



PARENT HANDBOOK

COVID-19 Health & Safety Policies & Procedures

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INTRODUCTION

At Central Montessori School (CMS), we are 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 all of our locations. The health & safety protocols entailed in this document apply to all employees, students, community members, and any other persons engaging in business with CMS. The purpose of these policies and procedures is to ensure that all persons are aware of, and adhere to, the directives established by our local health departments and Children's Services, and in support of meeting requirements as set out under the Child Care and Early Years Act, 2014 (CCEYA). Policies and Procedures will be modified as applicable when COVID-19 restrictions can be lifted and/or amended to reflect new advice from the appropriate authorities.

2. HEALTH SCREENING PROCEDURE

To help reduce the risk of respiratory infections (including COVID-19), health screening is an essential step. This procedure applies to all employees, students, clients, community members, and any other persons engaging in business with CMS. Everyone must be screened before entering the childcare centre.

- Every staff, child, and visitor must be screened before being admitted into the school. Staff must follow the screening checklist for each person and record the outcome (pass or fail).
 - There will be screening stations at the Main entrance.
 - A 2 metre distance between staff conducting the screening and the person being screened must be maintained.
 - Health screening areas will be disinfected regularly through out the day
 - As persons enter the school, they will be asked to sanitize hands
 - Parents/Guardians are not permitted past the health screening line to ensure physical distancing. Only one parent/guardian is permitted into the screening area.
 - Health screening questions are for parents/guardians to answer on their child's behalf, and for all staff
 - Only the children and staff will have their temperature taken, not parents/guardians
 - Staff are not permitted past the health screening line until they have been cleared to enter the centre
 - Staff will take temperatures using a laser thermometer, then record the temperature. The thermometer will be sanitized before the next child is tested
- If questions have been answered satisfactory, and the staff member or child does not have a fever (38 degrees C and above), they have passed the screening and can enter the building.
 - If questions have not been answered satisfactory, or answers are refused, and/or a fever has been noted, entry into the building will be denied. The person or family will be asked to review the self-assessment tool on the Ministry of Health or Toronto Public Health website to determine if further care is required. Resources will be handed out as well.
 - We will then 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

3. HAND HYGIENE POLICY AND PROCEDURES

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% alcohol-based). Handwashing 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. All employees, students, community members must practice hand hygiene upon arrival and/ or entry into any room.

CMS will ensure that employees and children are always practicing good hand hygiene when hands are visibly dirty and/or after:

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

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

- Preparing, handling, serving and eating food
- Handling animals
- After coming in from outside
- Touching a cut or open sore
- Changing diapers
- Glove use
- Dispensing/handling expressed breast milk

- Before and after giving medication
- Before and after sensory play activity

When hands are visibly soiled:

- 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 or hot air blower
- Turn taps off with paper towel, if available

When hands are not visibly soiled:

- Apply hand sanitizer (70-90% alcohol-based)
- Rub hands together for at least 15 seconds
- Work sanitizer between fingers, back of hands, fingertips, and under nails.
- Rub hands until dry

Hand Sanitizing Information

When hands are not visibly dirty, a 70-90% alcohol-based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of two and must always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity. ***Parent consent is required to use hand sanitizer on children.*** Children under the age of 1 are not permitted to have hand sanitizer applied, instead perform hand washing frequently and gently.

Glove Use

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

Gloves and Hand Hygiene

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

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.

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% alcohol-based) regularly and after using a tissue on yourself or others

4. CLEANING, SANITIZING, AND DISINFECTING POLICY AND PROCEDURES

Definitions:

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

Sanitize is defined as the reduction of microorganisms to levels considered safe from a public health viewpoint. Sanitizing takes place after the cleaning step because it is most effective on a minimally soiled surface.

Disinfecting: describes a process completed after cleaning, in which a sanitizer 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 may require a final rinse after the required contact time is observed.

Procedures

All products including cleaning agents and disinfectants must be kept in a secured location that is out of reach of children. All cleaning agents and disinfectants must be labelled and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in a binder in a designated space.

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
- A sanitizing solution using 1 litre of water (4 cups) to 2 ml of bleach (.4 tsp) is an acceptable sanitary solution. You can check the solution strength with test strips.
- Sanitizing solution should be mixed fresh every day since it loses its strength and effectiveness after 8 hours. Contact time is 10 minutes.

In an Outbreak, the solution is 1 litre of water with 100 ml (6 ¾ tbsp) of bleach

Disinfecting Surfaces

For general environmental disinfection of high-touch surfaces use the bleach and water mix, in a ready to use spray bottle - the contact time for disinfecting is **10 minutes**.

How to Disinfect

- Use rubber gloves (a mask can be used if there are any scent sensitivities)
- Spray or wipe on the bleach solution and leave on the surface for the appropriate disinfecting contact time (**10 minutes**). Once the contact time has elapsed, the surface has now been disinfected
- Any surface that food or children may come in contact with requires a final rinse with a single-use paper towel (i.e. counters, trolleys, sinks)
- 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 childcare (for staff):

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

Frequencies:

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

- **Spills:** must be cleaned and disinfected immediately
- **High Touch surfaces:** these are surfaces that have frequent contact with hands, food, and other objects. These surfaces must be cleaned at least twice per day and as often as necessary (i.e., when visibly contaminated). Examples include:
 - v Countertops
 - v Trolleys
 - v Sinks
 - v Door handles

Cutting Surfaces and Utensils

All cutting of food must be done on a plastic cutting board and used for 1 single task at a time. Cutting boards must be routinely cleaned in hot water, sanitized and rinsed after each use. Care must be taken not to transfer contamination of one food to another. Knives used to cut or slice food items should not be used for other foods or other items unless the knife has been adequately cleaned with hot water, sanitized, and rinsed.

5. EXCLUSION OF SICK CHILDREN POLICY AND PROCEDURES

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, childcare employees will ensure the following:

- Ill children will be separated from all other children to a designated exclusion room, and will be supervised and monitored by staff until they are picked up from care by a parent/guardian
- Symptoms of illness will be recorded in the child's daily record and in a daily log as per the CCEYA
- The parent/guardian of the ill child will be notified 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 we suspect a child has symptoms of a reportable communicable disease, we will report these immediately to the local Health Unit (416-392-7411 in Toronto).

When to exclude

Child care employees should exclude a sick child when the child has any signs and/or symptoms that are greater than normal, or if the child is unable to participate in regular programming because of illness.

Exclusions:

- If the child has one or more of the following symptoms: fever, cough, muscle aches and tiredness or shortness of breath
- Symptoms defined as greater than normal would be if a child has diarrhea consistent with teething, and an additional symptom presents itself, such as lethargy

How to exclude

- 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. If physical distancing cannot be avoided, staff should wear a mask and gloves. In addition, 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
- Increase ventilation in the designated exclusion room if possible (e.g., open windows)
- Clean and disinfect the area immediately after the child has been sent home
- Staff and children who were in the same room with the ill child will be grouped together and not mixed with other care groups for 14 days
- Staff should self-monitor for symptoms for the next 14 days. During this period, they should avoid contact with vulnerable persons or settings where there are vulnerable persons (i.e., long-term care homes)
- Staff will inform parents/guardians of children who were in the same room of possible exposure, and should monitor their child for symptoms
- Children who are being managed by Public Health should follow their instructions to determine when to return to the childcare centre

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 at that location and during the specific time period.

Ensure surveillance includes the following:

- Observe children for illness upon arrival
- Record symptoms of illness for each child including signs or complaints the child may describe (e.g., sore throat, stomach ache, headache etc.)
- Record the date and time that the symptoms occur
- Record the room the child attends (e.g., room number/description)
- Record attendances and absences

Returning from exclusion due to illness

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

If not advised by PH, staff/children will not be permitted back to the facility for a minimum of 14 days from symptoms onset; they must not have a fever and their symptoms must be improving. Past the 14 days mark they must be 48 hours symptom free at a minimum.

6. CLOSING STATEMENT & COVID-19 LIABILITY

New policies and procedures will be in place to minimize the risk of Covid-19 transmission. At times, this will be frustrating to all of us. Please be patient as we do our best to keep your children and our teachers as safe as possible.

Our plan to keep everyone safe

Here are some things that we are doing:

- children are dropped at the door and we are screening (temperature and pulse oximetry test) right away.
One parent may enter the school. Our staff will go through the screening procedure with your child and let you know if there are any concerns. Please allow your children to carry their own bags if possible. If your child's oxygen levels are low, this could be a sign that an infection has

started. If you choose to leave your child at school, we will monitor your child frequently throughout the day. Please be ready to pick your child up quickly if we have to call you.

- cleaning and sanitizing throughout the day and throughout the building
- helping the children to wash their hands properly and frequently
- keeping all classrooms/groups separate as much as possible to reduce the possibility of transmission
- having smaller groups on the playground/in the bathroom etc. at any one time
- We will encourage the children to sit further apart than usual (Please know that young children have no concept of 'personal space'. We will not be able to guarantee that the younger children will maintain social distancing.)
- we will try to keep all inside doors open to minimize touching of door handles
- for Casa students: We ask that you provide a pencil case, clearly labelled with your child's name (please provide pencils, an eraser, coloured pencil crayons, scissors, etc.) to minimize the possibility of transmission
- cots will be further apart at nap time (placed head to toe OR toe to toe)
- we ask that any dishes, water bottles, etc. (pacifiers for infant/ toddlers) be clearly labelled
- If any child shows signs of illness, we will separate the child and call the parents immediately. Staff and children in the same room as that child will not mix with the other groups at the school for fourteen days. We will advise all families.

Here is what we will ask you to do:

- Monitor your children for signs of illness. ***If in doubt, do not bring your child to school. Never give your child medication to bring down a fever and then bring them to school.***
- ensure we have your current phone numbers and provide back-up numbers
- be available at all times in case we need you to pick up your child
- be aware that one case of Covid-19 could shut down our centre for two weeks or more
- Do not take any risks, as there are families with vulnerable people who live in the same home as some of our students.

Despite all our collective efforts, we could end up with a case of Covid-19 at our facility. Parents are required to sign a waiver to indicate that you are aware of the potential for illness and that you accept the risk associated with sending your child to school during this time.