of each day.

Children should bring their own sunscreen where possible and it should not be shared.

Food

No self-serve or sharing of food at meal times. No sharing of utensils

No food provided by the family/outside of the regular meal provision of the program

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Children should neither prepare nor provide food that will be shared with others

Where possible, children should practice physical distancing while eating.

Ensure proper hand hygiene is practiced when staff are preparing food and for all individuals before and after eating

Holding/Carrying Children

When holding infants, toddlers or children use blankets or cloths over clothing and change the blankets or cloths between children.

Staff should continue to supervise and hold bottles for children not yet able to hold their own bottle to reduce the risk of choking

Sick Campers/Staff

If a child or any staff member develops symptoms of illness while camp programming is running, must be isolated at least 2m from other members of their cohort, or in separate room if available. A face mask should be worn by the ill person if it will be well tolerated and they are >2 years old.

Staff members who become ill should notify their head staff, and the KCC nurse. Ill staff should remain in their program area at least 2m away from others, until they are assessed by the KCC Nurse and sent home. Sick staff are recommended not to use public transportation to get home. On return home, staff should contact public health for further direction.

Ill individuals will be given tissues and a waste container, and education about proper respiratory etiquette and hand hygiene.

If a camper becomes ill, contact the KCC Nurse to come and assess the child (DO NOT bring the child to the infirmary). If symptoms are confirmed, the KCC Nurse will contact parents for pick-up.

A staff member from the campers cohort is to remain with the camper wearing mask, face-shield and gloves, and maintaining physical distance from other members of the cohort. If there is potential for body fluids to spray onto clothes, a disposable gown will also be provided to the staff members.

All items used by the sick individual should be cleaned and disinfected. If items cannot be cleaned (books, paper, cardboard puzzles) it should be removed and stored in a sealed container for a minimum of 7 days.

The KCC Nurse will notify public health of the occurrence, follow their directions.

Suspected or Laboratory Confirmed COVID-19 in Staff or Student

Where a child or staff is suspected of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.

Other children, including siblings of the sick child, and child care staff/providers in the program who were present while the child or staff member/provider became ill should be identified as a close contact and further cohorted until they can be picked up by parents/guardians to self-isolate at home.

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The local public health unit will provide any further direction on testing and isolation of these close contacts.

Resources

Public Services Health and Safety Association. (2020). "COVID-19: Precautions When Working as a Childcare Provider" <https://www.pshsa.ca/resources/covid-19-precautions-when-working-as-a-childcare-provid>

Public Services Health and Safety Association. (2020) "Health and Safety Guidance During COVID-19 for Employers of Child Care Centres " <https://www.pshsa.ca/resources/health-and-safety-guidance-during-covid-19-for-employers-of-child-care-centre>

Public Health Ontario. (2012). Routine Practices and Additional Precautions in All Health Care Settings, 3rd Ed. <https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf?la=en>

York Region Community and Health Services Public Health. (2019). A Public Health Guide for Child Care Providers Protecting and Promoting Health in Child Care. https://www.york.ca/wps/wcm/connect/yorkpublic/c0059b01-7285-479ba00aafc8589e0a38/PublicHealthGuide_Accessible.pdf?MOD=AJPERES&_ACHE_ID=ROOTWORKSPACE.Z18_29D41BG0PGOC70QQGGJK4I0004-c0059b01-7285-479b-a00a-afc8589e0a38-mu8btvE

KCC COVID-19 Cleaning and Disinfection Policy and Procedure

Purpose

Routine cleaning and disinfection of toys, equipment and other surfaces is important to reduce the spread of Covid 19. These routine practices are a set of infection prevention and control practices designed to protect staff and children from exposure to Covid 19

Policy

Cleaning & Disinfecting:

- Cleaning must always be done prior to disinfecting
- Follow 2-step method to clean and disinfect
 - I. Clean with detergent and water, use friction

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- II. Apply disinfectant, following instructions
 - Start from clean area and move to dirty area
 - Disinfectants should only be used if it has a DIN number that has been approved by Health Canada.
 - Ensure all chemicals products are labeled and locked away from children.
 - Frequently touched surfaces should be cleaned and disinfected at least twice a day (for example, doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices, and tabletops).
 - Use new cleaning cloths for each room
 - Garbage cans should be easily accessible, lined with plastic, hands free and emptied regularly.
 - Clean when children are not present in the area.
 - Follow local public health advice regarding best practices for cleaning and disinfecting, including:
 - I. which products to use;
 - II. how to clean and disinfect blankets, sleeping mats and toys
 - III. how to clean equipment; and,
 - IV. other items to remember, including checking expiry dates of cleaning and disinfectant products and following the manufacturer's instructions.
 - KCC will keep a cleaning and disinfecting log to track and demonstrate cleaning schedules.

KCC COVID-19 Serious Occurrence Policy and Procedure

Purpose

Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The licensee should contact their local public health unit to report a child suspected to have COVID-19.

The local public health unit will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.

Policy

When a child, parent, or staff is suspected (i.e. has symptoms and has been tested) of having or has a confirmed case of COVID-19, licensees must report this to the ministry as a serious occurrence.

Where a room, centre or premises closes due to COVID-19, licensees must report this to the ministry as a serious occurrence.



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Licensees are required to post the serious occurrence notification form as required under the CCEYA, unless local public health advises otherwise.