

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

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Immunization with COVID-19 Vaccines *New*

What direction do we give our staff if they have been immunized and then develop symptoms of COVID-19?

Scenarios:

1. Staff who had symptoms before being immunized are to self-isolate and be tested.
2. Staff who have one or more of **only** the following symptom(s) present within 48 hours of receiving a vaccine and the symptoms last longer than 48 hours are to self-isolate and be excluded from work. If symptoms last less than 48 hours, no self-isolation or exclusion is required.
 - Headache and/or
 - Fatigue and/or
 - Muscle aches and/or
 - Joint pain
3. Staff who have **any symptom(s) other** than those listed in #2 (regardless of how long the symptoms(s) last) within 48 hours of receiving a vaccine are to self-isolate and be excluded from work.

When can staff return to work if excluded for developing symptoms?

- If staff are excluded because of one of the 3 scenarios above, they are required to either have a negative COVID-19 test (with symptoms improving and no fever), receive an alternate diagnosis (with symptoms improving and no fever), or if not tested, remain off work for at least 10 days (with symptoms improving and no fever).

What is the definition of fully immunized?

- Fully immunized means the individual has received all doses in their COVID-19 vaccine series (i.e., both doses of a two-dose vaccine series, or one dose of a single-dose vaccine series) and more than 14 days have passed since receiving their last dose.

Are staff still required to wear a medical mask and eye protection when they have been fully immunized?

- Yes. Vaccinated individuals are still at risk for getting the virus. However, studies are showing that vaccinated people may have less severe illness if they do become ill from COVID-19. Public health measures such as face coverings, physical distancing, hand hygiene and wearing personal protective equipment are still required until a larger percentage of the population are fully immunized.

What are the currently approved COVID-19 vaccines in Canada?

- There are currently 4 vaccines licensed for use in Canada. Learn about each vaccine, how it works, how it is given, ingredients, allergies, possible side effects, safety monitoring.
 - [Pfizer-BioNTech COVID-19 Vaccine](#)
 - [Moderna COVID-19 Vaccine](#)
 - [AstraZeneca COVID-19 Vaccine](#)
 - [Janssen COVID-19 vaccine](#)

Are staff required to get vaccinated against COVID-19?

- No. Immunization with COVID-19 vaccine is currently completely voluntary .

One of my staff previously had COVID-19, can they still get the vaccine?

- Yes, as long as they are not self-isolating (as a case or high-risk contact) and are symptom-free.

Are RECE's, supervisors, kitchen staff, management eligible for the vaccine as they may need to go into programs when emergencies arise?

- Yes. Anyone who is/can be asked to interact directly with children in a licensed setting is eligible for the vaccine.

Are childcare staff that have been laid off eligible for the vaccine?

- If you laid off staff given recent school closures, they would not currently be eligible. However, if they were called back to support (e.g. emergency childcare, supply, full-time/part-time) then they would be eligible. Please note, now that childcare staff have been made eligible for the vaccine, they will remain eligible (there is no time limit on booking appointments for the vaccine).

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 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 i.e.: 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 exemptions from use of PPE are approved by SMDHU?

- SMDHU will not be providing direction on appropriate exemptions from PPE use. It is up to the licensed program to determine/approve exemptions and document on a case by case basis.

Is a medical note required from a staff member for an exemption?

- No. Medical documentation is not required as proof for medical exemptions.

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

- MEDU has directed that all staff in licensed childcare centres must wear medical masks and eye protection. Gowns and gloves are not a requirement for the purposes of COVID-19 unless cleaning up large spills of bodily fluids. Blankets are not required to be worn when in close contact with a child if the 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?

- No. MEDU has directed medical masks must be worn and are supplying them to the centres.

Are screeners required to wear PPE?

- Yes. Screeners should be wearing appropriate PPE (medical mask/eye protection) if physical distancing of 2 meters (6 feet) cannot be maintained.

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 the 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 glasses? ***Updated***

- Standard safety glasses are not considered licensed PPE (only face shields/goggles would be considered PPE).
- There are some allowances for non-licensed PPE (safety glasses) during COVID-19 if it meets other certifications (e.g. CSA or NIOSH). Please check with the Ministry of Education around approval for safety glasses. Please note, should safety glasses be worn they must provide a tight-fitted seal around the eyes. Please ensure they are designated per person and cleaned/disinfected after removed.
- Prescription eyeglasses are not appropriate eye protection.

Are staff required to wear medical masks throughout the entire day?

- MEDU has directed there are reasonable exemptions to wearing PPE throughout the entire day. Please refer to the [Ministry of Education Guideline](#).

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.

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 properly.

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](#).

Illness & Exclusion

Are children now to be excluded with only one symptom?

- Yes

Is there a timeline for how long a child must have a runny nose for it to be considered a symptom?

- No. If the runny nose is a new or worsening symptom, the child is to be excluded.

What about runny noses presenting when a child comes in from outside?

- If the child did not have a runny nose prior to going outside, then it could be concluded it was running from being outside and child would not need to be excluded.

Can staff/children attend the centre if someone in their home has a symptom of COVID-19?

- It depends. No if the staff/child is not fully vaccinated. The staff/child may return to the centre when the person in the home experiencing symptoms has either received a negative test or an alternative diagnosis. If the staff/child is fully vaccinated, they **can** attend the centre as long as they themselves do not have symptoms.

If someone in the child or staff's home (not the child or staff) have been deemed a high-risk contact, can the child/staff come to the centre?

- Yes. Children/staff may continue to attend the centre. If/when the person in the household becomes symptomatic, then children/staff cannot attend until household member receives a negative result or an alternative diagnosis.

Are children/staff that have members in their household that took part in the asymptomatic surveillance testing required to stay home from the centre?

- No. Children/staff may attend as the testing was for surveillance reasons only.

Do we accept alternative diagnosis that only communicate “child can return to care” or “child has a respiratory illness” or “it’s not COVID”?

- No. Alternative diagnosis must include an identification of an illness/disease.

Do I still need to exclude a child with a runny nose?

- Yes. A child with a runny nose should be kept home or excluded until they either receive a negative result or an alternative diagnosis, along with, no fever, symptoms improving for at least 24 hours and have not been in close contact with a positive case.

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 parents will be asked to monitor whether the child's symptoms are worsening or more develop for 24 hours from onset.

If a child is excluded with only a runny nose and receive a negative result, are they allowed to return to programming if the runny nose continues/persists?

- Yes, as long as the following criteria is met:
 - they do not have a fever
 - it has been at least 24 hours since symptoms started improving
 - they have not been in close physical contact with a person who currently has COVID-19.

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

- Yes. A child with vomiting/diarrhea/nausea should be kept home or excluded until they either receive a negative result or an alternative diagnosis, along with, no fever, symptoms improving for at least 24 hours and have not been in close contact with a positive case.

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

- Yes, as long as they remain asymptomatic. If a positive result is received, SMDHU will begin an investigation and notify the centre whether the entire cohort needs to be excluded.

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

- 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.

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.

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

Are cohorts required to physically distance?

- Physical distancing within one cohort is recommended, as best able.

Can a cleaner in a cohort be the on-call supply staff for that same cohort?

- Yes, a cleaning staff may be a supply teacher in the same cohort.

Can a screener become part of a cohort?

- Generally, this is not recommended. The screener will be interacting with many 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 can 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 must do performance evaluations—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.

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

- Supply staff are deemed critical to the continuation of services and 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.

Screening

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

- No. However, parent/guardian must be asked if any persons in the child's home have any symptoms. If the answer is yes, the child will fail the screen.

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.

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 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 and 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, if 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 level or regular level 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 (1000ppm).

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.

How do we clean/disinfect outdoor toys/equipment during the winter?

- Clean outdoor equipment with soap and water and then wipe dry. If the disinfectant you use has manufacturer directions for use in freezing temperatures, please follow 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 my carpeting?

- Throw rugs are recommended to 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 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 Alliston assessment centre (not 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, it is up to you whether you will 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 probable (clinically diagnosed with COVID-19 by a physician without a test) and confirmed cases only. Please use the [COVID-19 reporting form for child care](#).

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 and length 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 available 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.

Working at Two Centres

Can staff work at other places (that is not another centre)? ***Updated***

- SMDHU has no restrictions on staff working at other places of employment however, we do not recommend childcare staff also work in a long-term care home or a retirement home. Please check MEDU for their requirements.

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.

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.

Can parents provide bagged lunches for children in emergency child care? ***New***

- Yes. Bagged lunches may be provided during these days as long as:
 - Parents are reminded about general food safety parameters (e.g. ice packs to keep food cool)
 - All lunches are labelled
 - Staff monitor to ensure no sharing or trading of food

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? ***Updated***

- Outdoor sandboxes may be used if they will only be used by one cohort at a time, toys will be cleaned/disinfected in between cohort use and hand hygiene occurs before and after playing in the sand box.

Can fans be used in classrooms?

SMDHU will be allowing the use of fans in childcare centres with the following practices/instructions being implemented/followed:

- Positioning of the fan should not be at face level
- Fans should not be used in a closed room where no doors or windows are able to be opened in order to allow for introduction of fresh air

- Manufacturer's directions for cleaning/disinfecting of the fans are to be followed (be sure to consider the fan blades prior to use and on-going)
 - Create a schedule for cleaning/disinfecting of fans
 - Assign someone to be responsible for the cleaning/disinfecting of the fans
 - Ensure to perform hand hygiene before and after cleaning/disinfecting, handling or maintaining fans

Before & After/Emergency Programs

What requirements need to be followed for emergency child care programs?

- The same requirements that apply to centre-based care apply to emergency child care.

Are core staff allowed to be in the classroom during programming?

- Yes, if:
 - PPE is worn
 - physical distancing is maintained
 - teacher is not staying in the classroom for an extended period of time

What needs to be cleaned/disinfected in between programs?

- If B/A program will be utilizing the core programs toys, manipulators etc. than those plus environmental surfaces must be cleaned/disinfected after the before program ends and before the after program begins.
- Examples of some environmental Surfaces requiring cleaning/disinfection
 - tables
 - chairs
 - washroom
 - door handles, sink handles, light switches
 - vacuuming of the floor

Is the B/A program allowed to use the core programs isolation space?

- That should be determined between the school and before and after program operators
- If the isolation space will be shared, the same requirements of cleaning/disinfecting the room after each use would be required.

Are before and after programs allowed to take children from multiple schools regularly or during PA days?

- SMDHU's recommendation is that school age programs maintain their usual cohorts (already defined).

Are before and after Supervisors allowed to visit programs and enter classrooms?

- Yes. SMDHU is not restricting movement of Supervisors. Supervisors are required to wear the PPE provided while visiting classrooms and hand hygiene must be completed prior to entering a new classroom.

Can staff from one B/A program cover in another B/A program?

- While the recommendation is to keep staff assigned to one cohort, it is understandable that there may be scenarios (staff onsite leave due to illness) where coverage is required. In this type of scenario, please:
 - ensure staff member is wearing appropriate PPE (medical mask and eye protection)
 - performs hand hygiene upon entry of the room
 - staff movement is tracked/documented and readily available should SMDHU request it

What exemptions from use of PPE are approved by SMDHU?

- SMDHU will not be providing direction on appropriate exemptions from PPE use. It is up to the licensed program to determine/approve and document exemptions on a case by case basis.

Can we run a PA day with children from other schools?

- No however, PA day cohorts may be mixed with other children from the same school if parents/guardians are aware and provide written agreement.