

Heritage Green Child Care Inc
Pandemic Policy: Infectious disease

Manual Section:	Health and Safety Standards and Procedures- Infectious Disease (COVID 19)
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Infectious disease

Purpose

The purpose of this procedure is to establish an Emergency Child Care Plan for the provision of care for our staff, the families we serve, their children, any contractors (cooks, cleaners etc.) or visitors to our workplace as well as the community.

As part of our “Due Diligence” to provide a safe workplace, Heritage Green Child Care Inc will develop and implement standards and procedures for the protection of our staff and children against Infectious Disease based on a Hazard Assessment.

The focus of this Infectious Disease assessment and program is to look at specific jobs, equipment, processes and environment to determine if the hazard of exposure to Infectious Disease hazards have been adequately controlled and make recommendations for improvement when deficiencies have been identified.

Scope

Our goals are to evaluate all jobs and tasks that our staff would engage in or be exposed to the possible exposure to Infectious Disease, and ask ourselves “if someone was to become ill, what would be the source of that exposure be” and how can we minimize or eliminate the risk of exposure.

We will assess all areas of our facility, jobs and other areas that may expose our staff and children to infection or disease. Once we have assessed those hazards, we will develop controls that will ensure the safety of the staff and children. As part of that assessment process we will take into consideration elements such as ensuring we understand how to prevent the transferring of contagions and understand the infectious disease, what kinds of controls are needed to protect workers such as sanitizing, cleaning, and means of distancing workers from each other. We will also consider a business continuity plan as part of our due diligence. All directives will come from Public Health.

Responsibilities

Supervisor/Manager (or their designate):

- Review and communicate the current program to staff
- Develop and implement standards and procedures
- Implement a review of this policy as often as necessary to ensure policy is protecting all staff and children.
- Respond to recommendations from Public Health
- Provide ongoing training to Supervisors and Staff
- Communicate risk assessment results to the Board of Directors and the Health and Safety Representative

Supervisors

- Understand their responsibilities under OHSa to take every precaution reasonable for the protection of persons within our workplace.
- Enforce the policies and procedures defined within this policy
- Train and educate persons with in our facility about the risk of infection and the controls to minimize possible infection of disease.

Staff

- Understand your rights under OHSa
- Participate in training as directed by Public Health
- Wear the Personal Protective Equipment as directed by your supervisor and this policy/procedure.
- Report any known violation of this policy or procedure
- Report to your supervisor if you feel or suspect that you may be infected or not feeling well

Health and Safety Representative:

- Be consulted in the development of programs and assessments, and review them for improvements
- Make recommendations where required
- Engage Staff in identifying hazards

Definitions/ Acronyms

- COVID -19 - Is a disease caused by the 2019 Novel Coronavirus
- MOH -Medical Officer of Health
- PPE -Personal Protective Equipment
- Persons – includes workers, children & their families, support staff, contractors
- JHA -Job Hazard Analysis

Risk Assessment / Job Hazard Analysis (JHA)

Purpose

In order to ensure we protect any person at our facility from any possible exposure to infectious disease associated with jobs, tasks or work process in our workplace, the Executive Director, Supervisor, Health and Safety person, or their designate, will take a documented inventory of all areas of our workplace that could expose persons to infectious disease and we will then review the jobs and tasks associated with our work and:

- Describe areas which persons could come in contact with an infectious disease.
- Review our work process to determine if gaps in controlling infectious disease are present.
- Rate each hazard identified for exposure and occurrence frequency and severity
- Assess our current hazard controls and ask ourselves, are they adequate, can they be improved or do we simply need to create safe work instructions
- Train our Staff in those job steps and hazards associated with the job

Responsibilities

The Director/Supervisor, Health and Safety Coordinator, or their designate, will be responsible for performing or assisting in the development of Hazard Analysis for all areas of our workplace including, tasks or work processes that have the potential to expose a worker or child to infectious disease. Where deemed necessary and mainly for high-risk tasks, the JHA's will be reviewed as often as necessary to ensure they continue to meet the protective needs of the workplace.

Applicable Definitions

Risk Assessment

- A process which involves taking inventory of all workplace jobs and assessing the steps within each job to determine the appropriate level of risk

Hazard Categories

For the purpose of this program, hazard categories are defined as a hazard that may present themselves within the realm of one of the following areas:

- Physical exposure
- Biological exposure
- Environmental Exposure
- Psychosocial considerations
- Safety hazards

Contributing Factors (what contributes to a hazards existence)

- People we work with
- Equipment we use
- Materials we handle
- Environmental
- Process

Routine Work Activities

- Activities that are consistently performed throughout the workplace

Non-Routine Work Activities

Activities that are not consistently performed throughout the workplace and may involve the need to conduct a JHA prior to performing the job, and the need to provide specific instruction and training to those performing the task based on the results of the JHA

Hierarchy of Controls

- Elimination - eliminating the existence of, or exposure to, a hazard
- Substitution - replacing a hazardous material, or equipment with one that has a lower associated risk
- Engineering - controlling the hazards associated with a job by using equipment that are engineered to provide protection to the Staff
- Administrative - controlling the hazard by creating policies, procedures and signs and providing training to those Staff exposed to the hazard(s)
- PPE - personal protective equipment that is used by Staff to minimize their risk of exposure to the hazard

Training

The Health and Safety Coordinator, or their designate, and the Director/Supervisor will be responsible to conduct the Job Hazard Analysis (JHA) must receive training on the following elements either internally or externally from a 3rd party provider:

- Hazard categories to be considered in identifying health and safety concerns (physical, biological, chemical, musculoskeletal, psychosocial, and safety hazards)
- Hazards posed by people, equipment, materials, environment, and process
- The methodology behind conducting a JHA
- Familiarity with routine and non-routine work activities

It is a preference, but not a requirement, that the individual conducting the Job Hazard Analysis is a certified member of the JHSC. If the individual is not a certified member, then the Employer, the Supervisor, or the Health and Safety Coordinator must ensure the above training requirements have been met.

Procedure

Following an infection risk assessment of a specific disease such as COVID 19, our company will develop a Safety Action Plan that will define how we will protect our Staff, children and families from exposure to identified infectious disease. This would include pandemic events such as COVID 19

The following Safety Action will be the established standard that will be used as our company endeavors to protect our staff and children against an outbreak of infectious disease.

Safety Action Plan

Based on the risk assessments conducted, the following procedures and safe work instructions will be implemented.

- Date of the plan, and dates for log changes.
- The risk assessment is designed to reduce the risk of being infected with covid-19
- What is the disease- Signs & Symptoms?
- How is it spread
- Where to get more info on the disease
- Define how you will educate staff
 - Postings
 - Training
 - Screening of persons coming into our workplace

- Define how we will sanitize the workplace;
 - Washrooms,
 - Eating areas
 - Equipment
 - Toys and other play items
 - Offices and common areas
 - Doors/door knobs, etc
 - Play areas
 - Rest areas
 - Other
- Define how you will keep staff distant including how many staff can be in a room at a time.
- For areas that staff can not maintain distance, how will you protect them
- Define what Personal Protective Equipment will be required to be worn
 - Non-Latex gloves, masks, face shields, safety glasses, etc.
- Define any specific safe work instructions that staff must follow;
- Screening of persons entering our facility
- Hand washing
- Maintaining distance
- Wearing PPE
- Receiving children, and pick up of children
- If a child gets sick or not feeling well
- Changing and cleaning children
- Define which jobs can be moved out of the workplace (working from home)
- May need to include how those workers would come into the workplace if they need to.
- Define how workers are to report possible exposure to the disease both at work and during off work hours, including out of city/ country travel. Define if they will be required to self quarantine.
- Define who is responsible to enforcement of policy and consequences if policy is not followed.
- Define any training requirements

Notes about this Risk Assessment

This risk assessment is to be completed to ensure that the risk has been identified and the required prevention measures have been implemented. The rigorous application of these measures is to limit the risks of contracting and/or spreading COVID-19 and to take action

quickly when identifying non-conformities. The primary purpose of applying such measures is to protect the health of persons entering our facility.

A risk assessment should be done for each business unit. If all business units are similar than a risk assessment can include all units but should be noted to which units are included in the assessment.

This risk assessment address's general considerations when assessing our workplace and its exposure to infectious disease.

See attached Appendix 1 (Risk Assessment of Heritage Green Child Care, childcare site)

Safe Work Procedure for working during COVID 19

The following safe work procedures will define how Heritage Green Child Care Inc will manage the hazards of contacting COVID 19.

COVID 19

Coronaviruses are spread mainly from person to person through close contact, for example, in a household, workplace or daycare centre. There is no vaccine available to protect against the novel coronavirus

The 2019 novel coronavirus is spread through respiratory droplets:

- from person to person through coughing, sneezing, close contact; and
- touching contaminated surfaces.

Symptoms

Symptoms range from mild – like the common cold and other common respiratory infections – to severe, and can include: fever, cough, and difficulty breathing, muscle aches, fatigue, headache, sore throat, and runny nose. Also, difficulty swallowing, new olfactory or taste disorder

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

Symptoms for children could include;

- Sore throat, hoarse voice
- Diarrhea
- Look to see if exhibiting a runny nose

Atypical Symptoms/ signs of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms can include:

- Unexplained fatigue/ malaise
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills, Headache
- Croup, Conjunctivitis
- Atypical signs can include:
 - Unexplained tachycardia, including age specific tachycardia for children
 - Decreased in blood pressure
 - Unexplained hypoxia (even if mild i.e. O2 sat>90%)
 - Lethargy, difficulty feeding in infants (if no other diagnosis)

Screening

All individuals, including children, parents/guardians and staff must be screened including daily temperature checks upon arrival at child care setting. Children should be monitored for signs and symptoms of COVID-19.

Entry into the child care centre, past the screening area, must be limited only to staff, children, and essential visitors.

- When in-taking children, we will have someone outside screening each person as they come on site. Every effort will be taken not to allow parents or guardians into the facility if they do not need to be inside.
- Screening of every person entering our facility will include gathering the names, email and phone #'s for each person (information on file for all children and staff). As part of our screening, we will ask the parents/ guardians the screening questions as set out by Public Health (see below). Children in particular should be monitored for atypical symptoms and signs of COVID-19.
- We will take the temperature of each person entering our facility using a No touch infrared thermometer. We will be taking the temperature of those dropping off the children to see if they are showing signs of COVID-19 (this can only be done using an infrared thermometer).
- A table will be set up outside for parents/ guardians to place any items that the child needs, this will include backpacks, special food and medication onto the table. Options

at that time could include having the materials contained in a clear plastic bag with the child's name on it or plastic containers with the child's name on it to keep children's personal items separate. Jackets, boots and other clothing items can also be put into these totes.

- Screeners should take appropriate precautions when screening, including maintaining a distance of at least 2 metres (6 feet) from those being screened, or being separated by a physical barrier (such as plexiglass barrier), and wearing personal protective equipment (PPE) (i.e. surgical/ procedure mask; gown; gloves; eye protection)
- Entry will be staggered, and signage will inform parents/guardians of the drop off/pick up area and waiting area.
- Alcohol based hand rub containing at least 70% alcohol content must be provided at screening table or upon entry to the facility.
- Anyone entering the facility must perform hand hygiene upon entering.
- Cohort staff (public health and the government direction: a cohort is defined as a group of children and 2 staff) to assist child with hand hygiene upon entering program

Health Screening Procedure

All individuals entering the child care centre will be screened with the following questions:

1. Do you, your child or any member of your household have any of the following symptoms: fever (37.8C 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. Have you, 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. Have you, your child or any member of your household been identified by Public Health as a close contact of a COVID-19 case in the last 14 days?
4. Have you, your child or any member of your household had close contact with anyone with a respiratory illness in the last 14 days?

If the answer to any of the above questions is yes, or if a fever is identified, this individual has failed the screening process and will be refused entry into the child care centre. The screener will deny entry and the licensee will support and if necessary, enforce the decision. Any individual who fails the screening process should be advised to contact their health care provider as well as Public Health at 905-974-9848, option 2 for testing.

The child care centre must keep records of each person entering the facility in a daily log book. The record keeping will take place in the screening area. The supervisor of the centre will be responsible for overseeing the log book. Records must include name, contact information, time of arrival/departure, and the screening results. These records must be kept up to date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak.

Exclusion of Sick Children/Staff Policy and Procedures

The City of Hamilton wants to ensure that all licensed child care centres are providing a safe and healthy environment for children, families and providers. Licensed child care providers must be aware of and adhere to established exclusion criteria. Information on different conditions and exclusion periods is available 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>).

In response to COVID-19, it is critical for licensed child care providers to properly screen and exclude ill children and staff.

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:

- 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

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. 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 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).
- 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.

Reporting:

- Contact Hamilton Public Health 905-974-9878 option 6 to speak with a Public Health Inspector (PHI).
- The PHI will provide infection control guidance and refer the child for testing.
- Child care centers must consider a single, symptomatic, laboratory confirmed case of COVID-19 in a staff member or child as a confirmed COVID-19 outbreak in consultation with the local public health unit.

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:

Exclusion

Individuals who are tested:

- Children/staff who test negative for COVID-19 must be excluded until 24 hours after symptom resolution
- 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 the local public health unit

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 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 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 Public Health, all staff and children in the child care centre may be referred for testing.

Declaring an Outbreak Over. In consultation with 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

Mandatory Training

As part of the Ministry of Education's Child Care Reopening Guidelines, the City of Hamilton must ensure that training is provided to all child care staff/providers on health and safety measures prior to reopening.

Public Health Ontario and Hamilton Public Health Services have developed videos and posters to assist with understanding our role in stopping the spread of COVID-19 in our community.

Links to important information are provided below and all child care staff/providers must complete this training prior to reopening.

- 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>
- Taking off Full Personal Protective Equipment - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>
- Putting on Full Personal Protective Equipment - <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

Parents/ guardians of those children that will be attending our center will receive the following training/information:

Policy regarding sick children and what the process will be in the event that children are identified as being ill before intake, as well as during the day including additional precautions. This will include procedures for child pick up when requested (parents/ guardians must have a plan in place to have children picked up if requested). They will receive a copy of our safe work instructions for COVID 19 Safe work practices that will be taken during the intake of children each day. Defining how we will intake children, this may include instructions on how to package up the children's belonging such as extra clothes, medicine and other items.

Physical Distancing

Every effort will be taken to encouraging physical distancing between children by spreading children out into different areas, staggering lunch and snack times and play times outside.

We will avoid taking the children to community play grounds. Outdoor play at our own play area outside is encouraged in small groups. All equipment will be disinfected regularly and after use.

We will stagger meal and snack times to allow for safe physical distancing.

When setting cots up for nap time, they will be set up in such a way to keep the children 2 m apart or set up so that they are head to toe. Cots should be disinfected after each use.

If we need to have conversations with parents, we will try and have these using live streaming programs like Zoom to have that discussion rather than a face to face meeting.

Our center will provide tissues and dispose of used tissues in plastic-lined receptacles.

Staff will be required to regularly wash their hands for at least 20 seconds with soap and warm water at:

- At the start of their shifts
- Before preparing or serving food, cleaning up after meals and snack times
- After touching shared items and after using the washroom,
- Before and after changing an child's diaper,
- Helping others with toileting and after handling garbage,
- Before leaving your workspace.

Additional procedures that are required to be followed include:

Make sure washrooms are cleaned frequently (3 times per day, more often if needed) and stocked with soap and paper towels. Disinfect diaper changing areas.

Disinfect commonly touched surfaces, shared toys, tables, chairs, etc. All smaller toys will be cleaned in the commercial dishwasher.

The following items should be considered as items to be cleaned and sanitized:

- Eating areas
- All equipment
- Toys and other play items
- Offices and common areas, Washrooms
- Door knobs, light switches, toilet seats, handles, table tops, at least twice a day.
- Floors
- Play areas, Rest areas
- Other as needed

Linens must be laundered daily and cots disinfected.

Do not use water or sensory tables

Children must not share soothers, bottles, sippy cups, facecloths, etc. Label these items with the child's name to discourage accidental sharing.

Reinforce "no food sharing" policies.

If meals or snacks are provided, ensure each child has their own individual meal or snack. Multi-use utensils must be sanitized.

When holding infants and toddlers, use blankets or cloths over childcare providers clothing and change the blankets or cloths between children.

Avoid getting close to faces of all children, where possible.

Use disposable cleaning cloths and gloves.

Regularly wash blankets, towels, smocks, bibs, etc.

Items used by children should be of a material that allows them to be easily cleaned and disinfected at least twice daily; such as items with hard surfaces. In an effort to maintain a

physical distance of 2 metres between individuals and limit the spread of pathogens, items such as toys should be limited to one child at a time and cleaned and disinfected after each use.

Items that are not able to be cleaned and disinfected easily or at least twice daily should be removed from use at this time. Activities which do not allow for a physical distance of 2 metres between individuals and where media cannot be easily cleaned and disinfected should also be discontinued at this time.

Examples of items and activities that should be discontinued include but are not limited to the following:

- soft toys
- items that require laundering such as dress up clothes
- paper materials that are unable to be cleaned and disinfected such as books, puzzles, cards, magazines
- sensory play including the use of water, sand and dry foods
- The use of personal items such as tablets and books is not recommended; use of these items by staff must be closely monitored to ensure items are maintained in a clean and sanitary condition and are not shared between individuals.

It is recommended that enhanced cleaning and disinfection principles be applied to all aspects of the facility and may include the following:

- cleaning and disinfection of toilets, changing tables, after each use
- cleaning and disinfection of sleeping cots after each use.
- bedding is designated for each child and laundered daily
- Refer to section 4 of the Ministry of Education's Child Care Center Licensing Manual (Sept. 19 2019) for more information.

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.

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, labelled 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).

Selection of Disinfectants

It is important to choose an approved disinfectant with a drug identification number (DIN). It must be appropriate for the surface it is being used on and the contact time (time the surface stays wet) must be achievable. Public Health recommends a product with a shorter contact time of between 1 and 3 minutes.

Disinfectant used at HGCC:

- Only using disinfectants that have a Drug Identification Number (DIN). Low level hospital grade disinfectants may be used; HGCC uses Optim (Virox technologies) On the Mark, and Accel (Diversity Inc) Health Canada has included the above three hard-surface disinfectants that are likely to be effective and may be used against SARS-CoV-2, the coronavirus that causes COVID-19. For these products, evidence was submitted demonstrating that they are effective against harder-to-kill viruses or other viruses very similar to SARS-CoV-2.

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.

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:

- 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 childcare settings.

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

Personal Protective Equipment

Deciding to use PPE is based on your risk assessment of the situation.

PPE should not be worn when it is not needed but ensure everyone knows how to use and maintain the PPE that you are required to wear.

Social distancing at 2 metres and proper hand hygiene will be the most important way to protect yourself from the COVID-19 virus

Improper use of PPE can create a false sense of confidence, increase chances of infection and waste supply

Proper use of PPE is an effective part of infection prevention and control, however it is not a stand-alone method

Proper hand hygiene must be exercised before donning and after doffing PPE including gloves, face masks and eye protection.

The following PPE is available at all ECC sites and may be used if there is an identified risk of exposure to the COVID-19 virus:

Gloves, Masks and Eye Protection

Gloves may be worn when hands come into contact with a child exhibiting respiratory symptoms or objects that may be contaminated. Gloves are disposable and single use, and must be disposed of after the task is completed. Gloves protect you against contact with infectious materials. However, once contaminated, gloves can become a means for spreading infectious materials to yourself, other patients or environmental surfaces. Therefore, the way YOU use gloves can influence the risk of disease transmission. These are the most important do's and don'ts of glove use.

Work from clean to dirty. This is a basic principle of infection control. In this instance it refers to touching clean body sites or surfaces before you touch dirty or heavily contaminated areas.

Limit opportunities for “touch contamination” - protect yourself, others and environmental surfaces. How many times have you seen someone adjust their glasses, rub their nose or touch their face with gloves that have been in contact with another person or surface? This is one example of “touch contamination” that can potentially expose oneself to infectious agents. Think about environmental surfaces too and avoid unnecessarily touching them with contaminated gloves. Surfaces such as light switches, door and cabinet knobs can become contaminated if touched by soiled gloves

Change gloves as needed. If gloves become torn or heavily soiled and additional tasks must be performed, then change the gloves before starting the next task. Always change gloves after use, and discard them in the nearest appropriate receptacle. Gloves should never be washed and used again. Washing gloves does not necessarily make them safe for reuse; it may not be possible to eliminate all microorganisms and washing can make the gloves weak.

A face mask must be worn by an individual with respiratory symptoms. If the individual is unable or unwilling to wear a face mask, the person providing care must wear a face mask if a physical distance of 2 metres cannot be maintained.

A combination of PPE types is available to protect all or parts of the face from contact with potentially infectious material. The selection of facial PPE is determined by the isolation precautions required or the nature of contact.

Masks should fully cover the nose and mouth and prevent fluid penetration.

Masks should fit snugly over the nose and mouth. For this reason, masks that have a flexible nose piece and can be secured to the head with string ties or elastic are preferable.

Goggles provide barrier protection for the eyes; personal prescription lenses do not provide optimal eye protection and should not be used as a substitute for goggles. Goggles should fit snugly over and around the eyes or personal prescription lenses. Goggles with antifog features will help maintain clarity of vision.

Eye protection may be worn as a precaution if staff is within 2 metres of a child exhibiting respiratory symptoms. Eye protection is reusable and must be washed and disinfected between each use.

There are four key points to remember about PPE use.

First, don it before you have any contact with another person, generally before entering the room. Once you have PPE on, use it carefully to prevent spreading contamination. When you have completed your tasks, remove the PPE carefully and discard it in the receptacles provided. Then immediately perform hand hygiene.

The gown should be donned first (if wearing one) The mask should be put on next and properly adjusted to fit. The goggles or face shield should be donned next and the gloves are donned last. Keep in mind, the combination of PPE used, and therefore the sequence for donning, will be determined by the precautions that need to be taken.

To don a gown, first select the appropriate type for the task and the right size for you. The opening of the gown should be in the back; secure the gown at the neck and waist. If the gown

is too small to fully cover your torso, use two gowns. Put on the first gown with the opening in front and the second gown over the first with the opening in the back.

Some masks are fastened with ties, others with elastic. If the mask has ties, place the mask over your mouth, nose and chin. Fit the flexible nose piece to the form of your nose bridge; tie the upper set at the back of your head and the lower set at the base of your neck. If a mask has elastic head bands, separate the two bands, hold the mask in one hand and the bands in the other. Place and hold the mask over your nose, mouth, and chin, then stretch the bands over your head and secure them comfortably as shown; one band on the upper back of your head, the other below the ears at the base of the neck. Adjust the mask to fit. Remember, you don't want to be touching it during use so take the few seconds needed to make sure it is secure on your head and fits snugly around your face so there are no gaps.

If eye protection is needed, either goggles or a face shield should be worn. Position either device over the face and/or eyes and secure to head using the attached ear pieces or head band. Adjust to fit comfortably. Goggles should feel snug but not tight.

The last item of PPE to be donned is a pair of gloves. Be sure to select the type of glove needed for the task in the size that best fits you. Insert each hand into the appropriate glove and adjust as needed for comfort and dexterity. If you are wearing a gown, tuck the gown cuffs securely under each glove. This provides a continuous barrier protection for your skin.

In addition to wearing PPE, you should also use safe work practices. Avoid contaminating yourself by keeping your hands away from your face and not touching or adjusting PPE. Also, remove your gloves if they become torn and perform hand hygiene before putting on a new pair of gloves. You should also avoid spreading contamination by limiting surfaces and items touched with contaminated gloves.

To remove PPE safely, you must first be able to identify what sites are considered "clean" and what are "contaminated." In general, the outside front and sleeves of the isolation gown and outside front of the goggles, mask, and face shield are considered "contaminated," regardless of whether there is visible soil. Also, the outside of the gloves are contaminated. The areas that are considered "clean" are the parts that will be touched when removing PPE. These include inside the gloves; inside and back of the gown, including the ties; and the ties, elastic, or ear pieces of the mask, goggles and face shield.

The sequence for removing PPE is intended to limit opportunities for self contamination. The gloves are considered the most contaminated pieces of PPE and are therefore removed first. The face shield or goggles are next because they are more cumbersome and would interfere with removal of other PPE. The gown is third in the sequence, followed by the mask.

Removing gloves: Using one gloved hand, grasp the outside of the opposite glove near the wrist. Pull and peel the glove away from the hand. The glove should now be turned inside-out, with the contaminated side now on the inside. Hold the removed glove in the opposite gloved hand.

Slide one or two fingers of the ungloved hand under the wrist of the remaining glove. Peel glove off from the inside, creating a bag for both gloves. Discard in waste container

Removing face shield: Using ungloved hands, grasp the “clean” ear or head pieces and lift away from face. If goggle or face shield are reusable, place them in a designated receptacle for subsequent reprocessing. Otherwise, discard them in the waste receptacle.

The front of the mask is considered contaminated and should not be touched. Remove by handling only the ties or elastic bands starting with the bottom then top tie or band. Lift the mask away from the face and discard it into the designated waste receptacle.

Removing gown: Unfasten the gown ties with the ungloved hands. Slip hands underneath the gown at the neck and shoulder, peel away from the shoulders. Slip the fingers of one hand under the cuff of the opposite arm. Pull the hand into the sleeve, grasping the gown from inside. Reach across and push the sleeve off the opposite arm. Fold the gown towards the inside and fold or roll into a bundle. (Only the “clean” part of the gown should be visible.) Discard into waste or linen container, as appropriate.

After removing PPE: Hand hygiene is the cornerstone of preventing infection transmission. You should perform hand hygiene immediately after removing PPE. If your hands become visibly contaminated during PPE removal, wash hands before continuing to remove PPE. Wash your hands thoroughly with soap and warm water or, if hands are not visibly contaminated, use an alcohol-based hand rub.

What will the classroom look like for your child?

- No carpets or rugs
- No soft toys or non washable pillows
- Lots of toys and activities that can easily be sanitized.
- Less furniture and lots of indoor space to play.
- The same staff in the room all day, no additional staff unless there is an emergency. Staff will relieve each other for breaks and lunchtime.
- There will be positive interactions and emotional support for all children
- Positive and safe outdoor play, one group at a time, with additional outdoor cleaning.
- Individual baskets of art supplies per child.

Snack and Meal times:

- All snacks will be served on an individual plate or bowl
- Children will be spread out at the table during all meals
- Children will have an individual labeled cup to drink water from during the day, the water fountain will be closed.
- Children will wash hands before snacks/meals and immediately after, disposable paper towels will be used to wash faces
- Staff may wear a mask/face shield during the serving of food.
- All food will be served away from the children, no family style meals. Any second servings will be served with a clean utensil every time, to avoid cross contamination between children.

Medication:

- Any prescribed medication must be given in the original container and preferable left the centre for the duration of the prescription. Medication forms must be filled in online and sent to hgcc@hgchildcare.com

Communication during this time, when parents can not enter the building.

- A screen shot of the daily log will be emailed to the parents.
- Any updates, concerns or daily information will be emailed to parents. During this time, a face to face conversation may not be possible, documentation of activities and events may be limited but staff will maintain communication during this time, to the best of their ability.
- Artwork or creatives will be saved and sent home when appropriate to do so.
- Your child will be dressed and brought to the door to go home.
- Diapers and any necessary supplies must be put into a bag labelled and given to the staff receiving your child at the door.
- If your child requires medication, fill in the form on the website and e-mail to hgcc@hgchildcare.com. We will administer the medication as instructed.
- All information and updates will be sent through e-mail, unless it is an emergency and you will receive a phone call.
- Accident reports will be emailed, in lieu of a signature, please respond to the sent email, that you have received it.
- HGCC understands that face to face conversations are important, and we will attempt various methods to give you updates and keep in touch.