



# **Lambton County COVID-19 Child Care Operations Manual - Version 3**

Updated: September 2, 2020

# Lambton County COVID-19 Child Care Operations Manual

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# Lambton County Covid-19 Child Care Operations Manual

## Background

Lambton County Children's Services Department is collaborating with licensed child care operators, licensed home child care, and Lambton Public Health to safely reopen child care to full capacity as of September 1, 2020 in Lambton County during the COVID-19 outbreak.

Lambton County has worked with the local Medical Officer of Health through Lambton Public Health and the Province to determine the safest way to operate child care.

## Plan Details

- Lambton County's child care reopening plan includes collaborating with:
  - A third party licensed child care program that has a current service agreement with Lambton County,
  - Independent home child care providers who have a current contract with a licensed home agency in Lambton County
- The centre would be staffed by current licensed child care employees and include children from infant to age 12
- The operation of child care during Covid-19 in a centre and in licensed home child care will strictly adhere to all Provincial and Ministry policies and guidelines, including all requirements set out in the Child Care and Early Years Act, 2014
- The centre will operate in a manner consistent with the Lambton County COVID-19 Child Care Operations Manual dated August 24, 2020 (or as current).

## Access to Child Care Spaces and Prioritizing Families

When determining prioritization of limited child care spaces, operators should consider the following:

- Families who were enrolled in licensed child care prior to COVID-19 should be given first offer to have their space back;
- Within existing families, priority should be given to parents who need to return to work outside the home;
- Existing families with a special needs referral should be assessed on a case by case basis;
- If there are vacancies after considering the above priorities, essential worker families who used child care during the emergency closure period, should be offered space if they still need it;
- Special needs referrals, students, and job search families may be offered a space based on availability;
- The above are guidelines and operators have sole discretion on which families are offered a licensed child care space.

## Parent Fees

In an effort to stabilize parent fees when re-opening, the ministry encourages child care operators to set fees at the level they were at prior to the closure, where possible. Home child care providers are also encouraged to hold parent fees to the level they were at prior to the COVID-19 outbreak (March 2020), where possible.

Where a child who was receiving care in a child care center immediately prior to the closure is offered a child care space for September 1, 2020, or later, parents will have 14 days to accept or decline the placement. If the placement is accepted, child care operators may charge a fee to use or hold the space as of September 1, 2020, whether the child attends or not.

## Group Sizes

- As of September 1, 2020, child care and early years programs may return to maximum group sizes as set out under the CCEYA (i.e., licensed age groups prior to the COVID-19 outbreak).
- All child care settings must operate with enhanced health and safety measures in place.
- New measures include but are not limited to the guidance that:
  - all adults in a child care setting are required to wear medical masks and eye protection (i.e., face shield),
  - children in grades 4 and above are required to use non-medical or cloth masks, and
  - all school-aged children are encouraged, but not required to wear masks.
  - Home-based child care providers must also operate with these health and safety measures in place.
- Staff and students are not included in the maximum group size, but should be assigned to a specific group where possible. Please see the *Staffing* section for more information.
- Children are permitted to attend on a part time basis, and as with children attending full time, should be included in one group and should not mix with other groups.
- Maximum group size rules do not apply to Special Needs Resource staff on site.
- While groups are permitted to return to the previous maximum group size under the CCEYA (i.e., maximum group size prior to the COVID-19 outbreak), each group should stay together throughout the day and as much as possible should not mix with other groups.
- Licensees are required to maintain ratios set out under the CCEYA.
- Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the license.
- Reduced ratios are permitted as set out under the CCEYA provided that groups are not mixed and that reduced ratios are not permitted at any time for infants.

## Maximum Capacity of Building

- More than one child care program can be offered per building as long as they are able to maintain separation between the programs and cohorts, and follow all health and safety requirements that apply to those programs.
- There are no changes to the maximum group size for home child care which allows for a maximum of 6 children, not including the providers own children who are 4 years or older.

## Staffing

- Where at all possible, staff and students should work at only one location.
- Supervisors and/or designates should limit their movement between rooms, doing so when absolutely necessary.
- Supply/replacement staff should be assigned to a specific group so as to limit staff interaction with multiple groups of children.
- In emergency staffing situations, where staff are moving between different groups, hand hygiene and new PPE is required each time the staff moves location. A detailed log of where the staff is working must be maintained.
- Students on field placement should be assigned to a specific licensed age group.
- Qualified Staff
  - Licensees are required to ensure each group has the required number of qualified staff as set out in the CCEYA. Licensees may submit requests for staff director approval (DAs) to the ministry.
  - Staff DAs can be transferred from one child care centre to another child care centre that is operated by the same licensee.
  - Licensees can also request a staff DA for multiple age groups.
- Certification in Standard First Aid Training, including Infant and Child CPR
  - Staff that are included in ratios and all home child care providers are required to have valid certification in first aid training including infant and child CPR, unless exempted under the CCEYA or the certification has been extended by the Workplace Safety and Insurance Board (WSIB).
  - The WSIB has indicated that all certifications that expire after March 1, 2020 are automatically temporarily extended until December 31, 2020.
  - Licensees are encouraged to monitor the WSIB website for any updates on First Aid/CPR certificate extensions for any staff, home child care providers or in-home service providers whose certification would have expired after March 1, 2020.
- Vulnerable Sector Checks (VSCs)
  - Licensees are required to obtain VSCs from staff and other persons who are interacting with children at a premise, including students.
  - A licensee is not required to obtain a new VSC from staff or persons interacting with children where the fifth anniversary of the staff or person's most recent VSC falls within the emergency period, until 60 days after the emergency period ends.
- Encourage more physical space between children by:
  - Spreading children out into different areas;
  - Staggering, or alternating, lunchtime and outdoor playtime; and,
  - Incorporating more individual activities or activities that encourage more space between children
  - Increase the distance between cots or mats during sleep time
- Licensed home child care will continue to operate within the same ratio regulations

## Public Health Policies and Procedures

- Daily screening must be conducted of all employees, children and any other person engaging in essential business prior to entering the building or home. Electronic screening is recommended.
- If screening in person; use of personal protective equipment (PPE) will be used by the designated screener and be consistent with everyday best practices, and no additional measures have been recommended by Lambton Public Health at this time aside from physical distancing as best as possible.
- As per the Ministry of Education requirements, all adults in a child care setting (i.e. staff, home providers, visitors and students) are required to wear a **medical mask and eye protection** (i.e. face shield or goggles) while inside the child care setting, including hallways
- All children in grade 4 and above are required to wear a non medical or cloth mask while inside the child care premise.
- Children in grade 3 and below are not required to wear a non-medical or cloth mask while inside the child care premise however it is encouraged.
- Masks are not recommended for children under the age of two.
- The use of masks is not required outdoors for adults or children if physical distancing of at least 2 metres can be maintained between individuals.
- Additional PPE may be required for caregivers if a child exhibits symptoms of COVID-19 at the centre/home child care.
- If meals or snacks are provided, ensure children have their own individual meal or snack and have the children sit in an arrangement that encourages physical distance. Food must not be shared or served buffet style.
- Employees must avoid getting close to faces of all children, where possible.
- In consultation with Lambton Public Health, staff and home child care providers will adhere to the following new procedures developed for Child Care operations:
  - Appendix A: Environmental Cleaning and Disinfecting Policy and Procedures;
  - Appendix B: Exclusion of Children or Employees Who are Ill Policy and Procedures;
  - Appendix C: Hand Hygiene Policy and Procedures;
  - Appendix D: Health Screening Procedure;
  - Appendix E: PPE Recommendations for Child care Centres
  - Appendix F: COVID-19 Outbreak Response

### Screening:

- Please refer to **Appendix D: Health Screening Procedure** for detailed guidance.
- All individuals, including children, parents/guardians, staff and essential visitors, must be screened prior to entry, including daily temperature checks at child care setting. Children should be monitored for signs and symptoms of COVID-19. Deny entry to any individual who fails the screening procedure.
- Electronic daily screening is an acceptable practice as long as the online screening completed by parents and staff is verified as passed prior to entry to the premise.

- The facility must designate a single entrance where screening will take place.
- Onsite screening should be conducted in the entry way of the facility and completed by designated staff, trained in the screening procedure. Screening will include exterior signage, followed by active screening questions to the child, parent/caregiver. This will be completed at a distance of 2 metres. A table may be useful to maintain this distance.
- Approved Public Health signage must be posted at the entry way identifying the screening process, hand hygiene, and respiratory etiquette.
- Hand Sanitizer, containing at least 70% alcohol content must be provided at screening table or upon entry to the facility.
- The screener must be provided with surgical mask and eye protection, at minimum, with access to gown and gloves if necessary. (Unless behind a plexi-glass barrier) Hand hygiene is preferred as opposed to glove use.
- The screener must record all screening results in a log book.
- Entry will be denied to any child who fails the screening tool.
- Where an individual does not pass the screening and is not permitted to attend the program, a report to Public Health is not required.
- Temperatures will be checked of all children, staff, and persons engaging in the business provided that they pass the active screening questions. Thermometers must not be used between children/staff without single-use protective covers or disinfecting between uses.
- Where possible, stagger drop offs to ensure physical distancing requirements can be met.
- Anyone entering the facility must perform hand hygiene upon entering.
- Cohort staff to assist child with hand hygiene upon entering program.
- Visitors to the centre/home child care will not be permitted
  - Parents/guardians will not be permitted beyond the entry point of the centre or home child care; they will instead be offered virtual tours and pictures.
  - Deliveries must be left at the door; no delivery or mail personnel to enter the facility.

## **Cleaning**

### **Please refer to Appendix A for policy and procedure for cleaning and disinfection**

- In accordance with the Environmental Cleaning and Disinfecting Policy and Procedures, centres and home child care sites will be thoroughly cleaned prior to opening and throughout the day.
- Ensure all current infection prevention and control practices are adhered to, this includes but is not limited to:
  - Ensuring all toys used at the centre or home child care are made of material that can be cleaned and disinfected (e.g. avoid plush toys);
  - Increasing the frequency of cleaning and disinfecting objects, toys and frequently touched surfaces;
  - Refrain from using water or sensory tables. Sensory materials may be used if designated for each child and not shared with others, for example play dough

- bagged with child's name;
- Linens (facecloths, blankets, etc) must be laundered between children;
- Children must not share soother, bottles, sippy cups, toothbrushes, facecloths, etc. Label these items with the child's name to discourage accidental sharing;
- Frequently touched surfaces are most likely to become contaminated, including doorknobs, light switches, toilet handles, and tabletops must be disinfected at least twice a day;
- Performing proper hand hygiene (including assisting children with hand hygiene); and,
- Incorporating additional hand hygiene opportunities into the daily schedule.

### **Additional Employee Training**

- All employees working in child care centres and home based care, will review and be familiar with this Lambton County Child Care Manual before commencing work at the centre;
- Additional training and support outlined by Lambton Public Health include:
  - Familiarity with current infection control practices and current respiratory and gastrointestinal outbreak measures in child care centres, (refer to current [Public Health Guide for Child care Operators](#)).
  - Watch the online training session conducted by Lambton Public Health, covering appropriate use of PPE, infection prevention and control best practices, hand hygiene and cleaning and disinfection
- It is important staff continue to stay informed of most current information on COVID-19 [www.lambtonpublichealth.ca](http://www.lambtonpublichealth.ca)

### **Exclusion of Sick Children/Staff**

- In addition to these preventative measures, and as per direction from the Ministry of Education, child care centres and licensed home child care providers will have a protocol in place in the event that a child, parent or employee at the site is exposed to COVID-19.
  - A child or employee who has been exposed to a confirmed case of COVID-19 or symptomatic person(s) shall be excluded from the child care centre or home child care for 14 days or as directed by Lambton Public Health, following investigation;
  - The centre or home child care will contact [Lambton Public Health](#) to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the centre or home child care;
  - Please refer to **Appendix B: Exclusion of Children or Employees Who are Ill Policy and Procedures** ;
  - Environmental cleaning of the isolated/exclusion space the child/staff were in will take place. Refer to **Appendix A Environmental Cleaning and Disinfecting Policy and Procedure**.



# **Appendix A - Environmental Cleaning and Disinfecting Policy and Procedures**

## **Policy Statement**

Lambton County is committed to providing a safe and healthy environment for children, families and employees. Lambton County will take every reasonable precaution to prevent the risk of communicable diseases within child care locations.

## **Purpose**

To ensure that all employees are aware of and adhere to the directive established by Lambton Public Health, the Ontario Ministry of Health, and Lambton County Children's Services regarding environmental cleaning and disinfecting in child care centres and within home child cares providing child care.

## **Application**

This policy applies to all employees, community members and any others persons engaged in business with Lambton County child care centres and home child cares providing child care.

## **Definitions**

**Cleaning:** refers to the physical removal of foreign material (i.e. dust, soil) and organic material (i.e. blood, secretions, microorganisms). Cleaning removes, rather than kills microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Follow the manufacturer's instructions when using commercial cleaning products.

**Disinfecting:** describes a process completed after cleaning in which a chemical solution (i.e.,) is used to kill most disease-causing microorganisms. In order to be effective disinfectants must be left on a surface for a period of time (contact time). Contact times are generally prescribed by the product manufacturer. Any items children may come into contact with, requires a final rinse after the required contact time is observed.

## **Procedures**

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.

All products including cleaning agents and disinfectants must be out of reach of children, labeled, and must have Safety Data Sheets (SDS) up to date (within three years), which

are stored in the WHMIS binder. Products must not be expired and product must have a DIN number approved by Health Canada.

## **Record Keeping**

The child care centre must produce a specific cleaning and disinfecting schedule for each cohort, washroom, kitchen, common areas, indoor/outdoor play areas, and other areas accessed by the program.

A cleaning and disinfection log must be used to track and demonstrate cleaning schedules (indoor and outdoor).

The child care centre must designate staff to clean and disinfect. These individuals will be responsible for keeping cleaning and disinfecting records, which should include the date, time, product used, the name of the staff responsible, etc.

## **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).

## **Choosing an approved disinfectant**

Most everyday disinfectants are capable of killing the COVID-19 virus. As with any chemical solution, it must be used according to manufacturer's directions to ensure its effectiveness in killing pathogens the product claims. All cleaning/disinfection products must be labeled with product name, WHMIS health and safety information, and employees must have access to the manufacturer's directions for use and have access to the manufacturers recommended personal protective equipment when using the product. Make sure health and safety training on the safe and proper use of the chemicals is provided to the child care staff.

Any product chosen must have an expiry date and a Health Canada approved DIN number. Products without a DIN may not be effective at killing pathogens, including the COVID-19 virus.

Examples of adequate active ingredients for disinfectants are sodium hypochlorite, isopropyl alcohol, quaternary ammonium compounds and hydrogen peroxide. When choosing a disinfectant, take into consideration ease of use, concentration, and contact times. It is recommended by public health to choose a product with a lesser amount of contact time. Contact time is the length of time surfaces of the toys and equipment are

exposed to a chemical to achieve the appropriate level of disinfection (the amount of time a surface must remain wet with the chemical).

A product with a less than 5 minute contact time would be more appropriate with the frequency of cleaning and disinfection that is required during a pandemic. Public Health also recommends using a product that can be used for both cleaning and disinfection, and one that is ready to use, as opposed to mixing, for accuracy, and health and safety reasons. (examples of acceptable high level disinfectants include bleach and water at 1000ppm (1 min contact time), or accelerated hydrogen peroxide products with a 1 minute contact time. \*There may be other acceptable products, please contact your local public health unit for guidance).

If the product directions state that food contact surfaces must be rinsed with potable water prior to use, that means any surface that food touches, or the child eats from, or any mouthed toys such as teethingers/pacifiers must be rinsed with water and left to air dry, prior to use. **Please note\*** It is important that only food grade disinfectants are continued to be used in any inspected food preparation areas, such as the kitchen, in order to comply with the Food Premises Regulation 493.

### **Enhanced Cleaning and Disinfection frequency requirements:**

Toys and play structures:

Centres are encouraged to have designated toys and equipment for each room/cohort. If shared, must be cleaned and disinfected at a minimum between cohorts.

- Any mouthed toys must be cleaned and disinfected immediately after each use. After disinfecting, the toy must be rinsed with potable water prior to returning to play.
- Soft fabric toys and items that cannot tolerate regular cleaning and disinfection must not be used.
- Indoor/Outdoor sensory play is discouraged unless items are single use and dedicated to one child (e.g. sandbox, water table, etc.).
- Play structures can only be used by one cohort at a time. Play structures must be cleaned and disinfected in between cohorts. The operator of the child care centre must establish what product will be used to clean and disinfect play structures.

### **Frequently Touched Areas:**

- High touch surfaces such as door handles, hand rails, door knobs, water fountain knobs, light switches, tabletops, electronic devices, toilet and faucet handles, etc. should be cleaned and disinfected at least twice per day and more often as needed.
- Staff must adhere to current diapering and toileting steps and ensure proper cleaning and disinfecting between diaper change or toileting processes.

### **Additional Areas:**

- Tables and countertops: used for food preparation and food service must be cleaned and disinfected before and after each use.
- Spills must be cleaned and disinfected immediately.
- Hand wash sinks: staff and children washroom areas must be cleaned and

disinfected at least two times per day and as often as necessary (e.g., when visibly dirty or contaminated with bodily fluids).

- Floors: cleaning and disinfecting must be performed as required, i.e., when spills occur, and ideally at the end of the day after children have returned home.
- Other shared items: (e.g., phones, IPADs, IPODs, attendance binders etc.) must be disinfected between users.

### **Clean and disinfect as required:**

#### **Blood/Bodily Fluid Spills**

Using the steps below, the surface must be cleaned first then disinfected:

1. Isolate the area around the spill so that no other objects/humans can be contaminated;
2. Gather all supplies, perform hand hygiene, then put on a surgical mask and single-use nitrile gloves;
3. Scoop up the fluid with disposable paper towels (check the surrounding area for splash/splatter) and dispose of in separate garbage bag;
4. Clean the spill area with detergent, warm water and single-use towels;
5. Rinse to remove detergent residue with clean water and single-use towel;
6. Discard used paper towels and gloves immediately in a tied plastic bag;
7. Spray high level disinfectant in and around the spill area and allow the appropriate disinfecting contact time;
8. A final rinse is required if children come into contact with the area;
9. Remove gloves and perform hand hygiene as directed, then remove mask and discard immediately;
10. Perform hand hygiene as directed.

#### **Notes:**

- If the spill includes broken glass, ensure a brush and dustpan is used to pick it up and discard. Disinfect the brush and dustpan after use. **NEVER** use your hands to clean up the glass;
- If the spill occurs on a carpet, follow the above steps along with professional steam/wet cleaning the carpet;
- Please refer to **Blood and Bodily Fluid Spills** at the end of manual.

#### **Cots/mats/cribs:**

- Cots/mats/cribs must be labeled and assigned/designated to a single child per use
- Cots/mats/cribs **must** be cleaned and disinfected before being assigned to a child
- Cots/mats must be stored in a manner which there is no contact with the sleeping surface of another cot/mat
- Bedding must be laundered weekly, and when soiled or wet
- Cots must be disinfected weekly or between uses if shared

#### **Additional Infection Prevention and Control Practices for Hygiene Items:**

- Pacifiers must be individually labeled and stored separately (not touching each

other), they must not be shared among children. The pacifier must be washed in soap and water upon arrival to the centre;

- Creams and lotions must be labeled with child's name. During diapering, never put hands directly into lotion or cream bottles, use a tissue or single-use gloves. Use a spatula or other tool to dispense, and do not "double-dip" into the product. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe;
- Routine diapering procedures must be followed as current. Ensure change pad is disinfected between uses, gloves are used, and hand hygiene is performed for both the caregiver and child.
- If a washroom must be shared amongst 2 cohorts, all high touch areas must be disinfected between each cohort use.

**Please note:** All items used by a symptomatic individual should be cleaned and disinfected. If the items cannot be cleaned (e.g. books) should be removed and stored in a sealed container for a minimum of 3 days.

### **Policy and Procedure Review**

This policy and procedure will be reviewed and signed off by all employees of the centre or home child care providers prior to commencing employment or accepting children in Lambton County child care centre/site, and at any time where a change is made.

# Appendix B - Exclusion of Children and Employees Who Are Ill: Policy and Procedures

## Policy Statement

Lambton County is committed to providing a safe and healthy environment for children, families and employees. Lambton County will take every reasonable precaution to prevent the risk of communicable diseases within child care locations.

## Purpose

To ensure that all employees are aware of and adhere to the directive established by Lambton Public Health, the Ontario Ministry of Health, and Lambton County regarding the exclusion of children and employees who are ill in child care locations.

## Application

This policy applies to all employees, community members and any others persons engaged in business with Lambton County child care operations.

## Procedures

As required by the Child Care and Early Years Act and Ministry of Health, Lambton County child care operators must separate children of ill health and contact parents/guardians to take the child home.

## 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. Common symptoms that may be due to COVID infection include one or more of the following, **New or Worsening symptoms:**

- Fever (temperature of 37.8C or greater)
- New or worsening cough
- Shortness of breath

Other symptoms include:

- Sore throat
- Difficulty swallowing
- New olfactory (lack of smell) or taste disorders
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose or nasal congestion (except seasonal allergies, nasal drip, etc.)
- Unexplained fatigue/malaise/myalgia
- Chills
- Headache

- Conjunctivitis
- Lethargy, difficulty feeding in infants

Children or staff, who have been exposed to a confirmed case of COVID-19 must be excluded from the child care setting for 14 days as per public health direction.

### How to Exclude

- If a child or child care staff becomes sick while in the program, they should be isolated and family members contacted for pick-up of the child and their siblings. If the sick person is a child, a child care staff should remain with the child until a parent/guardian arrives.
- If tolerated and above the age of 2, the child should wear a surgical/procedure mask.
- The child care centre should specify where the isolation room/area will be and who will be responsible for monitoring the child.
- As soon as the child is isolated from others, the staff member caring for the child should perform hand hygiene and put on a gown, surgical/procedure mask and face shield/goggles.
- 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.
- If a separate room is not available, 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.
- The ill child should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.
- Anyone who is providing care to the ill child should maintain a distance of at least 2 metres or wear appropriate PPE (surgical/procedure mask and eye protection, gloves and gown if there is risk of exposure to infectious droplets or body fluids).
- Increase ventilation to the area by opening windows /doors if available.
- All items used by the ill person should be cleaned and disinfected by the cleaning staff designated for that cohort. Any items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 3 days.
- If it appears that the child requires immediate medical attention, the child will be taken to the hospital by ambulance and examined by a legally qualified medical practitioner or nurse registered under the Health Disciplines Act. R.R.O. 1990, Reg. 262, s. 34(3).

### Reporting

- If you suspect a child has symptoms of a reportable communicable disease, including COVID-19, please report them immediately to Lambton Public Health at 519-383-8331.
- Operators should refer to **Appendix G: Criteria for Return to Daycare/Day camps** guidance letter, to determine if a COVID-19 test is recommended and when a child or staff member can return to the child care centre.
- Encourage the parents to have the child assessed by a healthcare provider (HCP)

- Follow the directions of the HCP - if determined not to be COVID-related, the child may be allowed back into the child care centre 24 hours after symptoms have resolved in consultation with public health.

### **Instructions for donning (putting on) and doffing (removing) PPE:**

Video: [Putting on Gloves](#) - Public Health Ontario

Video: [Removing Gloves](#) - Public Health Ontario

Video: [Putting on Mask and Eye Protection](#) - Public Health Ontario

Video: [Removing Mask and Eye Protection](#) - Public Health Ontario

Video: [Putting on full PPE](#) - Public Health Ontario

Video: [Taking off full PPE](#) - Public Health Ontario

Document: [Recommended Steps for Putting on and Taking Off PPE](#)

Fact Sheet: [How to wash your hands and How to use hand sanitizer](#)

### **How to exclude a child who is ill in a home child care**

- Contact the parent immediately for pickup of the child and their siblings if applicable. If unable to reach the parents then call the emergency contact listed
- While waiting, ensure the child is at least two metres from other children
- If the home child care provider cannot maintain a distance of two metres, they will wear the following personal protective equipment (PPE):
  - Mask (surgical)
  - Eye protection
  - Gloves and gown
  - Place a cloth or blanket between self and child if required to pick up child and/or comfort

### **Please refer to Instructions for donning (putting on) and doffing (removing) PPE above.**

- Every effort will be made to keep the child comfortable until someone arrives to take him/ her home.
- Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene. The child will also put on a mask (if tolerated).
- Increase ventilation in the designated room if possible. (i.e. open doors/windows)
- After attending to the child displaying symptoms, ensure you disinfect your hands prior to attending to the other children.
- Remove any toys/objects that the child displaying symptoms has interacted with; do not return these items until they have been washed/disinfected.

- Contact [Lambton Public Health](#) to notify them of a potential COVID-19 case and seek input regarding the information that should be shared with other parents of children in the home child care.
- Children with symptoms must be excluded from the home child care for 14 days after the onset of symptoms.
- Children who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), should be excluded from the child care setting for 14 days.
- Encourage the parents to call their Health Care Provider to have the child assessed.
- They can also complete the online assessment tool at <https://covid-19.ontario.ca/self-assessment>.
- If they do not have a doctor they can call Lambton Public Health to be assessed 519-383-8331.

### **Staff or Home Child care Provider Illness**

1. Any staff person or home child care provider who suspects they have an infectious disease should not attend the child care centre or accept children into their home if they are not well, particularly if their symptoms include any outlined in the COVID-19 screening. Staff must pass the daily active screening process to work at the site.
2. All family/household members in the home child care provider's home must also pass the daily active screening process.
3. If a staff member becomes ill with COVID-19 symptoms while at the centre, they should let their supervisor know, put on a face mask and remove themselves from the centre as soon as possible.
4. If a home child care provider becomes ill with COVID-19 symptoms while having children in their care, they should put on a face mask, perform hand hygiene and call the families immediately to come pick up their children.
5. The employee/home child care provider will begin self-isolation at home and will not be permitted back to work or to have children into their care until 14 days of isolation are complete and symptoms have been resolved for 24 hours.
6. If a child care worker or home child care provider is suspected to have or is diagnosed with COVID-19, the child care worker or provider must remain off for 14 days from symptom onset, and until symptoms are fully resolved for 24 hours.
7. The supervisor or designate will notify Lambton Public Health of the symptomatic staff member and include the following details:
  - a. Staff name
  - b. What Child Care Centre
  - c. What Room
  - d. Names of people (staff and other children) who have been in close contact (as defined) up to 48 hours prior to symptoms.
8. The supervisor or designate will contact children and/or staff who have been in close contact (up to 48 hours before symptoms) with a symptomatic person(s) (or confirmed COVID-19 positive), with instructions to begin self-isolation for 14 days.
9. The supervisor will notify Disability Management and Health and Safety for any illnesses that are believed to be the result of exposure to infectious disease through

the course of work. Disability Management and Health and Safety will file notification with the appropriate bodies (WSIB, MOL).

**Criteria for coming out of isolation for symptomatic providers, employees or children with COVID-19 symptoms:**

- Where individuals can manage their symptoms at home and are not health care/essential services workers, it is currently recommended that they self-isolate for 14 days from symptom onset
- After 14 days, if they are without fever and their symptoms are improving, they may discontinue self-isolation in consultation with Lambton Public Health
- Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways for 72 hours post-infection. If symptoms or fever are persisting, individuals should follow-up with their primary care provider or Telehealth.

**Criteria for coming out of isolation for asymptomatic employees or children who were in close contact with staff or child with COVID-19 symptoms:**

- Self-isolate for 14 days from last exposure to the individual

**Exclusion for Children Experiencing Non COVID-19 related symptoms:**

- Child should be isolated until the parent can pick them up
- Encourage the parents to have the child assessed by a Health Care Provider
- Follow the direction of the Health Care Provider. If determined to not be COVID-19 related, the centre or home child care provider may allow child back to the centre or home after the symptoms have been resolved for 24 hours. This extends to 48 hours symptom free during gastrointestinal outbreaks.

**Returning from exclusion due to illness:**

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

**Policy and Procedure Review**

This policy and procedure will be reviewed and signed off by all employees of the centre or home child care providers prior to commencing employment or accepting children using Lambton County child care centre/site, and at any time where a change is made.

# Appendix C - Hand Hygiene Policy and Procedures

## Policy Statement

Lambton County is committed to providing a safe and healthy environment for children, families and employees. Lambton County will take every reasonable precaution to prevent the risk of communicable diseases within child care locations.

## Purpose

To ensure that all employees working in a child care centre or home child care are aware of and adhere to the directive established by Lambton Public Health, the Ontario Ministry of Health, and Lambton County regarding the hand hygiene in child care centres and home child care sites.

## Application

This policy applies to all employees, home child care providers, community members and any others persons engaged in business with child care centre or home child care sites.

## Definitions

**Hand hygiene** is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or a hand sanitizer (70-90% alcohol based). Hand washing with soap and running water **must** be performed when hands are visibly soiled.

## Procedures

Hands carry and spread germs. Touching your eyes, nose, mouth or sneezing or coughing into your hands may provide an opportunity for germs to get into your body or spread to others. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs.

Ensure that employees and children are always practicing good hand hygiene. Use soap and water when hands are visibly dirty and/or **after**:

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

Hands should be cleaned using soap and water or alcohol-based sanitizer **before and after:**

- Preparing, handling, serving and eating food
- Handling animals
- Touching a cut or open sore
- Coming into contact with any bodily fluids
- Changing diapers or providing assistance with toileting
- Glove use
- Before and after giving medication

For washing hands with soap and water, follow these steps:

1. Remove rings, bracelets and watches
2. Wet hands
3. Apply soap
4. Lather for at least 15 seconds. Rub between fingers, back of hands, fingertips, under nails
5. Rinse well under running water
6. Dry hands well with paper towel or hot air blower
7. Turn taps off with paper towel, if available

### **Hand sanitizer information**

When hands are not visibly dirty, a 70-90% alcohol-based hand sanitizer can be used. Hand sanitizers can only be used on children who are over the age of two and must always be used under adult supervision. Adults must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity.

For hand hygiene with hand sanitizer, follow these steps:

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

### **Hand hygiene monitoring**

To ensure that employees are using proper hand hygiene methods, supervisors will review hand hygiene practices on a regular basis and provide feedback to employees as required.

### **Glove Use**

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

## **Gloves and Hand Hygiene**

Gloves do not replace the need for proper hand hygiene. Hand hygiene shall be practiced before applying and after removing gloves. Gloves shall be removed and discarded after each use. Do not wear rings with gloves unless they have a smooth band.

To reduce hand irritation related to gloves:

- Wear gloves for as short a time as possible
- Ensure that hands are clean and dry before wearing gloves
- Ensure gloves are intact, clean and dry inside
- Gloves are single use only, and must be task specific such as nitrile gloves for diaper changes

## **Covering Your Cough Procedure (Respiratory Etiquette)**

Germs, such as influenza and COVID-19, are spread by coughing and/or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs.

Attempt to keep your distance (more than 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

1. If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose. If no tissue is available, cough or sneeze into your upper sleeve or elbow, not into your hands. Always cover and protect your coughs and sneezes.
2. Put used tissues in the garbage.
3. Clean your hands with soap and water or hand sanitizer (70-90% alcohol based) regularly and after using a tissue on yourself or others.

## **Policy and Procedure Review**

This policy and procedure will be reviewed and signed off by all employees or home child care provider before commencing employment in a Lambton County child care centre or home child care site, and at any time where a change is made.

## Appendix D - Health Screening Procedure

In order to help reduced the risk of respiratory infections (including COVID-19), an active health screening procedure is an essential step.

This procedure applies to all employees, parents, guardians, children, and any other persons engaging in business within a centre/home based child care site. Everyone **must** be screened prior to entering the child care site. Any person who answers yes to any of the screening criteria will be denied entry into the building/home. **No visitors, including deliveries, will be permitted into the child care centre during the COVID-19 pandemic.** Deliveries shall be left in the designated location outside the entrance.

This tool was developed to assist child care employees in preparing and administering health screening to employees, parents and children who enter the location. Prior to health screening at your location, set up is required.

**Electronic screening is recommended. If completing onsite screening, please complete the following:**

- Complete the health screening training
- Identify/set up the location screening:
  - Place at front entrance, visually blocking entrance into the centre (if possible)
  - Only ONE entrance/exit is to be used, to ensure that each person is screened
  - Maintain a minimum of 2 metres distance between employees conducting screening and the person being screened.
  - Provide visual guides to assist with physical distancing (i.e. pylons) in the event that a line-up forms while parents and their children are waiting to be screened prior to entering into the child care centre
  - Ideally, families will approach the door one at a time while waiting families remain in their vehicles until it is their turn
  - Employee(s) must be trained on conducting the screening tool
- Place front entrance signage identifying the screening process outside and directly inside child care centre doors (Please refer to **Active Screening in Effect** sign at the end of the manual)
- Place hand sanitizer at the screening table. Ensure it is visible to employees and families entering the building
- Ensure Lambton Public Health resources are available for anyone who does not pass the screening.

## **Screening Procedure:**

- All individuals entering the child care premises, including staff, children, home child care providers, parents/guardians and anyone living at the home child care site, must be screened at the beginning of each day. , Staff must follow the screening checklist for each person and record the outcome (pass/fail).

## **Questions for staff and families:**

- Greet everyone into the child care centre with a friendly, calm manner. Request that only ONE parent/guardian enters the centre with the child, and request that they both use hand sanitizer:

*"Good morning/afternoon/evening. As you are aware, COVID-19 continues to evolve. As a result, we are conducting active screening for potential risks of COVID-19 for everyone who enters the location. The screening will ensure the safety and well-being of staff, children and families."*

1. Does your child have any of the following symptoms: fever (37.8°C or higher), new/worsening cough, shortness of breath, sore throat, difficulty swallowing, new olfactory (loss of smell) or taste disorders, nausea/vomiting, diarrhea, abdominal pain, runny nose/nasal congestion (except seasonal allergies, nasal drip, etc.), unexplained fatigue/malaise/myalgia, chills, headache, conjunctivitis, lethargy/difficulty feeding in infants?
2. Has your child or any member of your household travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the last 14 days?
3. Has your child been identified by Public Health as a close contact of a COVID-19 case in the last 14 days?
4. Has your child had close contact with anyone with a respiratory illness in the last 14 days?
5. Have you given your child any type of fever reducing medication in the last 5 hours?  
Yes/No (If yes record reason for administering medication)

## **Parent/guardian will take child/children's temperature at screening booth:**

- a. They will use the thermometer provided. If parent has a concern about the type of thermometer being used, they can bring their own (oral, axillary, etc.)
- b. The thermometer must be cleaned and disinfected prior to use on the next child

## How to respond:

- If the individual answers **NO** to all questions, and their temperature is recorded as less than 37.8°C, they have passed the screening and can enter the building:
- "Thank you for your patience. Your child has been cleared to enter the centre. A staff member will drop off your child in\_\_\_room.
- If the individual answers YES to any of the screening questions, their temperature is 37.8°C or higher, or they refuse to answer, then they have immediately failed the screening and cannot enter the building:
- Thank you for your patience. Unfortunately based on these answers, I am not able to let you enter the child care centre.
- Please review the [self assessment tool](#) on the Ministry of Health website or Lambton Public Health website [www.lambtonpublichealth.ca](http://www.lambtonpublichealth.ca) to determine if further care is required.
- If response is for a child care staff member, advise that the Manager will be notified and will follow up later in the day.
- Provide clients with contact information for Lambton Public Health for further direction if necessary.

## Procedure Review

This policy and procedure will be reviewed and signed off by all employees/home child care provider before commencing employment in a Lambton County child care centre or home child care, and at any time where a change is made.



## ACTIVE SCREENING IN EFFECT

1. Apply hand sanitizer to your hands.
2. Rub using friction until hands are dry.

**DO YOU, YOUR CHILD OR ANYONE PRESENT WITH YOU TODAY HAVE ANY OF THE FOLLOWING SYMPTOMS / SITUATIONS?**

**IF SO, DO NOT ENTER**

- ✓Feeling feverish  
OR
- ✓Any respiratory congesting, cough or difficulty breathing  
OR
- Any flu like symptoms  
OR
- ✓If anyone in your party has travelled anywhere outside of Canada  
OR
- ✓Close contact with a confirmed or probable case of COVID-19  
OR
- ✓Close contact with a person with acute respiratory illness with recent travel to anywhere outside of Canada 14 days before their symptom onset

**IF ANSWER IS TO YES TO ANY ABOVE:**

**Family and children enrolled: Do Not Enter!**

- Please contact your physician or emergency room as needed and notify the centre supervisor. People who have travelled anywhere outside of Canada need to be self-isolated for 14 days.

**Staff: Do Not Enter!**

- Contact your supervisor prior to returning to work for direction

**Staff member will be actively screening anyone entering the building**

## Appendix E - Recommendations for the use of Personal Protective Equipment (PPE) in Child Care Centres

For non-healthcare settings the use of PPE should be considered based on a risk assessment of the task, the individual and environment.

Any Government guidance documents for your specific sector should be followed.

Key Recommendation:

- All adults in a child care setting (i.e., child care staff, home child care providers, home child care visitors, and students) are required to wear medical masks and eye protection (i.e., face shield) while inside in the child care premises, including in hallways.
- All children in grades 4 and above are required to wear a non-medical or cloth mask while inside in the child care premises, including in hallways
- Droplet and Contact Precautions are recommended for the care of someone suspected or confirmed with COVID-19
- N95 respirators are not indicated for use in child care settings.

Staff Role	Type of PPE Required	PPE Conservation Guidelines
Screener	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> <li>• Surgical/Procedure Masks</li> <li>• Re-useable face shields or goggles</li> <li>• Gowns</li> <li>• Gloves (optional). If not wearing gloves, need to practice hand washing</li> </ul>	Follow conservation guidelines for masks to extend use.  Recommendation: 2 masks/ day 1 gown/day
Staff member in cohorts	Working in cohort <ul style="list-style-type: none"> <li>• Surgical/Procedure Masks</li> <li>• Re-useable face shields or goggles</li> </ul> Providing care for a sick child (suspect case of COVID-19) <ul style="list-style-type: none"> <li>• Surgical/Procedure Masks</li> <li>• Re-useable face shields or goggles</li> <li>• Gowns</li> <li>• Gloves (optional). If not wearing gloves, need to practice hand washing</li> </ul> Cleanup of bodily fluids with the risk of splashing/soiling of clothing: <ul style="list-style-type: none"> <li>• Surgical/Procedure Masks</li> <li>• Re-useable face shields or goggles</li> <li>• Gowns</li> <li>• Gloves</li> </ul>	Masks, gloves and gowns should not be re-used and be discarded.  Recommendation: <ul style="list-style-type: none"> <li>• 2 mask/cohort/week</li> <li>• 2 gown/cohort/week</li> <li>• 2 sets gloves/cohort/week</li> </ul>
Environmental staff/ staff moving between classrooms	All staff: <ul style="list-style-type: none"> <li>• Surgical/Procedure Masks</li> <li>• Re-useable face shields or goggles</li> </ul>	Follow conservation guidelines for masks to extend use.  Recommendation: <ul style="list-style-type: none"> <li>• 2 masks/day</li> </ul>

## Appendix F - COVID-19 Outbreak Response

### Triggering an outbreak assessment

Once at least one child or staff has presented with new symptoms compatible with COVID-19, the child care centre should immediately trigger an outbreak assessment and take the following steps:

1. If a child or child care staff becomes sick while in the program, they should be isolated and family members contacted for pick-up. If the sick person is a child, a child care staff should remain with the child until a parent/guardian arrives. If tolerated and above the age of 2, the child should wear a surgical/procedure mask.

The child care centre should specify where the isolation room will be and who will be responsible for monitoring the child. As soon as the child is isolated from others, the staff member caring for the child should perform hand hygiene and put on a surgical/procedure mask, face shield/goggles, and gown/gloves if there is risk of exposure to infectious droplets. 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.

If a separate room is not available, 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. The ill child should be provided with tissues and reminded of hand hygiene, respiratory etiquette, and proper disposal of tissues.

2. All items used by the ill person should be cleaned and disinfected by the cleaning staff designated for that cohort. Any items that cannot be cleaned (paper, books, cardboard puzzles) should be removed and stored in a sealed container for a minimum of 3 days.
3. Child care centre licensees have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act. The licensee must contact [Lambton Public Health](#) to report a child suspected to have COVID-19. Lambton Public Health will provide specific advice on what control measures should be implemented to prevent the potential spread and how to monitor for other possible infected staff members and children.

Symptomatic staff and/or parents/guardians of symptomatic children should contact [Lambton Public Health](#)

4. Where there is a suspect or confirmed case of COVID-19 in a child, parent, or staff, the licensee must report this to the ministry as a serious occurrence.

Where a COVID-19 outbreak is declared and a room/centre is closed, the licensee must report this to the ministry as a serious occurrence.

5. Enforce enhanced screening measures among children and staff. Such as, screening upon arrival and more frequent monitoring of staff/children throughout the day.

## **Exclusion**

### **Individuals who are tested:**

- Children/staff who test negative for COVID-19 must be excluded until 24 hours after symptom resolution, unless they are identified as a close contact of a confirmed case, in which it extends to 14 days
- Children/staff who test positive for COVID-19 must be excluded from child care centre for 14 days after the onset of symptoms and clearance has been received from Lambton Public Health

### **Individuals who are not tested:**

- Ill children/staff, if not tested, must be excluded for 14 days from onset of their symptoms

## **Management of a Single Case in a Child/Staff**

A single positive case in a child/staff results in an outbreak being declared at the child care centre. All members of the cohort are to be excluded from the child care centre for 14 days. In consultation with Lambton Public Health, cohort members may be referred for testing.

## **Required Steps in an Outbreak**

If an outbreak is declared at the child care centre, the following measures must be taken:

1. Consult with and follow directions from Lambton Public Health.
2. Notify all family, staff, and essential visitors of the facility's outbreak status. (i.e. letters and signage)
3. Enhance cleaning and disinfecting procedures
4. Enhanced screening procedures (i.e. increased frequency of health checks)
5. More frequent hand hygiene with children and staff.
6. Review staff training on proper PPE use.

## **Management of cases in multiple cohorts**

If there are additional positive cases in other cohorts, the facility will close. In consultation with Lambton Public Health, all staff and children in the child care centre may be referred for testing.

## **Declaring an Outbreak Over**

In consultation with Lambton Public Health, the outbreak can be declared over if no new cases have occurred in 14 days from the last day of attendance of the most recent COVID-19 positive staff/child.

# FACT SHEET

## Healthcare

### **Cleaning Up Body Fluid Spills (Urine, Feces, Vomit, Blood, Breast Milk)**

Avoid direct contact with body fluids, as they may contain germs that can cause serious infections. Germs in feces and vomit spread easily if agitated, so it is very important to clean and disinfect contaminated areas quickly and carefully.

The following is a good procedure to use:

1. Gather the required materials (e.g. spill kit, disinfectant)
2. Put on gloves. If there is a risk of splashes to the face, wear facial protection (i.e. mask and goggles).
3. Using paper towel, contain and wipe up the spill, working from the least to most soiled areas. Be careful not to agitate spills of feces or vomit, so that infectious particles do not become airborne. Dispose of waste materials into a plastic bag and then into the regular waste receptacle, unless materials are saturated (dripping), in which case they must be disposed of into a biomedical waste bag.
4. Clean and disinfect the contaminated area. The procedure will depend on the type of disinfectant used.

<p><b>Accelerated hydrogen peroxide (0.5%) wipes (for smaller spills):</b></p> <ul style="list-style-type: none"><li>• Clean the area with a wipe. Follow the manufacturer's instructions for contact time. Wipe dry. Dispose of wipe.</li><li>• Disinfect the area with a wipe. Follow the manufacturer's instructions for contact time (multiple wipes may be needed to ensure area stays wet for entire contact time). Wipe area dry or rinse.</li><li>• Dispose of waste materials.</li></ul>	<p><b>Bleach solution at 1000-5000 ppm concentration (for larger spills):</b></p> <ul style="list-style-type: none"><li>• If the area is still visibly soiled, clean with warm water and soap or detergent, then rinse.</li><li>• Disinfect the area using a bleach solution at a concentration of 1000-5000 ppm (see instructions below). The solution must be made fresh daily to be most effective. Ensure area stays wet for a minimum of 10 minutes.</li><li>• Dispose of waste materials.</li></ul>
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5. Remove and discard gloves perform hand hygiene and then remove facial protection.
6. Perform hand hygiene.

7. Wash non-disposable cleaning equipment (buckets, etc.) with soap and water and then disinfect with a bleach solution.

**Spill kit:** Have a spill kit on site so that you are always prepared. Your kit should include the following:

<ul style="list-style-type: none"> <li>✓ Gloves</li> <li>✓ Masks and goggles</li> <li>✓ Paper towels</li> <li>✓ Soap or detergent</li> <li>✓ A funnel</li> <li>✓ Measuring device</li> <li>✓ Plastic bags</li> <li>✓ Biohazard bags</li> <li>✓ Bottle labeled “bleach solution”</li> </ul>	<ul style="list-style-type: none"> <li>✓ Accelerated hydrogen peroxide (0.5%) wipes</li>   <li>OR</li>   <li>✓ Liquid household bleach (5.25% sodium hypochlorite)</li> </ul>
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**Preparing a bleach solution for spills of body fluids:** Based on liquid household bleach containing 5.25% sodium hypochlorite

<p><b>1:50 (1000 ppm) bleach solution:</b></p> <p>2 tsp (10 ml) bleach + 2 cups (495 ml) water OR</p> <p>¼ cup (60 ml) bleach + 12 cups (3000 ml) water</p>	<p><b>1:10 (5000 ppm) bleach solution:</b></p> <p>¼ cup (60 ml) bleach + 2 1/4 cups (562 ml) water</p> <p>OR</p> <p>1 cup (250 ml) bleach + 9 cups (2250 ml) water</p>
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G:\WPFILES\FACTSHEETS\CD & VPD\Cleaning up Body Fluids – Healthcare - December 13, 2019

Adapted from Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for environmental cleaning for prevention and control of infections in all health care settings. 3rd ed. Toronto, ON: Queen’s Printer for Ontario; 2018.

## **Cleaning and Sanitizing In Your Workplace**

### **Are cleaning and sanitizing the same thing?**

No. Cleaning removes oil, dirt and debris using soap, warm water and friction followed by rinsing. Cleaning must occur before sanitizing. Sanitizing reduces the number of harmful germs on surfaces that can lead to illness.

### **Perform routine environmental cleaning and sanitizing:**

Routinely clean and sanitize all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents and sanitizers that are usually used in these areas and follow the directions on the label.

Provide disposable wipes (not personal care wipes – i.e. baby wipes) so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use. Ensure that they follow the directions on the label.

### **How do I know what sanitizer to use for surfaces in my workplace?**

To sanitize surfaces you can use either one of the following:

Chlorine: label may say “hypochlorite” or “sodium hypochlorite”. The most common chlorine-based chemical is household bleach.

Quaternary Ammonium: label may say “benzalkonium chloride”.

Accelerated Hydrogen Peroxide

There may be others, please refer to Lambton Public Health for guidance

### **How to make your own sanitizer**

Workplaces can make their own sanitizing solution to use on surfaces, however, please note that there is no scientific evidence stating the exact concentration that is effective against COVID-19. The following solutions are considered effective against other viruses and bacteria:

For surfaces that can be bleached, a mild solution (1:100) of bleach and water can be used:

- 1 teaspoon (5 milliliters) bleach in 2 cups (500 milliliters) of water

If a surface has been soiled with body fluids (e.g. vomit, diarrhea, blood, saliva), a stronger solution is recommended (1:10).

- ¼ cup (62 millilitres) bleach in 2¼ cups (562 millilitres) of water. The bleach solution should stay on the surface for a minimum of 10 minutes.

Other products such as tea tree oil, baking soda, vinegar, ozone, silver are not considered effective sanitizers by Health Canada.

## **RESOURCES**

CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID- 19), February 2020 <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html> March 2020

## Coronavirus Disease 2019 (COVID-19)

# How to wash your hands



Wash hands for at least 15 seconds

1



Wet hands with warm water.

2



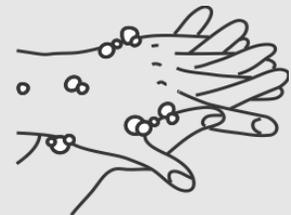
Apply soap.

3



Lather soap and rub hands palm to palm.

4



Rub in between and around fingers.

5



Rub back of each hand with palm of other hand.

6



Rub fingertips of each hand in opposite palm.

7



Rub each thumb clasped in opposite hand.

8



Rinse thoroughly under running water.

9



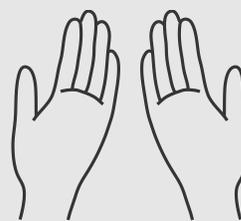
Pat hands dry with paper towel.

10



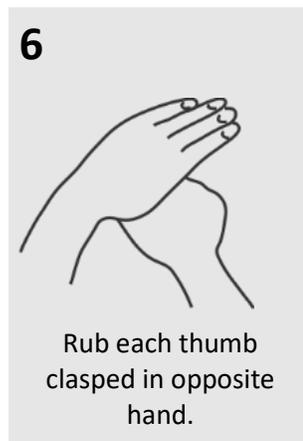
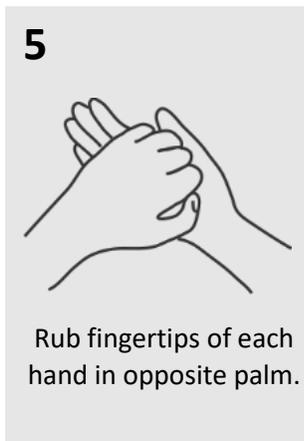
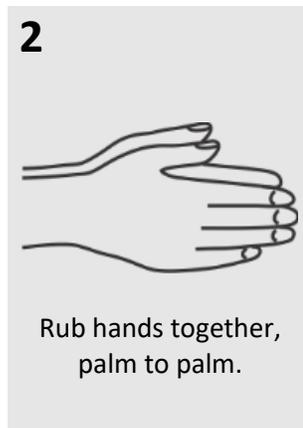
Turn off water using paper towel.

11



Your hands are now clean.

# How to use hand sanitizer



## Sources:

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for hand hygiene in all health care settings [Internet]. 4th ed. Toronto, ON: Queen's Printer for Ontario; 2014. Available from: <https://www.publichealthontario.ca/-/media/documents/bp-hand-hygiene.pdf?la=en>

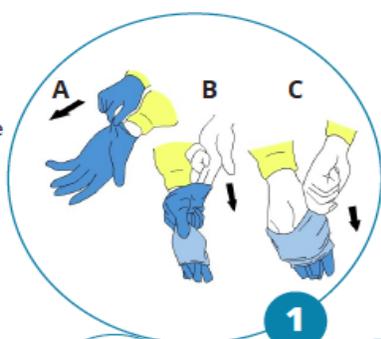
The information in this document is current as of March 16, 2020.

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## Recommended Steps: Putting On Personal Protective Equipment (PPE)

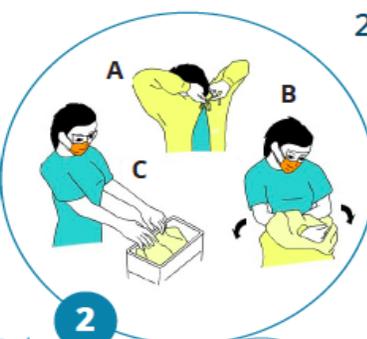
### 1. Remove Gloves

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



### 2. Remove Gown

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

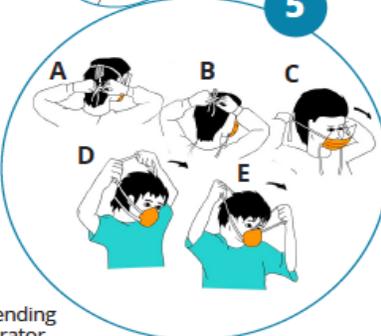


### 6. Perform Hand Hygiene



### 5. Remove Mask/ N95 Respirator

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

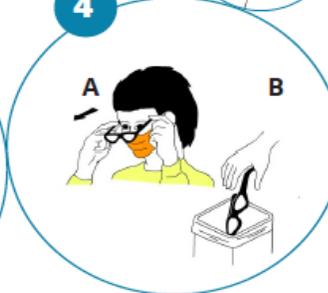


### 3. Perform Hand Hygiene



### 4. Remove Eye Protection

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

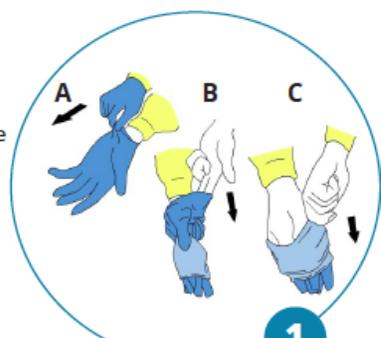


For more information, please contact Public Health Ontario's Infection Prevention and Control Department at [ipac@oahpp.ca](mailto:ipac@oahpp.ca) or visit [www.publichealthontario.ca](http://www.publichealthontario.ca).

## Recommended Steps: Removing Personal Protective Equipment PPE

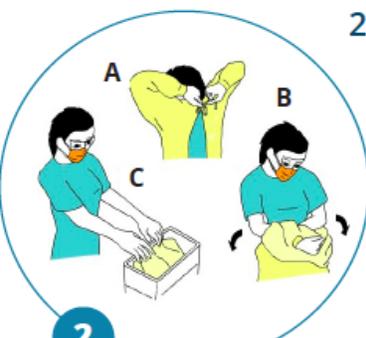
### 1. Remove Gloves

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



### 2. Remove Gown

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

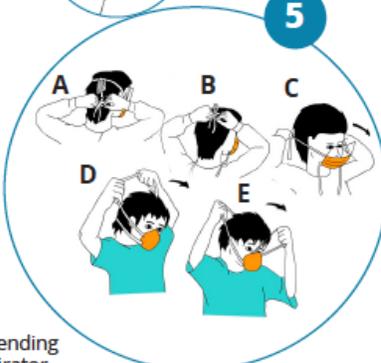


### 6. Perform Hand Hygiene



### 5. Remove Mask/ N95 Respirator

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

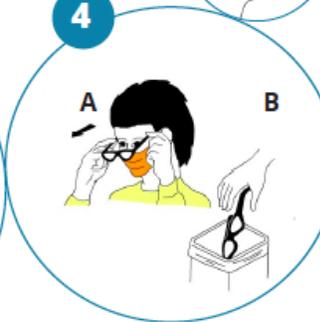


### 3. Perform Hand Hygiene



### 4. Remove Eye Protection

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



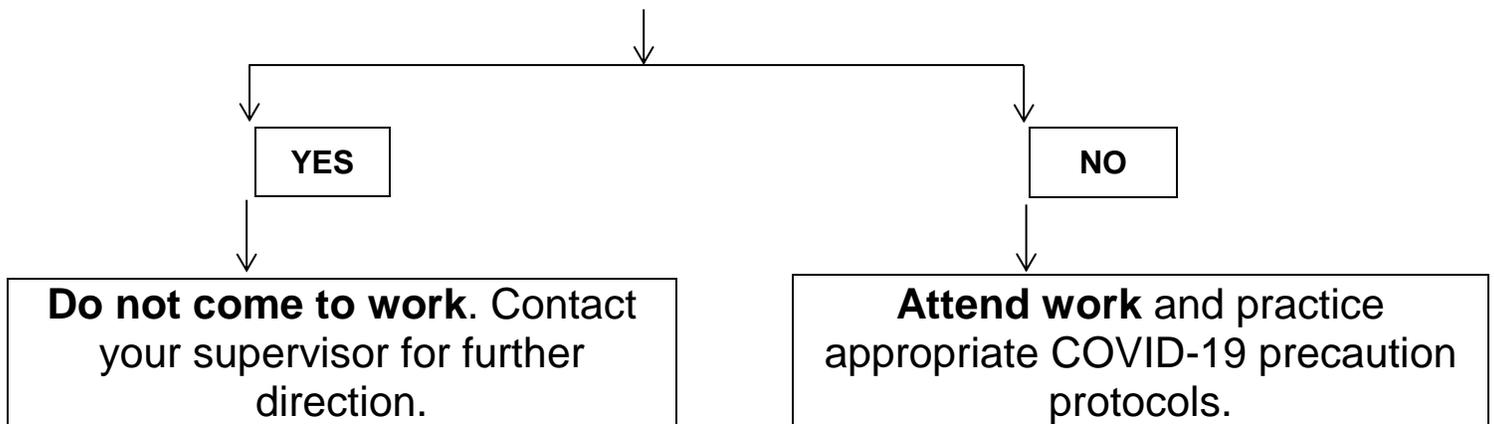
# Staff Screening for COVID-19

Have you had **close contact** with anyone with acute respiratory illness or **travelled** outside of Canada in the past 14 days?

Are you a **confirmed case** of COVID-19? Have you had **close contact** with a confirmed case of COVID-19 without wearing appropriate PPE?

**Do you have any of the following new or worsening symptoms?**

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Diarrhea
- Pink eye (conjunctivitis)
- Decrease or loss of sense of taste or smell
- Unexplained fatigue/malaise/muscle aches
- Runny nose/nasal congestion without other known cause
- Difficulty swallowing
- Chills
- Headaches
- Nausea/vomiting
- Sore throat
- Abdominal pain





# Steps for effective Hand Washing



**1** Wet hands with warm water



**2** Apply soap to produce lather



**3** Rub for 20 seconds



**4** Rinse away germs



**5** Dry hands with paper towel



**6** Turn off tap with paper towel

Revised 10-NOV-2015

## Appendix G - Criteria for Returning to Daycare/Day Camps

1. If a child/staff member fails screening due to new/worsening symptoms, send the individual home and recommend a test.
  - If negative, the child/staff member can return 24 hours after symptoms resolve (72 hours with cough only).
  - If positive, follow up as required. All close contacts of the case, including members of the cohort (staff and children), must self-isolate and not return for 14 days from last exposure. The whole center does not need to close unless the outbreak spreads to another room/cohort.
  - If the family/individual refuses to test, the child/staff member must remain off for 14 days from symptom onset (and 24 hours symptom free/72 hours with cough only).
  
2. If a child/staff member fails screening due to symptoms consistent with a condition the child is known to have (outside of fever) send the individual home and recommend a test. \*Note\* a test may not be warranted for children with known allergies or intolerances.
  - If positive, see 1. b.
  - If negative or the family/individual refuses to test, the individual can return if symptoms do not progress or worsen after 24 hours and a parent states that symptoms are due to an underlying cause and is not communicable. If the individual has gastrointestinal symptoms, wait 48 hours after symptoms resolve before returning.
  - If the family/individual refuses to test and symptoms progress or worsen after 24 hours, a test must be conducted or the child/staff member must remain off for 14 days from symptom onset (and 24 hours symptom free/72 hours with cough only).
  - Note: With home childcare, the provider cannot provide care if anyone in the household, including themselves, fails screening.