

COVID-19: SMDHU FAQ Document for Licensed Child Care Settings

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Staff

Is there a full/detailed list of chronic long lasting health conditions that would class a staff member as high risk and thus not to be providers at the centre? This is especially important as doctor's notes are not an acceptable method for allowing staff to enter the centre.

- The list of health conditions that may put a person at higher risk for adverse outcomes is listed in the provincial self-assessment tool. SMDHU is not stating an individual cannot be a provider at the centre if they have an underlying health condition. Staff with risk factors should be aware of adverse outcomes and to make an informed decision in collaboration with their primary care provider on whether they want to work at the centre or not.
- Staff do not need a doctor's note in order to enter into the centre if they have underlying health conditions.

Can staff leave the building on their breaks/lunches?

- Yes however, staff must practice physical distancing and/or wear a mask when they are out. Hands must be immediately cleaned when re-entering the centre.

Can staff with existing health conditions ie: asthma work in the centre?

See Question above.

If staff are immune-compromised or have underlying health conditions is the health unit restricting them from working within the centre?

- See Question Above

Personal Protective Equipment (PPE)

What is the required PPE for staff? Are barrier blankets and gowns still required?

- At a minimum, masks and eye protection (goggles or face shield) must be worn when a child develops symptoms and the staff person cannot maintain 2 metres distance while supervising until pickup. Gowns and gloves are not a requirement for the purposes of COVID unless cleaning up large spills of bodily fluids. Blankets are not required to be worn when in close contact with a child if staff member is in the cohort. The requirement for use of blankets was defined by the Ministry of Education so centres are encouraged to review this with their Program Advisors.

Are home-made masks allowed to be used?

- Yes when they are used properly. Please use surgical/procedure masks for the following:
 - within 2 metres/6 feet of individuals if screening without a barrier
 - caring for a sick child if physical distancing cannot be maintained

Are screeners required to wear PPE?

- The recommendation would be to set up the screening station/process in a manner that the screener would not need to wear PPE (behind plexi-glass, maintaining 2m/6ft apart, asking parents to complete a temperature/symptom check at home) however, if any screeners cannot maintain a distance of 2m/6ft apart or a temperature needs to be taken, a medical mask and eye protection (goggles or face shield) is recommended.

If we screen a symptomatic child or parent, are they required to change all PPE?

- If a screener is required to take the temperature of an ill child, please use a medical mask and eye protection (as they are within 2 metres of child). PPE can be worn (without changing) to screen multiple children as long as the staff member does not leave screening station. If screener leaves station, they are to remove PPE then practice hand hygiene. New PPE would be required when they return to screening station.

Are gloves and masks required for diaper changes?

- They are not required. Handwashing after diaper changes is sufficient.

Are there any rules around eyewear—can they be standard safety goggles?

- Standard safety goggles are fine for use. They should provide a tight-fitted seal around the eyes. Please ensure they are designated per person and cleaned/disinfected after removed. Prescription eye glasses are not appropriate eye protection.

Are staff required to wear masks throughout the entire day?

- No. Given that staff and children are required to stay within cohorts of maximum 10 people and are not permitted to mix with other cohorts, the use of face coverings is not required but does remain an option. Staff and children can choose to wear a face covering, particularly for activities where physical distancing is challenging. Cloth face coverings should not be placed on:
 - Babies or children younger than 2 years old;
 - Anyone who has trouble breathing or is unconscious; and

- Anyone who is incapacitated or otherwise unable to remove the mask without help.

If we're having challenges finding personal protective equipment what do we do?

- There is a [Workplace PPE Supplier Directory](#) that lists Ontario businesses that provide PPE
- Consider purchasing reusable PPE such as gowns and eye protection that can be cleaned and disinfected between uses.

If gowns cannot be sourced is some other kind of designated clothing appropriate for use that could either be discarded after use or laundered after use?

- Yes. As long as the item is only worn once then discarded or laundered immediately.

Can N95 masks be used?

- Yes however, N95s are required to be “fit-tested” for the purposes of being able to protect against airborne transmission. Therefore they will not provide the level of protection as referenced if they are not fitted.

Can I wear a cloth mask/face covering?

- Yes. Cloth masks may be used as long as they are used [properly](#). If/when a child has symptoms appear during programming a surgical mask must be used by the staff member waiting with the child in the designated space if physical distancing cannot be maintained. Note: cloth masks do not protect you from COVID-19.

When I call to purchase surgical masks, I am being told no as they are for health care only. What can I do?

- Try re-framing your request i.e. our local medical officer of health is requiring we have surgical masks as personal protective equipment for the protection of the employees within our business. Please see the Workplace PPE Supplier Directory: <https://covid-19.ontario.ca/workplace-ppe-supplier-directory>

Illness & Exclusion

Our staff are coming back in August to prep for September opening. If one staff is symptomatic and doesn't want to get tested, does everyone need to be off for 14 days or just the one staff member?

- The symptomatic staff member will be excluded for 14 days from symptom onset if they will not be tested. In terms of the other staff, the decision to exclude them will be based on a case by case basis with our Medical Officer of Health.

For the “normal” symptoms such as runny nose, do we need to have that in writing in child/staff file and if so, can it be the parent documenting or do we need doctor documentation?

- If the child has been a part of the centre, staff should be familiar with what is normal for the child based on daily health screening and health history. If there is no information or it is a new condition, the child will still need to be excluded from programming and asked to be tested.

A staff member is symptomatic and does not want to get tested so does everyone need to be off for 14 days or just the one staff?

- If the staff member will not be tested, the decision to exclude the entire cohort will be based on a case by case basis with our Medical Officer of Health.

How do we determine underlying reasons for runny noses?

- If the child has been a part of the centre, staff should be familiar with what is normal for the child based on daily health screening and health history. If there is no information or it is a new condition, the child will still need to be excluded from programming and asked to be tested.

If a child presents with a runny nose due to starting at a new centre are they required to be excluded?

- Yes. In this situation the child would be excluded for 14 days from symptom onset or, if testing is done and the child has a negative result, may return to programming when 24hrs symptom free.
 - What we are looking for is “baseline” or “normal” for the child. With a new attendee, there won’t be a health history to rely on to determine what is normal for the child.
 - Outside of there being an underlying reason for the runny nose, it generally indicates as a symptom of a virus.

If a child presents with only vomiting and/or diarrhea are they required to be excluded?

- Yes. Children’s symptoms can present differently so the child would be required to be excluded for 14 days from symptom onset or if the child is tested and the results are negative for COVID-19, the child may return to the centre when they have been symptom free for 24hrs.

If a child or staff member become ill while in programming are the remaining children/staff allowed to still be at the centre?

- Yes at first
 - If the child will be tested, non-siblings and staff are permitted to remain in programming until the results are known. Siblings of the ill child are required to be picked up at the same time and be excluded until results are known.
 - If the child or staff do not get tested, exclusion of the cohort will be decided on a case-by-case basis however, where compatible symptomology is present in the child/staff, it will likely result in the exclusion of the entire cohort. Any siblings within the centre must also remain off but not their cohorts unless the sibling develops symptoms shortly after their ill sibling.
- Please report all illnesses immediately to SMDHU so we can advise on next steps as SMDHU will do follow-up with parents/guardians/staff.

Can children with allergies or a pre-existing cough enter into programming?

- In order for children/staff to be permitted to enter the facility in these situations, the pre-existing condition (allergies, chronic cough) must be known to the centre. The intent is to determine if symptoms are “new” or “abnormal” for the child.
- Doctor’s notes are not an acceptable method for allowing children/staff into the centre. In the absence of previous knowledge/documentation, ill individuals will need to seek testing (and be negative) or excluded for 14 days prior to returning to the centre.

If a child/staff member is sent home with symptoms when can they return?

- If the child/staff are tested and have a negative result, they may return after being symptom free for 24hrs. If testing is not completed, the child/staff will be required to remain out of the centre for 14 days.

If a child or staff member are deemed to be a close contact of a confirmed case, can they attend if have a test and it comes back negative?

- No. It can take up to 14 days from the last exposure to a confirmed case to develop symptoms. Therefore, if a close contact is tested with a negative result, they may still be incubating the virus and will be instructed by the case investigator when they may return to programming.
- All close contacts are actively followed by SMDHU.

If a cohort is excluded and some children get tested with a negative result can they return to the centre prior to the 14 days?

- No. It can take up to 14 days from the last exposure to a confirmed case to develop symptoms. Therefore, if a close contact is tested with a negative result, they may still be incubating the virus and will be instructed by the case investigator when they may return to programming.
- All close contacts are actively followed by SMDHU.

Is a child with only one symptom (e.g. runny nose) required to be excluded for 14 days?

- If a child presents with a runny nose and it is not related to seasonal allergies or other known causes or conditions, the child will fail the screen, and parents will be asked to have the child tested. If testing occurs and the child is negative they may return to the centre after being symptom free for 24hrs. If the child is not tested, they will be required to be excluded for 14 days.

If a staff member needs to be moved to another room permanently, do they have to be off for 14 days?

- As long as no member of the staff's original cohort or the staff member themselves have symptoms, they do not need to be off work for 14 days. You will however need to document their movement and the timeframe.

If a child or staff of the centre has a household member that works in a facility that is in outbreak, is the child/staff allowed to come to the centre?

- It depends on the following (please review with SMDHU):
 - If the household member has been identified as a high-risk contact of a confirmed case of COVID-19, then no. The child/staff member would need to quarantine (self-isolate) from the household member for 14 days. Once that is completed they may return to the centre.
 - If the household member has not been identified as a high-risk contact of a confirmed case of COVID-19, then yes.
 - All high-risk contacts of confirmed COVID-19 cases are actively followed by SMDHU.

Cohorts

Can a cleaner in a cohort be the on-call supply staff for that same cohort? If so, are they counted as part of the 10 individuals in a cohort when they are only the cleaner (cleaning when the room is empty)?

- Yes, a cleaning staff may be a supply teacher in the same cohort. If they are only cleaning after business hours, they do not count towards the total of 10.

Can a screener become part of a cohort?

- Generally this is not recommended. The screener will be interacting with a large number of individuals over multiple hours and likely won't be able to provide program coverage.

Can we start with one cohort then split the cohort as numbers increase without waiting 14 days before new children start?

- You can start with one cohort and fill it up as necessary then start a second cohort. Splitting is not ideal however if needed to keep siblings together or similar ages together then is supported as long as active screening has been taking place daily and no children from the initial cohort have been ill with symptoms. Initial staff should remain with the first cohort and new staff would need to be assigned to the second cohort.

Can one person be responsible for cleaning/disinfecting in every room?

- No. Please dedicate one person per cohort to clean/disinfect

Can more than one cohort use the same washroom?

- Yes if necessary. Modifications for washroom in between two classrooms may include:
 - adding a cleanable barrier in between toilets and sinks (if applicable)
 - if have numerous toilets i.e. 4 in a row—cover the middle two toilets so children are able to use the washroom on demand and still physically distance
 - stagger washroom times between cohorts and ensure cleaning/disinfecting after each cohort.

Are Supervisors restricted from moving within the centre?

- No. If able, supervisors should be assigned to cohorts, particularly if they are providing break coverage.
 - We do request that their movement be modified i.e. if they have to do performance evaluation—stand at the door; if they usually spend 1 hour per day in the room, spend 30 minutes instead while physically distancing.
- SMDHU is not restricting Supervisors from entering a room for intervening purposes.

If a staff person is hired to cover off breaks and lunches are they included in the 10 per room?

- No however, they should be dedicated to the cohort. Example: if a cohort includes 2 staff members and 8 children, 1 additional staff member can be included who only covers lunches and breaks to meet ratios in their designated cohort only.

Do siblings have to be placed within the same cohort?

- Yes as best able.

Are supply teachers allowed to be designated to more than one room?

- Supply staff are deemed critical to the continuation of services are permitted to supply in more than one room per week however, please track what rooms (and when) the supply staff provided coverage in. Active screening is to occur every day the supply staff are onsite. Please limit the movement as much as possible i.e. permanent staff member will be off for consecutive days, keep the same supply staff assigned to that room.

If some children only attend programming a few days per week, can I fill the spaces with other children on the days they do not attend?

- No. The cohort, regardless if made up of part-time, full-time or both, must only have a total of 10 individuals (including teachers). Example: your initial cohort has been established with 8 children: two of 8 only attend 3 days/week. If you were to fill the spaces with other children on the two days the children were not there, the cohort then equals 12 people and increases the number of potentially exposed if there were a case of COVID-19 in the cohort.

Screening

Can contactless (infrared) thermometers be used?

- Yes however, please use the contactless thermometer as a first step. If it is displaying a temperature above 37.6C, please use a contact thermometer (e.g. tympanic thermometer) to confirm the child's temperature. Please remember to clean and disinfect the contact thermometer after each use.

Are we still screening all individuals who live in a household?

- Yes. Knowing if anyone in the household is experiencing a new cough, fever or difficulty breathing or, if someone in the household is positive for COVID-19 is part of the criteria for excluding children/staff from the centre.

The guidance document states for screening, does the child have one of the following symptoms and the signage indicates a fever and 2 symptoms. Which should we use?

- The signage has been updated to reflect one symptom.

Can supervisors escort children to their classrooms?

- Yes, as long as physical distancing can be maintained. If the child requires help with undressing, putting on shoes etc. it should be a staff member from the child's cohort that provides that support.

Can a screener become a kitchen person or a cleaner?

- A screener may become the kitchen person given they have maintained the physical distancing or PPE requirement. A screener may become a cleaner in common areas. A screener may not go from room to room cleaning unless the cleaning occurs at the end of the day and the children are absent from the room.

What is the temperature reading that should trigger not to allow children/staff in at?

- A temperature of 37.8 C or higher

Are centres required to conduct the active screening outside of the centre?

- SMDHU's recommendation is to have the screening area conducted before the locked door entry which allows for appropriate distancing or barrier between screeners and child/parent.

Is the temperature check to be done onsite at the centre or is the temperature check to be done at home? If temp check is required to be completed at the screening site, is it okay to have parents complete the check?

- SMDHU direction is to have the parents/guardians complete the temperature check at home and report the temp to the screener. If the centre chooses to complete temperature checks at the screening site, screeners are to wear PPE, ensure disinfectant wipes are available, and ensure tips for ear thermometers are available (if using that type of thermometer). Parents are not recommended to handle the thermometers. SMDHU has no direction on accuracy of different thermometers. Staff should be familiar with manufacturer's instructions for use including calibration, cleaning and disinfection.

Is the cook allowed to conduct the screening?

- Yes as long as physical distancing is in place or PPE is worn.

Can screeners take the kids to their designated room?

- Screeners are not to escort children to their designated classroom/cohort. Modifications may include booking the same cohorts to be dropped off at the same time having a staff member from their cohort escort them to the classroom; calling (walkie-talkie) one of the designated cohort staff to come and take them to their room.

Environmental Cleaning

Are we required to have test strips for 1000 ppm bleach solutions?

- No. Please follow the solution steps in the surface disinfectant chart for 1000ppm. Bleach solutions should be made daily as the strength dissipates over time.

Can the cook still sanitize the toys in the kitchen sanitizer/dishwasher since nobody else is permitted into the kitchen?

- Yes. The cook may sanitize the toys in the kitchen. Please ensure toys are cleaned first if just using a sanitizer and the sanitizer reaches a temperature of 82 C or 180 F for at least 10 seconds.

Can you clarify/expand on disinfecting belongings as children come such as shoes/backpacks?

- There is no requirement to clean/disinfect shoes or backpacks. We are asking that children only bring necessities from home. Stuffed animals used for nap time are permitted as long as they remain with bedding and are laundered on the same schedule as bedding.

Do we need to rinse with water after contact time with 1000ppm bleach solution?

- Yes a rinse is required for any mouthed toys, food contact services. Ensure children do not touch any surfaces

Can the same cleaner clean different cohort rooms when they are empty?

- Yes as long as it's at the beginning or end of the day when no children are in programming

Can a kitchen person become a cleaner after their kitchen duties are finished?

- Kitchen staff may clean in common areas but not in classrooms throughout the day. A staff member within the cohort is to be dedicated for cleaning/disinfecting purposes.

Do you need to approve our cleaning chart?

- No.

Is the disinfectant at outbreak levels or regular levels for everyday disinfecting when not in outbreak?

- Your usual day-to-day disinfectant is fine to use for regular disinfecting as long as a Drug Identification Number (DIN) is provided and manufacturer's directions are followed. If using bleach as your routine disinfectant, please see the surface disinfectant chart for appropriate mixture.

Can toys be disinfected in a dishwasher or does the bleach solution need to be used?

- Yes. Please ensure the toys are cleaned first then run through the dishwasher. Ensure the dishwasher reaches a temperature of 180F or 82C for a period of at least 10 seconds. If not, a disinfection step will be required.

What toys should be cleaned/disinfected outside?

- Cleaning/disinfection of outdoor toys should be increased as well. Ideally each cohort would have designated outdoor toys. If this is not possible, toys will need to be cleaned/disinfected after each cohort has used them.

Can janitorial or an external person come in to clean/disinfect the rooms after programming has finished?

- Yes. Janitorial staff or an external provider may be used to clean/disinfect all the rooms at the end of the day when no children/staff are present. During programming however, there should be one staff designated per room to clean/disinfect throughout the day.

How should laundry be handled?

- Routine laundry - Place laundry into a container that can be cleaned and disinfected (or if not, use a plastic liner) and do not shake. Wash with regular laundry soap and hot water (60-90°C), and dry well. Clothing and linens belonging to the child can be washed with other laundry.
- Contaminated laundry – Please follow above steps as well as gloves, eye protection and a face mask should be worn when in direct contact with contaminated laundry.

Do I have to remove all of my carpeting?

- Throw rugs should be removed from the facility. Permanent rugs do not need to be removed however, the recommendation is to use a vacuum with an exhaust filter (preferably a HEPA filter) daily with no other persons in the room.
- Increase frequency of steam cleaning.

Testing & Reporting

Should all staff including the cook be tested for COVID-19 prior to starting work during re-opening?

- No. Staff are not required to be tested prior to starting work. If on their first day back they fail the screen they would be excluded and asked to be tested.

Can children under two be swabbed for COVID-19?

- Yes. Children under the age of two may be tested. All assessment centres except for Alliston and Midland can accommodate the testing of children under two. There are various types of swabs used and parents are encouraged to discuss with the primary care provider if they have concerns.

Why doesn't the Health Unit make the choice for an ill person to be tested or not?

- SMDHU will not require/force people to be tested. Individuals are entitled to make informed choices regarding their health care.

What does testing entail?

- Testing for children can either be done by a nasopharyngeal swab or a throat swab, similar to a strep test. All assessment centres are able to test children of all ages, with the exception of the Midland & Alliston assessment centres not being able to test children under the age of two.

Can we ask our parents to sign off that they will have their child tested if the symptoms present while at the centre?

- As the owner/operator of the centre, you may request/require parents to sign off on that. That request would be a requirement of the centre not the Health Unit.

How do I report to the Health Unit?

- Reporting is required for suspect and confirmed cases. [COVID-19 reporting form for Childcare.](#)

Temporary Barriers

We have three age group classrooms. Does each class need their own entrance?

- Rooms that have been split into two areas require a separate entrance to the room for each cohort.

Is it a separate entrance to the building or a separate entrance to the classroom?

- SMDHU's requirements for splitting a classroom into two rooms is each room must have a separate entrance into the room.

Can there be a common space in the room to make two entry ways?

- Logistically it may be difficult to create that. If there was a common space that would allow for two entry ways, the common space could not have children in that space at the same time from the two different classrooms.

What is an acceptable temporary barrier?

- For SMDHU, an acceptable barrier would be made of material that can be cleaned and disinfected. Please refer to the MEDU document for height requirements.

If a room is able to be split with a temporary barrier (that meets the requirement of having separate entrances), does each side of the room need to have a handwashing sink?

- Generally no as long as alcohol-based hand rub is however, if a majority of the children are infants/toddlers than a hand washing sink in the room would be required. Children/staff are not permitted to cross through one cohort/room for hand washing purposes.

Are floor to ceiling barriers required?

- A floor to ceiling temporary barrier used to split two rooms in half is supported, as long as each half of the room has a separate entrance.
- Cohort numbers on either side of the barrier cannot exceed the room's existing licensing capacity.

Working at two Centres

Can a supervisor work at two centres if not going into the classroom at one of the centres?

- A Supervisor may work at two centres as long as they are not going into classrooms/directly providing program coverage at either centre.

Can an office staff member (Supervisor) who is not in the classroom work at two sites?

- Yes, however, the staff member must not be working within classrooms, not be responsible for caring for isolated ill children awaiting pickup, and maintain physical distancing when interacting with other colleagues.

Food

If meals are packaged individually, can the supervisor deliver meals to the classroom door?

- There is no requirement for the meals to be individually packaged. Kitchen staff may deliver the trolley to the classroom door and assigned staff may then serve food to individual children from a common bowl/container. Children should not be self-serving or sharing utensils/equipment.

Can lunches still be catered?

- Yes. Please organize with the caterer to call you when they have arrived and ask them to leave food outside of the door for pick-up.

Are supervisors, screeners, cleaners able to go to each classroom and food handle?

- No. Please have the person responsible for cooking, reheating or unpacking catered food deliver the food to each classroom.

Programming

Can natural play items be used in programming inside?

- Any sensory/natural play items used must be new every day, provided for single use and dedicated per child. Please discard all items during or at end of day.

Can sandboxes be used outside?

- Outdoor sandboxes may be used if they will only be used by the same cohort.