

COVID-19: SMDHU GUIDANCE DOCUMENT FOR LICENSED CHILD CARE SETTINGS

This document provides guidance to reduce the risk of introducing and spreading COVID-19 in licensed child care settings and it should be used in conjunction with complete guidance provided in the [Ministry of Education's Operational Guidance During COVID-19 Outbreak](#) guideline and the [Ministry of Health's COVID 19 Guidance: School Outbreak Management](#) which also guides outbreaks in child care. This guidance is subject to change. Please visit the Simcoe Muskoka District Health Unit (SMDHU) website regularly for updates and additional guidance. Licensed home child care agencies and providers are expected to follow the same guidelines as licensed child care centres. For unlicensed home-based programs, the operator should contact the SMDHU immediately to advise on next steps if a person who resides/attends the home tests positive for COVID-19.

It is expected that individual licensed child care settings will apply the guidance outlined by the Ministry of Education as well as the supplemental information below to their own programs. Each child care centre should conduct a risk assessment which is a systematic approach to assessing the efficacy of control measures that are in place to mitigate the transmission of COVID-19 in your setting. Questions regarding the Ministry of Education document should be referred directly to them for clarification/direction.

ACTIVE SCREENING

All individuals including children attending centre-based or home-based child care, staff, parents/guardians, and essential visitors must be screened each day before entering the child care setting, including daily temperature checks. Contact information such as date/time of visit, name, and phone number are required for all essential visitors. Screening is as per the [Ontario self-assessment tool](#) and questions are listed below for reference.

- **Are you currently experiencing any of these symptoms** (symptoms are new and not related to seasonal allergies or pre-existing medical conditions)?
 - Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
 - Chills
 - Cough that's new or worsening (continuous, more than usual)
 - Barking cough, making a whistling noise when breathing (croup)
 - Shortness of breath (out of breath, unable to breathe deeply)
 - Sore throat (not related to seasonal allergies or other known conditions)
 - Difficulty swallowing
 - Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
 - Lost sense of taste or smell
 - Pink eye (irritated, itchy or painful eye that may have crusting or discharge)
 - Headache that's unusual or long lasting
 - Digestive issues (long lasting stomach pain or 2 or more episodes of nausea/vomiting and/or diarrhea)
 - Sore muscles (long lasting or unusual)
 - Extreme tiredness that is unusual (fatigue, lack of energy)
 - Falling down often
 - For young children and infants: sluggishness or lack of appetite
- **Have you travelled outside of Canada in the last 14 days?**
- **In the last 14 days have you been in close physical contact with someone who:**
 - Tested positive for COVID-19?
 - Is currently sick with new COVID-19 symptoms?
 - Returned from outside Canada in the last 2 weeks with new COVID-19 symptoms?

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- Staff are required to take their temperature daily. Parents/guardians will need to check their children's temperature daily before coming to the child care setting. This will need to be recorded on the [screening form](#). Parents are only required to be actively screened if they are entering the child care centre. If they are only dropping off at the screening area, they do not need to be screened. Screening forms must be kept on the premises for 2 months from date of screening.
- Any household members of the ill individual are to [self-monitor](#) for 14 days. Household contacts can continue to come to child care, as long as they have not developed symptoms themselves.
- Temperatures are not required to be recorded at the centre however if they are taken, staff should wear appropriate personal protective equipment (e.g. medical mask & eye protection) and thermometers must not be used between children/staff without single-use protective covers or disinfection between uses.
- Pick-up and drop-off of children should happen outside the child care setting as best able.
- Please direct children to clean their hands upon entry into the centre and/or room.

PASSIVE SCREENING

All school-age licensed child care programs including students, staff and essential visitors of school-age licensed child care programs must self-screen each day before entering the school using the [Ontario self-assessment tool](#), or other tools as identified by the Ministry of Health or SMDHU and follow the guidance that the tool provides. **Note:** if school age programming is being offered within a licensed centre (regardless if co-located within a school), active screening is still required.

An SMDHU checklist version is available for families who prefer that to the online tool. Students that are screened prior to the before-school program do not need to be re-screened for the core day program. Similarly, an individual that has been screened for the core day program does not need to be re-screened for the after-school program.

- [Signage](#) should be posted at the entrance to the centre regarding screening.

MANAGEMENT OF ILL CHILDREN

Specific guidance for staff /children/visitors experiencing symptoms:

All children/staff and essential visitors who have any of the above noted symptoms persisting for more than a few hours, and for whom the symptom(s) is new and not related to seasonal allergies or pre-existing medical conditions, must stay home from the centre and should be tested for COVID-19.

- If results are returned as negative, children and staff are able to return to programming 24 hours after their symptoms resolve.
- Note: Mild symptoms known to persist in young children (e.g. runny nose) may be ongoing at time of return to centre which is supported if other symptoms have resolved, child is able to participate in programming and there is a negative test.

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On occasion, a parent/guardian or staff may feel there is another explanation for the new symptom(s) requiring medical assessment rather than a COVID-19 test. In that case, they should contact their health care provider as usual. Some COVID-19 assessment centres will also do a medical assessment in addition to COVID-19 testing. If the health care provider makes an alternative diagnosis and determines that the condition is not COVID-19, they may indicate that the individual can return to the centre when free of symptoms for 24 hours. **Medical notes or proof of negative tests should not be required for staff or children to return to the centre.**

Note: In the absence of testing or an alternative diagnosis, and with the mild and/or fairly brief duration of symptoms often seen with COVID-19, SMDHU is recommending ill individuals self-isolate for 14 days from symptom onset (even if symptoms resolve). It is difficult for a health care provider to rule out COVID-19 without a test, if there is not a clear alternative diagnosis.

New: Individual reports of ill staff/children are no longer required.

Where there is sufficient concern that an individual may have COVID-19 (e.g. centre is informed by a parent/guardian that a child has been diagnosed with COVID-19) the centre should report this to SMDHU immediately. However, individual reports of children/staff ill with symptoms compatible with COVID-19 is no longer required. Note: SMDHU also receives lab reports directly on all positive COVID-19 cases.

Isolation at the Centre

Licensed child care settings already have existing policies for isolation and exclusion that can be utilized for the purposes of COVID-19. There should be protocols in place to notify parents/guardians if their child begins to show symptoms of COVID-19 while in child care, including the need for immediate pick up.

Children and staff who start to show symptoms of COVID-19 must be promptly separated from others, ideally into a designated area, while waiting to be picked up by a parent or guardian.

- Provide the sick child with a medical mask (if tolerable and above the age of 2 years).
- Where possible, anyone who is providing care to the child should maintain a distance of 2 metres.
 - If a 2 metre distance cannot be maintained from the ill child, staff should put on a medical mask and eye protection (e.g. face shield or goggles). Personal protective equipment (PPE) should be available for staff to put on prior to taking the child to the designated space.
- If appropriate PPE is not worn, staff providing direct care for the ill child may need to be off for 14 days.
- Hand hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.
- Thermometers must not be used between children/staff without single-use protective covers and/or disinfection between uses.
- Once the child has been picked up, clean and disinfect the isolation room/area.
- Parents should be encouraged to bring the child for testing at a local assessment centre.

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TESTING RECOMMENDATIONS FOR PARENTS

- Parents should be advised to follow the testing recommendations as per the Ontario self-assessment tool or SMDHU resource.
- If parents choose not to test their child, the centre is to communicate the 14 day exclusion requirement from onset of symptoms OR child may return to care if an alternative diagnosis has been made by the health care provider and child has been symptom free for 24hrs (if applicable).
- SMDHU will clearly communicate testing recommendations to parents when an outbreak has been declared.

CASE & OUTBREAK MANAGEMENT

Continue to record individual illnesses on the surveillance line list. Report/advise SMDHU when there is an increase over the baseline for illness within the centre

- Management of an individual case/outbreak in a child care centre will be based on an individual risk assessment by SMDHU at the time, and informed by the Ministry of Health's COVID 19 Guidance: School Outbreak Management.
- Control measures could include:
 - Identification and exclusion (if applicable) of contacts
 - Exclusion of case's cohort (e.g. classroom) or multiple cohorts as needed for various lengths of time
 - Recommendations for increasing environmental cleaning and further limiting of activities
 - Recommendations for testing of contacts (staff and children), including those with no symptoms
 - Enhanced surveillance recommendations

For the purposes of COVID-19, one (1) confirmed COVID-19 case who attended/worked at centre during their period of communicability will equal a COVID-19 child care outbreak.

GROUPING (COHORTING) – CHILDREN AND STAFF

As of September 1, 2020, child care settings may return to maximum group sizes as per their license under the *Child Care and Early Years Act*. Groups are still expected to stay together throughout the duration of the program.

- Staff and students should be assigned to a specific group.
- Staff and students should work at only one location.
- Each group should stay together and not mix with other groups.
- Staff assigned to a group should remain with that group at all times except for breaks.
- Staff in classrooms should not be covering off lunches or breaks for staff in other classrooms.
- Groups required to share washrooms should be on a schedule to ensure only 1 group per time is in the washroom with cleaning and disinfection of washroom after each group's use.
- Supervisors and/or designates should limit their movement between groups. Consider assigning supervisors to groups.

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- Part-time attendance is permitted but children must be assigned to the same group and not mix with other groups.
- There should be no mixing of groups when ratios are lower (e.g. before/after work day).
- Staff should also maintain physical distancing in staff rooms, offices etc.
- Groups may share a room, utilizing a floor-to-ceiling temporary barrier, only if there are separate entrances for each group.

ROUTINE PRACTICES

Encouraging hand hygiene

Hand washing with soap and water is still the single most effective way to reduce the spread of illness.

- Make sure you are well-stocked with hand washing supplies at all times (i.e., liquid soap, paper towels and, if needed, alcohol-based hand rub).
- Children forget about proper hand washing so practice often and teach them to wash their hands properly in a fun and relaxed way. Signage should be available to demonstrate the steps of hand hygiene.
- When sinks for hand washing are not available, you may use alcohol-based hand rubs (ABHR) containing at least 60% alcohol. Know that this is not very effective when a child's hands are quite soiled. Read labels and use ABHR the same way you would wash with soap and water. Ensure to keep ABHR out of the reach of children.

Respiratory etiquette

Respiratory etiquette in child care settings includes covering the mouth and nose during coughing or sneezing with a tissue or a flexed elbow, and disposing of used tissues in a plastic-lined waste container, followed by hand hygiene. This should be reviewed with all children and staff regularly. Age-appropriate signage should be posted to remind children and staff.

The use of masks

The Ministry of Education has directed that all adults in a child care setting (including essential visitors and students) are [required to wear medical masks](#) and eye protection (e.g. goggles, face shield) while inside the child care setting, including in hallways. Reasonable exceptions to the requirement to wear masks are expected to be put in place by licensees. Proof of a medical exemption by a healthcare provider is not required.

All children in grades 4 and above are required to wear [face coverings](#) (non-medical masks). School-age children from K – Grade 3 are encouraged but not required to wear a face covering, particularly for activities where physical distancing is challenging. If they wear a face covering, they need to be used [properly](#) (see Public Health Ontario's "[how to wear a mask](#)"). The face covering must be washed daily, carried in a plastic re-sealable bag and brought back and forth to program on a daily basis. When the face covering becomes soiled it must be removed and replaced with a clean one. If the face covering cannot be cleaned, it will need to be thrown out and replaced as soon as it gets slightly wet, dirty or crumpled.

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The use of masks is not required outdoors for adults or children if physical distancing can be maintained.

The use of -face coverings can be challenging for some children. 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.

ENVIRONMENTAL CLEANING & DISINFECTION

We are just learning about how long the virus causing COVID-19 lives on surfaces, but early evidence suggests it can live on objects and surfaces from a few hours to days. Regular cleaning and disinfecting of objects and high-touch surfaces is important to help to prevent the transmission of viruses from contaminated objects and surfaces.

- Ensure all toys used at the centre are made of materials that can be cleaned and disinfected (e.g. avoid plush toys).
- Increase 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, glass on doors and tabletops, and must be disinfected at least twice a day.
- Mouthed toys should be cleaned and disinfected immediately as per normal processes.
- Only use disinfectants that have a Drug Identification Number (DIN) unless using bleach.
- If using bleach, [see chart](#) and follow the routine disinfection solution. For the purposes of COVID-19, a 1000 ppm bleach/water solution should be used.
- Cots and cribs should be disinfected after each use. Linens must be laundered between children.

PROGRAMMING

- If possible, centres should try to designate toys and equipment for each cohort.
- Keep enough toys out to encourage individual play.
- Do not use water or sensory tables.
- 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.
- Play structures can only be used by one cohort at a time, should be cleaned and disinfected between uses and facilitate hand hygiene for children before and after use.

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PHYSICAL DISTANCING

Understandably, physical distancing is challenging in a child care setting.

- Cohorts must maintain at least 2 metres from each other and 2 metre separation should be encouraged even within cohorts.
- Spread children out into different areas. Incorporate more individual activities or activities that encourage more space between children.
- Stagger, or alternate, lunchtime and outdoor playtime.
- Use physical markers or visual cues to ensure cohorts remain separated.
- Increase the distance between nap mats, if possible. If space is tight, place children head-to-toe or toe-to-toe.

Please contact the Simcoe Muskoka District Health Unit if you have any questions at 1-877-721-7520 ext. 8809,

Monday to Friday 8:30 a.m. to 4:30 p.m.

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