Sample Policy and Procedure

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| Manual Section: | Health and Safety Standards and Procedures-  Infectious Disease (COVID 19) |
| Policy Number(s): |  |

Infectious disease

**Purpose**

The purpose of this procedure is to establish and Emergency Child Care Plan for the provision of care for our staff, the families we serve, their children, any contractors (cooks, cleaners etc) or visitors to our workplace as well as the community.

As part of our “Due Diligence” to provide a safe workplace, Your Company Name will develop and implement standards and procedures for the protection of our Workers’ against Infectious Disease based on a Hazard Assessment.

The focus of this Infectious Disease assessment and program is to look at specific jobs, equipment, processes and environment to determine if the hazard of exposure to Infectious Disease hazards have been adequately controlled and make recommendations for improvement when deficiencies have been identified.

**Scope**

Our goals are to evaluate all jobs and tasks that our workers would engage in or be exposed to the possible exposure to Infectious Disease, and ask ourselves “if someone was to become ill, what would be the source of that exposure be” and how can we minimize or eliminate the risk of exposure.

We will assess all areas of our facility, jobs and other areas that may expose our staff to infection to disease. Once we have assessed those hazards, we will develop controls that will ensure the safety of the Workers. As part of that assessment process we will take into consideration elements such as ensuring we understand how to prevent the transferring of contagions and understand the infectious disease, what kinds of controls are needed to protect workers such as sanitizing, cleaning, and means of distancing workers from each other. We will also consider a business continuity plan as part of our due diligence.

**Responsibilities**

*Employer/Manager (or their designate)*:

* Review and communicate the current program to Workers
* Develop and implement standards and procedures
* Implement a review of this policy as often as necessary to ensure policy is protecting workers.
* Respond to recommendations from the Worker Representative and Health & Safety Coordinator
* Provide ongoing training to Supervisors and Workers
* Communicate risk assessment results to the JHSC/Health and Safety Representative

***Supervisors***

* Understand their responsibilities under OHSA to take every precaution reasonable for the protection of persons within our workplace.
* Enforce the policies and procedures defined within this policy
* Train and educate persons with in our facility about the risk of infection and the controls to minimize possible infection of disease.

***Workers***

* Understand your rights under OHSA
* Participate in training
* Wear the Personal Protective Equipment as directed by your supervisor and this policy/ procedure.
* Report any known violation of this policy or procedure
* Report to your supervisor if you feel or suspect that you may be infected or not feeling well

***Health and Safety Representative*:**

* Be consulted in the development of programs and assessments, and review them for improvements
* Make recommendations where required
* Engage Workers in identifying hazards

**Definitions/ Acronyms**

* COVID -19 - Is a disease caused by the 2019 Novel Coronavirus
* MOH -Medical Officer of Health
* PPE -Personal Protective Equipment
* Persons – includes workers, children & their families, support staff, contractors
* JHA -Job Hazard Analysis

Change Log: Health and Safety Standards and Procedures Introduction

| POL # | REV # | Date | Summary of Changes | Revised By | Approved By |
| --- | --- | --- | --- | --- | --- |
|  |  | \*Current Date\* | New document |  |  |

Policy Review:

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| Year  By who | 2020 | 2021 | 2022 | 2023 | 2024 |

**Risk Assessment / Job Hazard Analysis (JHA)**

Purpose

In order to ensure we protect any person at our facility from any possible exposure to infectious disease associated with jobs, tasks or work process in our workplace, the Employer, Health and Safety person, or their designate, will take a documented inventory of all areas of our workplace that could expose persons to infectious disease and we will then review the jobs and tasks associated with our work and:

* Describe areas which persons could come in contact with an infectious disease.
* Review our work process to determine if gaps in controlling infectious disease are present.
* Rate each hazard identified for exposure and occurrence frequency and severity
* Assess our current hazard controls and ask ourselves, are they adequate, can they be improved or do we simply need to create safe work instructions
* Train our Workers in those job steps and hazards associated with the job

**Responsibilities**

The employer, Health and Safety Coordinator, or their designate, will be responsible for performing or assisting in the development of Hazard Analysis for all areas of our workplace including, tasks or work processes that have the potential to expose a worker to infectious disease. Where deemed necessary and mainly for high-risk tasks, the JHA’s will be reviewed as often as necessary to ensure they continue to meet the protective needs of the workplace.

Applicable Definitions

Risk Assessment

* A process which involves taking inventory of all workplace jobs and assessing the steps within each job to determine the appropriate level of risk

Hazard Categories

For the purpose of this program, hazard categories are defined as a hazard that may present themselves within the realm of one of the following areas:

* Physical exposure
* Biological exposure
* Environmental Exposure
* Psychosocial considerations
* Safety hazards

Contributing Factors (what contributes to a hazards existence)

* People we work with
* Equipment we use
* Materials we handle
* Environmental
* Process

Routine Work Activities

* Activities that are consistently performed throughout the workplace

Non-Routine Work Activities

Activities that are no consistently performed throughout the workplace and may involve the need to conduct a JHA prior to performing the job, and the need to provide specific instruction and training to those performing the task based on the results of the JHA

Hierarchy of Controls

* Elimination - eliminating the existence of, or exposure to, a hazard
* Substitution - replacing a hazardous material, tool, or equipment with one that has a lower associated risk
* Engineering - controlling the hazards associated with a job by using tools or equipment that are engineered to provide protection to the Worker
* Administrative - controlling the hazard by creating policies, procedures and signs and providing training to those Workers exposed to the hazard(s)
* PPE - personal protective equipment that is used by a Worker to minimize their risk of exposure to the hazard

**Training**

The Health and Safety Coordinator, or their designate, that will be responsible to conduct the Job Hazard Analysis (JHA) must receive training on the following elements either internally or externally from a 3rd party provider, such as our preferred vendor - Industrial Safety Trainers:

* Hazard categories to be considered in identifying health and safety concerns (physical, biological, chemical, musculoskeletal, psychosocial, and safety hazards)
* Hazards posed by people, equipment, materials, environment, and process
* The methodology behind conducting a JHA
* Familiarity with routine and non-routine work activities

Where possible, participation in a mock JHA to increase familiarity

It is a preference, but not a requirement, that the individual conducting the Job Hazard Analysis is a certified member of the JHSC. If the individual is not a certified member, then the Employer, the Supervisor, or the Health and Safety Coordinator must ensure the above training requirements have been met.

**Procedure**

Following an infection risk assessment of a specific disease such as COVID 19, our company will develop a Safety Action Plan that will define how we will protect our workers, customers and contractors from exposure to identified infectious disease. This would include pandemic events such as COVID 19

The following Safety Action will be the established standard that will be used as our company endeavors to protect our workers against an outbreak of infectious disease.

**Safety Action Plan**

Based on the risk assessments conducted, the following procedures and safe work instructions will be implemented.

* Date of the plan, and dates for log changes.
* Define what is the infectious disease the risk assessment was conducted for.
* What is the disease- Signs & Symptoms?
* How is it spread
* Where to get more info on the disease
* Define how you will educate workers
  + Postings
  + Safety talks
  + Screening of persons coming into our workplace
* Define how our company will sanitize the workplace;
  + Washrooms,
  + Eating areas
  + Tools and equipment
  + Toys and other play items
  + Offices and common areas
  + Stair ways (handrails)
  + Play areas
  + Rest areas
  + Other???
* Define how you will keep workers distant including how many workers can be in a room at a time.
* For areas that workers can not maintain distance, how will you protect those.
* Define what Personal Protective Equipment will be required to be worn
  + Latex gloves, N-95 masks, face shields, safety glasses, Tyvek suites etc.
* Define any specific safe work instructions that workers must follow;
* Screening of persons entering our facility
* Hand washing
* Maintaining distance
* Wearing PPE
* Receiving children, and pick up of children
* If a child gets sick or not feeling well
* Changing and cleaning children
* Define which jobs can be moved out of the workplace (working from home)
* May need to include how those workers would come into the workplace if they need to.
* Define how workers are to report possible exposure to the disease both at work and during off work hours, including out of city/ country travel. Define if they will be required to self quarantine.
* Define who is responsible to enforcement of policy and consequences if policy is not followed.
* Define any training requirements

Change Log: Risk Assessment (JHA)

| POL # | REV # | Date | Summary of Changes | Revised By | Approved By |
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|  | 00 | \*Current Date\* | New document |  |  |

Policy Review:

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| Year  By who | 2020 | 2021 | 2022 | 2023 | 2024 |

Notes about this Risk Assessment

This risk assessment is to be completed to ensure that the risk has been identified and the required prevention measures have been implemented. The rigorous application of these measures is to limit the risks of contracting and/or spreading COVID-19 and to take action quickly when identifying non-conformities. The primary purpose of applying such measures is to protect the health of persons entering our facility.

A risk assessment should be done for each business unit. If all business units are similar than a risk assessment can include all units but should be noted to which units are included in the assessment.

This sample template risk assessment address’s general considerations when assessing your workplace and its exposure to infectious disease. Industrial Safety Trainers does not warranty the completeness of this assessment template. Business are encouraged to expand on the questions that are raised while conducting this risk assessment. Goals during a risk assessment is to ask ourselves “What If?” or “what about?”

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| Business Name: |  | Date of first assessment | |  |
| Address: |  | | | |
| Assessor Name(S) | | | What is Your Role Within the Business? | |
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| Assessment was re-assessed on the following dates: | | | | |

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| List Area(s) and/or Item(s) Where Persons Could be Exposed to COVID-19 | | | | |
|  | | | | |
| Area and/or Item | Yes | No |  | List off things in your center that can not be washed off effectively. Things that may need to be taken out of service until things change. | |
| Doors |  |  |  | Stuffed animals | |
| Office Equipment/ printers, phones etc |  |  |  | Blankets | |
| Washrooms |  |  |  | Books | |
| Microwave |  |  |  |  | |
| Coffee machine |  |  |  |  | |
| Items brought in by family w/child |  |  |  |  | |
| Medicine brought in for children |  |  |  |  | |
| Play areas |  |  |  |  | |
| Sleeping mats/ beds |  |  |  |  | |
| Blankets and other things |  |  |  |  | |
| Chairs and stools |  |  |  |  | |
| Soft toys |  |  |  |  | |
| Play ground |  |  |  |  | |
| Books, puzzles, other paper items |  |  |  |  | |
| Intake of children |  |  |  |  | |
| Feeding children |  |  |  |  | |
| Changing / cleaning children |  |  |  |  | |
| Exposure to parents/ guardians. |  |  |  |  | |
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| Consideration | Action/Response | By Who | Suggestion |
| How large is your facility?  How many rooms would persons expected to be in? |  |  |  |
| How many people can you expect to enter your facility per day? This would include family dropping off children.  Workers –  Persons dropping off children –  Children  Contractors or part time help - |  |  | * Have someone screening every person entering your facility. You can have a sign that asks the basic screening questions, but you must ask if the child or other persons are not feeling well, and this must be documented. You will also want to document how to contact those that enter your facility. This can be phone or email or both. This will be necessary if we need to contact those persons. * You can create a sheet for families that are dropping off children that may not ask for contact info if that is already on file and a separate screening sheet for the non regular visitors to your facility. * Recommended that you take the temp of children coming in. You could go as far as taking temp of those dropping children off if you are using an infrared thermometer. * Recommended that children are made to wash their hands when entering the facility. Persons who are receiving children should wash their hands immediately after intaking a child. |
| If yes to the above, do you ask them if they may be infected or been around those who may be infected? |  |  | If yes, you should have them read the screening questionnaire. They need to sign in, indicating that they are not a risk to your staff. This should include a phone number in case you need to contact them. Workers may need to don PPE |
| How many persons will you have in a room at any given time? |  |  | Check to see if there are any standards that indicate how many people can be in a room at time based on the size of the space?  There may be a reduction in how many children and other persons that can be in the space. At the time of the writing of this document no numbers have been identified. |
| Communications to workers explaining what social distancing is and its importance have been communicated. Is it posted? |  |  | Do a safety talk in small groups (1 to 3) about what it is and what your policy states.  Go to <https://www.ontario.ca/page/2019-novel-coronavirus-2019-ncov> for current info on COVID 19  Go to <https://www.wsps.ca/Information-Resources/Topics/COVID-19-Keeping-safe-during-the-pandemic.aspx> to down load posters relating to COVID 19 |
| Do you have any children that will require a person to physically touch them? Example – special needs children, very young children or children that need support? |  |  | Special precautions may need to be taken when working with these children. This may include:  Wearing masks on both the child and the worker  Wearing latex gloves  Wearing aprons  Washing of hands  Use of disinfectant wipes |
| Have persons entering your facility been out of the country? |  |  | Ask during the screening of persons coming into the building. Any worker who has been out of the country may need to self-isolate. |
| Does everyone have to come to work?  Do you have volunteers that work at your facility?  Can you have workers work from home? |  |  | Assess which jobs can be done off-site and if you can transition to this. |
| Can you schedule the intake of children so that you do not have groups of persons attending at once? |  |  | Can work that needs to be done, done after hours? |
| Can you organize the intake of children so that we maintain the social distance of 2 m?  How will you hand over small children? |  |  | Can you set things up that will keep parents/ guardians a safe distance from staff?  Maybe put a table in the space that anything the parents or guardian need to drop off for the child is left on so we don’t have to get too close.  How will you do the screening? Will it be a verbal questionnaire or will they have to sign in?  Will and can you have children wash their hands prior to entering common areas.  Encourage more physical space between children by: •  Spreading children out into different areas;  Staggering, or alternating, lunchtime and outdoor playtime; and,  Incorporating more individual activities or activities that encourage more space between children. |

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| Consideration | Action/Response | By Who | Suggestion |
| Do you have rules in place to have staff sanitize their work areas as often as needed?  Who will do it?  How often will it be done?  Do some areas get done more often than others?  If yes, do you have enough supplies to allow workers to sanitize the work area?  This would include sanitizing toys, beds, and frequently touched surfaces. |  |  | Ensure all current infection prevention and control practices are adhered to, this includes but is not limited to: • Ensuring all toys used at the centre are made of material that can be cleaned and disinfected (e.g. avoid plush toys);  Increasing the frequency of cleaning and disinfecting objects, toys and frequently touched surfaces;  Frequently touched surfaces are most likely to become contaminated, including doorknobs, light switches, toilet handles, and tabletops, and must be disinfected at least twice a day;  Only using disinfectants that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants should be used;  Checking expiry dates of products used and always following manufacturer’s instructions;  Performing proper hand hygiene (including assisting children with hand hygiene); and,  Incorporating additional hand hygiene opportunities into the daily schedule. |
| How will you deal with persons that may not be feeling well? How will you deal with persons that have effects of infectious disease? |  |  | Procedures need to be written to define what steps should be taken if a worker is feeling ill and what steps should be taken if a child is not feeling well. |
| Can workers and children eat their meals, and maintain the 2 M distance? (remove seats, have designated sitting areas?)  Can scheduling breaks minimize contact with each other? |  |  | If workers are sharing things like microwaves, sinks, tables and chairs, disinfecting these must happen often.  Who will be responsible for doing this? |
| Consideration | Action/Response | By Who | Suggestion |
| Do workers follow the social distancing rules- Handshaking and close greetings are not practiced |  |  | Some workplaces may have staff that do not see the seriousness of these controls and choose not to follow the rules. Workers should be encouraged to report workers not following the rules. Supervisors should take a strict adherence to the rules.  Tell workers that if they do not follow the rules, they are putting mgmt. In an awkward position where they will be required to take action. |
| All personnel are practicing handwashing at the start of the shift, after washroom breaks, prior to and after breaks, and at the end of shift |  |  | This may be a new rule that may need to be put in place. It will be different for most workplaces. It will be a challenge to ensure this is done. |
| Soap dispensers with bacterial soap available in washrooms and clean-up facilities and maintained |  |  | Don’t forget to sanitize the area of the soap dispenser that the bare hands touch. |
| Anti-viral Hand sanitizer (at least 60-99% alcohol and no alcohol substitute) distributed throughout the workplace and high use areas? |  |  | This may be a challenge to acquire hand sanitizer. Hand washing is the second option. |
| Where social distancing of 2 metres between persons cannot be maintained, such as intaking children, or when children have to be fed, cleaned or comforting will the need for additional precautions be needed such as wearing PPE? |  |  | Wearing of gloves, face masks and or facemasks.  Define what has to be worn, and when. There is lots of information about the effectiveness of some PPE when it comes to protecting against COVID 19. Wearing PPE during intake and when handling children that are messy/dirty or sick would be considered as high risk.  Washing hands often should be part of the process  You may consider using a towel to wrap the child and to act as a barrier between you and the child? |
| Will you have children needing to nap during the day? If so, how will you ensure that social distancing is maintained while nap time? |  |  | This may be a challenge for some day care centers. You may need to limit how many children you can take in. |
| Consideration | Action/Response | By Who | Suggestion |
| Disposable paper napkins and sanitizing wipes are available for use in eating areas |  |  | Self-explanatory |
| Trash cans are placed near toilet exit doors |  |  | Encourage using paper towel to open doors, and toss in container afterwards |
| Disinfectant wiping products are available and distributed widely around common areas |  |  | Self-explanatory |
| Increased cleaning of the toilet block (seats, levers, tanks, sink, counters) |  |  | How often does your business clean its washrooms in a day? How often do washrooms get cleaned in a restaurant? Washrooms should be cleaned often. Most businesses do not have someone assigned to do this. You may need to address how this will be done at your workplace. |
| Staff members performing cleaning and garbage collection are wearing disposable gloves for all tasks in the cleaning process |  |  | The policy must clearly state that when handling trash or cleaning areas that gloves are worn. This would include wearing gloves when you are sanitizing tools and equipment. |
| Hand sanitizers are available in washroom and clean-up areas |  |  | Self-Explanatory |
| Are supervisors watching workers ensure they are following safe work procedures? |  |  | Supervisors may be sympathizing with workers and may not want to be the heavy hand and enforce the rules, especially if they seem silly. They must be told it is their job to enforce. |
| Hand washing method posters displayed (Public Health Agency of Canada) in washrooms and clean-up facilities. |  |  | Posters can be downloaded off the net. |
| Posters reinforcing COVID19 Signs and Symptoms and actions to be taken are posted |  |  | Self-Explanatory |
| Other |  |  |  |
|  |  |  |  |
| Consideration | Action/Response | By Who | Suggestion |
| *Rate the following 1=low 5=high*  How seriously do you think your workers are taking this?  How seriously do you think MGMT is taking this? | 1 2 3 4 5  1 2 3 4 5 |  | If it is felt that workers and mgmt. will not take this seriously if so, you will need to figure how you will deal with this. You may also find that some may not think you are doing enough for their protection. |
| Will the business be laying workers off? |  |  | If job protection is a concern to workers, you may wish to pay attention to the mental health of workers. A distracted worker may not be paying attention to the task at hand. |
| *Rate the following 1=low 5=high*  Do you think workers are worried, scared and emotional? | 1 2 3 4 5 |  | As stated above, if workers are worried, stressed or scared, they may be experiencing some strong emotional feelings. These may cause workers to become distracted by the job at hand. Distracted workers are at a higher risk of accidents & incidents. |
| Is the business keeping workers up to date as to how it is dealing with the COVID 19? |  |  | During these difficult times, none of us have experienced these kinds of things. Employers, managers and supervisors are struggling to keep up to the events going on.  Workers are scared and confused, as well. Not communicating with them may cause more stress and worry to workers.  There is nothing wrong with communicating to the staff that you are not sure how you are going to handle the situation at hand and that once we have developed a plan, they will be brought up to speed. Have discussions with front line supervisors what information can be communicated to workers and what is to be considered as confidential. |

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| Consideration | Action/Response | By Who | Suggestion |
| Have you interviewed staff to find out what their feelings are about what is going on?  What do they think the company should be doing?  How would they feel if you were to put some of the controls in place? |  |  | Workers not knowing what is going on may not trust what the company is trying to do. Talking to workers during this assessment allows them to feel what they think matters.  You may find that giving them a bit of a heads up as to some of the controls that may be implemented, may make implementing those controls easier/ smoother.  If you ask the question, “what do you think if we were to do……” And they answer in a positive manner; it may be a smoother transition for the company. |

Change Log

Document any changes to the original assessment and changes to procedure

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| Date: | What has changed? | What changes to policy or procedure has been made | Approved by |
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**Safe Work Procedure for working during COVID 19**

The following safe work procedures will define how Your Company Name will manage the hazards of contacting COVID 19.

**COVID 19**

Coronaviruses are spread mainly from person to person through close contact, for example, in a household, workplace or daycare centre. There is no vaccine available to protect against the novel coronavirus

The 2019 novel coronavirus is spread through respiratory droplets:

* from person to person through coughing, sneezing, close contact; and
* touching contaminated surfaces.

**Symptoms**

Symptoms range from mild – like the common cold and other common respiratory infections – to severe, and can include: fever, cough, and difficulty breathing, muscle aches, fatigue, headache, sore throat, and runny nose. Also, difficulty swallowing, new olfactory or taste disorder

Complications from the novel coronavirus can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

**Symptoms for children could include;**

* Sore throat, hoarse voice
* Diarrhea
* Look to see if exhibiting a runny nose

Atypical Symptoms/ signs of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms can include:

* Unexplained fatigue/ malaise
* Delirium (acutely altered mental status and inattention)
* Unexplained or increased number of falls
* Acute functional decline
* Exacerbation of chronic conditions
* Chills, Headache
* Croup, Conjunctivitis
* Atypical signs can include:
* Unexplained tachycardia, including age specific tachycardia for children
* Decreased in blood pressure
* Unexplained hypoxia (even if mild i.e. O2 sat>90%)
* Lethargy, difficulty feeding in infants (if no other diagnosis)

For more information about COVID 19 visit the Ministry of Health Ontario - <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx> or the public health unit at https://www.phdapps.health.gov.on.ca

**Screening**

All individuals, including children, parents/ guardians and staff must be screened upon arrival.

When intaking children, we will have someone outside screening each person as they come on site. Every effort will be taken not allow parents or guardians into the facility if they do not need to be inside.

Screening of every person entering our facility will include gathering the names, email and phone #’s for each person (staff will not need to log in to this screening log). As part of our screening, we will ask if the parents/ guardians have any symptoms outlined in the COVID-19 website, or any person they have been in contact with have been diagnosed with COVID 19. Children in particular should be monitored for atypical symptoms and signs of COVID-19.

We will take the temperature of each person entering our facility using a No touch infrared thermometer. It is recommended that we take the temperature of those dropping off the children to see if they are showing signs of COVID-19 (this can only be done using a infrared thermometer).

A table will be set up outside for parents/ guardians to place any items that the child needs, this will include backpacks, special food and medication onto the table. Options at that time could include having the materials contained in a clear plastic bag with the child’s name on it or plastic containers with the child’s name on it to keep children’s personal items separate. Jackets, boots and other clothing items can also be put into these totes.

Screeners should take appropriate precautions when screening, including maintaining a distance of at lest 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as plexiglass barrier), and wearing personal protective equipment (PPE) (i.e. surgical/ procedure mask; gown; gloves; eye protection)

If the family unit has been in contact with a person that has been diagnosed with COVID 19, that child will not be allowed to enter our facility until a self-quarantine has been Completed or until that child has been tested negative to the disease. Daily logs will be provided to the manager in charge.

Child care centers within the meaning of the “Child Care and Early Years Act, 2014” have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act”. We will contact the local public health unit to report any suspected child that may have COVID-19. Once contacted, they will provide specific advice on what control measure should be implemented to prevent the potential spread and how to monitor for other possible infected staff and children.

Thermometers must not be used between children/ staff without single-use protective covers or disinfecting between use. It is recommended that you use an infrared thermometer to avoid contact with persons.

For Home-based child care: if a person who resides in the home becomes symptomatic and / or tests positive for COVID-19, that home based child care center should not be operated until clearance is received from the local public health unit.

**Staff**

In the event that a staff member develops any symptoms of illness (respiratory or otherwise) while working, the staff member must be immediately excluded from work and sent home. If the staff member is experiencing respiratory symptoms, ensure the staff member immediately performs hand hygiene, dons a mask, and will need to leave the center. The staff member must complete the Ontario COVID-19 Self-Assessment Tool <https://www.ontario.ca/page/2019-novel-coronavirus> to determine further actions.

Staff members are to follow the recommendations of the self-assessment tool. If the Ontario COVID-19 Self-Assessment Tool recommends for the individual to isolate at home until symptom-free; staff may return to work 24 hours (or as per facility policy if longer) after symptoms have resolved.

**Children**

Clearly communicate to parents/guardians:

* Check their children’s temperature and ask staff to check their own temperature daily before coming to the childcare setting.
* If the temperature is equal or greater than 38 degrees Celsius or if the child/children have any cold-like symptoms or vomiting and/or diarrhea, they should stay home.

In the event that a child develops any symptoms of illness (respiratory or otherwise) while at our center, the child must be immediately isolated at the facility and their parent/guardian called to take the child home as soon as possible. If the child is experiencing respiratory symptoms, ask the child to wear a mask while self-isolating at the facility. If the child is unable or unwilling to wear a mask, the staff person caring for the symptomatic child must wear a mask if they are unable to maintain a 2- meter physical distance.

Hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.

Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene.

Environmental cleaning of the space the child was separated should be conducted once the child has been picked up.

Contact the local public health unit to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre.

Children with symptoms must be excluded from childcare for 14 days after the onset of symptoms.

Children or staff who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), should be excluded from the childcare setting for 14 days.

Staff caring for a child with respiratory symptoms may wear gloves and/or eye protection in addition to a mask if a risk assessment indicates that staff is unable to avoid coming into contact with contaminated surfaces or respiratory droplets from the child.

Once symptomatic individuals have left our center, we will ensure that contaminated surfaces and high touch areas are disinfected.

**Education**

All workers, volunteers and contractors will be required to receive the following training:

* Training in this policy and procedure
* Protecting Yourself and Others
* Stay home if you are sick or might be sick. Follow the Public Health Agency of Canada’s steps for self-assessment: <https://www.canada.ca/coronavirus>
* Practice and promote good cough and sneeze etiquette.

Following rules apply at our workplace:

* Proper hand washing including the need to wash your hands frequently. Remove jewellery while washing.
* Disinfect surfaces frequently with a bleach solution using disposable gloves.
* Promote individual activities to minimize sharing of toys.
* Remove toys and books that are difficult to sanitize, such as plush toys, sand/water tables, and playdough.
* Remove work clothes and wash them as soon as you get home.
* A review of the following postings that will be posted through out our facility;

Social Distancing go to <https://thesafetybus.com/wp-content/uploads/2020/04/CV-construction-BW-colour-EN-85X11.pdf>

**Parents/ guardians of those children that will be attending our center will receive the following training:**

* Policy regarding sick children and what the process will be in the event that children are identified as being ill before intake, as well as during the day including additional precautions. This will include procedures for child pick up when requested (parents/ guardians must have a plan in place to have children picked up if requested).
* They will receive a copy of our safe work instructions for COVID 19
* Safe work practices that will be taken during the intake of children each day. Defining how we will intake children, this may include instructions on how to package up the children’s belonging such as extra cloths, medicine and other items.

**Physical Distancing**

Every effort will be taken to encouraging physical distancing between children by spreading children out into different areas, staggering lunch and snack times and play times outside.

We will avoid taking the children to community play grounds. Outdoor play at our own play area outside is encouraged in small groups. If using our own playground, we will Disinfect or avoid climbing structures, shared swings, slides, and other equipment.

We will stagger meal and snack times to allow for safe physical distancing.

When setting matts up for nap time, they will be set up in such a way to keep the children 2 m apart or set up so that they are head to toe. Cots and cribs should be disinfected after each use.

If we need to have conversations with parents, we will try and have these using live streaming programs like Zoom to have that discussion rather than a face to face meeting.

Our center will provide tissues and dispose of used tissues in plastic-lined receptacles.

Workers will be required to regularly wash their hands for at least 20 seconds with soap and warm water at:

* The start of shifts before eating or drinking after any time, you will be changing diapers or cleaning a child before preparing food after cleaning up meal and snack times
* After touching shared items after using the washroom,
* Changing diapers,
* Helping others with toileting after handling garbage,
* and before leaving your workspace.

**Additional procedures that are required to be followed include:**

Make sure washrooms are cleaned frequently (3 times per day, more often if needed) and stocked with soap and paper towels. Disinfect diaper changing areas.

Disinfect commonly touched surfaces, shared toys, tables, chairs, plates, cups, etc. – If household or commercial disinfectant cleaning products are not available, hard surfaces can be disinfected using a mixture of 5 mL of bleach (5% sodium hypochlorite) and 250 mL of water. Make sure the solution is in contact with the surface for 1 minute. – If liquids can be withstood, disinfect high-touch electronic devices (keyboards, tablets, smartboards) with alcohol or disinfectant wipes.

The following items should be considered as items to be cleaned and sanitized:

* Eating areas
* Tools and equipment
* Toys and other play items
* Offices and common areas, Washrooms
* Door knobs, light switches, toilet seats, handles, table tops, at least twice a day.
* Stair ways (handrails)
* Play areas, Rest areas
* Other???

Linens must be laundered between children.

Do not use water or sensory tables

Children must not share soothers, bottles, sippy cups, toothbrushes, facecloths, etc. Label these items with the child’s name to discourage accidental sharing.

Reinforce “no food sharing” policies.

If meals or snacks are provided, ensure each child has their own individual meal or snack. Multi-use utensils must be sanitized.

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

Avoid getting close to faces of all children, where possible.

Use disposable cleaning cloths and gloves.

Regularly wash blankets, face cloths, towels, smocks, bibs, etc.

Items used by children should be of a material that allows them to be easily cleaned and disinfected at least twice daily; such as items with hard surfaces. In an effort to maintain a physical distance of 2 metres between individuals and limit the spread of pathogens, items such as toys should be limited to one child at a time and cleaned and disinfected after each use.

Items that are not able to be cleaned and disinfected easily or at least twice daily should be removed from use at this time. Activities which do not allow for a physical distance of 2 metres between individuals and where media cannot be easily cleaned and disinfected should also be discontinued at this time.

Examples of items and activities that should be discontinued include but are not limited to the following:

* soft toys
* items that require laundering such as dress up clothes
* paper materials that are unable to be cleaned and disinfected such as books, puzzles, cards, magazines
* sensory play including the use of water, sand and dry foods
* use of wading pools
* The use of personal items such as tablets and books is not recommended; use of these items by staff must be closely monitored to ensure items are maintained in a clean and sanitary condition and are not shared between individuals.

It is recommended that enhanced cleaning and disinfection principles be applied to all aspects of the facility and may include the following:

* cleaning and disinfection of toilets, changing tables, and potties after each use
* cleaning and disinfection of sleeping mats, cribs and cots after each use.
* bedding is designated for each child and laundered weekly or more often if required
* Refer to section 4 of the Ministry of Education’s Child Care Center Licensing Manual (Sept. 19 2019) for more information.

**Personal Protective Equipment**

Deciding to use PPE is based on your risk assessment of the situation

Ask yourself: What you will be doing, is there a risk of exposure to the COVID-19 virus?

PPE should not be worn when it is not needed ensure you know how to use and maintain the PPE that you are required to wear.

Social distancing at 2 metres and proper hand hygiene will be the most important way to protect yourself from the COVID-19 virus

Improper use of PPE can create a false sense of confidence, increase chances of infection and waste supply

Proper use of PPE is an effective part of infection prevention and control, however it is not a stand-alone method

Proper hand hygiene must be exercised before donning and after doffing PPE including gloves, face masks and eye protection.

The following PPE is available at all ECC sites and may be used is there is an identified risk of exposure to the COVID-19 virus:

Gloves, Masks and Eye Protection

Gloves may be worn when hands come into contact with a child exhibiting respiratory symptoms or objects that may be contaminated. Gloves are disposable and single use, and must be disposed of after the task is completed.

A face mask must be worn by an individual with respiratory symptoms. If the individual is unable or unwilling to wear a face mask, the person providing care must wear a face mask if a physical distance of 2 metres cannot be maintained.

Eye protection may be worn as a precaution if staff is within 2 metres of a child exhibiting respiratory symptoms. Eye protection is reusable and must be washed and disinfected between each use.

For additional information refer to Preventing the Spread of COVID-19 in Emergency Child Care Facilities Fact Sheet.

**Resources:**

Screening Posters

COVID-19 Screening Tool for Staff, Children and Parents/Guardians

Preventing the Spread of COVID-19 in Emergency Child Care Facilities Fact Sheet

How to Use Hand Rub Poster

Public Health Ontario’s ‘Cleaning and Disinfection for Public Settings

Ontario COVID-19 Self-Assessment

Tool https://www.ontario.ca/page/2019-novel-coronavirus

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**COVID Screening Log Sheet**

Every person dropping off a child is required to answer the following questions. Any person answering yes to any of the below questions may not be able to drop off that child and further action may be required.

1. Do you or the person you are inquiring about have any of the following symptoms: severe difficulty breathing (e.g., struggling for each breath, speaking in single words), chest pain, confusion, extreme drowsiness or loss of consciousness?
2. Do you or the person you are inquiring about have shortness of breath at rest or difficulty breathing when lying down?
3. Do you have a new onset of any of the following symptoms: fever, cough, sore throat, shortness of breath and if the patient is an infant, poor feeding and lethargy?
4. Do you have a new onset of 2 or more of any of the following symptoms: runny nose, muscle aches, fatigue, loss of taste or smell, headache, hoarse voice or nausea, vomiting or diarrhea for more than 24 hours?
5. Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?
6. Have you been in a setting in the last 14 days that has been identified as a risk for acquiring COVID-19, such as on a flight, at a workplace or an event?
7. Have you traveled out side of Ontario in the past 14 days?

Todays Date:

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| --- | --- | --- | --- | --- |
| Time | Parent/ guardian Name | Phone#- if not on file | Email – if not on file | Childs name |
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