





HWCCCC COVID-19

Policies and Procedures

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PROTOCALS FOR COVID-19

Sick Policy During Covid-19

Symptomatic

An Educator, student, or child who have one of the following COVID-19 symptom: fever/chills, cough, shortness of breath, decrease/loss of smell and taste; or two of the following, sore throat, extreme fatigue, muscle aches/joint pain, headache, runny nose/nasal congestion or GI Symptoms (i.e. vomiting or diarrhea) and it is not related to a previously diagnosed condition, they must isolate as advised by public health. If the individual is fully vaccinated OR is a child under the age of 12 years old, they should isolate for at least 5 days form the onset of symptoms, they have no fever (without the support of medication) AND all other symptoms have been improving for 24hrs (or 48 hours if gastrointestinal symptoms). If the individual is not fully vaccinated and is 12 years old or older, or if they are immune compromised, they should self isolate for 10 days from the onset of symptoms, they are fever free, AND their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms).

Asymptomatic household contacts of a case or a symptomatic individual are not required to isolate if they are 17 or younger and fully vaccinated; 18 and older and have already received their COVID-19 booster; or tested positive for COVID-19 in the last 90 days and have completed their isolation period.

Children under 5 who are asymptomatic household contacts are required to stay home for 5 days.

Unvaccinated individuals who do not fall under the exemptions above are required to isolate while the symptomatic household member is isolating (for at least 5 days from onset of symptoms AND they have no fever AND all other symptoms have been improving for 24 hours or 48 hours if gastrointestinal symptoms) If the household member tests negative on a PCR test or has two negative rapid antigen test (24hours between test), and symptoms are improving, household members who do not have any symptoms are no longer required to isolate.

Anyone who has been in contact with an individual who has tested positive for Covid-19, but does not live with them, must carefully monitor themselves or their child for symptoms for 10 days. Should you develop symptoms, follow the recommended isolation period.

In cases where a child shows symptoms of Covid-19 while in program. Parents will be called immediately, and the child (and any siblings who have **not** had Covid-19 in the last 90 days) will be isolated. Parents are expected to pickup their child in a timely manner. If you are unable to pick your child up, then your designated (emergency) contact person will be notified. Educators will take the precautions of cleaning anything the child may have touched. After all children have left for the day a deep clean of the room will take place.

Parents with children who attend school, will be required to notify the school if their child is sick or absent due to Covid-19, as we are unable to share any confidential information.

Positive Covid Test

If a parent/guardian is tested for Covid-19 as part of surveillance testing by their employer and they are **asymptomatic** they may continue to bring their child to the centre/program while awaiting test results.

<u>Travel</u>

Unless otherwise instructed by boarder services or Public Health, fully vaccinated individuals are no longer required to quarantine. Unvaccinated children, under the age of twelve, who travel outside of Canada with a <u>fully vaccinated</u> adult, are exempt from quarantine requirements and do not need to isolate upon return. The only exception to this would be if the individual or someone in the household is symptomatic, or they have been instructed by immigration to isolate.

Return to Child Care

If a child is unable to attend due illness (related to Covid-19) or because they were required to self-isolate, an attestation form must be completed and returned to the centre before the child can resume care.

Educators who are ill, must complete the isolation period with symptoms improving before they are able to return to work. Should an Educator become ill while at work, they must leave the Centre immediately and self isolate.

Should Public Health provide additional instructions, you will be required to follow their direction in addition to our policies.

Screening Protocols

Every Director, Lead, Educator, student, child and essential visitors must complete the online Provincial COVID-19 school and childcare screening tool prior entering the childcare centre. If you do not have access to the internet HWCCCC can provide you with paper copies to take home so that you can complete screening prior to arrival. If screening is not passed, please follow the isolation protocols prior to returning. You will no longer be required to provide proof of your daily screening.

Covid-19 Daily Records

All sites should have paper copies of the school/childcare screening survey available should the online tool be unavailable for visitors to the Centre.

Attendance records will log the arrival and departure of children and Educators within each classroom. Educators will maintain these records for one week, after which they will be stored by date in the office.

Symptoms:

Symptoms include but are not limited to

One of the following:

- * Fever and/or chills, temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher.
- *Cough or barking cough (croup), continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions you already have) *Shortness of breath, out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have).
- * Decrease or loss of taste or smell, not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have.

Two or more of the following:

*Runny Nose/nasal congestion (not related to seasonal allergies) * Headache * Extreme fatigue * Sore Throat *Muscle Aches/Joint Pain * Gastrointestinal symptoms such as Nausea, vomiting, and/or diarrhea, not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have

If symptoms do not include any of the above, the individual is less likely to have COVID-19 and is advised to self-isolate until symptoms are improving for at least 24hrs (or 48 hrs if gastrointestinal symptoms)

Communication with Families

All communications with families regarding Covid-19 HWCCCC policies and procedures will either be posted on our website, at the front entrance of the Centre, or communicated via email or the Daily Wonders App depending on the seriousness of the situation. We will be following the direction of the Medical Officer of Health and Public Health when determining if services, meetings, trips, or if events must be cancelled. Families will be notified as soon as a decision is reached.

Personal Protective Equipment (PPE)

In alignment with Ministry of Education masking requirements, masks will no longer be required for educators, children, or visitors. Eye protection for educators will also no longer be required. PPE will continue to be provided for educators who choose to continue to wear masks or eye protection.

We know that many children and educators may choose to continue to wear masks or eye protection at times, or consistently. We expect our programs to promote respectful, welcoming and inclusive practices and communications towards everyone and their individual choices with these changes.

PPE should be worn when:

- With an ill child (mask and gloves, gown and face shield if needed)
- Mask and gloves should be worn when doing a deep clean of the Centre in the case of an outbreak

Entering the Centre

Educators -

- Bring only what is necessary into the Centre
- Each Educator is designated a space to store personal items that is separate from other Educators. Each Educator is responsible for cleaning and disinfecting their area at the end of each shift
- Educators who bring lunches from home can store them in their individual bins (it is recommended that Educators use ice packs and thermal bags to keep lunches cold) or the Centre refrigerator

Children (Infant - Preschool) -

- No outside food products will be allowed in the infant, toddler and preschool classrooms. If there are allergy or dietary restrictions, they will be purchased by the Centre
- Children are allowed to bring in a cup or water bottle into programming as long as it is clearly labelled and not shared with other children
- All blankets will be laundered at the centre each week, unless the cot is shared with another child, in which case they will be laundered after each use. Please only send items which can withstand this type of cleaning

School Age Children -

- Children will be provided snacks during regular programming and should not bring in additional food from home
- School Age children are allowed to bring lunch into the program during PD days and school breaks.
- Back packs will be kept in a designated area during programming

Parents/Guardians

- Parents/guardians must enter the designated doors for the Centre/Before and After Program
- Hand sanitizer will be available upon entry and exit to the Centre
- All children and adults must have completed the COVID-19 screening tool prior to arrival
- Please take your child(ren) directly to their classroom door where the educator will receive them
- Please do not stop at other classrooms or congregate in hallways and cubby areas

Social Distancing

- Cohorting will no longer be required throughout our programs
- Sensory and toy sharing is acceptable with enhanced handwashing procedures in place
- Place cots 2 meters apart where possible, and interchange head to toe sleeping positions.
- Distancing measures may be implemented in the case of an illness outbreak.

Common Areas/Washrooms

Educators must continue to clean these spaces after use.

Indoor Activities

The following practices are necessary to reduce the risk of disease transmission to children when playing with toys and participating in activities:

- Children must practice hand hygiene before and after playing with toys or participating in sensory play activities
- · Classrooms must be provided disinfectants and have a designated hand washing sink
- Toys must be maintained in good repair and inspected for damage. Damaged toys that compromise cleaning and disinfection must be discarded
- Toys must be easy to clean and be able to withstand frequent cleaning and disinfection
- Toys must be returned to a cleaning bin after each use and cannot be put back into play until they have been properly disinfected
- · Materials should be spread throughout the classroom and washed after each use
- Toys that are mouthed or contaminated by body fluids must be cleaned and disinfected immediately before handling by another child
- Mouthed toy bins must be designated and clearly labelled for cleaning

Outdoor Play

- Educators can take children for walks on public paths but should maintain social distancing,
- School age children may visit public playgrounds and use equipment however each child must sanitize their hands before and after use
- Sunscreen will be put on inside the classroom and Educators should wash hands between applications
- · Parents will be required to provide individual labelled sunscreen for each child

Cooks/Food Guidelines

- Only one educator/cook with a current Food Handler Certificate will be responsible for preparing meals and snacks
- School Age programs are encouraged to prepare the morning snack prior to leaving the day before.
- · Educators should avoid entering the kitchen while the cook is working
- Cooks may use fans in the kitchen, however the airflow should be directed upwards away from surface areas, and fans should be wiped down once a day
- The kitchen space must be thoroughly cleaned morning and night, and between use
- Food may be served "family-style" but only one educator is allowed to use the serving
 utensils to portion out the meal to children. Children may not serve themselves although
 the same plate may be used for second servings
- Educators will monitor children so they are not sharing food

School Age Lunches During Breaks and PD Days

- School Age children are allowed to bring their own packed lunches during breaks and PD days
- Educators should ensure proper hand hygiene before and after eating
- School Age children may have their own drink bottle (or has access to disposable cups)
 that is labeled, kept with them during the day, and not shared
- Ensure water bottles/disposable cups are filled from water fountains rather than drinking directly from the water fountain mouthpiece;
- Ensure each child has their own individual meal or snack with no common food
- Do not have self-serve food items or have open access dishware/cutlery
- Educators should reinforce the no food sharing policies; and,

Isolation Space Protocols

Each Centre or School Age program will have a designated isolation space(s) which will be used if children become sick. For full-day centres, the Float or Leads will be assigned to attend to the sick child until parents can pick them up. If the Float or Lead is not readily available to support the child, then the classroom teacher will provide support until the Float or Lead can arrive. Any Educators supporting an ill child will put on full PPE once a child becomes symptomatic, this includes gloves, masks, face shield and gowns. Children (when tolerated and above the age of 2) should wear a surgical mask. All equipment needed to care for the child and disinfect the space will be kept readily available at all times.

In School Age programs where there is only one Educator in the room, the symptomatic child will be placed in the isolation space and direction will be given to the other children to continue their play on the opposite side of the room. Social distancing will be maintained until a Float or Lead becomes available. Once the Float or Lead becomes available, the classroom teacher will remain with the sick child while the Lead/Float escorts the remaining children outside or make use of an alternate space until the parent has been able to pick up the child and the space has been cleaned.

Once the room has been thoroughly cleaned the Lead/Educators should discard all PPE.

If a Child is or Educator is Sick:

- Symptomatic children will immediately be separated from others and remain in the isolation room/space until they can go home
- Symptomatic Educators will immediately put on full PPE and insure that they maintain social distancing until they can be replaced at which time they will go home
- If possible, anyone who is providing care to the child should maintain a distance of 2
 metres and avoid contact with the child's respiratory secretions and perform hand
 hygiene after any contact with the ill child
- Contact parent or guardian and remind them of our sick policy, if parents can not be reached the designated contact person will be called
- Increase ventilation in the designated exclusion room if possible (e.g., open windows)
- Environmental cleaning of the isolation room/space should be conducted once the child has been picked up or the Educator has been replaced

- Educators will immediately clean or disinfect any items the child has come into contact with
- In programs where an isolation room is not designated, Educators will create a space using desks or tables to ensure that other children do not have access

Equipment Needed for Room or designated space:

- Chair and Cot to make child comfortable
- Kleenex
- Water
- Thermometer (if available)
- Hand Sanitizer
- Cleaning and disinfecting supplies (including extra garbage bags to dispose of waste)
- phone to receive direction from Leads

Serious Occurrences

A serious occurrence is no longer required for reported positive cases. Your weekly summary of absences must be submitted to the Director of Operations each week. A Serious Occurrence will be filed if a Centre is closed due to Covid-19 by Public Health. All serious occurrences notification form needs to be posted, for 10 business days, whereparents/guardians can review them unless Public Health advises otherwise

Ratios

Educator to Child ratios;

- Infant 3 Educators to 10 Children
- Toddler 3 Educators to 15 Children (1:5)
- o Preschool 3 Educators to 24 Children (1:8) max 24
- o JK/SK 2 Educators to 26 Children (1:13) max 26
- o Primary/Junior (64 mths to 13years) 2 Educators to 30 Children (1:15) max 30
- Junior (9-13yrs) 1:20 max 20

Leads, cooks, organizational support staff and community partners will not be considered part of ratio of the cohort.

Cleaning and Disinfecting Protocols

Specific cleaning and disinfecting schedules must be created and completed for each cohort, washroom, kitchen, common areas, indoor/outdoor play areas, and other areas accessed by the program (Cleaning Checklist). Educators must sign off after they complete cleaning.

Should any child present with symptoms of COVID-19, all toys and equipment used by the child will be removed from the room to be cleaned and disinfected as soon as possible.

When there are two or more Educators in a classroom, Educators will work together to ensure that the cleaning protocols are implemented and that the cleaning checklists are completed.

In the case of School Age programs, the school janitorial staff will be responsible for cleaning the classrooms before and after use. The Educators will be responsible for cleaning any shared spaces like bathrooms after each use. Gym equipment and outside should be cleaned at least once a day. Cleaning checklist for these common areas should be completed after use.

Staff room/washroom – each Educator is responsible for cleaning and disinfecting after each use.

Office – each Educator is responsible for cleaning and disinfecting after each use including - desk, phone, computer, chair arms, door handles, and light switches.

How to Disinfect High Touch & Low Touch Surfaces/Toys

- All Centres use Oxivir Five 16. To disinfect using this product it must remain on the surface area you are cleaning for 5 minutes, the area can then be wiped with a paper towel or allowed to air dry
- Plastic/soother/cups toys that can been cleaned using a dishwasher must be put through the sanitization cycle. This can only be done before or after the cook is done for the day

High-touch and Low-touch Surfaces

- High-touch surfaces include: cubbies, sinks, faucet taps, toilets, railings, high chairs, feeding tables, plastic bibs, cribs, doorknobs, light switches and electronic devices that are touched frequently by hands. These surfaces are required to be cleaned a minimum of twice daily
- Low-touch surfaces include: floors, walls and windowsills that are touched less frequently. Low-touch surfaces will be cleaned and disinfected once a day by janitorial staff

Laundry

- Ensure that laundry is washed using a sanitary or high heat setting plus detergent
- Fully dry items on a high heat setting
- · Disinfect hampers/basket before re-filling with clean laundry
- Close dryer doors when not in use
- Disinfect door handle and lid on each machine after use

Sleep Equipment and Arrangement

- Children must be placed in a sleeping arrangement that minimizes the spread of respiratory infections (i.e. head to toe) or two meters apart if possible
- · Sleep equipment must be labelled and assigned to a single child
- Cots/Crib mattresses must be made of a cleanable material
- Crib mattresses must be cleaned and disinfected when contaminated (soiled or wet) or on a weekly basis. If cribs cannot be stored without touching, they must be cleaned daily
- Linens (i.e., infant blankets and single-use face/hand cloths) and cot covers are laundered in between children, or weekly at a minimum if used by the same child. Daily laundering of linens and cot covers is not required unless being shared between children.

Training Requirements

Please keep a log book of all completed training. Educators can not begin working until they have watched/read the materials and demonstrated knowledge.

Educator Name:		Date:	
7 Steps of Hand Hygiene	https://www.publichealthontario.ca/en/videos/7-steps-handhygiene	□ Watched	☐ Demonstrated
Putting on Gloves	https://www.publichealthontario.ca/en/videos/ipac-gloves-on	□ Watched	☐ Demonstrated
Putting on Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac- maskeyes-on	□ Watched	☐ Demonstrated
Taking off Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac- maskeyes-off	□ Watched	☐ Demonstrated
Taking off a Gown and Gloves	https://www.publichealthontario.ca/en/videos/ipac- gowngloves-off	□ Watched	☐ Demonstrated
Taking off Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-off	□ Watched	☐ Demonstrated
Putting on Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-on	□ Watched	☐ Demonstrated
Sick Policy & Isolation Room	Sick policy, Screening Protocols, Isolation Room, Removal from program	□ Read	☐ Demonstrated
Cleaning Protocols	Laundry, Classrooms, Common Areas, Outdoors, how to use disinfectants, High touch/low touch surface areas	□ Read	☐ Demonstrated
Play Protocols	Play protocols	□ Read	☐ Demonstrated
Social Distancing	Common areas, Outside and in the classroom	□ Read	☐ Demonstrated
Sleep Protocols	Bedding, head-to-toe placements, storage of personal items, cleaning	□ Read	☐ Demonstrated
Eating Protocols	Spacing, Individual servings, cleanup, utensils	□ Read	☐ Demonstrated
I have completed the aborrotocols.	ove training and feel confident that I can i	mplement t	these
Employee Signature:	Date:_		
Lead Signature:	Date:		

Appendix A – Personal protective equipment

Guidance for wearing non-medical masks

What does a non-medical mask do?

A mask acts as a barrier. It reduces the chance of spreading respiratory droplets to others and prevents droplets from landing on surfaces when you cough or sneeze.

Wearing a non-medical mask in public or other settings is not a replacement for proven measures such as handwashing, physical distancing, and staying home unless it is absolutely essential to go out.

When to wear a non-medical mask

Public Health suggests that you wear a non-medical mask when you must go out in public and can't keep a safe distance of 2 metres (6 feet) from others (for example, when grocery shopping or using public transit).

How to use a non-medical mask safely

Non-medical or cloth masks have limits and you need to use them safely.

Your mask should:

- fit snuggly but comfortably against the side of the face covering your nose and mouth
- be secured with ties or ear loops
- · include multiple layers of fabric
- allow for breathing without restriction
- be disposable or be able to be washed and machine dried without damage or change to shape

Using your mask

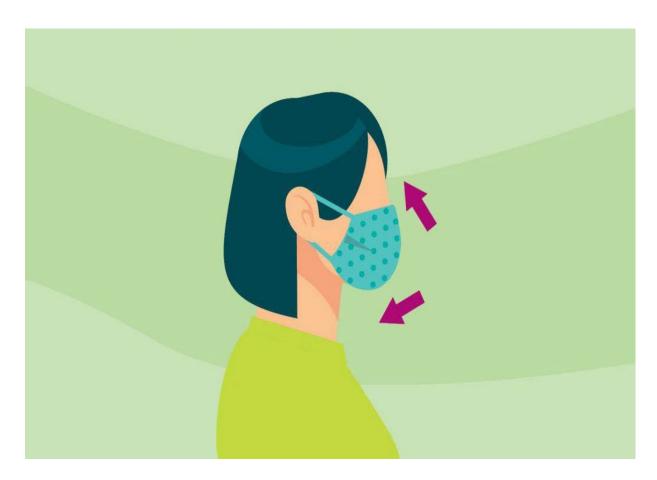
To use your mask, you must:

- · wash your hands immediately before putting it on
- avoid touching or adjusting your mask while wearing it
- be sure not to touch or rub your eyes while you wear it
- · don't share your mask with others

Do not place a mask on:

- children under age 2
- anyone who has trouble breathing or is unconscious
- anyone that cannot remove the mask without help





Removing your mask

- Masks can become contaminated on the outside or when touched by hands.
- To remove your mask safely you must:
- Be very careful not to touch your eyes, nose, or mouth when removing your mask.
- Wash your hands immediately after your remove it.
- · Place your used mask directly into the washing machine or garbage
- Wash your mask with other items using a hot cycle, and then dry it thoroughly. If you can't wash your mask, throw it in the garbage right away.

Hand Washing Procedures

- Children should wash their hands...
- When they arrive at the centre and before they go home
- · Before eating or drinking
- · After a diaper change, using the toilet
- After playing outside
- After sneezing or coughing into hands
- Whenever hands are visibly dirty

Child Care Educators should wash hands...

- When they arrive at the centre and before they go home
- Before handling food, preparing bottles, feeding children
- Between handling raw and cooked food cross contamination is a risk
- · Before giving or applying medication or ointment to a child or self
- After changing diapers, assisting a child to use the toilet, using the toilet
- After contact with body fluids (e.g. runny noses, spit, vomit, blood)
- After cleaning, and removing gloves
- · After handling garbage
- Whenever hands are visibly dirty

Seven steps to proper handwashing

- Wet hands with warm running water.
- Apply a small amount of liquid soap. Antibacterial soap is not required.
- Rub hands together for at least 20 seconds. Rub palms, backs of hands, thumbs, wrists and between fingers and under nails/creating a lather and
- Rinse off all soap with running water.
- Dry hands with a clean, disposable towel
- Use paper towel to turn off tap
- Discard the used towel in the waste container

REDUCE THE SPREAD OF COVID-19

WASH YOUR HANDS





Coughing Etiquette

Why should I cover my mouth and nose with a tissue when I cough or sneeze?

Germs such as influenza, cold viruses, and even whooping cough are spread by coughing or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs. When you touch an object such as a door handle, subway pole, telephone or computer keyboard with unclean hands, you are spreading germs. The next person who touches these objects may pick up germs and get sick if they do not clean their hands before touching their eyes, nose or mouth.

How do I stop the spread of germs if I am sick?

To stop the spread of germs:

- Cover your mouth and nose with a tissue when you cough, sneeze, or blow your nose.
- Clean your hands with soap and warm water or an alcohol-based hand sanitizer.
- If you don't have a tissue, cough or sneeze into your sleeve, not into your hands.
- Put used tissues in the garbage.
- Keep your distance (more than 2 metres / 6 feet) from people.
- Stay at home if you are sick.
- Don't share eating utensils (e.g., cups or straws), toothbrushes or towels.





PARTENAIRES POUR LA SANTÉ



COVER YOUR COUGH

Stop the spread of germs that can make you and others sick!

Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.



You may be asked to put on a facemask to protect others.

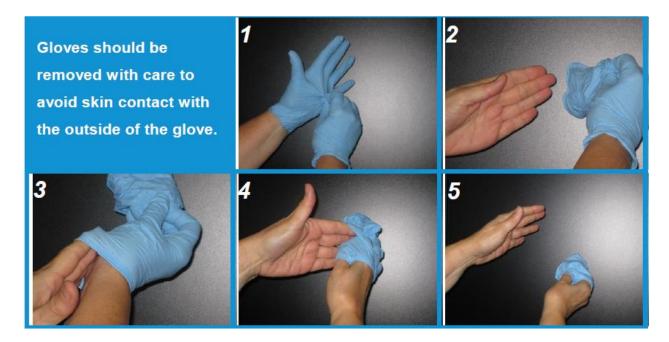
Wash hands often with soap and warm water for 15 seconds. If soap and water are not available, use an alcohol-based hand rub.

For more information please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca



Agency for Health Protection and Promotic Agence de protection et de promotion de la santé

Steps to Put on and Remove Gloves and PPE



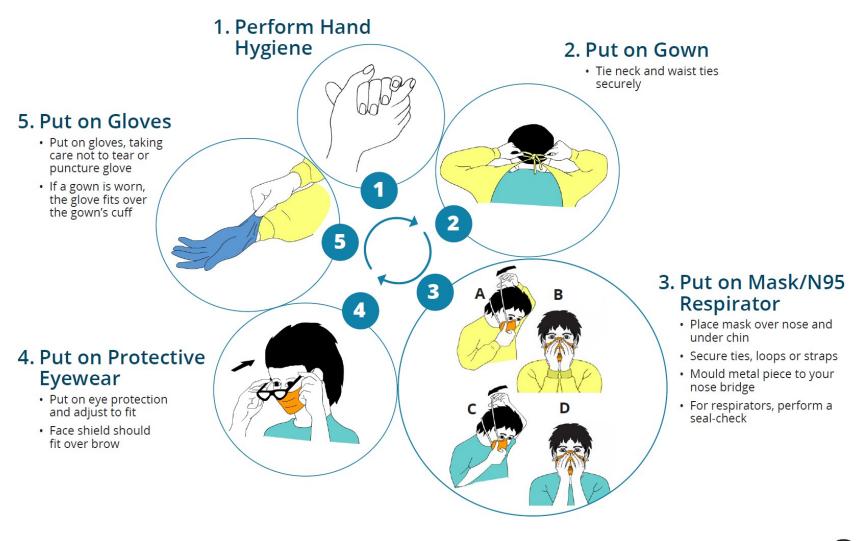
Using disposable gloves

- Disposable gloves do not replace handwashing.
- Educators must wash their hands before gloves are put on and immediately after gloves are removed.
- Educators should wear disposable gloves to clean up blood, vomit, urine and stool.
- Educators should wear disposable gloves when they have cuts on their hands and when the diaper change involves a messy bowel movement.
- Educators should where gloves whenever a child is showing symptoms of illness

Five steps for putting on and taking off disposable gloves

- Wash your hands.
- Put on gloves. Be careful not to tear or puncture the glove.
- Remove gloves by using a glove-to-glove and skin-to-skin technique. Grasp the outside edge near the wrist and peel away, rolling the glove inside out. Reach under the second glove and peel away.
- Discard gloves immediately into the garbage
- Wash your hands

Putting on Personal Protective Equipment



For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca.



Taking off Personal Protective Equipment (PPE)

1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle

2. Remove Gown Remove gown in a mann prevents contamination

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.

6. Perform Hand Hygiene

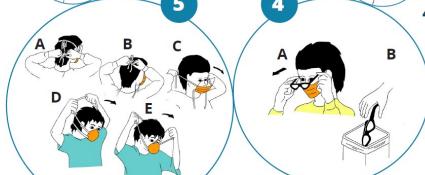
5. Remove Mask/ N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/ respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle

3. Perform Hand Hygiene

4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



This is an excerpt from Routine Practices and Additional Precautions In All Health Care Settings (Appendix L) and was reformatted for ease of use.







Staff, students, children, and visitors must screen for COVID-19 every day before going to school or child care. Parent(s)/guardian(s) can fill this out on behalf of a child/student.

Visitor Name:	Contact Number:
Date (mm-dd-yyyy)	

Screening questions

NOTE: When the option of [5, 10] days is listed:

- Use 5 days if you are fully vaccinated AND/OR 11 years old or younger
- Use 10 days if you are 12 years old or older and not fully vaccinated OR if you are immunocompromised, OR if you attend or work at a school or student lodging in a highest risk congregate care setting (e.g., Provincial Demonstration School, a hospital school, or an Education and Community Partnership Program).

1. In the last [5, 10] days have you experienced any of these symptoms?

Anyone who is sick or has any new or worsening symptoms of illness, including those not listed below, should stay home until their symptoms are improving for 24 hours (or 48 hours for nausea, vomiting, and/or diarrhea) and should seek assessment from their health care provider if needed.

You may select "No" to all symptoms if **all** of these apply:

- You have completed your isolation of [5/10] days OR you tested negative for COVID-19 on one PCR test or rapid molecular test, or two rapid antigen tests taken 24 to 48 hours apart AND
- You do not have a fever AND
- Your symptoms have been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).

Choose any/all that are new, worsening, and not related to other known causes or conditions you already have.

Fever and/or chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher and/or chills	□ Yes	□ No
Cough or barking cough (croup) Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)	□ Yes	□ No
Shortness of breath Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)	☐ Yes	□ No
Decrease or loss of taste or smell Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have	∐Yes	□ No

2. In the last [5, 10] days have you experienced any of these symptoms?

If you only had **one** of these symptoms, you may select "No" if your symptom has been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).

If you had **two or more** of these symptoms, you may select "No" if all of these apply:

- You have completed your isolation of [5/10] days OR you tested negative for COVID-19 on one PCR test or rapid molecular test, or two rapid antigen tests taken 24 to 48 hours apart AND
- You do not have a fever AND
- Your symptoms have been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).

Choose any/all that are new, worsening, and not related to other known causes or conditions you already have.

Sore throat or difficulty swallowing Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions you already have)	□ Yes	□ No
Runny or stuffy/congested nose Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have	□ Yes	□ No
Headache Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)	□ Yes	□ No
If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select "No."		
Extreme tiredness Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid disfunction, sudden injury, or other known causes or conditions you already have)	□ Yes	□ No
If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."		
Muscle aches or joint pain If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."	□ Yes	□ No
Nausea, vomiting and/or diarrhea Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have	□ Yes	□ No
In the last [5, 10] days have you tested positive for COVID-19? This includes a positive COVID-19 test result on a lab-based PCR test, rapid molecular test, rapid antigen test or home-based self-testing kit.	□ Yes	□ No
Select "No" if you have already completed your isolation period of [5, 10] days because your symptoms started before your positive test result AND:		

• your symptoms have been improving for 24 hours (48 for nausea, vomiting,

and/or diarrhea) ANDyou do not have a fever

4.	Do any of the following apply?		
	 You live with someone who is currently isolating because of a positive COVID-19 test 		
	You live with someone who is currently isolating because of COVID-19		
	symptoms (any one or more symptoms from question 1 above or any two or more symptoms from question 2 above)		
	 You live with someone who is isolating while waiting for COVID-19 test results 		
	Select "No" if you:		
	are 18 years of age or older and have received your booster OR are 17 years of age or younger and are fully vaccinated OR completed your isolation after testing positive in the last 90 days (using a rapid antigen, rapid molecular, or PCR test).		
	Select "No" if your household member is isolating because of COVID-19 symptoms but has already tested negative on one PCR or rapid molecular test, or two rapid antigen tests.		
5.	Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.	□ Yes	□ No
6.	Do any of the following apply?	□ Yes	□ No
	 In the last 14 days, you travelled outside of Canada and were told to quarantine. 		
	 In the last 14 days, you travelled outside of Canada and were told to not attend school/child care. 		

☐ Yes

☐ No

Results of screening questions

If you answered "YES" to ANY question, you cannot go to school or child care. Contact your school/child care provider to let them know that you will not be attending school today. See below for isolation and testing requirements.

NOTE: When the option of [5, 10] days is listed:

- Use 5 days if you are fully vaccinated AND/OR 11 years old or younger
- Use 10 days if you are 12 years old or older and not fully vaccinated OR if you are immunocompromised, OR if you attend or work at a school or student lodging in a highest risk congregate care setting (e.g., Provincial Demonstration School, a hospital school, or an Education and Community Partnership Program).







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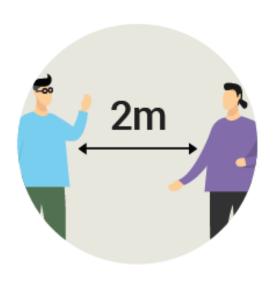
Catholic Child Care Centres

ATTENTION

VISITORS, EDUCATORS AND CHILDREN
THERE HAS BEEN AN OUTBREAK OF

PLEASE SEE THE LEAD SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS

HELP STOP THE SPREAD OF COVID-19



KEEP A 2M DISTANCE

between yourself and others who don't live in your house. If you can't keep your distance, consider wearing a non-medical face mask.



Appendix D – Disinfectant Data Sheets

APPENDIX E -CLEANING PROTOCALS

Classroom Cleaning Checklist

This risk assessment is to be completed to ensure that the risk has been identified and the required prevention measures have been implemented. The primary purpose of addressing the safety concerns is to protect the health of Educators and Children. Directions

Educator Name:					Week:			
Classroom Cleaning Checklist - Covid-19 High Touch Surface Areas								
Area and/or Item	Yes	No	AM	PM		Other		
Classroom Doors								
Washrooms - Children								
Tables								
Chairs and Stools								
Cups								
Phones/Walkie Talkies (after every use)								
Floors (If spill)								
Light Switches								
Indoor Toys								
Outdoor Toys								
Sinks								
Cribs/Cots								
Shelves								
Soother								
iPads (After Every use)								
Attendance List (wipe after use)								
Shed Doors								
Carts								
Security System/buzzer								

Common Area Cleaning Checklist

ducator Name: Week:								
Common Areas Cleaning Checklist - Covid-19 High Touch Surface Areas								
Area and/or Item	Yes	No	AM	PM		Other		
Front Door								
Washrooms- Educators								
Microwave								
Coffee machine								
Cubbies								
Kitchen Counters								
Fridge								
Washing Machines								
Dryer								
Security System								
Staff Room Table								
Staff Room Chairs								

Administrative Office Cleaning Checklist

Educator Name: Week:								
Office Space Cleaning Checklist - Covid-19 High Touch Surface Areas								
Area and/or Item	Yes	No	AM	PM		Other		
Printers								
Photocopiers								
Key Boards								
Tables								
Chairs								
Phones/Walkie Talkies (after every use)								
File Cabinets								
Desk								
Buzzer								
Light Switches								
Doorknobs								
_								