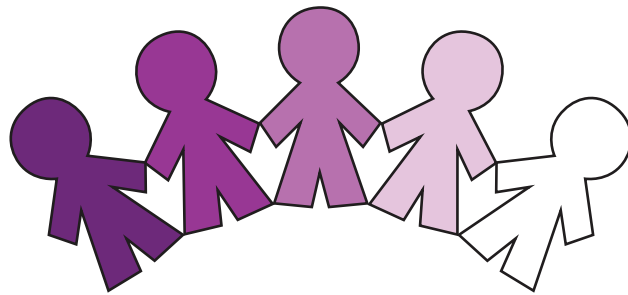


PANDEMIC AND COVID-19 OPERATING PLAN

March 21, 2022



Umbrella Family and Child Centres of Hamilton

Good care educates. Good education cares.

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1.0 EXECUTIVE SUMMARY

A pandemic is simply one of a possible range of emergencies for which the Umbrella must be prepared. However, a pandemic brings with it unique challenges, in that it will not be of short duration, but will occur over an extended period, and potentially in more than one wave.

Given the concerns raised by health officials around the world that a pandemic is likely, all major institutions as well as countries and municipalities are being asked to prepare specific pandemic plans. This document identifies for the Umbrella, issues of primary concern and those departments that perform essential functions. The document identifies the characteristics of a pandemic, and the unique challenges it presents. The document identifies actions that need to be taken, up to the most extreme of pandemics – very contagious with a high mortality rate. However, the pandemic may also present as a contagious influenza with limited serious health consequences. In this instance, not all the actions identified in this report will need to be implemented.

1.1 PANDEMIC INFLUENZA

An influenza is a common and highly contagious viral respiratory illness which presents with acute onset of fever, cough and one or more of the following: sore throat, fatigue, and sore joints. Influenza epidemics occur in our community almost every year, usually in the winter. A pandemic is declared when a new strain of influenza virus appears in which people have little or no immunity and there is no immediate vaccine. It spreads over a large area, crossing international boundaries and usually affects a large number of people. It will cause serious clinical illness or death, but the percentage of the population affected seriously could be very small or large dependent upon the nature of the strain.

1.2 CHALLENGES

Challenges unique to a pandemic include: 1) high absenteeism (over the course of a moderate pandemic, 15 – 30% of the population may become ill; 2) the cyclical nature of a pandemic (e.g., not a single occurrence and each occurrence lasting up to several weeks); 3) Close involvement and co-ordination with the city response team and Public Health; and, 4) possible supply chain disruption; and communication (many different health units as well as other bodies will be communicating making consistent messages difficult).

1.3 AUTHORITY

As in any emergency, the Executive Director has full decision-making authority and responsibility. However, in a pandemic, the City, Province, or our Public Health unit may assume responsibility over the delivery of child care services.

1.4 INTENT

Pandemic is distinguished as an infectious disease/illness that becomes a worldwide epidemic that spreads easily and rapidly through many countries and regions of the world affecting a large percentage of the population. A pandemic occurs when an infectious disease emerges to which the population has little or no immunity. It may spread easily from person to person and may cause serious illness and death.



Pandemics are unpredictable and can affect any age group with the severity affecting each individual differently. During a pandemic, infectious diseases or illnesses can be prevented through appropriate hygiene, sanitation and infection prevention/control practices. Provisions of daily health screenings for children/staff and heightened disinfecting are put in place to protect the health, safety and well-being of children and staff.

PANDEMIC POLICY OBJECTIVES ARE TO:

- Ensure all Staff are educated about pandemic risk factors and prevention procedures.
- Control, as best as possible, infection risks through the application of preventative measures
- Integrate pandemic prevention strategies in day-to-day operation
- Ensure staff recognize that the educational information provided is to be utilized in the workplace to protect themselves and the children.

1.5 POLICY

All UFCC staff must adhere strictly to the guidelines and practices below in order to reduce the risk of contracting or transmitting an infectious disease or illness during a pandemic.

The Pandemic policy and procedures are required to be reviewed with employees, before they begin their employment. The date on the records of review indicates that the written pandemic policy has been reviewed by all staff before they begin their employment.

Advice of the local Public Health unit will always be followed, even in the event that it conflicts with, or is inconsistent with, this document.

1.6 CHALLENGES DURING A PANDEMIC

CHALLENGES TO THE BROADER COMMUNITY EMPLOYEE ABSENTEEISM

The epidemiological characteristics of the pandemic strain will be similar to seasonal influenza with respect to incubation period, period of communicability and mode of transmission. Health Canada estimates that 15% to 35% of the population will become ill during the course of a pandemic and will be unable to work for a period of time (a minimum of half a day). Individuals may experience symptoms from mild to severe. Many people who are not ill may stay home to care for children, other family members, or friends who are ill. As well, some people may stay home due to concerns or fears about potential exposure to influenza in the workplace.

The resulting high rates of employee absenteeism will affect every sector and every part of the City. Individuals who recover from illness with the pandemic strain will be considered immune to that strain. A vaccine for pandemic influenza will not be available for four to six months following the identification of the pandemic virus and will not be available for the first and possibly the second wave.

Once a vaccine is available it will initially be in short supply and high demand. Antiviral medications which are used for treatment and prevention of seasonal influenza will be in limited supplies.

SUPPLY CHAIN DISRUPTION

High absenteeism will likely affect the delivery of services and goods, nationally and internationally, as transportation and manufacturing staff will be ill. The pandemic will affect countries around the world, with some regions hit earlier, longer, and harder than others. If border crossings or transportation systems are disrupted, the delivery of supplies may be delayed. It is anticipated that a pandemic will result in interruption of services and a shortage of supplies and





fuel. Identifying contingency plans for sustaining basic functions in case of loss of telecommunications, utilities, and IT capability needs to be included.

SOCIAL ISSUES

The psychological impact on the public will likely be significant.

1.7 PUBLIC HEALTH MEASURES

Public Health measures are non-medical interventions that may be imposed by provincial or local Public Health Care Officials to reduce the spread of the influenza virus in the community. These measures may include public education, case and contact management, and community-based disease control measures such as cancellation of public gatherings (e.g., conferences, classes or sporting events) or closure of schools and day nurseries. In addition, the federal government may issue travel restrictions and screening of travelers. The Provincial Chief Medical Officer of Health will make specific recommendations about the measures recommended for use province wide. This will help to ensure that the types of Public Health measures implemented across Ontario are consistent.

2.0 LEGISLATION

A Medical Officer of Health (provincial or county) has the authority, under Section 22 of the Health Protection and Promotion Act, R.S.O. 1990, to issue an order to control communicable diseases if s/he is of the opinion upon reasonable and probable grounds that a communicable disease exists, may exist or that there is an immediate risk of an outbreak.

The Medical Officer of Health determines the actions needed to be taken to protect the population from a communicable disease. These could include an order requiring an individual to isolate himself or herself, to place himself or herself under the care and treatment of a physician, or to submit to an examination by a physician.

The Personal Health Information Protection Act, 2004 (PHIPA) regulates the collection, use and disclosure of personal health information. The Act also specifies that during certain circumstances, consent to collect this information is not required. During a pandemic, UFCC may be requesting information that will assist health experts in determining the extent of the illness. This may include student/staff absence details and contact information to assist in investigations. The investigation may include illness details to monitor disease spread, evaluate prevention and disease measures, and determine further actions.

2.1 WORLD HEALTH ORGANIZATION'S (WHO) PHASED APPROACH

In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans.

The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1-3 correlate with preparedness, including capacity development and response planning activities, while Phases 4-6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post-pandemic recovery activities.

PHASE OF PANDEMIC ALERT	DESCRIPTION
Phase 1	In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.
Phase 2	In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans and is, therefore, considered a potential pandemic threat.
Phase 3	In Phase 3, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances; for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. Transmissibility among humans necessary to cause a pandemic.
Phase 4	Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic, but does not necessarily mean that a pandemic is a forgone conclusion.
Phase 5	Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.
Phase 6	Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is underway.
Post Peak Period	During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave. Note: Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.
Post Pandemic Period	In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

Source: Statistics Canada, Current WHO Phases of Pandemic Alert) 2

3.0 COVID-19

Coronaviruses are spread mainly from person to person through close contact, for example, in a household, workplace or child care centre. The 2019 novel coronavirus (COVID-19) is spread through respiratory droplets from person to person through coughing, sneezing, and close contact.

Due to the continuously evolving nature of COVID-19 and variants, guidance from Ministry of Health, Ministry of Education, and local Public Health can change frequently. Advice from local Public Health will always take precedent and be followed, even in the event that it conflicts with, or is inconsistent with, this document.





3.1 SYMPTOMS

Symptoms range from mild – like the common cold and other common respiratory infections – to severe, and can include: fever, chills, cough, shortness of breath, decrease or loss of taste or smell, nausea, vomiting or diarrhea, muscle aches, fatigue. For an up-to-date list of COVID-19 symptoms, please visit <https://www.ontario.ca/page/covid-19-stop-spread>

Complications from the novel coronavirus can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

For more information about COVID-19, visit the **Ministry of Health Ontario** - http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx or **Hamilton Public Health** - <https://www.hamilton.ca/coronavirus>.

4.0 ROLES AND RESPONSIBILITIES

4.1 ROLE OF EDUCATOR

- Review a copy of the Pandemic and COVID-19 Operating Plan and ensure understanding of procedures.
- Participate in training on the proper use of personal protective equipment (PPE) as necessary.
- Wear and use PPE as outlined in this document, ensuring proper usage and disposal.
- Conduct a risk assessment to determine if additional PPE is required, for example, during diaper changing.
- Participate in screening prior to each shift and report any symptoms to your Supervisor prior to your shift to ensure appropriate coverage can be provided and appropriate reporting can take place.
- Not report to work if they are sick.
- Implement the Pandemic Operating Plan.
- Monitor the health and wellbeing of children and report any suspected symptoms to your Supervisor.
- Provide proof of full vaccination and sign appropriate attestation.
- Indicate any medical exemptions. The medical exemption should be written by a licensed primary care provider.

4.2 ROLE OF SUPERVISOR

- Provide all staff with a copy of Pandemic and COVID-19 Operating Plan and review with staff so that they understand their responsibilities. Post a copy on the staff information board.
- Monitor levels of PPE inventory at the child care centre and re-order as necessary.
- Monitor health of both of staff and children throughout day.
- Monitor absenteeism of children and staff and report as necessary.
- Forward all media requests to the Executive Director.



4.3 ROLE OF PROGRAM MANAGER

- Ensure the Pandemic Operating Plan is reviewed with all employees.
- Ensure employees comply with the policies and procedure.
- Forward all media requests to the Executive Director.

4.4 ROLE OF MANAGER OF HUMAN RESOURCES

- Track and report vaccine statuses to the Ministry of Education.

4.5 ROLE OF MANAGER OF PROGRAM EXCELLENCE

- Maintain and update the Pandemic Operating Plan.

4.6 ROLE OF DIRECTOR OF OPERATIONS

- Review and approve the Pandemic Operating Plan.

4.7 ROLE OF EXECUTIVE DIRECTOR

- Provide updates to the Board of Directors.
- Act as the liaison with the HWDSB in developing procedures for child care with the school board.
- Point of Contact for all media inquiries.

5.0 OPERATING CHILD CARE CENTRES DURING COVID-19

5.1 MANDATORY TRAINING

As part of the Ministry of Education's Child Care Operational Guidance, UFCC must ensure that quarterly health and safety training is completed by all child care staff.

Public Health Ontario and Hamilton Public Health Services have developed videos and posters to assist with understanding each individual's role in stopping the spread of COVID-19 in our community. Links to important information are provided below.

DESCRIPTION	LINK
7 Steps of Hand Hygiene	https://www.publichealthontario.ca/en/videos/7-steps-handhygiene
Putting on Gloves	https://www.publichealthontario.ca/en/videos/ipac-gloves-on
Putting on Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on
Taking off Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off
Taking off a Gown and Gloves	https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off
Putting on Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-on
Taking off Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-off





6.0 HEALTH AND SAFETY PROCEDURES DURING COVID-19

The following safe work procedures will define how UFCC will manage the hazards of contracting COVID-19. As the COVID-19 pandemic continues to evolve, provincial and local Public Health measures may change. Due to the continuously evolving nature of COVID-19 and variants, guidance from Ministry of Health, Ministry of Education, and local Public Health can change frequently. Advice from local Public Health will always take precedent and be followed, even in the event that it conflicts with, or is inconsistent with, this document.

6.1 SCREENING

- All individuals (or families on behalf of their child) should complete the provincial COVID-19 school and child care [screening tool](#) prior to arrival at the child care centre.
- Anyone who is sick or has any symptoms of illness, including those not listed in this screening tool, should stay home and seek assessment from a health care provider if needed.

6.2 EXCLUSION OF SICK CHILDREN/STAFF

Information on different conditions and exclusion periods is available in the [City of Hamilton's Infection Control Guidelines for Child Care Centres](#).

WHEN TO EXCLUDE:

A child/staff should be excluded when displaying any signs or symptoms of illness or if the child is unable to participate in regular programming because of illness.

The Ministry of Health updates and revises the symptoms and screening tools on an on-going basis. Screening questions and exclusion recommendations for staff and children may differ. Please follow the most up-to-date Ministry of Health screening tool found here: <https://covid-19.ontario.ca/school-screening/>.

HOW TO EXCLUDE:

- If a child becomes sick while in the program, they should be isolated and family members contacted immediately for pick-up. If a child care staff becomes sick while in the program, they should immediately go home. If the sick person is a child, a child care staff will remain with the child until a parent/guardian arrives.
- If a separate room is not available for isolation, the ill child should be kept at a minimum of 2 metres from others. This may be achieved by using physical barriers, floor markers, etc.
- Anyone who is providing care to the ill child should wear appropriate PPE (surgical/procedure mask, eye protection, gloves and gown).
- The child care staff should also avoid contact with the child's respiratory secretions.
- Staff member must perform hand hygiene after any contact with the ill child.
- The ill child should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.

6.3 END OF EXCLUSION/RETURN TO CHILD CARE

Children and staff should follow the most current COVID-19 screening tool for school and child care from the Ministry of Health (<https://covid-19.ontario.ca/school-screening/>) and can return when they have completed the isolation direction from Public Health and have been symptom-free for at least 24 hrs.

6.4 REPORTING REQUIREMENTS

REPORTING TO THE MINISTRY OF EDUCATION

Where a licensee chooses to close the entire child care centre or home premises, or the local public health unit determines that a full or partial closure is required, a serious occurrence report must be submitted to the ministry under the “Unplanned Disruption of Service” category in the Child Care Licensing System.

Child care licensees are required to submit the following information in their vaccine statuses monthly report:

- Licence number
- Child care centre name
- Total number of staff subject to your COVID-19 immunization disclosure policy
- Total number of staff who have provided proof of vaccination
- Total number of staff who have provided proof of medical exemption
- Total number of staff who have completed an education session
- Total number of staff have not yet provided information or provided incomplete information

REPORTING TO CITY OF HAMILTON PUBLIC HEALTH

If absenteeism of children and staff rises to 35% above baseline, licensees are expected to send a template notification to families and staff/providers in the affected child care setting, signed by the local medical officer of health, with information on public health measures for families and staff/providers to follow (for example, monitoring of COVID-19 symptoms).

6.5 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Masks will not be mandatory to wear. Umbrella programs are mask-friendly environments and will fully support children and staff members who choose to continue to wear masks while respecting the decision of those who choose not to.

Masks will continue to be provided by the Ministry of Education for those who choose to wear them.

7.0 ENVIRONMENTAL CLEANING AND DISINFECTING

From what is currently understood about COVID-19, commonly used cleaners and disinfectants are effective against the virus that causes COVID-19. In order to prevent the spread of respiratory illnesses including COVID-19, licensed child care centres will be required to maintain their routine cleaning and disinfection schedules, providing enhanced cleaning and disinfection of high-touch surfaces and mouthed toys.

The risk associated with transmission with shared objects is low. Instead of regular cleaning of shared objects, the focus should be on regular hand hygiene and respiratory etiquette to reduce the risk of infection related to shared equipment.

Further information on routine cleaning requirements and scheduling recommendations can be found in City of Hamilton’s Infection Control Guidelines for Child Care Centres (<https://www.hamilton.ca/sites/default/files/media/browser/2018-12-07/infection-control-guidelines-child-care-centres.pdf>).





All products including cleaners and disinfectants must be out of reach of children, labeled and must have Safety Data Sheets (SDS) that are up to date and stored in WHMIS binder on site. Each classroom and washroom should have its own designated detergent and disinfectant.

Cleaning: is done with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning with soap and water will also substantially reduce the number of germs that may be on surfaces.

Disinfecting: after cleaning will kill most of the germs that were left behind. A routine housekeeping schedule is necessary to ensure these duties are completed (a checklist is useful).

For further information on cleaning and disinfection, visit Public Health Ontario's website at <https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-environmental-cleaning.pdf?la=en>

7.1 HAND WASHING

Child care staff, placement students and volunteers should be trained and able to assist children on appropriate hand hygiene (including use of hand sanitizer) and respiratory etiquette, and reinforce its use.

Hand washing is the best way to prevent the spread of illness for staff and children. Ensure an adequate supply of liquid soap and paper towels is in every washroom.

Wash hands using liquid soap, and running water for 20 seconds (time to sing Twinkle, Twinkle, Little Star). Staff are responsible for supervising children to ensure they are hand washing correctly.

Wearing disposable gloves does not eliminate the need for thorough hand washing. Hands must be washed with soap and warm water before and after direct contact with people or objects contaminated.

Hand washing should occur at regular intervals during the day by all children and adults in the child care program in addition to the usual recommended times (see chart).

WHEN STAFF MUST WASH HANDS		WHEN CHILDREN MUST WASH HANDS
<ul style="list-style-type: none">When arriving to work and when leaving the centreAfter removing glovesBefore & after handling food, including eatingAfter coughing, sneezing, or blowing your nose or helping a childAfter using the toilet or helping each child to use the toiletAfter each child's diaper change	<ul style="list-style-type: none">Before & after administering medicationBefore and after cleaning/bandaging cut, scrape, woundAfter cleaning & disinfectingWhen hands are visibly dirtyAfter playing outsideAfter coming back from breakAfter using their cellphone	<ul style="list-style-type: none">After arriving at the centre, & before leavingBefore & after eatingAfter coughing, sneezing, or blowing noseAfter using toiletAfter diaper change.After playing outsideWhen hands are physically dirty

7.2 HAND SANITIZER

Using soap and water is the best method of cleaning hands. Limit the use of hand sanitizer to adults and children in Kindergarten and School Age programs where soap and water are not available.

Minimum concentration of alcohol in hand sanitizer is 70%, the maximum is 90%.

Use enough hand sanitizer to wet hands for 15-20 seconds.

Family members of children in Kindergarten and School Age programs must complete a Hand Sanitizer permission form.



7.3 COUGH AND SNEEZE ETIQUETTE (RESPIRATORY ETIQUETTE)

Cover mouth and nose when you cough or sneeze with a tissue (use enough tissue so that fingers do not touch mucus). If a tissue is not immediately available, cough in your elbow.

Immediately dispose of tissue in a bin lined with a garbage bag.

Wash hands with soap and water.

Keep hands away from face.

8.0 COMMUNICATION

8.1 PANDEMIC PLAN

Our current Pandemic Plan will be available on our website so it is publicly accessible for families, staff members and other stakeholders.

All staff will be required to review and sign off on changes to the Pandemic Operational Plan.





9.1 TRAINING VIDEOS

DESCRIPTION	LINK
7 Steps of Hand Hygiene	https://www.publichealthontario.ca/en/videos/7-steps-handhygiene
Putting on Gloves	https://www.publichealthontario.ca/en/videos/ipac-gloves-on
Putting on Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on
Taking off Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off
Taking off a Gown and Gloves	https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off
Putting on Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-on
Taking off Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-off

9.2 SIGNAGE

The following Public Health signage must be displayed at the entrance and throughout the child care centre.

DESCRIPTION	LINK
Reminders to perform hand hygiene	https://www.hamilton.ca/sites/default/files/media/browser/2020-05-28/covid-handwashing-sign.pdf
Reminders to follow respiratory etiquette	https://www.publichealthontario.ca/-/media/documents/C/2013/clincial-office-cough-signage.pdf