

Appendix C: COVID-19 Protocols

Nottingham Co-operative Preschool (Nottingham) has developed the following administrative and infection prevention/control policies and procedures to reduce the spread of COVID-19.

Drop off and Pick up Procedures and Screening

Nottingham will have two designated screening areas set up, one for each class. The first will be at the playground and the second will be in the front entrance of the church on the north side.

- The areas will be clearly marked as screening stations
- Posted signs will be visible, clearly explaining the screening process and the rules and conditions for entry
- Each area allows for a minimum of six feet between staff, children and parents
- Parents will complete daily screening online prior to coming to school. If individuals answer yes to ANY of the questions, they will not be permitted to enter the centre. See Appendix D for the screening tool.
- Once at school, families will line up at the screening area and wait for the designated screener to take their child's temperature. The child's temperature must be lower than 37.8°C for the child to be allowed in to the school.
- The designated screeners will be wearing personal protective equipment when screening all persons entering the building. (mask, face shield, disposable gloves)
- Once the child is checked in they will be permitted to enter the playground or will be escorted to the classroom by the screener
- Parents are not permitted to go past the screening area unless there is a specific reason to do so and they have passed the screening process
- At the end of class, parents are asked to wait outside in their designated space and staff will bring the children out with all of their belongings

Enhanced Attendance Reporting Practice for Children, Staff and All Other Individuals Entering the School

- Nottingham will maintain daily attendance records of all individuals entering the school
- Records will include the following information: Name, contact information, date and time of arrival and departure, reason for visit and screening results
- Records will be updated when a child or staff member is absent

- Nottingham will follow up with individuals to determine the reason for unplanned absences. This information will be recorded and kept on file.
- Nottingham will monitor attendance records for patterns and trends (Children and staff in the same cohort absent at the same time and over the course of a few days.)
- Attendance records will always be available on-site

Practice Physical Distancing

Nottingham staff will practice physical distancing as best as possible to maintain a six foot distance between staff and children. Nottingham teachers and supply staff will belong to one cohort only to minimize risk.

- Supervision will not be compromised during physical distancing
- The children will be regularly reminded to keep hands to themselves
- All activities will be planned for individual play. Various areas will be set up throughout the classroom so children can still move around freely between activities
- Singing, dancing and story time will only be done during outdoor play

Modified Communication with Families

- Our primary communication method will continue to be via emails sent by our Registrar
- We will also communicate with our families through our private Facebook page and messenger
- Teachers will also be available through email and text
- Parents may request a virtual meeting with a teacher at any time (Conducted through Zoom)
- Nottingham will not have any outside programming at this time

Exclusion Policy

Policy

Nottingham is committed to providing a safe and healthy environment for children, families and employees. Nottingham will take every reasonable precaution to prevent the risk of communicable diseases including implementing the use of a screening tool upon arrival.

Purpose

To ensure that all staff are aware of and adhere to the directive established by Halton Region

Public Health, and Children's Services Division regarding the exclusion of sick staff and/or children attending Nottingham

Procedure

Note: Children and staff must not attend the program if they are sick, even if symptoms resemble a mild cold.

As required by the Child Care and Early Years Act, 2014 (CCEYA), child care employees must separate children of ill health and contact parents/guardians to pick up their child immediately. When children are ill and/or exhibit COVID-19 related symptoms, staff will ensure the following:

- The ill or symptomatic child will be moved to the designated exclusion room, away from other children. The child will be monitored by a staff member until the parent/guardian picks up the child.
- Symptoms of illness will be recorded in the child's daily record and in a daily log as per the CCEYA
- The parent/guardian of the ill child will be notified to pick up their child immediately; or
- If it appears that the child requires immediate medical attention, the child will be taken to the hospital by ambulance and examined by a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act. R.R.O. 1990, Reg. 262, s. 34 (3)

If you suspect a child has symptoms of a reportable communicable disease, (refer to Halton Child Care Health Resource), please report these immediately to Halton Region Public Health at 905-825-6000.

When to Exclude

Staff and children should be excluded when there are signs and/or symptoms that are greater than normal, or if a child is unable to participate in regular programming because of illness.

Common Symptoms of COVID-19	Other Symptoms of COVID-19
<ul style="list-style-type: none"> • Fever (temperature of 37.8°C or greater) • New or worsening cough • Shortness of breath (dyspnea) 	<p><i>Typical:</i></p> <ul style="list-style-type: none"> • Sore throat • Runny nose, sneezing or Nasal congestion • Hoarse voice • Difficulty swallowing • New olfactory or taste disorder(s) • Nausea/vomiting, diarrhea, abdominal pain

Atypical:

- Unexplained fatigue/malaise/myalgias
- Delirium
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills, Headaches, Croup, Conjunctivitis
- Unexplained tachycardia
- Decrease in blood pressure
- Unexplained hypoxia
- Lethargy (if no other diagnosis)

How to Exclude

- Supervise the child in a designated room with a hand washing sink or hand sanitizer available
- Notify parents/caregivers of the sick child for pick up immediately
- Only one staff should be in the designated room and staff should attempt physical distancing (maintaining a distance of 2 meters) from the ill child. If physical distancing of 2 meters cannot be maintained, staff should wear a surgical/procedure mask, eye protection and gloves and should perform hand hygiene and attempt to not touch their face with unwashed hands. The ill child should also wear a surgical/procedure mask if it is tolerated and the child is above the age of two.
- Staff should not interact with others while waiting with the ill child
- Staff should avoid contact with the child's respiratory secretions
- Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene
- Increase ventilation in the designated exclusion room if possible (e.g., open windows)
- Clean and disinfect the area immediately after the child has been sent home
- Items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 7 days
- Children with symptoms should be tested
- Staff and children who were in the same room with the ill child will be cohorted and Halton Region Public Health will provide further direction on testing and isolation of these individuals
- Contact Halton Region Public Health to notify of a potential case and seek input regarding the information that should be shared with parents of children in the child care centre

- Children or staff who have been exposed to a confirmed case of COVID-19 should be excluded from the child care centre for 14 days
- Children or staff who have been in contact with a probable COVID-19 case should be monitored for symptoms and cohorted until test results, if any, have been completed or until directed by Halton Region Public Health
- Staff awaiting test results, who are asymptomatic, may continue to work unless they are a close contact of a case.

Reporting

The directions outlined below will be followed for any probable and/or confirmed cases of COVID-19 for the following individuals:

1. A child enrolled at Nottingham
2. A parent/guardian of a child enrolled at Nottingham
3. A staff of the licensee currently working at Nottingham

When becoming aware of any probable and/or confirmed cases of COVID-19 for any of the above individuals:

- Notify the local Public Health unit immediately and follow all direction provided;
- Notify the Child Care Quality Assurance and Licensing Branch Regional Manager;
- Follow Halton Region Public Health's advice with respect to the appropriate process for notifying parents with children enrolled at the child care centre;
- Notify Halton Region, Manager of Direct Child Care Services; and Director of Children's Services
- Serious Occurrence (SO) to be submitted under the category of "suspected/confirmed case of COVID-19" (includes submitting a SO report in the Child Care Licensing System and posting the SO notification form).

Testing for COVID-19

- Symptomatic staff and children should be referred for testing. Testing of asymptomatic person should only be performed as directed by Halton Region Public Health as part of outbreak management.
 - Those who test negative for COVID-19 must be excluded until 24 hours after symptom resolution
 - Those who test positive for COVID-19 must be excluded from the child care centre for 14 days after the onset of symptoms and clearance has been received from Halton Region Public Health

- Asymptomatic contacts of a confirmed case may consider going for testing for COVID-19 within 14 days from their last exposure. If they test negative and become symptomatic after the negative test, they should be re-tested.
 - Asymptomatic contacts must remain in self isolation for 14 days from their last exposure to the case, even if they get a negative test result.
- Staff who test positive for COVID-19 must inform their supervisor of the positive test result
- Outbreaks should be declared in collaboration with the child care centre and Halton Region Public Health

Note: Child care staff who are tested as part of the surveillance screening are not required to self-isolate and may return to work as long as they pass the daily screening for the workplace.

Surveillance

Ensuring that all environmental conditions are constantly monitored is essential in preventing and reducing illness. Staff must monitor for an increase in above normal amount of illnesses among other employees and children by looking at the normal occurrence of illness at that location and during the specific time period.

Ensure surveillance includes the following:

- Observe children for illness upon arrival
- Active screening is required for anyone entering the childcare centre. Anyone who fails the screening criteria will not be allowed into the childcare centre.
- Record symptoms of illness for each child including signs or complaints the child may describe (e.g., sore throat, stomach ache, head ache)
- Record the date and time that the symptoms occur
- Keep all screening records on site
- Record the room the child attends (e.g., room number/description)
- Record attendances and absences

Returning from Exclusion Due to Illness

Staff/children who are being managed by Halton Region Public Health (e.g., confirmed cases of COVID-19, household contacts of cases) should follow instructions from Halton Region Public Health to determine when to return to the facility.

Note: A Serious Occurrence is generated through the Child Care Licensing System to report all

probable or confirmed cases of COVID-19 for anyone attending or regularly present at the Emergency Child Care Centre including a child, staff or parent/guardian

Review

This policy and procedure will be reviewed and signed off by all staff and parents prior to re-opening.

Sanitary Health and Safety

Policy

Nottingham is committed to providing a safe and healthy environment for children, families and employees. Nottingham will take every reasonable precaution to prevent the risk of communicable diseases.

Definitions

Cleaning: refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e., blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm water, detergent and mechanical action (i.e., wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

Disinfecting: describes a process completed after cleaning in which a chemical solution (i.e., a 1:9 bleach and water solution), is used to kill most disease-causing microorganisms. In order to be effective, disinfectants must be left on a surface for a period of time. Contact times are generally prescribed by the product manufacturer. Any items children may come into contact with require a final rinse after the required contact time is observed.

Procedure

All products, including cleaning agents and disinfectants, must be out of reach of children, labelled, and must have Material Safety Data Sheets (MSDS) up to date (within three years), which are stored in the MSDS Binder.

Cleaning

- Use detergent and warm water to clean visibly soiled surfaces

- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure detergent is removed
- Let the surface dry

Disinfecting

Staff are to use a 1:9 bleach and water solution (prepared daily) and AVMOR EP59 cleaner as disinfectants.

- For general environmental disinfection of high touch surfaces, large toys and equipment that cannot be immersed in a disinfectant solution, use a wet cloth soaked in a 1:9 bleach and water solution. The contact time for disinfecting is one minute.
- For all other toy cleaning and disinfecting, first clean toys in a detergent and water solution then soak in a 1:9 bleach and water solution. The contact time for disinfecting is one minute.

Cleaning and Disinfection Frequency Requirements:

- A cleaning and disinfecting log should be tracked and should demonstrate cleaning schedules

Clean and Disinfect upon ENTRY to Child Care (for Staff):

- Any hard surfaces such as water bottles, travel mugs, cell phones and lunch containers

Clean and Disinfect upon Children's ENTRY to Child Care:

- Any hard surfaces such as back packs, water bottles

Clean and Disinfect Frequencies for Other Surfaces and Items:

Cleaning and disinfecting routines **must** be increased as the risk of environmental contamination is higher:

Tables and Countertops	Used for food preparation - must be cleaned and disinfected before and after each use
Spills	Must be cleaned and disinfected immediately
Washrooms/ Handwash	Staff and children washroom areas must be cleaned and

Sinks	disinfected at least two times per day and as often as necessary (i.e., when visibly dirty or contaminated with body fluids). Only one cohort will access the washroom at a time.
Floors	Cleaning and disinfecting must be performed as required (i.e., when spills occur, and throughout the day when rooms are available) e.g., during outdoor play
Outdoor play equipment	Must be disinfected before use, between cohorts and as required (i.e., visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect
High-touch surfaces	Any surfaces that has frequent contact with hands (e.g., light switches, shelving, containers, hand rails, door knobs, sinks toilets etc.). These surfaces should be cleaned at least twice per day, between cohorts and as often as necessary (i.e., when visibly dirty or contaminated with body fluids)
Other shared items	Must be disinfected between users (e.g., phones, tablets, keyboards, attendance binders etc.)

Cleaning and Disinfecting Toys:

- The cleaning and disinfecting of toys will be done in the dishwasher on the sanitize setting. Once the toys are taken out of the dishwasher they will be sprayed with our disinfectant and air dried.
- The 3-step method may also be used to ensure proper cleaning of toys
- Mouthed toys will be separated immediately and disinfected properly before being returned to the shelf
- Children will be asked to place each toy in a designated area after each use so we can disinfect it properly before returning it to play
- Group sensory play will be suspended at this time. Each child will have a labelled individual sensory bin.

Clean and Disinfect Daily:

- Low-touch surfaces (any surface that has minimal contact with hands) must be cleaned and disinfected daily (e.g. Window ledges, doors, sides of furnishings etc.)
- Carpets are to be vacuumed daily when the rooms are available, e.g., during outdoor play

Clean and Disinfect as Required:

Blood/Bodily Fluid Spills: Using the steps below, the surface must be cleaned first then disinfected:

1. Isolate the area around the spill so that no other objects/humans can be contaminated
2. Gather all supplies, perform hand hygiene, then put on single-use gloves
3. Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag
4. Clean the spill area with detergent, warm water and single-use towels
5. Rinse to remove detergent residue with clean water and single-use towel
6. Discard used paper towels and gloves immediately in a tied plastic bag
7. Spray 1:9 bleach and water solution in and around the spill area and allow the appropriate **one minute** disinfecting contact time
8. A final rinse is required if children come into contact with the area
9. Remove gloves as directed and discard them immediately
10. Perform hand hygiene as directed

Notes:

- *If the spill includes broken glass, ensure a brush and dustpan is used to pick it up and discard. Disinfect the brush and dustpan after use. **NEVER** use your hands to clean up the glass*
- *If the spill occurs on a carpet, follow the above steps along with professional steam/wet cleaning the carpet.*

Hand Hygiene Policy and Procedures

Policy

Nottingham is committed to providing a safe and healthy environment for children, families and employees. Nottingham will take every reasonable precaution to prevent the risk of communicable diseases.

Definitions

‘Hand Hygiene’ is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or a hand sanitizer (60 - 90% alcohol based). Hand washing with soap and running water must be performed when hands are visibly soiled.

Procedure

Hands carry and spread germs. Touching your eyes, nose, mouth or sneezing or coughing into your hands may provide an opportunity for germs to get into your body or spread to others. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs.

Ensure that staff and children are always practicing good hand hygiene when hands are visibly dirty and/or after:

- Sneezing, coughing, or blowing your nose
- Using the washroom
- Handling garbage
- Handling raw foods
- Outdoor play
- Toileting/diapering routine
- Handling soiled laundry or dishes
- Handling soiled toys or other items
- Coming into contact with bodily fluids
- Coming into contact with any soiled/mouthed items
- Gardening
- Touching commonly touched surfaces

Hands should be cleaned using soap and water or hand sanitizer before and after:

- Preparing, handling, serving and eating food
- Handling animals
- Touching a cut or open sore
- Changing diapers
- Glove use
- Before and after giving medication
- Communal sensory play activity

When hands are visibly soiled, follow these steps for cleaning hands:

- Wet hands
- Apply soap
- Lather for at least 20 seconds. Rub between fingers, back of hands, fingertips, under

nails

- Rinse well under running water
- Dry hands well with paper towel or hot air blower
- Turn taps off with paper towel, if available

When hands are not visibly soiled, follow these steps for cleaning hands:

- Apply hand sanitizer (60-90% alcohol-based)
- Rub hands together for at least 15 seconds
- Work sanitizer between fingers, back of hands, fingertips, and under nails.
- Rub hands until dry

Hand Hygiene Monitoring

To ensure that employees are using proper hand hygiene methods, the supervisor will review hand hygiene practices on a regular basis and provide feedback to employees as required.

Hand Sanitizing Information

When your hands are not visible dirty, a 60-90% alcohol based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of two and must always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. Please ensure that written parent consent is obtained before applying hand sanitizer to any child.

Glove Use

Gloves shall be worn when it is anticipated that hands will come into contact with mucous membranes, broken skin, tissue, blood, bodily fluids, secretions, excretions, contaminated equipment or environmental surfaces. Gloves are single use only.

Gloves and Hand Hygiene

Hand hygiene shall be practised before applying and after removing gloves. Gloves shall be removed and discarded after each use.

To reduce hand irritation related to gloves:

- Wear gloves for as short as time as possible

- Ensure that hands are clean and dry before wearing gloves
- Ensure gloves are intact, clean and dry inside
- Gloves are single use only, and must be task specific such as nitrile gloves for diaper changes

Gloves when Cleaning/Disinfecting

Employees must wear gloves when immersing toys in diluted disinfectant when toy washing.

Covering Your Cough Procedure

Germs, such as influenza and cold viruses, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs.

Attempt to keep your distance (preferably more than 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

- If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose
- Put used tissues in the garbage
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands
- Clean your hands with soap and water or hand sanitizer (60-90% alcohol based) regularly and after using a tissue on yourself or others

Legislative Authority/ Regulations/ Guidelines

Child Care and Early Years Act Operational Guidance During COVID-19 Outbreak

Halton Region Child Care Health Resource

Halton Region Health Department COVID-19 Emergency Child Care Guidance: Emergency Childcare Centres

COVID-19 Reference Document for Symptoms

Appendix D

Daily Screening Tool

Prior to the first day of school, the link to the online screening tool will be sent to all families via email. The expectation is that all families will complete the pre-screen every day before dropping their child off at Nottingham.



Nottingham Cooperative Preschool
COVID-19 Screening

COVID-19 Screening

* Required

School Date *

MM DD YYYY

/ /

Registered Class *

- 2 AM (Miss Kim)
- 3 AM (Miss Kim)
- 3 AM (Miss Ann)
- 3 PM (Miss Jessica)
- JK/SK (Miss Amy)
- Staff

Does your child have any of the following symptoms: *

Common Symptoms	Other Symptoms	Atypical Symptoms	Atypical Signs
<ul style="list-style-type: none"> • Fever (temperature of 37.8 degrees Celsius or greater) • New or worsening cough • Shortness of breath (dyspnea) 	<ul style="list-style-type: none"> • Sore throat • Difficulty swallowing • New olfactory or taste disorders(s) • Nausea/vomiting, diarrhea, abdominal pain • Runny nose, or nasal congestion – in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc. 	<ul style="list-style-type: none"> • Unexplained fatigue/malaise/myalgias • Delirium (acutely altered mental status of inattention) • Unexplained or increased number of falls • Acute functional decline • Exacerbation of chronic conditions • Chills • Headaches • Croup • Conjunctivitis • Multisystems inflammatory vasculitis in children <ul style="list-style-type: none"> • May present as persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms, and rash 	<ul style="list-style-type: none"> • Unexplained tachycardia, including age specific tachycardia for children • Decrease in blood pressure • Unexplained hypoxia (even if mild i.e. O2 sat <90%) • Lethargy, difficulty feeding in infants (if no other diagnosis)

- Yes
- No

Is anyone in the child's household sick with any of the above symptoms? *

Yes

No

Has the child been in close contact with a confirmed case of COVID-19 in the past 14 days? *

Yes

No

Has the child travelled outside of Canada in the past 14 days? *

Yes

No

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