



Brooklin Mill Montessori School

29 Enhanced Health & Safety Policy During COVID-19

29.1 POLICY

During the COVID-19 pandemic and recovery period, Brooklin Mill Montessori School will implement enhanced health & safety protocols and follow the advice of public health officials in our efforts to protect the health and safety of the school community including the children, their families, and our staff.

To maximize safety, the School will use a "layered" approach with multiple measures to reduce the risk of COVID-19 spread, including decreasing the number of interactions with others and increasing the safety of interactions. Layering of multiple mitigation measures strengthens the risk mitigation potential overall.

29.1.1 LEGISLATIVE REFERENCE & SOURCES

Brooklin Mill Montessori School will comply with O. Reg 261/20, regulatory amendments to the Child Care and Early Years Act passed on June 11, 2020. In compiling the policy, the School consulted the following sources:

- Ministry of Education's Operational Guidance During COVID-19 Outbreak : Child Care Re-Opening
- Government of Canada Risk Mitigation Tool for Child and Youth settings operating during the COVID-19 pandemic
- Ministry of Health COVID-19 Guidance : Summer Day Camps
- Public Health and Safety Association: Precautions when working as a child care provider
- Public Health and Safety Association: Health and safety guidance during COVID-19 for employers of child care centres
- Durham Region Children's Services Division : Reopening Early Learning and Childcare for Operators
- Durham Region Health Department COVID update page for guidance and resources

In interpreting and applying this guidance, the School recognizes that the health, age, ability, or other factors faced by some individuals may limit their ability to follow the recommended measures. This may necessitate adapted responses and recommendations in some situations.

29.1.2 GUIDING PRINCIPLES & FACTS ABOUT COVID-19

COVID-19 spreads from person to person, most commonly through respiratory droplets (e.g., generated by coughing, sneezing, laughing, singing, or talking) during close interactions (i.e., within 2 meters). COVID-19 can be spread by infected individuals who have mild symptoms, or who have not yet or who may never develop symptoms.



In the classroom setting, our staff and students will have prolonged close interactions with each other. Prolonged contact is defined as lasting for more than 15 minutes and is shown to increase the likelihood of person-to-person spread.

COVID-19 can also be spread through touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands. In the school setting, our staff and students will frequently have contact with high-touch surfaces (i.e. surfaces that are touched by others) and are presumed to be at greater risk.

COVID-19 can cause more severe illness among people who are 65 and over, and those who have compromised immune systems or other underlying medical conditions.

COVID-19 spread can occur when personal preventive practices are not consistently followed. Young children may be less able to consistently follow hygiene practices such as washing hands properly, respiratory etiquette, and identifying when they are feeling ill and staying home

Risk mitigation measures that are more protective involve separating people from each other or shared surfaces through physical distancing and physical barriers. Measures that are less protective rely on individuals to consistently follow personal preventive practices (e.g., environmental cleaning, use of personal protective equipment, and wearing of non-medical masks or face coverings).

**29.2 RESTRICTIONS TO
SCHOOL ADMITTANCE**

School entry will be restricted to staff, students, and essential service providers only. All individuals who enter the school will be screened upon arrival for symptoms including fever.

Parents of children in the school will not be permitted inside the building except in the event of emergency.

Visitors (prospective families, deliveries, maintenance staff, etc.) will be received outside and/or during hours when the children and staff are not present except in emergency situations or when entry is legally required (eg. health inspectors, fire prevention officer, Ministry officials). When necessary to admit guests, they will be required to follow our infection control protocols involving hand sanitation, personal protective equipment, and physical distancing.

These measures may be revised as the risk of community transmission evolves and as further direction is received from health authorities.

**29.2.1 ACTIVE SCREENING
FOR SCHOOL ENTRY
& THROUGHOUT THE
SCHOOL DAY**

All individuals including children, staff, and visitors must be screened each day before entering the School, including daily temperature checks and responses to screening questions.

Throughout the school day, staff will continue to monitor the children and themselves for symptoms of ill health. If symptoms arise, or new information becomes available from the individual's household that would result in a negative answer to one of the screening questions, the



individual will be isolated and arrangements made to depart the school.

The parent/guardian or staff member will advise the school as soon as they become aware of any reason within their household leading to the student(s) or staff member no longer passing active screening.

- Parents and guardians will be reminded of this requirement when children are first registered for the program and through visible signage at the entrances and drop-off areas.
- Staff will take and record the temperature of the child upon arrival using a contactless thermometer and ask the parent to verbally respond to the screening questions on behalf of the family and/or household. Parent/guardian name and responses will be recorded.
- The parent/caregiver, child(ren) and essential visitors pass by answering NO to all the questions, having no temperature and being visibly in good health.

The first staff in the facility will complete the active screening procedure and document the answers and their temperature. The first staff will then actively screen the second staff entering the building.

- Arrival and departure times will be staggered by class to facilitate social/physical distancing at those times.
- Children will be screened by a designated staff upon arrival at the school outside of the building. Screening stations will be placed at the entrances to the covered front porches.
- One adult will accompany the children at drop off and guide them to the screening station, while maintaining physical distancing from other arriving families.
- Footprint markings on the ground and signage will be used to encourage distancing.
- Staff will take appropriate precautions when screening and escorting children to the program, including maintaining a distance of at least 2 meters (6 feet) where possible from those being screened, and wearing personal protective equipment (PPE)
- Alcohol-based hand sanitizer containing at least 60% alcohol content will be placed at all screening stations. Dispensers will not be in locations that can be accessed by young children.

The school will maintain daily records of everyone entering the facility and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food, etc.).

- Records will be kept confidential and on the premises. Records (e.g. name, contact information, time of arrival/departure, screening completion/result, etc.) will be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.



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29.2.2 FAILURE TO PASS ACTIVE SCREENING

If an individual answers YES to any of the screening questions, or refuses to answer, then they have failed the screening and cannot enter the school.

If an individual has a fever or becomes ill while at school, they have failed active screening and will be isolated so arrangements can be made for them to go home.

Any **siblings or family members of an ill child / staff member in attendance at the school** will also be isolated and sent home as they can no longer pass active screening.

If information becomes available regarding an individual's household members during attendance at the school (such as symptoms or close unprotected contact with a case), and they would no longer pass active screening, any member of the household in attendance at the school will be isolated and arrangements made to go home.

If an individual's household member has close, unprotected contact with a confirmed or presumptive case of COVID and is awaiting further assessment or test results, the staff member or student cannot pass active screening and will be refused admittance or isolated and sent home.

- Household members, such as first responders, may have protected contact (i.e. wearing PPE, physically distanced, following sanitation protocols, etc.) to a confirmed or presumptive case of COVID. When risk is mitigated in this manner, the student or staff member can pass the relevant active screening question. If all other screening is passed, the staff member or student may be admitted to the school.
- Staff, students, and household members may undergo COVID testing without symptoms or presumption of illness for a variety of reasons. Testing may be performed to gain access to long-term care or other high-risk facilities, as part of an employment mandate, based on a personal wellness decision, or during broad community testing. In these cases, there is no presumption of illness and the individual can pass the relevant screening question. If all other screening is passed, the staff member or student may be admitted to the school.
- Where a child, adult, or someone in their household is obviously ill, vomiting, diarrhea, fever, runny nose, sore throat, they will be refused entry and/or sent home from school to promote health and wellness in the school community.
- In order to protect everyone, the School will err on the side of caution and enforce strict adherence to recommended health guidelines. There may be times when school entry or attendance is not permitted because of a cold, allergies, or teething fever simply because there is no certainty regarding the cause of symptoms.

If a child, family member, or staff does not pass active screening, they will be advised to **seek clinical assessment by contacting a healthcare provider, using the Lakeridge Health Online Assessment Tool, or calling the Durham Region Population Health Division at**



905-668-2020.

**29.2.3 COVID TESTING &
READMITTANCE TO
THE SCHOOL**

If an individual has been assessed by a healthcare professional for COVID-19 using one of the measures noted above, and a **COVID test is not required** then written documentation is required from the staff member or child's parent before readmittance. Documentation may include an email detailing the name, date, time, and outcome of a consultation with a healthcare professional, a screen-shot from the Lakeridge Health online Assessment Tool, or other electronic communication. Re-admittance to the school would also require that the individual be **symptom free for at least 48 hours** and can pass the active screening questions.

If an individual has been assessed by a healthcare professional for COVID-19 using one of the measures noted above, and a **COVID test is required**, the individual and any household members must remain away from the school until test results are received. The adult or child's parent / guardian will update the school with the date that testing is scheduled. School Administration will advise families that had contact with the individual awaiting test results without disclosing names.

The adult or child's parent / guardian will update the school as soon as test results are received. If the **COVID test results are negative**, the individual may return to the school after 48 hours following symptom resolution. Written documentation is required from the staff member or child's parent/guardian before readmittance. Documentation may include the negative test result or an email detailing the name, date, time, and recommendation received from a healthcare professional regarding a safe return to school. The student or staff member must also pass active screening prior to readmittance to the school. School Administration will update all families in contact with the individual regarding the negative test result.

If the **COVID test results are positive**, Durham Public Health will take over case management, including contact tracing, further testing, isolation measures, and monitoring of health outcomes. School Administration will update all families in contact with the individual regarding the positive test result.

Parents/guardians, school staff, and school administration will follow the instructions of the Health Department regarding further measures and the determination of when it is safe for the individual to return to school. Documentation will be requested of the staff member or parent/guardian prior to readmittance. Documentation will confirm the name, date, time, and recommendation of a health professional that it is safe for the individual to return. The student or staff member must also pass active screening prior to readmittance to the school.

**29.3 MEASURES TO REDUCE
GROUP SIZES & LIMIT
CLOSE CONTACT**

The number of children meeting together in a classroom will be reduced to meet the requirements of the most current requirements, as revised from time to time during the course of the pandemic.

The maximum group size (cohort) for each room in will not exceed the limit imposed by governing authorities (at time of writing, not more than



10 individuals).

A cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum of 7 days. Each cohort must stay together throughout the day and will not mix with other cohorts. Each cohort must meet in a separate classroom with a door or be separated by 8 foot high partitions in a space that meets room size requirements and permits physical distancing.

Every effort will be made to allocate classroom space in order to permit children to attend in school as much as possible. In order to achieve mandated cohort sizes, students may need to attend school on an alternating schedule and participate in the class virtually through remote learning on days not in school.

**29.3.1 CLASSROOM
PLACEMENT &
EXTENDED CARE**

In order to meet cohort requirements, classroom teachers will stay together with their students throughout the day. As teacher shifts cannot exceed 8 hours per day, extended care hours will be reduced from options previously available. For children attending extended care hours (before or after school), every effort will be made to avoid cross-contamination of cohorts and classrooms. Students will be placed in alternative classrooms or groupings only with parental consent and strict protocols for physical distancing, disinfection of the space, and personal protective equipment. Whenever possible, this will be implemented outdoors.

The extended care available to each student will vary depending on that child's placement and the classroom teacher's schedule. Where more than one class exists at the child's level, placement decisions will be based on the best match of teacher and extended care schedule requested.

**29.3.2 SUPPORTING
PERSONS AT HIGHER
RISK**

Staff will be surveyed prior to their return to work to identify any factors that may place the individual staff member or the school community at greater risk of illness. Strategies will be developed in consultation with the staff member to mitigate these risks or defer the return to work until it is safer to do so.

Families will be surveyed prior to the child's first day in class and again at the start of each term to determine if there are any factors that may place the child and family at greater risk (e.g. an elderly family member living in the home, an underlying medical condition of the child or a member of the household, etc.).

A strategy will be developed in consultation with the child's family to reduce the risks for that student and family. Strategies that may be considered include:

- Class participation by remote learning
- Reduced hours or days of attendance supplemented by remote learning
- Additional personal protective equipment to be worn by the child with teacher supervision

29.3.3 PHYSICAL

Brooklin Mill Montessori School will promote physical distancing (keeping a distance of 2 m from others), which is one of the most



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**DISTANCING
MEASURES**

effective ways to reduce the spread of illness. By maintaining physical distancing, people are less likely to be exposed to a respiratory virus like COVID-19 as the virus can be spread before symptoms appear (pre-symptomatic) and when persons may have contracted the virus but are minimal or no symptoms (asymptomatic).

Measures to support physical distancing at school include:

- Child friendly footprint markings/stickers as well as signage will be placed at the drop off/screening station, the handwashing stations/sinks, and waiting areas for transitions in order to encourage physical distancing.
- Each child will have a designated table space and chair with sufficient spacing (at least 1m) between children to promote physical distancing
- All assemblies, gatherings, and activities involving more than one class are suspended for now.
- Group activities within a cohort will be held outdoors when possible or organized to encourage more space between children
- Floor work will be avoided and prolonged face-to-face contact during work activities will be minimized or managed with face coverings, such as a mask and/or protective shield.
- Additional protective measures will be implemented for high contact activities, such as donning PPE and additional hand-washing before and after.
- Washable medical gowns are available for staff if needed to cover / protect street clothing.
- When holding / soothing infants and toddlers, staff will use the child's personal blanket as a comforting protective barrier.
- Layout of sleep cots: separated as much as possible and staggered toe to toe or head to toe
- Physical distancing will be encouraged and supported in the outdoor yard by staggering outdoor times between cohorts.
- Separate bin by cohort for playground toys (such as balls, hoops, balance beams, etc.) will be sanitized after group use.
- Organized outdoor games and independent activities will be encouraged; circuit training with individual activity stations, ball games involving kicking to pass, pool noodle tag, hopscotch, bean bag toss, sidewalk chalk, skipping (children 5 and older).
- Playground spots will be used in the yard and placed 2 m apart for visual guidance in maintaining physical distancing.

**29.3.4 MEETINGS &
COMMUNICATION**

School administration will be performed off-site whenever possible. Parents will be encouraged to communicate with school staff using Class Dojo, email, or telephone. The exchange of paper for school administration will be minimized as much as possible using technology alternatives, such as Transparent Classroom.

Staff will use technology for parent communication (Class Dojo, email, telephone or video conferencing rather than in person conversations). Parent teacher meetings / conferences will be offered via video conferencing or telephone.

Remote learning will use Class Dojo as the platform for communication,



posting lessons and submitting assignments. Small group lesson video conferencing will also be used for synchronous learning and communication.

Staff meetings will be arranged by video conference or outdoors weather permitting, practicing physical distancing, and abiding by the permitted attendance groupings at each stage of re-opening.

29.4 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Brooklin Mill Montessori School has requested families to provide a clear face shield for their child. This will provide additional protection when in close contact during transitions in and out of school and at other times when physical distancing is difficult to achieve.

Brooklin Mill Montessori School shall follow Durham Region Public Health suggested guidelines regarding the use of PPE by staff. These recommendations may evolve over time to become more or less stringent depending on infection rates experienced in our community.

It is acknowledged that some school staff and students may choose to go beyond the legislative requirements and wear additional PPE than prescribed. This is a personal choice and will be supported.

Staff will wear full PPE:

- in the screening area and when accompanying children into the classroom from the screening area.
- when cleaning and disinfecting blood or bodily fluid spills if there is a risk of splashing.
- when caring for a sick child or a child showing symptoms of illness.

Disposable gloves will be worn in the following circumstances and disposed after use:

- Administering first aid
- Cleaning up blood and body fluid and disinfecting contaminated surfaces
- Diapering or assisting a child with toileting
- Rinsing wet clothing or linen
- Contact with diarrhea e.g. cleaning/disinfecting contaminated surfaces
- During active screening and in the case of an isolation of an ill child

When wearing a shield/mask or gloves, the staff member will wash their hands before donning the shield/mask and before and after removing the PPE.

29.5 HAND HYGIENE

Brooklin Mill Montessori School staff will practice stringent hand hygiene practices as recommended by Health Canada:

- Wash hands frequently
- Thoroughly wash with soap and water for at least 20 seconds
- The children will use soap and warm water while hand washing.



- When soap and water are not available (outdoors or transitioning indoors), the children and staff will use an alcohol-based sanitizer containing more than 60% alcohol.

Brooklin Mill Montessori School Staff will perform and promote frequent and proper hand washing. Staff must wash their hands with soap and warm water in the following situations:

- Upon entering / re-entering the classroom once personal items are stowed
- After handling personal items brought on-site
- Before handling food
- Before and after eating
- Before and after diaper check and change
- Before and after toileting
- Before and after contact with bodily fluids
- After handling toxic materials (e.g. disinfectant)
- Before and after using gloves or other PPE
- Before and after touching their own or someone else's face

Children must wash their hands with warm soapy water:

- Upon entering / re-entering the classroom
- Before and after each work period
- Before and after each transition (e.g. classroom to yard)
- Before handling food
- Before and after eating
- Before and after toileting
- Before and after wiping their own nose

The staff will share daily reminders with the children to avoid touching eyes, nose and mouth. The staff will teach and model proper respiratory cough/sneeze etiquette with the children: sneeze or cough into your sleeve, use a tissue, discard it and wash hands.

**29.6 TEACHING CHILDREN
TO STAY SAFE**

As recommended in the June 19, 2020 report from Sick Kids, children should be educated about COVID and the ways they can protect themselves and others. Teachers will use gentle, age-appropriate language and comparisons to other common respiratory viruses such as the cold or flu. Specifically children will be taught:

- New greetings (elbow bumps, no handshakes) and personal workspace etiquette
- Hand washing using song, visuals, and step-by-step instruction to ensure a thorough clean each time
- Reasons for and importance of hand-washing and not touching the face or others
- "Take what you touch" rules for classroom materials and instructions for how activities are selected (one child at a shelf at a time), used in the child's personal workspace, and set apart for cleaning before the next child may use
- Personal space & physical distancing importance and strategies to maintain distance in the classroom, hallways, and playground
- Keeping self and others safe by not sharing food, objects, or



- classroom materials
- Sneeze & cough etiquette, including proper tissue use and disposal
- Washroom etiquette, including flush and turn taps off with a paper towel
- What to do if feeling unwell at home or at school
- Seeking assistance to clean hands, clothes, masks, or shields that may be soiled by bodily excretions

**29.7 STAFFING
CONSIDERATIONS &
TRAINING**

Brooklin Mill Montessori School will actively encourage sick employees to stay home.

Staff will be assigned to a dedicated work area / classroom as much as possible. Staff will be discouraged from sharing phones, desks, offices and other tools and equipment. The exchange of papers will be limited as much as possible. If documents must be exchanged, they will be left on a clean surface while maintaining a two-metre distance. Staff will avoid sharing pens and office equipment or disinfect after each use.

Staff will be encouraged to avoid casual interactions between others and to follow physical distancing protocols. Staff arrival and departure times as well as lunch breaks will be staggered. Staff will be encouraged to take an outdoor lunch break whenever possible (weather permitting).

Training will be provided to staff on COVID-19, how it spreads, risk of exposure, including those who may be at higher risk (i.e. have underlying health conditions) and procedures to follow including reporting process, proper hand washing practices and other routine infection control precautions.

Staff will review how to respond to emergencies as safely as possible while COVID-19 measures are in place.

Staff will be trained on the proper use, care and limitations of PPE. The sequence for putting it on (donning) and taking it off (doffing) will be reviewed.

Staff will review and follow the new COVID policy and procedures including enhanced cleaning and hygiene protocols, (such as disinfection protocol after personal use of washroom).

**29.8 ENHANCED CLEANING
& DISINFECTION**

All current cleaning and infection prevention and control practices will be adhered to. Enhanced cleaning and control measures include:

- Sanitization of the space, Montessori materials, and other classroom equipment: Ensuring all learning materials and equipment used at the school are made of material that can be cleaned and disinfected (i.e., remove plush toys, wicker, textured surfaces) or are single use and are disposable.
- Minimizing the sharing and frequency of touching of objects, materials, school supplies, equipment, surfaces, and personal items. Children will have an assigned workspace. Each child will have personal school supplies such as pencils, colouring tools, and scissors to reduce the need to share those items.



- Children will wash their hands before using Montessori activities and will place them in a designated area when they are done for disinfection before those items are returned to the classroom shelves for the next child's use.
- Staff will clean and disinfect upon ENTRY any high frequency touch hard surface items that will be used in the classroom by children or teachers, such as water bottles, travel mugs, cell phones, and lunch containers.
 - The school will use only disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
 - Cleaning frequently touched surfaces twice per day: Examples include doorknobs, light switches, faucets, toilet handles, counters, tables, hand rails, touch screen surfaces and keypads.
 - Teachers will sanitize as necessary to address immediate classroom needs and as time permits to ensure the engagement of the students. Support staff will enter the classroom while the students are in the yard to perform twice daily disinfection of frequently touched surfaces and washrooms.
 - Each class will have their own outdoor play equipment that is not shared with other groups. Items such as the picnic table will be cleaned between groups. The sandbox will remain closed at this time.
 - Rest cots and cribs will be assigned to one child and disinfected at least twice weekly.
 - In addition to routine practices for dealing with blood/body fluids and blood/body fluids by-products, all staff must strictly adhere to sanitary precautions in all aspects of the program.
 - A separate area will be used to supervise anyone who becomes ill for any reason during care and the space will be cleaned afterwards.
 - Cleaning logs will be posted for daily tracking.

**29.9 RESPONDING TO
ILLNESS, OUTBREAK,
OR CLOSURE**

Staff and students must not attend the program if they are sick, even if symptoms are mild.

If a child or staff member becomes sick while in the program, they will be isolated and sent home / family members contacted for pick-up. If a parent/guardian is unavailable, the emergency contacts listed for the child will be contacted.

The sick person will be provided with a face mask (if tolerated and over the age of 2) tissues and reminded of hand hygiene, respiratory etiquette, and other safety precautions.

If the sick person is a child, a staff member will remain with the child until a parent/guardian arrives.

- The staff member will also wear a face mask and eye protection at all times and not interact with others. The staff member will avoid contact with the child's respiratory secretions.
- All items used by the sick person will be cleaned and disinfected. All items that cannot be cleaned (paper, books, cardboard puzzles) will be removed and stored in a sealed



container for a minimum of 7 days.

Durham Public Health will be contacted, and their advice will be followed. Special consideration will be given to teachers, classmates and siblings of the sick child, who were present while the child or staff member became ill. Depending on advice from Durham Health, these individuals may be identified as close contacts and asked to depart the premises (be picked up by parents/guardians) to self-isolate at home.

**29.10 SERIOUS OCCURRENCE
REPORTING**

Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the *Health Protection and Promotion Act*. Where a child in care in past 14 days, that child's family member, or staff is suspected (i.e. has symptoms and has been tested) of having or has a confirmed case of COVID-19, licensees must report this to the Ministry of Education as a serious occurrence.

Where one or more classrooms close due to COVID-19, licensees must report this to the Ministry of Education as a serious occurrence.

The school is required to post the serious occurrence notification form under the Child Care & Early Years Act, unless local public health advises otherwise. No personal identifying information will be posted.

Children or staff who have been exposed to a confirmed case of COVID-19 will be excluded from the School and will follow Health Department recommendations. Durham Public Health will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possibly infected staff members and children.

Any occupational staff illness will be reported to the Ministry of Labour, Training and Skills Development.

**29.11 RETURNING FROM
EXCLUSION DUE TO
ILLNESS**

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

Written confirmation of the instructions from a medical professional or the Durham Health Department will be required to return to school.