

OSCA OPERATIONAL PLAN: COVID-19 Procedures for Before & After School, PD Day, and Winter Break Programs

**Adapted from the City of Ottawa: RECREATION, CULTURAL & FACILITY
SERVICES**

OSCA PROCEDURES FOR BEFORE & AFTER SCHOOL, PD DAY AND WINTER BREAK PROGRAMS

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OSCA PROCEDURES FOR BEFORE & AFTER SCHOOL, PD DAY AND WINTER BREAK PROGRAMS

SECTION ONE: INTRODUCTION

Preamble

OSCA works in partnership with the City of Ottawa and provides community recreational programming for Old Ottawa South and any resident in the City of Ottawa.

As such, the City of Ottawa has provided OSCA with the City's Operational Procedures Manual and guidelines for Before and After School Programs (B4/ASP), PD Day and Winter Break programs in collaboration with the Ontario Ministry of Health, Ottawa Public Health, Occupational Health and Safety and Recreation Cultural and Facility Services Department (RCFS).

OSCA has adapted the City documents to be relevant to OSCA operations and incorporated OSCA's own protocol and policy in consultation with the Operations Committee and Board of Directors. As such OSCA's procedures are somewhat more stringent in terms of distancing, ratios, screening, and waivers of indemnity.

OSCA's implementation and operation of After School Programming is conditional on the guidelines set by the Province and Ottawa Public Health and OSCA will continue to review these sources and any and all updates and changes.

Introduction

The landscape of recreation is changing in ways that will affect the delivery of services, children's programs and fitness programs.

In Mid-March 2020 OSCA was forced to cease all operations and close its doors. Since that time the small team at OSCA have worked tirelessly to reinvent the organization and the delivery of programming.

We are required to implement the policies in this handbook at all times and to ensure we stay abreast of new policies and procedures implemented by Ottawa Public Health, the Ministry of Health and the Ontario Provincial Government.

We are committed to excellence and safety for our staff and participants. It is with this in mind that we have adapted the City's Operations Manual and developed this handbook for staff and clients of After 4 Programs.

This is an evolving document. Planning continues at all levels of Government and the City of Ottawa and OPH guidelines will invariably be updated. OSCA will continue to remain abreast of developments in the community and province and changes to regulations and best practices.

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Notice of Risk

When program participants and staff use the facility to participate in programs there is an increased risk of COVID-19 infection and transmission. Current understanding of the virus is that children are more likely to have a mild infection or be asymptomatic. Transmission is always still however possible, and screening cannot detect asymptomatic cases. This increases the risk of transmission of COVID-19.

It is recommended that staff and participants with underlying medical illness consider consulting with their health care provider since exposure to COVID-19 may put them at higher risk for serious illness with COVID-19 infection.

Purpose of this document

Controls: This operational plan provides critical health, infection prevention and control practices, engineering, PPE, administrative, staff and safety controls required for the resumption of the Before and After School Programs, PD Day and Winter Break Camps.

Public Health Principles of Safe Programming:

Physical distancing;

Adequate cleaning;

Frequent hand washing;

Proper and effective use of PPE, including wearing cloth masks when physical distancing cannot be maintained;

Respiratory etiquette;

Health checks/screening prior to the program each day; and

Staying home when unwell.

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Background

These policies and procedures will serve to define how all staff from counsellors to management, senior management and the Board and volunteers are expected to behave.

Various models in recreation and health care have been reviewed and implemented in this document. So too have approaches that worked for partner organizations who OSCA has consulted with.

Public Information

[Ottawa Public Health](#) (OPH), in collaboration with the Provincial and Federal governments, will keep the public informed by providing timely, clear and up-to-date information about the COVID-19 pandemic. OSCA will regularly review updates and communication.

Decisions

Decisions regarding any closure of facilities, programs or amenities be made by the provincial government, neighboring jurisdictions and directly affected agencies. The Medical Officer of Health for the city of Ottawa will advise the City of Ottawa Senior Leadership Team who will advise partner organizations.

COVID-19 OPH Statistics and Special Statements

Ottawa Public Health (OPH) has laboratory confirmation of community spread of COVID-19. Statistics on COVID-19 in Ottawa are updated daily and special statements from Medical Officer of Health, Dr. Vera Etches, are [posted here](#).

Updates about the status of cases in Ontario, including Ottawa, are available on the [Ministry of Health webpage](#).

COVID-19 can cause illness ranging from a very mild, cold-like illness to a severe lung infection. [Symptoms](#) can include fever, cough, sore throat, muscle ache, headache, and difficulty breathing (shortness of breath). Atypical symptoms can also be seen including unexplained

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fatigue/malaise, delirium (acutely altered mental status and inattention), falls, acute functional decline, exacerbation of chronic conditions, chills, headaches, croup, and loss of sensation of taste/smell. Symptoms may present differently in children and children are often asymptomatic as well.

Testing is available for any Ottawa resident who feels they need a test, even if they are asymptomatic. Testing is available at the [COVID-19 Assessment Centre](#) or the [COVID-19 Care Clinics](#). Residents will not be turned away unless volumes are significant. In that case, priority will be given to residents from high-risk groups and those showing symptoms.

COVID-19 is reportable under Ontario's public health legislation.

Exclusion of Symptomatic Staff and/or Participants

A detailed process for the exclusion of symptomatic participants and staff can be found in the **Illness at Before/After School, PD Day and Winter Break Programs** section of this document.

Symptoms? Follow: **Exclusion of Sick Participants Procedure** (Appendix A.1) or **Staff Reporting Illness Process** (Appendix A.2).

Follow the **COVID-19 Symptoms Process** (Appendix A.3) which includes isolating the symptomatic person, contacting OPH and in the case of a child, contacting the parent/guardian for immediate pick up from the program.

Symptomatic staff and participants should be referred for testing.

Testing of asymptomatic persons should only be performed as directed by OPH as part of case/contact and outbreak management.

- a. Those who test negative for COVID-19 must be excluded from the program until 24 hours after symptom resolution (48 hours for vomiting and diarrhea). If a symptomatic person receives a negative result, a repeat test with 24-48 hours can be considered if clinical suspicion is high.

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- b. Those who test positive for COVID -19 must be excluded from the program for 14 days after the onset of symptoms and clearance has been received from Ottawa Public Health.

Symptoms can take up to 14 days after exposure to COVID-19 to appear, and include:

- fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- chills
- cough that's new or worsening (continuous, more than usual)
- barking cough, making a whistling noise when breathing (croup)
- shortness of breath (out of breath, unable to breathe deeply)
- sore throat
- Difficulty swallowing
- runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- lost sense of taste or smell
- pink eye (conjunctivitis)
- headache that's unusual or long lasting
- digestive issues (nausea/vomiting, diarrhea, stomach pain)
- muscle aches
- extreme tiredness that is unusual (fatigue, lack of energy)
- falling down often
- for young children and infants: sluggishness or lack of appetite

Symptoms may be different depending on age. Children and older adults with COVID-19 may also have non-specific symptoms such as: disorientation, confusion, sleeping more than usual, muscle aches, dizziness, weakness or falls, chills or headaches.

Inflammatory Condition—On rare occasions, children can get an inflammatory condition that impacts the blood vessels. This is called vasculitis. It can present with; rashes, prolonged fever, red eyes and swelling in hands and feet that requires medical attention. A COVID-19 test is not required to return, only a doctor's note.

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It is vital for our programs, staff and clients to encourage and be engaged in infection prevention, high personal hygiene practices and standards, along with control practices among staff and participants to help reduce risk of illness.

Safe work practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency or intensity of exposure to a hazard.

- Providing resources and a work environment that promotes personal hygiene.
- Requiring regular hand washing and/or use of alcohol-based hand sanitizer.
- Posting of signage in facility and washrooms for handwashing, respiratory etiquette, and signs and symptoms.
- Up to date information and resources posted on Health and Safety board's/binders for staff to access.

General Guidance for all employees

For all staff, regardless of specific exposure risks, it is always good practice to:

- Complete an online **Worker Self-Assessment** (Appendix K.1) before the start of each shift.
- Frequently wash hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands that are visibly soiled and after direct contact with participants or high touch surfaces.
- Avoid touching your eyes, nose or mouth with unwashed hands.
- Practice good respiratory etiquette, including covering coughs and sneezes.
- Avoid close contact with people.
- Stay home if you are sick.
- Recognize your personal risk factors.
- Encourage staff and clients to wear a cloth mask when physical distancing cannot be maintained.
- Bring a clean change of clothes to work to change into at the end of your shift. Do not store your soiled street clothing and work clothing in the same space

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Personal Protective Equipment (PPE)

While correctly used PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Recommendations for PPE specific to occupations or job tasks may change depending on location, updated risk assessments for workers and information on PPE effectiveness in preventing the spread of COVID-19. We will continue to check with our Health and Safety Officers and Ottawa Public Health regularly for updates about recommendations.

PPE for B4/ASP will include:

- Non-medical or cloth masks;
- Surgical/procedure masks;
- Eye protection;
- Gowns;
- Gloves.

All types of PPE must be:

- Consistently and properly worn when required;
- Regularly inspected, maintained and replaced as necessary;
- Properly removed, cleaned and stored, or disposed of as applicable to avoid contamination of self, others or the environment.

OSCA Staff Training

OSCA will train staff with reasonably anticipated occupational exposure to COVID-19 about the sources of exposure to the virus, the hazards associated with that exposure, and appropriate workplace protocols in place to prevent and reduce the likelihood of exposure.

Training will include information about how to isolate individuals with symptoms and how to manage and report these and other possible cases. Staff will also be trained on when to use PPE, what PPE is necessary for various situations, how to properly don and doff PPE, how to properly dispose or disinfect PPE, how to inspect PPE for damage and how to maintain PPE. It will also speak to the limitations of the PPE.

Training will also involve learning the various procedures and guidelines for operation as well as skill acquisition for effectively and safely offering a quality and fun program for our participants.

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SECTION TWO: COVID-19 CONTROLS

Cohorts, Staffing & Space Required

The highest risk of transmission of COVID-19 is in indoor settings where individuals spend prolonged close contact with one another. For this reason, site specific assessments were conducted in order to facilitate physical distancing for participants and staff.

OSCA primarily operates indoors. As such we have secured outdoor options as well as a variety of off-site locations to run programs.

- **Cohorts cannot exceed 30 participants** plus staff that stay together throughout the duration of the program for a minimum of 5 days. The number participants per cohort is determined by the available programming space (please see below). Wherever possible, participants will be grouped by school they attend.
- **Please note, OSCA has decided only to offer After School Programming to students in Hopewell Avenue School in order to reduce exposure.**
- Sites that will also support clients and staff from Inclusive Recreation must limit their programs accordingly to account for those additional clients and staff.
- **Due to this regulation OSCA will be launching programs in the Fall of 2020 in 4 stages with a launch of After 4 programs only and only to students in Hopewell Avenue School**
- Cohorts cannot intermingle with other cohorts. **For this reason, OSCA can only offer After 4 programming to Hopewell Avenue School students.** If in a shared space, a physical barrier must be used to separate the cohorts. At no time can the limitation of 50 people in an indoor space be exceeded.
- Each programming space must set a limit of a minimum of 70 square feet per person (including staff).
 - o 1000 sq. ft. room = 14 people (including staff)
 - o 1500 sq. ft. room = 21 people (including staff)
 - o 2000 sq. ft. room or larger = 28 people (including staff)
- Each programming space must have its own set of supplies and equipment that is not shared with other groups or programs and that can be cleaned and disinfected.
- **Mingling of Groups:**
 - o Groups will not mix with other groups and should have their own assigned indoor space, separated from all other groups by a physical barrier. The physical barrier should begin at the floor and reach a minimum height of 8 feet to ensure that it will always be 12 inches taller
 - o If groups use the same shared spaces (e.g., gymnasiums, play structures) on the same day, that space will be cleaned and disinfected before and after each use.
 - o When in the same common space (e.g., entrances, hallways) physical distancing of at least 2 meters should be maintained between different groups and should be encouraged, where possible, between children within the same group by:
 - spreading children out into different areas, particularly at meal and dressing time;
 - incorporating more individual activities or activities that encourage more space between children; and
 - using visual cues to promote physical distancing.
 - o If needed groups can share an entrance/exit but any other programs or services must use a different entrance/exit.

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Staffing:

- City Ratios for Groups (to a max of 30) will be 1:8 for children aged 4-5 yrs. and 1:12 for children aged 6-12 yrs.
- OSCA Ratios will be 1:5 for JKSK and 1:8 for grades 1-6

Space:

- In order to ensure that program space always allows for physical distancing of 2 metres, The City of Ottawa has chosen to limit B4/ASP, PD Day and Winter Break Programs to indoor rooms with **70 square feet of space per person.**
- As facilities could be shared with other programs/services, staff should ensure that B4/ASP, PD Day and Winter Break **program space is kept separate from those other programs/services, with no possibility of cross-over.**
- Each facility must have at least one isolation room for staff or children who become ill during the program. The room must be large enough to accommodate four people while maintaining a physical distancing of 2 metres. **OSCA has allocated the pottery studio as it's isolation room**
- **Washroom Use:**
 - **Best Practice:** Each cohort/group will have their own dedicated washroom.
 - **Main Hall** – downstairs boy's washroom
 - **Dance Studio** -downstairs girl's washroom
 - **Activity room**-upstairs washroom on the right
 - **Lounge**- upstairs washroom on the left
 - **Good Practice:** Washrooms will be unisex in order to provide dedicated washroom space for B4/ASP, PD Day and Winter Break programming at a site.
 - **Minimum Requirement:** B4/ASP, PD Day and Winter Break operations will share washrooms with other programs and services but there will be crossover of clients in the space. In this situation, washrooms must be cleaned and disinfected on a more frequent basis. (best practice in this case would be sanitation after each use)

Physical Distancing

Staff must make every effort to maintain at least 2 metres away from participants and other staff, though there will be occasions where this may not be possible (e.g., providing first aid, managing participant behaviour, or when an emergency arises which requires staff intervention).

Physical distancing cannot risk life. Not having proper PPE must not be a hindrance to employees assisting a participant or staff requiring assistance in an emergency. When 2 metres distance cannot be maintained, all staff are required to wear medical masks and eye protection (e.g. face shield) while inside the B4/ASP, PD Day and Winter programs space, including hallways.

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When programming for B4/ASP, PD Day and Winter Break programs, to help maintain the 2 meters the following considerations have been taken:

- To help maintain the 2 meters of physical distancing, visual markers (must not cause permanent damage to the facility) will be used to designate areas for each participant and staff to occupy. If tape is used, the City recommends [gym floor tape](#). OSCA will use painter's tape
- When more than one sink is available, alternating sinks will be decommissioned to maintain distancing.
- Participants with minor injuries (bruise, sprain, nosebleed) who are old enough to follow directions and remain calm will be coached to provide themselves any first aid treatment with the guidance of a staff member when possible (10+ years). Staff will ensure proper treatment is provided and the incident documented.
- Signage will be posted throughout the facility to remind staff and participants of physical distancing.
- Staff will monitor and be responsible for physical distancing being maintained in all rooms.
- Conversations will take place in a space where physical distancing can be maintained or via phone or teleconference.
- If areas such as narrow hallways or doorways are challenging the following protocol is suggested:
 - Verbally communicate that they are coming through.
 - If possible, wait until person is through before another one enters.
 - Move out of the way such as another hallway, alcove or office space until the other staff has gone past.
 - Use one-way hallways that have clear signs/markers.
- More than one program can be offered per facility if separation between programs is maintained and all health requirements are followed.
- Physical distancing of 2 meters should always be maintained. This includes distancing amongst children or staff in the same cohort/group. OSCA will develop practices to encourage physical distancing and pay close attention to transition times and outdoor activities.
- While the City of Ottawa is following the same provincial protocols regarding masks and while it is not formally required OSCA will be asking all children who attend programs to wear masks while indoors.
- If masks must be worn (e.g., indoors) in hot temperatures or an unairconditioned environment, then activity levels should be reduced (e.g., quiet activities), with frequent breaks, cool drinks, etc.

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- Where shared outdoor space is used (e.g. green space), The City of Ottawa has concluded that best practice will be to maintain 5 meters between cohorts/groups and other users of the space.

Respiratory Etiquette

To prevent the spread of respiratory infections, **proper respiratory etiquette needs to be taught and reinforced to participants and regularly practiced by staff and participants.**

Signs need to be posted at all entrances and programming spaces to serve as a reminder for staff and patrons to practice proper respiratory etiquette.

SIGN: Cover Your Cough (Appendix B.1)

SIGN: Hand Hygiene (Appendix B.2)

Signs will include prompts for:

- Covering your mouth during coughing or coughing into your sleeve or elbow.
- Covering your nose with a tissue or sneezing into your sleeve or elbow.
- Disposing of used tissues into the garbage immediately after use.
- Practicing proper hand hygiene immediately after coughing or sneezing.

Hand Hygiene

With the importance for hand hygiene these parameters will be required:

- Signs need to be posted on how to hand wash at all sinks
 - **SIGN: Hand Hygiene** (Appendix B.2)
- Sinks are the preferred method of handwashing with a minimum of 2 sinks in the washroom able to be used.
 - To achieve physical distancing, there needs to be 2 metres between sinks.
 - It is preferable to have a sink available in each room that the program is being offered, however, if washrooms are in proximity, programming can occur.
 - All sinks need soap and need to be checked on a regular basis to ensure that soap dispensers are full.
- Staff need to ensure that participants can wash hands when needed, at a minimum before and after each new activity, before and after eating (**Note: OSCA participants are permitted to eat snack at pick up/check in at the school and only once the child is screened by the OSCA Staff person**), before and after using the washroom.

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- Hand hygiene will be practiced frequently and opportunities for such will be incorporated into daily programming schedules.
- Staff are asked to wash their hands before and after shifts and when deemed necessary, such as after cash handling, touching forms and pens etc.

Hand Sanitizer

- Staff will have the use of hand sanitizer with an alcohol level of at least 60%, if soap and water is not available.
- Programs will have alcohol-based hand sanitizer available in each room. Adults must supervise children when using alcohol-based hand sanitizer and should apply it for very young children.
 - Hand Sanitizer does not replace hand washing. Hand washing is always the first line of defense and preferred option to eliminate contagious virus/diseases.
 - **SIGN: Hand Sanitizer** (Appendix B.3)

Note: Children should, wherever possible, wash their hands with soap and water. If no other option is available, then hand sanitizer may be used by children with adult supervision. Very young children should have hand sanitizer applied for them by an adult.

Pre-Program Declaration of Health Form

- Staff will complete a **Pre-Program Declaration of Health - Participant (this has been updated by OSCA and is online)** (Appendix C.1) for each participant over the phone with the listed custodial caregiver that has knowledge of participant's health prior to the start of program.
- **Participants and staff are also required to fill out a daily health screening**
 - **Participants must fill out the daily screening questionnaire at 9am and again after lunch.**
 - **Staff need to fill out the daily screening questionnaire by noon**
- **OSCA staff will ensure parents who have not filled out the daily health screening are contacted between 12:00pm and 2:00pm to ask why**
- **Children will also be screened by staff upon pick up at the school**
- **Failure to reach a parent to fill out the screening questionnaire will result in a child not being permitted into the program. The child will be isolated and**

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the parent will be required to pick up the child immediately.

- All health screening documents must be kept on file in a locked cabinet or scanned and filed in a secure location in the event OPH needs access. **Wherever possible OSCA will keep screening online and fill out screening online using Amilia.**
- The primary caregiver or designate will receive a phone call prior to program start date. Staff will review new procedures and do an initial health check. Staff will sign off that it has been completed.
- On the first day of the program participants must sign off on a **Participant Declaration of Health Rules** (Appendix C.2). Each participant will need to be aware of the rules to physically distance, wash hands, stay home if sick, respiratory etiquette, etc.

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At Risk Populations

The level of risk that individuals are comfortable with is different for everyone. Individuals at an increased risk of serious outcomes from COVID-19 include those who are older adults and those living with a compromised immune system, or one or more chronic conditions. To lower the risk of exposure to COVID-19, individuals with one or more chronic conditions, compromised immune systems and/or who are older adults are not recommended to attend non-essential outings. This includes staff and primary caregivers who would be dropping off or picking up children at the B4/ASP.

Additionally, any participants who are unable to adhere to the policies, procedures and safety controls and therefore impact either their own safety or that of others, may be asked to leave the program.

Daily Health Screenings

Staff will always complete their daily health screening at home, prior to leaving for their shift. The preferred method of performing the daily health screening for participants is for the screening to be completed at home and submitted electronically prior to coming to the B4/ASP site.

OSCA will set up an online screening on Amilia that will be checked daily by management staff.

| Process for Daily Health Screening at Home: | |
|--|--|
| For Staff: | <ol style="list-style-type: none">1) Prior to coming into work for their shift, staff will take their temperature and note the results on the online Worker Self- Assessment (see link provided to you by your Supervisor) (Appendix. K.1) form.2) Staff will respond to the questions in the online Worker Self- Assessment form and submit it according to the directions provided.3) If staff do not pass the Worker Self- Assessment, they will follow the steps provided the Staff Illness Reporting Process (Appendix A.2)4) Determining when the staff member can return to the program will be done in consultation with the OPH OB Reporting Line.5) Determining closure and re-opening of the program/or facility will be done in consultation with the OPH OB Reporting Line. |

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| For Participants: | <ol style="list-style-type: none">1) Staff will complete the daily health screening with each participant, take their temperature and document it.2) If a staff is concerned that a participant is exhibiting signs of illness, this will be reported to the B4/ASP supervisor and/or Program Manager. If a participant voluntarily shared that they or a member of their family has COVID-19 symptoms, or a positive test, this will also be shared with the B4/ASP supervisor and/or Program Manager.3) If staff observe a participant that is ill, staff will follow the procedures outlined in the Management of Ill Participants below. Parents/guardians will be called to pick up their child(ren) from the B4/ASP promptly. |
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Sign In & Sign Out

- **Each OSCA After 4 Program has a separate designated entrance/exit for each cohort/group in the facility and will conduct Sign out outdoors.**
- Staff will sign in and sign out participants in order to minimize the potential of cross contamination of shared pens or tablets.
- **Staff will sign participants out while indoors and once the participants parent has been seen and verified and escort each child to the parent outside.**
- **Parents and caregivers are never to enter the facility.**
- Programs will keep **Daily Attendance Records** (Appendix E.1) of anyone attending the program. Records will be kept up to date and available to facilitate contact tracing in the event of an outbreak.
- Documents (e.g. parental consent forms; staff tracking forms and personal information forms) will be completed, submitted, updated and stored electronically on OSCA's Amilia Registration system
- Staff should clearly outline the process for drop off (and screenings should parents/guardian not do them at home) specific to their location when doing call outs to parents/guardians, and supplement this with signage and physical distancing markers.
- Staff should use telephone or video conferencing prior to the program to review program guidelines, provide information on required health screenings, and review how the process will take place at their specific site with parents or guardians.

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- Parents or guardians will be asked to advise of their arrival to pick up the participant by **calling OSCA's Front Desk at 613-247-4946**. Staff will bring the participant to the parent/guardian. **Parent/guardians will not enter the programming space nor the facility under any circumstances.**
- **Stop! Do Not Enter** signs (Appendix E.3) should be posted reminding persons not to enter the facility (**whether they are sick or not**)
- In the event parents/guardians are late picking up their child(ren), staff will complete the **Late Pick Up Tracking Sheet** (Appendix E.4). Staff will submit it to their full-time supervisor who will then follow up with the participant's parent or guardian. Late fees will apply.

Illness at the B4/ASP, PD Day and Winter Break programs

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| Illness at B4/ASP, PD Day and Winter Break programs Process: | |
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| For Staff: | <ol style="list-style-type: none">1) Staff who develop symptoms during a shift should isolate themselves from others, wash hands and put on a surgical/procedure face mask or a 2-3 layer cloth mask until they can leave the program.2) Staff will notify their immediate supervisor.3) Staff will be sent home and asked to go for testing. The staff will remain home until the results of the test are known.4) The staff will fill out a Sick Leave Self Declaration form (Appendix A.4) and submit it to their supervisor within 24 hours of being sent home.5) Staff will follow further processes outlined in the Staff Reporting Illness Process (Appendix A.2).6) Supervisor will inform OPH and the City via the Chain of Communication (Appendix F.1).7) Supervisor will contact the Outbreak (OB) Reporting Line at 613-580- 2424 ext. 26325 and ask to speak with the on-call public health inspector for further guidance. (Available 7 days a week, between 8:30 am and 4:30 pm. Outside of these times, call 3-1-1.)8) Supervisor will complete an Accident, Injury & Workplace Illness Report Form (Appendix F.6) and submit it to Employee Health & Wellness and notify WSIB as required.9) At the end of the day, the supervisor will inform parents/guardians of children in the rest of the cohort/group (or cohorts/groups if mixing occurred) that a staff has developed a symptom and been sent home pending testing and further assessment as needed. Parents should monitor the health of their child(ren) and note that provided they are symptom-free, they can continue to participate in the B4/ASP. RCFS will update parents/guardians on the results of the testing. |

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| For Participants: | <ol style="list-style-type: none">1) Staff will take the participant’s symptoms seriously.2) Staff will notify the full-time staff on site and consult with them regarding next steps.3) The participant will be immediately isolated from the rest of their cohort/group and their cohort/group must be isolated from other cohorts/groups. If tolerated, the participant will don a surgical/procedure mask. Please be beware that the first symptom of a COVID-19 infection in children can be gastrointestinal, including diarrhea.4) Identify if the participant had any contact with members of another cohort/group. If they did, isolate those cohorts/groups as well.5) Notify the participant’s parents/guardians that the child must be picked up from the program as soon as possible (within the hour).6) Notify Supervisor or Executive Director via Chain of Communication (Appendix F.1).7) Staff who stay with the child in the isolation room will wear a non-medical/clothmask and remain 2 metres away from the participant.8) If the participant’s symptoms include sneezing, coughing, or the production of other bodily fluids, staff will don full PPE including a surgical/procedure mask, eye protection, gown and gloves.9) If the participant’s parent/guardian does not arrive in a timely manner, staff should contact the executive director for follow up.10) In the event of serious illness (e.g., participant is disoriented, become unconscious, is have difficulty breathing), staff are to call 9-1-1 and follow appropriate emergency procedures.11) Tissues should be provided to the participant to support proper respiratory etiquette, along with proper disposal in a plastic-lined garbage receptacle.12) Staff will complete a Major Incident Report (Appendix F.5b) and document in detail the participant’s symptoms throughout isolation. |
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| | <p>13) Upon the arrival of parents/guardians, staff should inform them that we cannot know whether the child has COVID-19 or not and that the child should be tested. It is up to the parent/guardian to determine if further medical assistance is needed. Following the test, the child should stay home and self-isolate while waiting for the results.</p> <p>14) Environmental cleaning and disinfecting of the isolation space will be conducted immediately after the child has been picked up. All items used by the sick participant should also be disinfected. Items that cannot be disinfected should be disposed of or placed in a sealed container for a minimum of 7 days.</p> <p>15) Staff will contact the Outbreak (OB) Reporting Line at 613-580-2424 ext. 26325 and ask to speak with the on-call public health inspector for further guidance. (Available 7 days a week, between 8:30 am and 4:30 pm. Outside of these times, call 3-1-1.)</p> <p>16) At the end of the day, the supervisor will inform parents/guardians of children in the rest of the cohort/group (or cohorts/groups if mixing occurred) through a form letter (Appendix J.1) and verbal communication that a child has developed a symptom and been sent home pending testing and further assessment as needed. Parents should monitor the health of their child(ren) and note that provided they are symptom-free, they can continue to participate in the B4/ASP. RCFS will update parents/guardians on the results of the testing.</p> <p>17) Staff will keep track of any illness using the Illness & Symptom Tracking Form (Appendix. F.7) in the program and record that information daily.</p> |
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Managing Anxiety in Symptomatic Participants

Participants being isolated at the B4/ASP, PD Day and Winter Break programs may be anxious or fearful.

Staff will consider the following measures to best support those participants:

- A staff member must remain with the participant while awaiting pick up from a parent/guardian. Staff should maintain 2 metres away from the participant and don appropriate PPE.
- Encourage the participant to talk about how they're feeling, both emotionally and physically. Let them know the fear and anxiety they feel is natural.

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- Practice belly breathing.
 - Inhale slowly and deeply for 3-5 seconds through the nose, expanding your belly.
 - Hold your breath for 3-5 seconds.
 - Exhale slowly through the mouth for 3-5 seconds, gently pushing the air out of your belly.
 - Repeat as needed.
- Consider letting the participant speak with their parent/guardian on the phone.
- Offer a distraction for the participant. Read to them, play I Spy, etc.

Testing for COVID-19

- Symptomatic staff and participants will be referred for testing.
- Symptomatic participants and staff should [self-isolate](#) while waiting for test results.
- Close contacts of the participant or staff at the program over the last two days (48 hours prior to when symptoms appeared) should be monitored for symptoms and cohorted while results are pending.
- **If the parents/guardians or staff choose not to be tested, they must stay home and [self-isolate](#) for 14 days from the first day of symptoms OR until 24 hours (48 hours if vomiting and/or diarrhea occurred) after all symptoms have fully resolved – whichever is longer.**
- Determining when the participant or staff can return to the program will be done in consultation with the [OPH and City of Ottawa](#).
- Determining closure and re-opening of the cohort/group, the B4/ASP, PD Day or Winter Break program and/or facility will be done in consultation with the OPH and City of Ottawa.

Testing Outcomes & Return to Program/Return to Work

Negative Test Result:

Those who test negative for COVID-19 must be excluded from the program until 24 hours after symptom resolution, without fever-reducing medication, or 48 hours after resolution of any vomiting or diarrhea. Consult with the OPH Reporting Line as needed.

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If a symptomatic person receives a negative result, a repeat test with 24-48 hours can be considered if clinical suspicion is high.

Positive Test Result:

Ottawa Public Health will be automatically notified of any positive COVID-19 test results.

The B4/ASP, PD Day or Winter Break program must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or participant as a confirmed COVID-19 outbreak in consultation with Ottawa Public Health. Outbreaks should be declared in collaboration between the program and OPH to ensure an outbreak number is provided.

Determining closure and re-opening of the cohort/group of the B4/ASP, PD Day and Winter Break program and/or facility will be done in consultation with the OPH and the City of Ottawa.

The participant or staff who tested positive must stay home and [self-isolate](#). Determining when the participant or staff can return to the program will be done in consultation with the OB Reporting Line.

A participant or staff who has been identified as a close contact of a confirmed or probable COVID-19 case should [self-isolate](#) and not attend the B4/ASP, PD Day or Winter Break program. Discontinuing self-isolation depends on whether they are still in contact with a case of COVID-19 and will be determined in consultation with the OB Reporting Line.

Outbreak and Tracking

The tracking and documentation of information is very important.

- If a participant calls in sick, staff need to call the parent/guardian and ask them to complete the online [Participant Daily Health Screening](#) (Appendix D.4) and submit it as per usual. If they are unable to complete it online, the staff should complete it with them over the phone.
- If a staff member is sick, they should stay home and still complete the online [Worker Self-Assessment Form](#) (Appendix K.1) and submit it. They must contact their supervisor to inform them that they did not pass the health screening.

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- Every day, staff will complete the **Illness & Symptom Tracking Form** (Appendix F.7) to record participants and staff who are ill with COVID-19 symptoms.
- All program groups will keep this spreadsheet in the event that the City requires reviewing it to consolidate and send to OPH if needed, in order to conduct contact tracing.
- If staff notice a pattern or trend in a group the supervisor will notify appropriate **Chain of Communication** (Appendix F.1) to consult with, who will then call and report pertinent information to Ottawa Public Health.
 - o E.g. 2-3 participants per group are calling in sick over the course of a couple of days.
 - o **Outbreak Flow Chart** (Appendix F.8)

OPH will require names, sign in sheets, daily health checks and other documentation. All documentation must be kept locked in a secure location daily or saved electronically securely.

Ottawa Public Health will be responsible for declaring an outbreak and will determine and do contact tracing where necessary.

If OPH receives a positive test from a staff or participant, they will contact the City of Ottawa who will contact OSCA if/when necessary to declare an outbreak.

Use of Shared Space-The Firehall or Parks

- Play structures are not to be used at outdoor spaces or parks
- Only one cohort/group at a time may use the same outdoor play space/green area
- Groups will follow physical distancing practices when possible. Each cohort/group will have designated equipment (e.g. balls, loose equipment) that is not shared between cohorts.
- Outdoor space must be within 1 km from the facility.
- If cohorts/groups are going to share indoor common areas (e.g. gymnasiums), programs must ensure the space is cleaned before and after using the space. It is recommended that cleaning be done by one person directly before the group enters the space and after it

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exits the space. **The Cleaning Log** (Appendix H.3) must be posted and used to track cleaning. Alternatively, cohorts can be assigned separate days to use these shared spaces.

- Each participant will have their own designated supply box and space to keep their belongings and participate in programs while at the program. **This could be a cubby storage box decorated with the child's name on it or 2-meter square marked on the floor with tape, or a table.**

Prohibited Activities

The following activities are to be excluded from programs for the safety of participants and staff:

- Water/sensory tables;
- Playdough, slime, moon dough, etc.;
- Swimming;
- Cooking/baking;
- Outings;
- Guests, volunteers and LIT's;
- Transportation (chartered buses, public transit).

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SECTION THREE: ADMINISTRATIVE CONTROLS

This document outlines several administrative controls which include training, procedure, policy, or work schedule designs that lessen the threat of a hazard to an individual.

Emergency Contacts

Staff are to be provided the contact information for the following:

- Full time Management Staff – Darcy and Katherine
- Program Administrator- Matt Mitchell
- Front desk admin support - Luke Sears
- Executive Director- Christy Savage
- City of Ottawa Manager – Mona Warkentin
- Emergency: 911
- Police(Non-Emergency):613-236-1222
- Hydro One:
<https://www.hydroone.com/support/contact>
- Hydro Ottawa:
<https://hydroottawa.com/contact>
- Poison Control:1-800-268-9017
- City of Ottawa:311
- Children Aid Society: 613-747-7800
- Ottawa Public Health Outbreak Reporting Line: 613-580-2424 ext. 26325
(Available 7 days a week, from 8:30 am - 4:30pm. Outside of these times, call 3- 1- 1.)
- City of Ottawa Corporate Security:613-580-2580
- TeleHealth Ontario:1-866-797-0000
- Ontario Ministry of Labour (Critical injuries, fatalities & work refusals): 1- 877-202-0008

Documentation

Documents (e.g. parental consent forms; staff tracking forms and personal information forms) will be completed, submitted, updated and stored electronically **wherever possible on Amilia.**

- In addition to the forms required to manage the B4/ASP during the COVID-19 pandemic, the following forms will also be needed for participants:
 - **Enrolment Forms/Notice of Risk Waiver & Conditions of Enrolment** (Appendix G.1)
 - **Medication Administration** (as needed) (Appendix G.2)
 - **Participant Health Screening Form** (Appendix D.3)
 - **Daily Attendance Record** (Appendix E.1)
 - **Illness Tracking & Reporting Form** (Appendix F.7)

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- **Sign In/Sign Out Forms** (Appendix G.3)

Registration process

- Registration for B4/ASP, PD Day and Winter Break programs will be conducted online at a designated time and will be first come, first served.
- **OSCA will give priority to front line workers who will be given a code to register in advance of regular registration.**
- No overrides for exceptions to ages and/or maximum participants will be permitted.
- A **Handbook for After 4 operation** during the COVID-19 pandemic will be provided to all parents or guardians and will be done so electronically wherever possible.

Communication with Families

Staff will contact families via telephone to provide information about the B4/ASP including general information about the program (location, hours, contact information, etc.) what the participant(s) need to bring, programming that will take place and the new procedures being introduced.

This conversation will be followed up with an email to families that contains all forms that need to be completed as well as information regarding the sign in/out procedure, location and time.

Note: Email addresses are considered personal information and under no circumstances should they be shared with other families.

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Snacks

OSCA will permit snacks during After 4 Program only during walkover.

Food is to be supplied by the child's parent or guardian and to be prepackaged, nut free

- OSCA will ensure participants and staff perform proper hand hygiene before and after eating.
- Children's snacks are to be stored in an outside pocket of their backpack
- Once children are screened by their counsellor, and after they use hand sanitizer, they will be permitted to sit and eat snack outside.
- After snack all wrappers will be placed back in the outside pocket of the child's backpack
- Children will fill water bottles rather than drink directly from the mouthpiece of water fountains.
- Staff will reinforce "no food sharing" and "no sharing utensils" policies.
- Physical distancing should be maintained while eating.

Washroom Use and Break Times

- OSCA staff will implement a process for ensuring safe practices for washroom routines to include:
 - Allocating separate washrooms for each group;
 - Managing number through staggered visits/routines (cohorts/groups cannot overlap in washrooms);
 - Adhering to physical distancing;
 - Proper hand hygiene is followed.
 - Ensuring all touch points are disinfected after use

SECTION FOUR: HEALTH & SAFETY CONTROLS

The B4/ASP, PD Day and Winter Break programs are required to follow all existing worker health and safety requirements as outlined in the [Occupational Health and Safety Act](#) and its regulations, public health requirements as directed by the Ottawa Medical Officer of Health, and other relevant requirements as outlined in policies and guidelines issued by the Ministry of Education and Ministry of Heritage, Sport, Tourism and Culture industries. Plans will be in place to respond to any staff, participant, or parents/guardians exposed to or diagnosed with COVID- 19.

Staff should always be aware of the following:

- Be aware of all policies and procedures and know how to work safe.
- Know where the H&S board is located.
- Know your **supervisor and Executive Director**
- Know your work phone number and address.

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- Be aware of your rights and responsibilities.
- Know you have the right to refuse unsafe work. Speak with your supervisor and seek assistance if you have questions about your safety.

Personal Protective Equipment (PPE)

While correctly used PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Recommendations for PPE specific to occupations or job tasks may change depending on location, updated risk assessments for workers and information on PPE effectiveness in preventing the spread of Covid-19. We will continue to check with Ottawa Public Health regularly for updates about recommendations.

PPE for the B4/ASP, PD Day and Winter Break programs will include:

- Non-medical or cloth masks;
- Surgical/procedure masks;
- Eye protection (goggle or face shield);
- Gowns;
- Gloves.

All types of PPE must be:

- Consistently and properly worn when required;
- Regularly inspected, maintained and replaced as necessary;
- Properly removed, cleaned and stored or disposed of as applicable to avoid contamination of self, others or the environment.

Each staff will be directed where to find cleaning supplies, masks, gloves and any other PPE as a part of their on-site orientation.

- Staff will check to ensure that their gloves and mask are in good working order.
- If there is any change to PPE standards or where to find it in the building, staff will be informed immediately.
- Staff will receive one resealable bag that holds one pair of gloves, one medical mask, eye protection, one gown and handsanitizer to use in the event of a major incident. To assist in reducing the use of PPE, staff are asked to utilize PPE only on an as needed basis.
- A designated staff from each cohort/group will be issued a pack that has extra PPE and first aid

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supplies.

- OPH recommends the use of non-medical masks and eye protection when physical distancing cannot be maintained.
- Staff may bring their own masks to wear during shifts. OPH recommends that cloth masks have at least 2 layers of tightly woven fabric that is breathable.
- If any staff or participants do wear a mask they need to be used properly. The mask must be washed in a hot laundry cycle, carried in a plastic resealable bag and brought back and forth to program daily. If the mask becomes soiled throughout the day, it must be removed and replaced with a clean, non-medical mask.
- Staff doing health checks/screening and while in isolation room must wear a surgical/procedure mask, eye protection, gown and gloves.
- Staff must carry on them a mask, eye protection and gloves for emergency use.

Safely putting on and taking off a non-medical mask (i.e. cloth mask). If you wear a non-medical mask, be sure to:

PUTTING ON:

- Perform proper hand hygiene;
- Place mask on your face so it covers your mouth and nose snugly (no gaps);
- If applicable, pleats on outer side are facing down;
- If applicable, pinch metal strip over nose;
- Do not touch the mask or your face while using it;
- Do not leave it on your neck, forehead, or hanging from your ear.

REMOVAL:

- Change your mask as soon as it gets damp or dirty;
- Perform proper hand hygiene before removal;
- Remove it without touching the side that faces outwards;
- Reusable mask: Put the mask directly into the washing machine or a plastic bag for cleaning;
- Disposable mask: Put the mask directly in the receptacle designated for used PPE;
- Perform hand hygiene and clean any surface the mask touched.

If full PPE (mask, face shield, gown gloves) is required, please refer to for instructions from [Public Health Ontario](#).

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Mandatory Training

It is the responsibility of the full-time staff to ensure that all staff are trained according to the Training Requirements Policy. Mandatory training requirements exist for both new and returning staff. Staff will be registered for trainings through the RCFS Training Unit. This ensures all training for staff is tracked and documented correctly.

Additional Training

Customized training covering all mitigation measures will be delivered to all program and support staff. Additional trainings will include site orientation, administration, cleaning protocols, COVID-19 screening, staff and client safety, physical distancing programming information, and skill development to be successful and safe with the job functions they are performing.

Staff will have access to the following:

- Support via full time staff on site;
- Health and Safety information on the H&S boards/binders on location;
- Detailed and comprehensive pre-season training;
- Program outlines and activity guides;
- Access to Return to Work guidelines.

Protective Measures

All sites are required to have a Protective Measures Plan (PMP) that outlines their specific emergency procedures. Staff are to familiarize themselves with their site's plan and this should be covered in site specific training.

Sites will review their Protective Measures plans and update them as needed to reflect the current situation with COVID-19

First Aid

All staff must have a current First Aid/CPR C/AED certification.

The safety of our staff and participants is of the utmost importance to us. Every precaution will be taken in order to prevent injuries and manage the risk in responding to those which arise.

At all times, rescuers should use the lowest risk rescue possible given the situation. Rescues that allow for a quick response and recovery while maintaining physical distancing should be encouraged. For all

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rescues, minimize the number of rescuers who have direct contact with victims.

Physical distancing **cannot** risk life. Not having proper PPE must not be a hindrance to rescuers assisting a victim requiring assistance in an emergency.

- Staff providing first aid should be equipped with the appropriate PPE required to safely manage victim care and provide the required follow-up (at least a Bag Valve Mask (BVM) or pocket mask, eye protection, gloves, surgical mask, and hand sanitizer)
- Following rescues, all rescuers should practice hand hygiene and if appropriate shower with soap, change their clothes, bag clothes worn during the rescue (to be washed).
- Disinfect or replace all equipment used by staff after care has been provided.
- Please review the **Decision Tree for First Aid & Resuscitation** (Appendix F.3) for more detail.

Administering First Aid During COVID-19

The following guidelines are COVID-19 adaptations of assessment and treatment actions that can be performed in conjunction with any specific intervention required by the victim's condition.

| Scene & Risk Assessment | Primary Assessment | Secondary Assessment |
|---|--|--|
| <ul style="list-style-type: none"> • Ensure scene is safe; • Minimize number of rescuer contacts with victim; • Where possible maintain physical distancing of 2 metres; • Don appropriate PPE; • Manage/mitigate hazards and risks; • Victim health history; • Mechanism of injury; • Continuous and dynamic scene assessment. | <ul style="list-style-type: none"> • PPE; • ABC's; • EMS; • Treat for shock; • Prepare for transport. | <p><i>Where possible promote self-treatment or treatment by a family member.</i></p> <ul style="list-style-type: none"> • Vital signs; • Head to toe exam; • Treatment. |

Respiratory hygiene measures for victims:

- When victim is conscious, have victim turn face away from rescuer.
- Ensure that all victims cover their nose and mouth with a tissue or elbow when coughing or sneezing.

First aid for children and minors:

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- Wherever possible, initiate first aid for children and minors by asking parents or caregivers to provide aid.

Resuscitation During COVID-19

The need for resuscitation during a rescue in a B4/ASP set-up is rare. Nevertheless, the outcome of such an incident depends on how quickly effective resuscitation is performed. Rescuers have an obligation to help those in need if it does not risk harm to themselves. The following should be considered by staff:

- Proper personal equipment, hand hygiene and screening at sites can help decrease the risk to rescuers.
- The provision and use of proper PPE, hand hygiene, and modified rescue/ first aid protocols can help decrease the risk to rescuers.
- Rescuers should always assess the risk of providing care. This includes an assessment of their own health status – staff with underlying medical conditions are more likely to experience complications from COVID-19, and during times with high infection rates should consider doing other duties that do not involve direct public interaction.
- New recommendations are that for non aquatic venues only compressions with no breaths are recommended and to call 911. OSCA also has a defibrillator

General recommendations:

- Rescuers should don gloves for all first aid interventions. It would be reasonable for rescuers to wear face masks with eye protection when performing first aid if available.
- If using Bag Valve Mask (BVM) or face masks, a viral filter can be used to decrease possible exposure.
- Rescuers should minimize the number of people in direct contact with the victim.
- Follow up procedures should be limited, where possible, to one rescuer. In addition, a minimum 2m radius should be kept clear around the rescuer and victim as an added physical distancing precaution, and enhanced access for EMS should they be required.
- Rescuers should properly discard of all PPE after the rescue and wash their hands before continuing with their duties.

CPR resuscitation for a non-drowning victim:

- If the cause of the victim's cardiac arrest is not drowning, it is reasonable for the rescuer to perform compression-only CPR for adults with early AED use where possible. During compression-only CPR, rescuers may use a face shield or another protective covering over the victim's mouth/nose to decrease the possibility contaminating rescue environment.
- If the victim is a child, CPR with ventilations is preferred for all cardiac arrests and should

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use the same precautions as for a drowning victim (above).

Other first aid interventions:

- Rescuers should adhere to general precautions such as gloves, face mask, eye protection and good hand washing for all first aid interventions.
- If victims can tolerate a mask, they should be encouraged to wear a mask. Masks that cover the mouth and nose of a victim may create significant anxiety which the rescuer should be aware of and attempt to manage when on scene.
- Operators should stock additional masks for this purpose.

Personal Protective Equipment (PPE) for Staff:

Rescuers Interventions may provide a source of COVID-19 transmission. Infection prevention and control (IPC) during rescues is essential to prevent or limit transmission. To limit this transmission, staff should be directed to follow these guidelines:

- Staff performing first aid are required to wear at least a surgical mask, eyewear and gloves while optional wear includes a gown.
- Staff should be trained in the appropriate use and fitting of PPE. They should be equipped with the appropriate PPE to safely manage victim-care and provide the required follow-up.
- Staff responding to first aid incidents must don appropriate PPE depending on the nature of the incident and care being provided.
- Please consult the **Rescuer Personal Protective Equipment** (Appendix F.4) document for more information on PPE for First Aid.

Cleaning & Disinfection

Enhanced cleaning procedures for facility and equipment must be established and adhered to including pre-program, during program and post program for all facility areas and equipment.

- High touch points will be cleaned and disinfected at least once during the program. These surfaces, (including; doorknobs, water fountain knobs, light switches, toilet and faucet handles, electronic devices and tabletops), are most likely to become contaminated.

Refer to Public Health Ontario's [Environmental Cleaning Fact Sheet](#).

- High touch points within the programming room will be cleaned and disinfected twice a day (or more often if needed) by B4/ASP staff.
- High touch points throughout the rest of the facility will be cleaned and disinfected twice a day (or more often if needed), during facility operational hours by Facility Operations staff.

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- Washrooms will be disinfected at least once per day by management staff and after each use. As well washrooms will be cleaned and disinfected before and after the After 4 programs
- Staff will only use cleaning and disinfectant products that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants may be used. Facility Operation staff will ensure cleaning and disinfection supplies are available where and as needed.
- Staff will check expiry dates of cleaning and disinfectant products used and always follow the manufacturer's instructions. They will ensure that the products used are compatible with the item to be cleaned and disinfected.
- Enhanced **Pre/During/Post Cleaning Procedures** (Appendix H.1) will be rigorously followed by staff.
- Staff will ensure all toys and equipment used are made of material that can be cleaned and disinfected (e.g., avoid plush toys, playdough) or are single use and are disposed of at the end of the day (e.g., craft supplies).
- All toys and equipment used during the program need to be cleaned and disinfected at the end of each day, when soiled or contaminated. Proper cleaning and disinfecting standards must be followed. For full information, see **Toy and Equipment Cleaning Procedures** (Appendix H.2).
- Toys that have become visibly dirty or that have come into contact with body fluids must be taken out of circulation immediately and cleaned and disinfected immediately.
- Toys that cannot be cleaned and disinfected immediately will be placed in a designated dirty toy bin. The bin must be clearly labelled and inaccessible to participants.

Life Threatening Allergies

- Staff should ask parents/guardians if participants have any life-threatening allergies.
 - Parents/guardians will need to complete the **Medication Administration** (Appendix G.2) for each child with a life-threatening allergy.
- Any participant with life-threatening allergies are required to bring **two** current EpiPens to the program and a recent photo of themselves. One auto-injector will always be carried by the participant and the other will be kept stored in the facility.
- Children who arrive without their Epi-Pens will not be admitted to the program. Staff will check every day to ensure children have them.

Medication Administration

- All medication must be brought in daily doses and accompanied by a **Medication Administration** (Appendix G.2).
- Any non-prescription medication must be accompanied by a doctor's note.

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- All medication taken at the program must be recorded in a log form.

Inclusive Recreation

- Parents/guardians of participants with special needs need to contact the Executive Director prior to registering for the B4/ASP, PD Day and/or Winter Break programs. They must be assessed to determine if the program is the right fit for them. Registration for Inclusive Recreation clients will be conducted by that unit.
- Sites that will also support clients and staff from Inclusive Recreation must limit their cohorts/groups to account for those additional clients and personnel.
- Parents/guardians should also be reminded to complete Appendix A of the **Enrolment Form & Conditions of Enrolment** (Appendix G.1) with as much detail as possible so that staff can adequately support their child(ren).
- Staff should keep the Program Coordinator/Recreation Supervisor, informed of any issues, challenges, etc. with respect to participants with special needs.

Lost and Found

Staff will pick up all Lost and Found items every night while wearing gloves. The items will be laid out and photographed. The picture of the Lost and Found items will be sent by email to all parents or guardians of the B4/ASP. The Lost and Found items will then be given to the child whose parent or guardian emailed the full-time staff back acknowledging the lost item.

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Incident Reporting

Quick Reference Guide:

| Situation | Type of Report | Who to Notify |
|---|--|--|
| <p>Behaviour Incident All behavior incidents that require intervention beyond Step 1 of our Behaviour Management Plan but are not considered Non-Medical Major Incidents.</p> | <p>Minor Behaviour Incident Report (Appendix F.9)</p> | <p>Notify full-time staff via phone or email.</p> |
| <p>Minor Incident Simple First Aid injuries not requiring further medical attention.</p> | <p>Recreation, Cultural Facility Services Minor Incident Report (Appendix F.5b)</p> | <p>Notify full-time staff via phone or email.</p> |
| <p>Major Incident ~ Non-Medical Emergency Major incidents that do not require medical attention beyond First Aid, such as:</p> <ul style="list-style-type: none"> Operational complaints related to physical standards or safety; Fire, smoke, water escape, structural and roof collapse; Missing child/adult; Police arrest, bomb threats, kidnapping; Theft and vandalism incidents; Criminal offences to include allegations of abuse, threats, intimidation, violence, harassment (physical or sexual), assault, aggression; Emotional or physical reactions to critical situation or experience; Serious behaviour incidents including physical altercations, foul language, violence and vandalism. | <p>Major Incident Report (Appendix F.5a)</p> | <p>In all cases where a Corporate Incident Report is needed, the full-time staff must be notified as soon as it's safe to do so.</p> <p>If staff are unable to reach the full-time staff, they must call 613-580-2424 ext. 42042 to speak with the on-call manager for RCFS.</p> |
| <p>Major Incident ~ Medical Emergency All incidents that require immediate action and further medical attention beyond First Aid, but do not meet the definition of a Critical Injury.</p> | <p>Major Incident Report (Appendix F.5a)</p> | |
| <p>Death or Critical Injury A critical injury is one that occurs to any person on City of Ottawa property that:</p> <ul style="list-style-type: none"> Produces unconsciousness (no matter how briefly); Results in a substantial loss of blood; Involves the fracture of a leg or arm (but not a finger or toe); Involves the amputation of a leg, arm, foot or hand (but not a finger or toe); Consists of burns to a major portion of the body; Causes the loss of sight to one or both eyes. | <p>Major Incident Report (Appendix F.5a)</p> | |

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SECTION FIVE: STAFF RESPONSIBILITIES

Worker Self-Assessment

All staff must complete the online **Worker Self-Assessment** (Appendix K.1) each day prior to the start of their shift and submit it as directed.

If a staff is sick, they will follow the processes outlined in the **Staff Reporting Illness Process** (Appendix A.2) and the **Exclusion of Sick Staff Procedures** (Appendix L.2).

In event staff are not able to work their assigned shift, coverage will be provide following the **Replacement Strategy Guidelines** (Appendix L.2).

Staff Reporting Illness or Close Contact

If an employee has been contacted by Ottawa Public Health and notified that they are a close contact to a positive case; or they themselves are experiencing any of the COVID-19 symptoms they will follow the **Staff Illness Reporting Process** (Appendix A.2) which includes:

- Immediately notifying your direct supervisor/manager.
 - Staff must ensure actual contact is made through acknowledgement message.
 - Staff will follow **Chain of Communication** (Appendix F.1) if unable to reach or make contact in a timely manner.
- Provide the details of the symptoms and timeframe and/or contact case information.
- Schedule a time for a follow up with test results.
- Staff who have been identified as a close contact of a confirmed or probable COVID-19 case will [self-isolate](#) and not attend the program. Discontinuing self-isolation depends on whether they are still in contact with a case of COVID-19 and will be determined in consultation with the OB Reporting Line.

Sick Leave Policy

See the OSCA Staff Handbook for the most up to date policy and procedures during the COVID-19 pandemic.

Time Off

Requests for time off during the summer are not guaranteed. If staff need an extended period of time off, they are to notify the staffing team upon application. Later requests must go through the on-site full-time supervisor who will work with the staffing team

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SECTION SEVEN: CONCLUSION

Communication

Information management and dissemination will be critical for ensuring that all employees, parents, participants and stakeholders are informed in a timely, effective and efficient manner. Some key communications will include but not be limited to the following:

- RCFS Communications team will work with program staff to develop and implement material, key messages and other supports required to effectively convey information required for the safe delivery of the B4/ASP, PD Day and Winter Break programs.
- This communication strategy will educate our clients on proper safety measures as well as assure them that the B4/ASP, PD Day and Winter Break program operations are safe and in compliance with OPH directives and advice.
- Communication strategy and material in the event of a positive COVID-19 case among staff and or participants.
- General signage and visible marker templates.
- Communication strategy and mechanisms for feedback, successes and challenges at a departmental level.
- Liaison list of contacts of stakeholders and resources for operations.

Management and Monitoring of New COVID-19 B4/ASP Lens

The procedures and guidelines have been developed to provide a framework and all the tools and resources necessary to offer a quality and safe program to our community. Given the nature of the changing landscape it is important to note that this is a living document which may need to adopt new procedures or adapt existing ones to better meet the needs of the program, staff or participants.

- A mechanism for ongoing feedback and evaluation of the plan will be implemented;
- A team of staff dedicated to providing support and tracking/amending elements within the guidelines or policies/procedures will be formed;
- Sites will have direct access to this team via email or phone to assist with troubleshooting of interpretation, administration or any possible pivoting which may be necessary;
- We are invested in the City of Ottawa adopting best practices which meet or exceed the governmental guidelines and recommendations from Ottawa Public Health