



ARPI NURSERY SCHOOL INC.

39 Carl Hall Road, Toronto, ON, M3K 2E2 -- PHONE: 781-1620

Health and Safety Guidance related to Operations - COVID-19

This Health and Safety guidance document will support Arpi Nursery School in implementing Health and Safety procedures and processes outlined in the Ministry of Education *Operational Guidance during COVID-19 Outbreak* and Toronto Public Health's *COVID-19 Guidance for Child Care Settings*. Health and Safety policies and procedures regarding COVID-19 protocols will be shared with families of children attending the centre.

Policies and Procedures have been developed for Arpi Nursery School, and specific procedures will be found in each of the following documents:

- Environmental Cleaning and Disinfecting Policy and Procedure – COVID-19
- Exclusion of Sick Children Policy and Procedure – COVID-19
- Hand Hygiene Policy and Procedure – COVID-19
- Health Screening Procedure – COVID-19
- Health Screening Instructions – COVID-19
- Management of Communicable Diseases Policy and Procedure – COVID-19
- Management of Outbreaks (non-Covid-19) Policy and Procedure – COVID-19
- Personal Protective Equipment (PPE) Policy and Procedure – COVID-19
- Physical Distancing Policy and Procedure – COVID-19
- Procedure for Suspected or Positive COVID-19 cases – COVID-19
- Toileting and Diapering Policy and Procedure – COVID-19
- Toy Washing and Disinfecting Policy and Procedure – COVID-19
- Nutrition Services – Modified Food Practices – COVID-19
- Nutrition Services – Receiving Food Deliveries – COVID-19
- Nutrition Services – Cleaning, Sanitizing and Disinfecting – COVID-19

General

- When holding infants and/or toddlers, staff should use blankets or burp cloths over clothing and change the blanket/burp cloth between children
- Increase public health awareness by posting COVID-19 signs in the designated screening station to raise awareness about health and safety measures that can help prevent the spread of COVID-19
- Communication with stakeholders such as building owners/property managers on a routine basis to provide updates about policies and procedures and to align any gaps or concerns regarding infection prevention and control practices.

Program Revisions

Program

- Communal sensory activities are suspended. Single use sensory materials can be used (individual playdough, individual bin with water). These activities must be discarded immediately after use and bins cleaned and disinfected.
- Singing should be avoided indoors and ensure physical distancing for singing activities outdoors.

Food

- If staff are eating centre prepared food, serving utensils must be changed or disinfected between use
- Food must be served using utensils, and utensils must not be shared.
- Sharing of non-centre prepared food items must be avoided to ensure hands are not touching multiple items, this includes pot lucks etc.,
- Do not allow any self-serve arrangements in the program
- Food items can be served from the trolley
- Avoid multiple hands touching proximal items. Shared items such as salt shakers and condiments must not be available for self-serve
- Children must not prepare food that will be shared with others
- There must be no food provided by the family/outside of the regular meal provision of the program. If the regular meal program permits food to be provided by the family in special circumstances, enhanced precautions for handling and serving the food must be implemented and policies and procedures adapted to reflect this.

Group Sizes

- Cohorts are defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program.
- Rooms will follow appropriate Child Care and Early Years Act (CCEYA) regulations for ratios and group sizes within the maximum group size cohort of no more than 15 children plus staff per room.
- All cohorts must stay together and not mix with other cohorts.
 - Supply staff should be assigned to specific cohorts

Visitors and Drop Off / Pick Up Procedures

- Policies and Procedures are in place to support physical distancing and safe pick up and drop off of children. Please refer to Physical Distancing Policy and Procedure – COVID-19 and Health Screening Procedures – COVID-19 and Health Screening Instructions – COVID-19 for specific set up and processes.
- Non-essential visitors will not be allowed to enter the centre. Ministry of Education staff or other public officials will be allowed to enter and inspect the centre at any reasonable time, and must be screened before entry.
- Anyone entering the centre including the above, will need to be screened and pass the screening test.
- Each location will maintain daily records of anyone coming into the centre (maintenance, cleaners, inspectors, special needs staff etc) including names, time in and out, purpose and areas visited. These records will be kept up to date to facilitate contact tracing

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- There will not be any volunteers or students at the centres during this time. Essential workers who support child care operations may be permitted; however, this will need to be determined on a case by case basis

As it relates to the policies and procedures listed throughout this document, the following Policy Statement, Purpose and Application are applicable in all cases.

Policy Statement

Arpi Nursery School is committed to providing a safe and healthy environment for children, families and employees. We will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

Purpose

To ensure that all employees are aware of, and adhere to, the directive established by Toronto Public Health (TPH), and Children's Services regarding cleaning and disinfecting in the centre.

Application

This policy applies to all employees, students, community members, and any other persons engaged in business with Arpi Nursery School.



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Environmental Cleaning and Disinfecting Policy and Procedures – COVID-19

Definitions

Cleaning: refers to the physical removal of foreign material (for example, dust, soil) and organic material (for example, blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm water, detergent and mechanical action (for example, 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 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 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.

Procedures

All products including cleaning agents and disinfectants must be stored securely, kept out of reach of children, and labelled. Ensure that expiry dates are checked and that all manufacturer instructions are followed.

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

When disinfecting, only approved products can be used including:

- Avimor EP66 EcoPure
- Oxivir Tb and Oxivir Five 16
- And bleach according to public health guidelines.

*All are considered high-level disinfectants which is defined as the complete elimination of all microorganisms in or on a surface. **Ensure that all manufacturer labels and Safety Data Sheets (SDS) are read and understood. All appropriate contact times and Personal Protect Equipment (PPE) use must be adhered to for each individual item.***

- For general environmental disinfection of high touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution, wipes or a spray will be used
- For all other toy cleaning & disinfecting use approved disinfectant as listed above.
- **Refer to Toy Disinfection Procedures for further guidance.**

Disinfecting using Sprays and Wipes:

- Put on rubber/chemical or nitrile/vinyl gloves. If cleaning blood/bodily fluids a surgical mask must be used. If the employee has scent sensitivities a non-medical mask can be used.
- Spray or wipe on the disinfectant and leave wet on the surface for the appropriate disinfecting contact time.
- Ensure the spray setting is on stream and not mist
- Once the appropriate contact time has elapsed, the surface has now been disinfected
- Any surface children may come in contact with requires a final rinse with a single-use paper towel (for example, lunch tables, high chair tray, floor, toy shelves). If the surface continues to be wet, you may wipe it dry with a single-use paper towel

Cleaning and Disinfection frequency requirements:

Clean and disinfect upon ENTRY to child care (for staff):

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

Clean and disinfect upon children's ENTRY to child care:

- Any hard surfaces such as water bottles, containers, etc.

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 and food service must be cleaned and disinfected before and after each use
- **Highchairs:** must be cleaned and disinfected before and after serving food
- **Spills** must be cleaned and disinfected immediately
- **Washroom and sink areas:** staff and children washroom areas must be cleaned and disinfected at least two times per day and as often as necessary (for example, when visibly dirty or contaminated with body fluids). If washroom areas are used by different cohorts, high touch surfaces will be cleaned and disinfected between cohorts
- **Floors:** cleaning and disinfecting must be performed as required including when spills occur, and throughout the day when rooms are available, for example, during outdoor play
- **Floor Mats:** cleaning and disinfecting must be performed throughout the day, and at a minimum of twice daily
- **Outdoor play equipment:** must be disinfected before each group / cohort uses it, and additionally as required (for example, visibly dirty). This includes any play structures. Any outdoor play equipment that is used must be easy to clean and disinfect.
- **High-touch surfaces:** any surfaces that have frequent contact with hands (for example, doorway gates, shelving, containers, hand rails, door knobs etc.) These surfaces should be cleaned at least twice per day and as often as necessary (for example, when visibly dirty or contaminated with body fluids)
- **Other shared items:** for example, phones, staff-room equipment, classroom equipment, attendance binders etc., these must be disinfected.

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- **Note:** Most areas are best cleaned with wipes and do not require a final rinse if children do not come into contact with them.

Clean and disinfect daily:

- Low-touch surfaces (any surfaces that has minimal contact with hands), must be cleaned and disinfected daily (for example, window ledges, doors, sides of furnishings etc.)

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 and other individuals can be contaminated
2. Gather all supplies, perform hand hygiene, put on a surgical mask and single-use medical grade nitrile/vinyl gloves
3. Soak 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. Do not use the existing waste receptacle provided in the area
7. Perform hand hygiene and put on a new pair of gloves
8. Spray the disinfectant in and around the spill area and allow the appropriate disinfecting contact time
9. A final rinse is required if children come into contact with the area
10. Remove gloves and mask and discard them immediately
11. Perform hand hygiene
 - **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 informing our professional cleaning service about the carpet.
 - Please refer to the TPH 'Blood and Bodily Fluid Spills' poster for further guidance

Crib and cot cleaning and disinfecting:

- Cots and cribs must be labelled and assigned/designated to a single child per use
- Cots and cribs must be cleaned and disinfected before being assigned to a child
- Cots and cribs must be cleaned and disinfected after each use.
- Crib mattresses must be cleaned and disinfected when soiled or wet and before being assigned to a child
- Cots must be stored in a manner which there is no contact with the sleeping surface of another cot
- Bedding must be laundered daily on the "hot" setting, and when soiled or wet

Additional Infection Prevention and Control Practices for Hygiene Items

- Pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children. The pacifier must be washed in soap and water upon arrival to the centre
- Label personal items and store them separately
- For creams and lotions during diapering, never put hands directly into lotion or cream bottles, use a tissue or single-use gloves. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe
- Staff will launder sheet and blankets at the centre using the "hot" setting.
- For Toy Cleaning and Disinfecting, please refer to the Toy Washing and Disinfecting Policy and Procedure – COVID-19 and Toy Cleaning and Disinfecting Schedule – COVID-19



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Exclusion of Sick Children Policy & Procedures – COVID-19

Procedures

As required by the Child Care and Early Years Act, we must separate children of ill health and contact parents/guardians to take the child home.

When children are ill and/or exhibit COVID-19 related symptoms, child care employees will ensure the following:

- Ill children will be separated from all other children to the designated exclusion room, and will be supervised and monitored by a staff until they are picked up from care by a parent/guardian. *How to exclude* steps below must be followed.
- Symptoms of illness will be recorded in the child's daily record and in a daily log
- The parent/guardian of the ill child will be notified of the child's symptoms and of the need to pick the child up 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, please report these immediately to TPH's Communicable Disease Surveillance Unit (416-392-7411).

When to exclude

A sick child must be excluded when they have any signs and/or symptoms that are greater than normal, or if the child is unable to participate in regular programming because of illness.

- Follow the steps below on *How to exclude a child with COVID-19 symptoms* if symptoms are considered to be COVID-19 related (refer to most recent health screening checklist)
- Follow the steps on *How to exclude a child with non-COVID-19 symptoms* below if symptoms are not COVID-19 related (refer to most recent health screening checklist)

How to exclude a child with COVID-19 symptoms

- One staff will supervise the child in a designated exclusion room with a hand washing sink and/or hand sanitizer available
- Notify parents/caregivers of the sick child for pick up
- Only one staff should be in the designated exclusion room and attempt physical distancing.

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- Staff must wear a mask, gloves and eye protection. Refer to Personal Protective Equipment Policy and Procedure – COVID-19 for specific instructions
 - Staff should perform hand hygiene and attempt to not touch their face with unwashed hands
 - If possible, a mask should be placed on the ill child, but only if the child is able to understand that they cannot touch it, and if the child is over the age of 3
 - Increase ventilation in the designated exclusion room if possible
 - Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues
 - Clean and disinfect the area immediately after the child has been sent home, including all items used by the ill child
 - While cleaning and disinfecting wear Personal Protective Equipment (PPE) (mask and gloves)
 - If the child's symptoms are consistent with COVID-19, staff and children who were exposed to the ill child should be identified as a close contact and will continue to be cohorted.
 - Staff should self-monitor and children should be monitored for symptoms for the next 14 days. During this period they should avoid contact with vulnerable persons or settings where there are vulnerable persons (for example, long-term care homes)
 - Supervisors will inform parents/guardians of children who were exposed to the ill child, and advise that they should monitor their child for symptoms
 - Children who are being managed by Toronto Public Health should follow their instructions to determine when to return to the child care centre.
 - Staff must refer to Procedure for Suspected or Positive COVID-19 cases - COVID-19 for detailed steps

How to exclude a Child with non COVID-19 symptoms

Refer to the Management of Common Communicable Diseases Policy and Procedures- COVID-19 for non-COVID-19 signs and symptoms.

- One staff will supervise the child in a designated room with a hand washing sink and/or hand sanitizer available
- Notify parents/caregivers of the sick child for pick up
- Only one staff should be in the designated exclusion room and attempt physical distancing. Staff must wear a mask, gloves and eye protection. Staff should perform hand hygiene and attempt to not touch their face with unwashed hands
- Increase ventilation in the designated exclusion room if possible (for example, open windows)
- Clean and disinfect the area immediately after the child has been sent home, including all items used by the ill child
- While cleaning and disinfecting wear PPE (mask and gloves)

Surveillance

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

Ensure surveillance includes the following:

- Observe children for illness upon arrival (screening procedure in place)
- Record symptoms of illness for each child including signs or complaints the child may describe (for example, sore throat, stomach ache, head ache etc.)
- Record the date and time that the symptoms occur
- Record the room the child attends (for example, room number/description)
- Record attendances and absences. Follow-up with all individuals to determine the reason for any unplanned absences and determine if the absence is due to illness and note any symptoms

Returning from exclusion due to illness

Staff/children who are being managed by TPH (for example, confirmed cases of COVID-19, household contacts of cases) should follow instructions from TPH to determine when to return to the facility. Refer to the Procedure for Suspected or Positive Covid-19 cases – COVID-19.

If not advised by TPH, staff/children will not be permitted back to the facility for a minimum of 14 days from symptoms onset, unless they have been tested and results are found to be negative for COVID-19. Those who test negative for COVID 19 must be excluded for 24 hours after symptom resolution. Those who test positive for COVID19 must be excluded from the child care centre for 14 days after the onset of symptoms, and symptoms must be resolved for 24 hours.



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Hand Hygiene Policy and Procedure – COVID-19

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 (70 -90% isopropyl alcohol based). Hand washing with soap and running water must be performed when hands are visibly soiled.

Procedures

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 frequent proper hand hygiene (hand washing/hand sanitizing) is enhanced and promoted. This includes supervising and/or assisting participants with hand washing as required. Ensure that employees and children are always practicing good hand hygiene when hands are visibly dirty and before and/or after:

- Sneezing, coughing, or blowing your nose
- Using the washroom
- Handling garbage
- Handling raw foods
- Outdoor play
- 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
- Preparing handling and serving food
- Toileting/diapering routine
- Handling animals
- Touching a cut or open sore
- Glove use
- Dispensing/handling expressed breast milk
- Giving medication
- Entering the child care centre
- Entering a room within the child care centre
- After touching your eyes, nose or mouth (inadvertently/accidentally).
- Any time when staff determined that hand hygiene is required

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

- Wet hands
- Apply soap
- Lather for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails
- Rinse well under running water
- Dry hands well with paper towel
- Turn taps off with paper towel

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

- Apply hand sanitizer (70-90% isopropyl 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, supervisors 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 70-90% isopropyl alcohol based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of 18 months 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. Hand Sanitizer used MUST be food-grade and approved by Toronto Children's Services Health and Safety.

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. Nitrile gloves are single use only. Refer to Personal Protective Equipment (PPE) Policy and Procedure – COVID-19 for further direction

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 a 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 for diaper changes and dishwashing-like gloves for disinfecting toys

Gloves when Cleaning/Disinfecting

When employees are mixing chemicals into bottles or buckets, they must wear thicker dishwashing-like gloves. These gloves can be reused, must be cleaned after each use and each employee should have their own pair. Also, employees must wear these gloves when immersing toys in diluted disinfectant when toy washing, as their hands are more frequently immersed.

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 (70-90% isopropyl alcohol-based) regularly and immediately after using a tissue on yourself or others



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Health Screening Procedure – COVID-19

In order to help reduce the risk of respiratory infections (including COVID-19), a health screening is an essential step.

This procedure applies to all employees, students, clients, community members and any other persons engaging in business with Arpi Nursery School. Everyone must be screened prior to entering the child care centre.

This tool was developed to assist the staff in preparing and administering health screening for staff and children who enter the location.

For staff, an individual health assessment must start at home. Perform a screen on yourself prior to going to work, if you answer yes to any of the questions, do not go to work and contact the centre supervisor

Prior to health screening at Arpi Nursery School, set up is required, please complete the following:

- Complete the health screening training
- Identify/set up the location and staffing of the screening table:
 - Place at front entrance, visually blocking entrance into the centre
 - Only ONE entrance/exit is to be used, to ensure that each person is screened
 - Maintain a minimum of 6ft/2 metres distance between staff conducting screening and the person being screened
 - Provide visual guides to assist with physical distancing (for example, pylons) in the event that a line-up forms while parents and their children are waiting to be screened prior to entering
- Place posters/signage identifying the screening area outside and directly inside child care centre doors, including related COVID-19 information posters
- Place hand sanitizer at the screening table. Ensure it is visible to staff/clients entering the building and they are asked to hand sanitize
- Ensure all Personal Protective Equipment (PPE) and screening materials are accessible in the area. This includes surgical masks, gloves, eye protection and gowns.
- Ensure Toronto Public Health resources are available for anyone who does not pass the screening
- Ensure the health screening area is disinfected regularly throughout screening and the day

Screening Procedure

- Every staff, child and visitor must be screened prior to being admitted into the child care centre. Staff must follow the screening checklist for each person and record the outcome (pass or fail).
- Completed screening forms must be kept on site for a minimum of 12 months

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- Health screening questions are for the parent/guardian to answer on their and their child's behalf, and for staff; also included are household contacts
 - Parents/guardians are not permitted past the health screening designated area to ensure physical distancing. Only one parent/guardian is permitted into the screening area
 - Staff are not permitted past the health screening area until they have passed the screening and have been cleared to enter the child care centre
 - Only the children and staff will have their temperature taken, not parents/guardians as they are not permitted in the child care centre
 - Parents/guardians are not permitted into the child care centre, unless necessary in which case they will be screened
 - Non-essential visitors will not be allowed in the child care centre. Ministry of Education staff or other public officials will be allowed to enter and inspect the centre at any reasonable time, and must be screened before entry.
 - Staff should continue to self-monitor themselves and monitor children in care throughout the shift. Any symptoms must immediately be reported to the centre supervisor.
 - Screeners should take appropriate precautions when screening, including maintaining physical distancing of at least 6ft/2 meters from others
 - Ensure that surgical masks are worn anytime you are working in the screening area, and when escorting children from screening area to program rooms.
 - Eye protection must be worn when it is anticipated that the screening could generate bodily fluids (for example, child is upset and crying during screening)
 - Health Screening Staff must wear appropriate PPE at all times including: Gloves, Masks, Eye Protection and Gowns, if applicable.
 - Refer to Protective Personal Equipment Policy and Procedures – COVID-19 for further information on required PPE

Questions for staff and families

- Greet everyone into the child care centre with a friendly, calm manner. Request that only ONE parent/guardian enters the centre with the child, and request they both use hand sanitizer.
 - “Good morning/afternoon. As you are aware COVID-19 continues to evolve, as a result we are conducting active screening for potential risks of COVID-19 for everyone who enters. The screening will ensure the safety and well-being of staff, children and families”
- Ask the questions on the most recent Health Screening Checklist
- Staff must complete hand hygiene and have appropriate PPE on (refer to screening procedure above)
- Take temperature, record, remove gloves, and complete hand hygiene (hand washing or hand sanitizer). Disinfect thermometer and wait appropriate contact time.
"We are required to take your temperature. The thermometer has been disinfected, and gloves will be worn"

How to respond:

- If the individual answers NO to all questions, and does not have a fever (37.8 degrees Celsius and above), they have passed the screening and can enter the building:

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- “Thank you for your patience. Your child is cleared to enter Arpi Nursery School”
 - If the individual answers YES to any of the screening questions, refuses to answer, and/or has a fever (37.8 degrees Celsius and above), they have failed the screening and cannot enter the building
 - “Thank you for your patience. Unfortunately based on these answers, I’m not able to let you enter the child care centre. Please review the self-assessment tool on the Ministry of Health website or the Toronto Public Health website to determine if further care is required”
 - If response is for a Children's Services staff member, advise that the Supervisor will be notified and will follow up later in the day
 - Provide clients with a hand out of resources
 - Ensure that door handles, and any other surfaces the individual has touched are disinfected immediately. Personal protective equipment (PPE), a mask and gloves, must be worn for this, with hand hygiene performed before and after donning and doffing the gloves and mask



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Personal Protective Equipment (PPE) Policy and Procedures – COVID-19

Procedures

PPE is equipment worn to protect the worker from infected droplets and contaminated surfaces. PPE used in a child care setting can include:

- Masks - protects the inside of the nose and mouth
- Eye protection - protects the eyes from splashes, sprays and droplets
- Gloves - gloves and good hand hygiene protect you and others
- Gowns - Long-sleeved gowns protect clothing from becoming contaminated

Masks

Wearing a mask can help to prevent the spread of some respiratory illnesses, but it can also become a source of infection if not worn or discarded properly. If you need to wear a mask, you should also be sure to clean your hands frequently with soap and water or 70%-90% food grade alcohol-based hand sanitizer. Masks can also be worn to prevent spread from an infected person to others by containing infected droplets (source control).

Masks must be worn when:

- Working within screening area
- Escorting children from the screening area into a program room
- In the exclusion room with ill children
- When cleaning blood and bodily fluid spills if there is a risk of splashing
- When physical distancing of 6ft/2m cannot be maintained, for example (note this list is not exhaustive)
 - Diapering
 - Feeding infants
 - Comforting an upset child
 - Assisting with dressing or changing clothing

Reminders:

- Masks must be worn properly at all times, without exception. This includes:
 - On the face properly covering the mouth and nose
 - Not lifted or dropped to the chin or around the neck
 - All straps must be securely fastened
- Once the mask is secure, consider it your face. DO NOT touch or move it.
- Masks are single use
- Change your mask if it becomes moist or dirty.

To put on the Mask:

1. Wash or sanitize your hands.
2. Check the mask for tears or faulty straps.
3. The stiff bendable edge is the top.
4. Holding the mask by the upper strings, tie in a bow near the crown of your head, or if the mask has bands, loop over your ears.
5. Holding the mask by the bottom strings, pull the bottom of the mask over your mouth and chin, and tie in a bow near the nape of your neck.
6. Ensure the mask covers your mouth, nose and chin.
7. Press and mold the upper bendable edge to the shape of your nose and cheeks.
8. Wash or sanitize your hands.

To remove the Mask:

1. Wash or sanitize your hands.
2. Only touch the straps; avoid touching the front of the mask as it is contaminated.
3. Untie the bottom strings and then the upper strings.
4. Dispose of the mask directly into the garbage.
5. Wash or sanitize your hands.

Gloves

Types of gloves used are:

- General nitrile gloves
 - Used for tasks other than handling blood and bodily fluids and/or mixing disinfecting chemicals
- Medical nitrile or vinyl gloves
 - Used for tasks that include anticipated handling of blood and bodily fluids (for example, screening and temperature checks)
- Nitrile dishwashing style gloves
 - Used for general cleaning, mixing disinfectant or immersing hands in sanitizer / disinfectant

Gloves must 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.
 - Cleaning and Disinfecting. *Refer to Environmental Cleaning and Disinfecting Policy and Procedures- COVID-19*
- When conducting in-person screening and temperature checks

Reminders:

- Hand hygiene must be practised before applying and immediately after removing gloves.
- Nitrile gloves are single use only, and must be task specific (i.e., gloves must be changed and hand hygiene practiced whenever changing tasks)
- Gloves shall be removed and discarded after each use.
- Using gloves does not replace the need for hand hygiene

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- Hands must be clean and dry before putting on gloves
 - Ensure gloves are intact, clean and dry inside
 - Consider removing jewelry which could tear/puncture the gloves

Putting on Gloves

1. Clean your hands
2. Put on gloves. Be careful not to tear or puncture the glove

Taking off Gloves

1. Remove gloves using a glove to glove / skin to skin technique
2. Grasp outside edge near the wrist and peel away, rolling the glove inside-out.
3. Reach under the second glove and peel away
4. Discard gloves immediately into the garbage.
5. Perform hand hygiene.

Also, refer to TPH Glove use poster for guidance

Eye Protection

Eye protection is used to protect the eyes – this includes safety goggles or face shields. Child care staff will receive either a face shield to keep for their own use. These are reusable and must be cleaned throughout the day. Prescription eye glasses alone are not acceptable eye protection.

Staff must wear eye protection:

- When in the exclusion room
- While performing the health screening
- When working within the screening area and physical distancing cannot be maintained, and there is anticipation of coming into contact with bodily fluids
- All other times when physical distancing cannot be maintained, and there is anticipation of coming into contact with bodily fluids for example (note this list is not exhaustive)
 - Diapering
 - Feeding infants
 - Comforting an upset child

Gowns

Wearing a gown can help with protecting clothes from becoming contaminated. Gowns will have long sleeves and tie at the back. If gowns are disposable they will need to be discarded after each screening shift or use when cleaning blood and bodily fluids. If gowns are cloth and reusable, they must be laundered after each screening shift or when used for cleaning blood and bodily fluids.

Staff must wear gowns when:

- Working in the screening area as the health screening staff
- When cleaning blood or a bodily fluid spill

Donning (Putting on) and Doffing (taking off) PPE

The following procedure will need to be followed if wearing more than one item of PPE

Donning:

1. Perform hand hygiene
2. Put on gown
3. Put on mask
4. Put on eye protection
5. Put on gloves

Doffing:

1. Remove gloves
2. Remove gown
3. Perform hand hygiene
4. Remove eye protection
5. Remove mask
6. Perform hand hygiene



ARPI NURSERY SCHOOL INC.

39 Carl Hall Road, Toronto, ON, M3K 2E2 -- PHONE: 781-1620

Physical Distancing in Child Care Settings - COVID-19

Definition

Physical distancing means keeping our distance from one another by staying at least 2 metres (or 6 feet) away from others, as much as possible. This means making changes in everyday routines and activities in order to minimize contact with others. Physical distancing is sometimes referred to as Social Distancing. Physical distancing must not compromise supervision or child safety.

Procedures

By making a conscious effort to keep a physical distance between each other, we can slow the spread of COVID-19. Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. Everyone has a role to play. This means making changes in everyday routines in order to minimize close contact with others. The concept of physical distancing is new to everyone, especially the children, and we need constant messaging in various ways to act as reminders. Help younger children learn about physical distancing and less physical contact by creating games that include basic principles such as “two arm lengths apart”. Regularly remind children to keep “Hands to yourself”.

Suggestions for physical distancing in a child care setting

General

- When planning staff shifts, strive to minimize the number of different staff that interact with the same children throughout the day. Stagger break and lunch times, so that physical distancing can occur in staff rooms.
- Encourage children to greet each other using non-physical gestures (for example, wave or nod or a verbal “Hello”). Close greetings must not occur (for example, hugs, handshakes).

Entrance / Screening Area

- Use visual and physical barriers to increase the physical distance between staff and families/staff as they approach the screening area. This may include tape markings, pylons, flags, posters and tables/chairs blocking walking paths
- Use visual markings to increase physical distancing while families/staff are waiting outside of the centre for screening/pick up of child

Hallways

- Hallway seating areas should be limited to enforce distancing.
- Limit any casual interactions that normally occur at work
- Schedule transitions for each room at different times so that more than one group is not using the hallways at the same time

Staff Areas

- Determine and post occupancy limits inside break rooms and lunch areas
- Remove excess chairs to limit occupancy at any one time
- Where couches exist only one staff may use the couch at a time
- Post reminders to staff to try to walk outside during their breaks to get fresh air and a break from the work environment
- Where possible open windows in rooms to increase fresh air intake

Program Rooms

- Position play areas to increase distancing and to create purposeful movement either toward or away from specific areas.
- Room arrangements should be fluid. Adjust to what is observed with the children's movements once the programs start and adjust to continually create flow of movement and play areas away from each other. Also, consider the use of visual guides/aids (for example, different coloured tape) to help encourage the direction or flow of movement.
- Spread children out to minimize direct physical contact.
- Use different room configurations
 - Separate the tables
 - Remove excess chairs
 - Markings on tables, such as tape marking play areas or to divide a large table
- Set up environments to reduce the number of children in a group, for example, set up 2 or 3 areas for colouring or doing crafts.
- Use plastic coverings or push shelving units together to block access as applicable.
- Remove toys that encourage group play in close proximity or increase the likelihood of physical contact.
- Incorporate more individual activities or activities that encourage more space between children and staff.
- Select enough items only for the limited children in the room
- Ensure physical distancing while children are dressing and in cubby area
- Encouraging outdoor play can support physical distancing
 - Stagger outdoor play when possible
- During outdoor play or indoor gross motor play, significantly reduce the number of play items available and ensure that play areas are set up with physical distancing in mind.
- Encourage children to practice physical distancing while playing.

Rest time

- Position sleeping cots for maximum distancing (2m/6ft)
 - Adjust room layout for wake play time for daytime naps in order to achieve appropriate distancing of cots (particularly in small rooms).

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- Attempt to place barriers between cots where 2m/6ft is not achievable
 - Children must be placed in a sleeping arrangement where they are distanced and head to toe or toe to toe
 - It may be useful to place an identifier on the cot to indicate where the child's head/pillow should be placed.
 - Cribs should be arranged such that open rails are not close to other open rails even if on a diagonal

Mealtime

- If necessary, stagger snack or meal time to allow spacing between children during meals
- All food items should be handed out by staff to encourage physical distancing between children.
- Ensure that staff and children practice hand hygiene before and after meal times and snacks.



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Procedures for Suspected or Positive COVID-19 Cases - COVID-19

Suspected COVID-19 Cases

Symptomatic staff and children will be excluded from the child care centre and referred for testing. While awaiting test results, symptomatic staff and children will be directed to stay at home and self-isolate.

Children or staff who have been in contact with a suspected COVID-19 case should be identified as a close contact, monitored for symptoms and cohorted. Toronto Public Health (TPH) will provide any further direction on testing and isolation of these close contacts. During this period they should avoid contact with vulnerable persons or settings where there are vulnerable persons (for example, elderly family members)

Those who test negative for COVID-19 must be excluded for 24 hours after symptom resolution. If there is a positive COVID-19 case, refer to *Positive cases of COVID-19* procedures below.

If a child or staff has been excluded due to symptoms related to COVID-19 (suspected COVID-19 case)

- Ensure that close contacts (staff and children who are in the same room) are cohorted and monitored for symptoms
- Supervisors must inform parents/guardians of children and staff who were exposed to the ill child, and advise that they should monitor for symptoms. They must also be advised to avoid contact with vulnerable persons or settings where there are vulnerable persons.
- Contact Toronto Public Health surveillance unit at 416-392-7411 and advise them any clusters of suspected cases (for example, two or more children or staff with COVID-19 symptoms within a 48-hour period).
- Child care staff must not work in other child care settings.
- Symptomatic staff and children will be referred for testing.
- Contact appropriate personnel at Children's Services and Toronto Public Health Department.
- Supervisor is to ensure Serious Occurrence in CCLS is completed. Serious Occurrence is to be done only after discussion with Program Manager.

Positive Cases of COVID-19

In all cases of a positive COVID-19 case in Arpi Nursery School, once a positive test result has been received, the following steps must be taken:

Supervisor:

- Compile tracking / surveillance line list
- Compile names and contact information for families and staff who are being excluded
- Send out any communication for the following groups:
 - Families of children who are direct contacts with a confirmed COVID-19 case
 - Staff who are direct contacts with a confirmed COVID-19 case
 - All other families and staff who are not direct contacts with a confirmed COVID-19 case and are not being excluded from the child care
- Ensure Serious Occurrence in CCLS is completed and/or updated.
- Inform Director, Toronto Children's Services.
- Contact Toronto Public Health and report the outbreak/request guidance
- Provide the following:
 - Letter for direct exposure of ill persons- Family
 - Letter for direct exposure of ill persons- Staff
 - Letter for families for confirmed COVID- 19 case

Steps when staff members, children or household / close contacts test positive for COVID-19:**Staff Member**

In the event a child care staff tests positive for COVID-19:

- The employee should inform their supervisor immediately and self-isolate immediately.
- The employee will cooperate with management and Toronto Public Health to identify close contacts and follow the direction from Toronto Public Health and their supervisor.
- All other staff and families affected shall receive communication from the Supervisor. The supervisor will send out communications, as applicable.
- All staff and children who are in the same room as the staff member who has tested positive will be excluded from the centre for 14 days, unless indicated otherwise by Toronto Public Health
 - These individuals must self-isolate at home and monitor for symptoms for the next 14 days
 - Individuals who have been exposed to a confirmed case of COVID-19 should get tested as soon as any symptoms develop
 - If asymptomatic, individuals who have been exposed are also encouraged to get tested any time within 14 days of the potential exposure. They will need to continue to self-isolate for 14 days even if the test is negative.
- Staff and children who are being managed by Toronto Public Health must follow TPH instructions to determine when to return to the child care centre
- Clearance tests are not required for staff to return to the child care centre.

Child

In the event a child tests positive for COVID-19:

- The parent should inform the centre supervisor immediately
- The child will be managed by Toronto Public Health.

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- All staff and children who are in the same room as the child who has tested positive will be excluded for 14 days, unless indicated otherwise by Toronto Public Health
 - Children and their families must follow TPH instructions to determine when to return to the child care centre
 - A clearance test is not required to return to the child care centre
 - These individuals must self-isolate at home and monitor for symptoms for the next 14 days
 - Individuals who have been exposed to a confirmed case of COVID-19 should get tested as soon as any symptoms develop.
 - If asymptomatic, individuals who have been exposed are also encouraged to get tested any time within 14 days of the potential exposure. They will need to continue to self-isolate for 14 days even if the test is negative

Household / Close contacts of Children or Staff

In the event that a household member or close contact of a child or staff tests positive for COVID-19:

- The staff or family who is a close contact of a positive COVID-19 case attending the centre should inform the supervisor immediately
- Toronto Public Health (TPH) Case and Contact team will be contacting the individual to assist with the isolation period for the family.
- The staff member or child will be required to isolate and will be excluded from the child care centre for a minimum of 14 days to monitor for symptoms, unless indicated otherwise by TPH
- Close contacts of cases must follow TPH instructions to determine when to return to the child care centre



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Toy Washing and Disinfecting Policy and Procedures –COVID-19

Procedure

The disinfection of toys is vital to ensuring the health and safety of children as it reduces and mitigates the potential spread of germs and viruses among children and those who may come into contact with them.

When disinfecting only approved products can be used. Please see the list of approved products to be used in concentrate, spray and wipe form:

- Avimor EP66 EcoPure
- Oxivir Tb and Oxivir Five 16
- And bleach according to public health guidelines.

All toys that are plush must be removed and not used in play, these include, stuffed animals, hand puppets, cloth toys etc. All porous toys or materials that cannot be effectively cleaned and disinfected must be removed and not used in play.

Manual Cleaning and Disinfection of Toys

4 Bin – 5 Step Method for Disinfecting Toys using Disinfectant Concentrate *i.e., Oxivir Five 16 Concentrate (5 min contact time)*

To ensure consistent and proper dilution of the concentrated product, such as Oxivir Five 16, ONLY assigned staff are assigned to mixing the solution. Staff must use test strips to test the concentration of the Oxivir Five 16 in the jugs. Please refer to the Environmental Cleaning and Disinfecting Policy and Procedure – COVID-19 for testing information.

Small toys that can be immersed in water should use the 4 Bin- 5 Step method for washing. Please following the steps below:

1. Sink/Bin - wash with soap and warm water to clean visible dirt
2. Sink/Bin - rinse soap off with clean water
3. Sink/Bin - soak in disinfectant mixture for the appropriate contact time to disinfect
4. Sink/Bin - rinse using clean water
5. Air dry toys by placing them on a Drying Tray

Cleaning and Disinfecting Large Toys/Equipment In-Place using approved disinfectant

Large toys, wooden toys, cots, cribs, etc. that cannot be immersed in a disinfectant solution should use this method for washing. Please follow the steps below:

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1. Clean with soap and water using a cloth
 2. Wipe with a clean wet cloth to rinse
 3. Disinfect with approved disinfectant and have it remain wet on the surface for the appropriate contact time. Do not spray product to toys and surfaces when children or other staff are nearby
 4. A final rinse is required using a single-use wet paper towel
 5. Allow toys to air dry

Frequencies and Toy Cleaning

- Toy cleaning schedules will be posted in each area and updated daily by the staff person responsible for the area.
- Toys should be cleaned and disinfected between users prior to redistributing.
 - Toys that cannot be cleaned and disinfected immediately should be placed in a designated dirty toy bin. The bin should be clearly labelled and inaccessible to children
- Cribs and cots must be cleaned and disinfected after each use.
- Refer to Cleaning and Disinfecting Schedule –COVID-19 and Environmental Cleaning and Disinfecting Policy and Procedures – COVID-19 for more guidance.

Handling used toys

- Toys that have become visibly dirty or that have come into contact with body fluids (for example, toys that have been mouthed) should be taken out of circulation immediately and cleaned and disinfected immediately. Ensure that hand hygiene is completed. Toys that cannot be cleaned and disinfected immediately should be placed in a designated dirty toy bin. The bin should be clearly labelled and inaccessible to children.



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Nutrition, Kitchen and Receiving Food Delivery Policy and Procedures – COVID-19

Procedure

Only authorized staffs are permitted to enter the kitchen. Signs are posted at entrance of kitchen reminding staff.

Modified Food Practices for Snacks and Lunch:

- There will be NO self-serving or sharing of food
- Meals will be served directly to individual portions to the children by one staff.
- Utensils will be used to serve food, by the same staff during a snack and lunch time.
- All cooking activities will be on hold.
- No food from home will be allowed (except where required for special needs).
- Infant Room: food must be packed in container with name on it and does not require staff to handle it. (Fruits must be cut up).
- Container will be sent home to be cleaned daily.
- Proper hand hygiene is practiced when staff are preparing food and for individuals before and after meal times.

Receiving Deliveries:

- All Food deliveries will be received at the loading door located at the rear of the centre.
- All outer packaging will be removed or sanitized before staff bring into the kitchen.
- All fresh produce will be properly washed before use.

Cleaning, Sanitizing and Disinfecting:

Clean and disinfect products before Entry to kitchen.

Cleaning and disinfecting routines will be increased as the risk of environmental contamination is higher.

- All proper Toronto Public Health guidelines will be followed
- We will be using disposable products, where appropriate.
- All other dishes/utensils will be washed according to the TPH guidelines.

Any unused food or drink will not be kept in the classroom, nor returned to the kitchen, and will be discarded.

If more food or drink is required, then it will come directly from the kitchen.

We have staggered lunch service in order to allow kitchen staff to appropriately and safely deliver the food to the classrooms.