**TEMPLATE: INFECTIOUS DISEASE POLICY , RISK ASSESSMENT, & SAFETY ACTION PLAN**

**Please Note: This Sample Policy, Risk Assessment, and Safety Action Plan Template was created by Industrial Safety Trainers for Child Care Centres (Employers). It has been modified by CCPRN to better suit the needs of home child care. If using this template, providers are encouraged to further modify the document to meet their specific needs.**

**At this time, none of these documents are required for Independent Home Child Care to be open. These are for your information and reference. Please always refer to your local Public Health Unit for the most accurate and relevant information. Some health units already have very detailed guidelines and procedures put in place.**

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**Sample Policy and Procedure: Infectious Disease. Modify as needed.**

|  |  |
| --- | --- |
| Manual Section: | Health and Safety Standards and Procedures-  Infectious Disease |
| Policy Number(s): |  |

**Purpose**

The purpose of this procedure is to establish a plan for the provision of care during an Infectious Disease outbreak while focusing on the health and safety of the children, their families, the provider, and the provider’s family.

As part of my “Due Diligence” to provide a safe environment, I will develop and implement standards and procedures (Safety Action Plan) for the protection against Infectious Disease based on a Risk Assessment.

**Scope**

The goal is to evaluate all possible exposure risks to Infectious Disease, and ask “if someone was to become ill, what would the source of that exposure be” and how can we minimize or eliminate the risk of exposure?

I will assess all areas of the home and other areas (yard) that may expose the children/families/myself to infection. Once I have assessed those hazards, I will develop controls that will ensure the safety of all. As part of that assessment process I will take into consideration elements such as ensuring I understand how to prevent the transferring of contagions, understand the particular infectious disease, and understand what kinds of controls are needed to protect us (such as sanitizing, cleaning, and means of physical distancing from each other). I will also consider a business continuity plan as part of my due diligence.

**Responsibilities**

*Provider:*

* Review and communicate the current policy to families
* Develop and implement standards and procedures relating (Safety Action Plan) to the specified Infectious Disease (in this case COVID-19)
* Implement a review of this policy as often as necessary to ensure the policy is protecting everyone
* Enforce the procedures defined within this policy
* Wear the Personal Protective Equipment as directed in this policy/ procedure.
* Report to families if I suspect that I may be infected or am not feeling well

*Families:*

* Read and acknowledge receipt of the policy
* Agree to follow all procedures
* Report to the provider if the child or family member becomes ill.

Change Log: Health and Safety Standards and Procedures Introduction

| POL # | REV # | Date | Summary of Changes | Revised By | Approved By |
| --- | --- | --- | --- | --- | --- |
|  |  | \*Current Date\* | New document |  |  |

Policy Review:

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| Year  By who | 2020 | 2021 | 2022 | 2023 | 2024 |

**Risk Assessment – Background Information (Sample Risk Assessment Below)**

Purpose

In order to ensure we protect any person in the home from any possible exposure to infectious disease associated with the home child care business, I will take a documented inventory of all areas of the home that could expose persons to infectious disease and will:

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

**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 hazard

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 Job Hazard Analysis 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, tool, or equipment with one that has a lower associated risk
* Engineering - controlling the hazards associated with a job by using tools or equipment that are engineered to provide protection to the Worker
* Administrative - controlling the hazard by creating policies, procedures and signs and providing training to those exposed to the hazard(s)
* PPE - personal protective equipment that is used by a Worker to minimize their risk of exposure to the hazard

**Training (applies more to larger, centre-based care)**

The Health and Safety Coordinator, or their designate, that 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, such as our preferred vendor - Industrial Safety Trainers:

* 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

Where possible, participation in a mock JHA to increase familiarity

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), I will develop a Safety Action Plan that will define how I will protect myself, my family, the children, the children’s families, from exposure to the identified infectious disease. This would include pandemic events such as COVID 19

The following Safety Action Plan will be the established standard that will be used as I endeavor to protect us all from the Infectious Disease.

**Safety Action Plan—Background Information/What to Include (Sample Action Plan Below)**

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.
* Define what is the infectious disease the risk assessment was conducted for (i.e. 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 families
  + Postings
  + Safety talks
  + Screening of persons coming into the home
* Define how you will sanitize the home:
  + Washrooms,
  + Eating areas
  + Tools and equipment
  + Toys and other play items
  + Offices and common areas
  + Stair ways (handrails)
  + Play areas
  + Rest areas
  + Outdoor toys/equipment
  + Strollers
  + Other???
* Define how you will keep outside workers (other members of your family who are working/schooling from home) distant, including how many workers can be in a room at a time.
* For areas that workers can not maintain distance, how will you protect those?
* Define what Personal Protective Equipment will be required to be worn and when.
  + Latex gloves, masks, face shields, safety glasses, etc.
* Define any specific safe work instructions that workers/families must follow:
  + Screening of persons entering the home
  + 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 how families are to report possible exposure to the disease both during the day and during off work hours, including out of city/country travel. Define if they will be required to self quarantine.
* Define who is responsible for enforcement of policy and consequences if policy is not followed.
* Define any training requirements

Change Log: Risk Assessment (JHA)

| POL # | REV # | Date | Summary of Changes | Revised By | Approved By |
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|  | 00 | \*Current Date\* | New document |  |  |

Policy Review:

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| Year  By who | 2020 | 2021 | 2022 | 2023 | 2024 |

**Sample Risk Assessment Tool:** This is to help you evaluate risks and develop your Safety Action Plan. Modify as needed.

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 the home as well as those persons living here.

This sample template risk assessment address’s general considerations when assessing your workplace/home and its exposure to infectious disease. Industrial Safety Trainers does not warranty the completeness of this assessment template. Businesses/providers are encouraged to expand on the questions that are raised while conducting this risk assessment. Goals during a risk assessment is to ask ourselves “What If?” or “What About?”

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| --- | --- | --- | --- | --- |
| Business Name: |  | Date of first assessment | |  |
| Address: |  | | | |
| Assessor Name(S) | | | What is Your Role Within the Business? | |
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| Assessment was re-assessed on the following dates: | | | | |

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| --- | --- | --- | --- | --- |
| List Area(s) and/or Item(s) Where Persons Could be Exposed to COVID-19 | | | | |
|  | | | | |
| Area and/or Item | Yes | No |  | List off things in your home that can not be washed off effectively. Things that may need to be taken out of service until things change. | |
| Doors |  |  |  | Stuffed animals | |
| Office Equipment/ printers, phones, etc. |  |  |  | Blankets | |
| Washrooms |  |  |  | Books | |
| Microwave |  |  |  |  | |
| Coffee machine |  |  |  |  | |
| Items brought in by family w/child |  |  |  |  | |
| Medicine brought in for children |  |  |  |  | |
| Play areas |  |  |  |  | |
| Sleeping mats/ beds |  |  |  |  | |
| Blankets and other things |  |  |  |  | |
| Chairs and stools |  |  |  |  | |
| Soft toys |  |  |  |  | |
| Play ground |  |  |  |  | |
| Books, puzzles, other paper items |  |  |  |  | |
| Intake of children |  |  |  |  | |
| Feeding children |  |  |  |  | |
| Changing / cleaning children |  |  |  |  | |
| Exposure to parents/ guardians. |  |  |  |  | |
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It might be helpful to do a walk-through of a typical day. Imagine greeting the child and visualize the screening process, the daily routine, and the end of day pick up. Note any possible risk areas above. The Safety Action Plan should address how you plan to reduce or eliminate the possible risks noted above.

Please be sure to consult your local public health unit for the most accurate information.

|  |  |  |  |
| --- | --- | --- | --- |
| Consideration | Action/Response | By Who | Suggestion |
| How many and which rooms will the children access? |  |  | Limit access as much as possible, encourage more outdoor time. |
| Have the families been exposed to Covid-19? Have they travelled outside of Canada?  How many other people can you expect to be in your home per day? Your other family members who might be working/schooling from home? |  |  | * Screen every person entering your home. You can have a sign that asks the basic screening questions, but you must ask if the child or other persons are not feeling well, and this must be documented. You will also want to document updated contact information. * Recommended that you take the temp of children coming in. You could go as far as taking temp of those dropping children off if you are using an infrared thermometer. * Recommended that children are made to wash their hands when entering the home. Persons who are receiving children should wash their hands immediately after intaking a child. |
| For others entering the home (i.e. repair person) ask them if they may be infected or been around those who may be infected.  Limit non-essential people in your home. |  |  | Have them read the screening questionnaire. They need to sign it, indicating that they are not a risk to your home. This should include a phone number in case you need to contact them. Workers may need to don PPE |
| Communications to families explaining what social distancing is and its importance have been communicated. Is it posted? | i.e. set up virtual meeting with all families prior to resuming care.  i.e. update bulletin board |  | Do a safety talk in small groups (1 to 3) about what it is and what your policy states.  Go to <https://www.ontario.ca/page/2019-novel-coronavirus-2019-ncov> for current info on COVID 19  Go to <https://www.wsps.ca/Information-Resources/Topics/COVID-19-Keeping-safe-during-the-pandemic.aspx> to down load posters relating to COVID 19 |
| Do you have any children that will require a person to physically touch them? Example – special needs children, very young children or children that need support? | i.e. brainstorm other forms of connection—winks, hand gestures, songs, etc. |  | Special precautions may need to be taken when working with these children. This may include:  Wearing masks on both the child and the worker  Wearing latex gloves  Wearing aprons  Washing of hands  Use of disinfectant wipes |
| Can you schedule a staggered intake of children? |  |  |  |
| Can you organize the intake of children so that we maintain the social distance of 2 m? |  |  | Can you set things up that will keep parents/ guardians a safe distance from you?  Maybe put a table in the space that anything the parents or guardian need to drop off for the child is left on so we don’t have to get too close.  How will you do the screening? Will it be a verbal questionnaire or will they have to sign it?  Will and can you have children wash their hands prior to entering common areas.  Encourage more physical space between children by:  Spreading children out into different areas of the room;  Incorporating more individual activities or activities that encourage more space between children. |
| How often will you sanitize?  Do you have enough supplies?  This would include sanitizing toys, beds, and frequently touched surfaces. | i.e. talk to families about contributing supplies: tissues, paper towels, wipes, disinfectant, etc. |  | 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 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;  Frequently touched surfaces are most likely to become contaminated-- doorknobs, light switches, toilet handles, and tabletops, and must be disinfected at least twice a day;  Only using disinfectants that have a Drug Identification Number (DIN). Low-level hospital grade disinfectants should be used;  Checking expiry dates of products used and always following manufacturer’s instructions;  Performing proper hand hygiene (including assisting children with hand hygiene); and,  Incorporating additional hand hygiene opportunities into the daily schedule. |
| How will you deal with persons that may not be feeling well? How will you deal with persons that have effects of infectious disease? |  |  | Procedures need to be written to define what steps should be taken if you are feeling ill and what steps should be taken if a child is not feeling well. |
| Can children eat their meals, and maintain the 2 M distance? |  |  | Table and chairs must be disinfected often. |
| All persons in the home are practicing increased handwashing |  |  |  |
| Soap dispensers available in washrooms | i.e buy more soap |  | Don’t forget to sanitize the area of the soap dispenser that the bare hands touch. |
| Anti-viral Hand sanitizer (at least 60-99% alcohol and no alcohol substitute) distributed throughout the workplace and high use areas? |  |  | This may be a challenge to acquire hand sanitizer. Hand washing is the other option. |
| Where social distancing of 2 metres between persons cannot be maintained, such as intaking children, or when children have to be fed, cleaned or comforting will the need for additional precautions be needed such as wearing PPE? |  |  | Wearing of gloves, face masks and or facemasks.  Define what has to be worn, and when. There is lots of information about the effectiveness of some PPE when it comes to protecting against COVID 19. Wearing PPE during intake and when handling children that are messy/dirty or sick would be considered as high risk.  Washing hands often should be part of the process  You may consider using a towel to wrap the child and to act as a barrier between you and the child? |
| Will you have children needing to nap during the day? If so, how will you ensure that social distancing is maintained while nap time? |  |  |  |
| Disposable paper napkins and sanitizing wipes are available for use in eating areas |  |  |  |
| Trash cans are placed near toilet, exits, outdoors, etc. |  |  | Encourage using paper towel to open doors, and toss in container afterwards |
| Disinfectant wiping products are available and distributed widely around common areas |  |  |  |
| Increased cleaning of the toilet block (seats, levers, tanks, sink, counters) |  |  | How often will you clean the washrooms in a day? |
| Hand sanitizers are available in washroom and clean-up areas |  |  |  |
| Hand washing method posters displayed (Public Health Agency of Canada) in washrooms and clean-up facilities. |  |  | Posters can be downloaded off the net. |
| Posters reinforcing COVID19 Signs and Symptoms and actions to be taken are posted |  |  |  |
| If children are required to play closely together, what kind of controls can you put in place? | i.e. move furniture, reduce clutter, reduce number of toys |  | Consider:   * Physical barriers between children * Bins of toys specific to each child |
| Have you talked to families to find out what their feelings are about what is going on? |  |  | Talking to families during this assessment allows them to feel what they think matters.  You may find that giving them a bit of a heads up as to some of the controls that may be implemented, may make implementing those controls easier/ smoother. |

Change Log

Document any changes to the original assessment and changes to procedure

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| Date: | What has changed? | What changes to policy or procedure has been made | Approved by |
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**Sample Safety Action Plan:** This would be specific to the Infectious Disease (in this case COVID-19) and be provided to daycare families. Modify as needed.

**Safety Action Plan/Safe Work Procedure for working during COVID 19**

The following safe work procedures will define how **Your Company Name** 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)

For more information about COVID 19 visit the Ministry of Health Ontario - <http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx> or the public health unit at https://www.phdapps.health.gov.on.ca

**Screening**

All individuals, including children, parents/ guardians must be screened upon arrival.

When intaking children, I will be outside screening each person as they come on site. Parents/guardians will not be permitted in the home.

Screening of every child and parent/guardian will take place. As part of our screening, we will ask if the parents/ guardians have any symptoms outlined in the COVID-19 website, or any person they have been in contact with have been diagnosed with COVID 19. Children in particular should be monitored for atypical symptoms and signs of COVID-19.

We will take the temperature of each person entering the home using a no touch infrared thermometer. It is recommended that we take 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 lest 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)

If the family unit has been in contact with a person that has been diagnosed with COVID 19, that child will not be allowed to access care until a self-quarantine has been completed or until that child has been tested negative to the disease.

Child care centers within the meaning of the “Child Care and Early Years Act, 2014” have a duty to report suspected or confirmed cases of COVID-19 under the Health Protection and Promotion Act”. We will contact the local public health unit to report any suspected child that may have COVID-19. Once contacted, they will provide specific advice on what control measure should be implemented to prevent the potential spread and how to monitor for other possible infected staff and children.

Thermometers must not be used between children/ staff without single-use protective covers or disinfecting between use. It is recommended that you use an infrared thermometer to avoid contact with persons.

For Home-based child care: if a person who resides in the home becomes symptomatic and / or tests positive for COVID-19, that home based child care center should not be operated until clearance is received from the local public health unit.

**Staff**

In the event that I develop any symptoms of illness (respiratory or otherwise) while working…

**Children**

Clearly communicate to parents/guardians:

* Check their children’s temperature daily before coming to the childcare setting.
* If the temperature is equal or greater than 38 degrees Celsius or if the child/children have any cold-like symptoms or vomiting and/or diarrhea, they should stay home.

In the event that a child develops any symptoms of illness (respiratory or otherwise) while at childcare, the child must be immediately isolated (to the extend possible) and their parent/guardian called to take the child home as soon as possible. If the child is experiencing respiratory symptoms, ask the child to wear a mask while self-isolating at the facility. If the child is unable or unwilling to wear a mask, the staff person caring for the symptomatic child must wear a mask if they are unable to maintain a 2- meter physical distance.

Hygiene and respiratory etiquette should be practiced while the child is waiting to be picked up.

Tissues should be provided to the child for proper respiratory etiquette, with proper disposal of the tissues and proper hand hygiene.

Environmental cleaning of the isolation space the child was in should be conducted once the child has been picked up.

Contact the local public health unit to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre.

Children with symptoms must be excluded from childcare 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 childcare setting for 14 days.

While caring for a child with respiratory symptoms I may wear gloves and/or eye protection in addition to a mask if I am unable to avoid coming into contact with contaminated surfaces or respiratory droplets from the child.

Once a symptomatic child has left the home, I will ensure that contaminated surfaces and high touch areas are disinfected.

**Education**

The following rules apply at this home child care:

* Proper hand washing including the need to wash your hands frequently. Remove jewellery while washing.
* Disinfect surfaces frequently with a bleach solution using disposable gloves.
* Promote individual activities to minimize sharing of toys.
* Remove toys and books that are difficult to sanitize, such as plush toys, sand/water tables, and playdough.
* Remove work clothes and wash them as soon as done work.
* A review of the following postings that will be posted through out our facility;

Social Distancing go to <https://thesafetybus.com/wp-content/uploads/2020/04/CV-construction-BW-colour-EN-85X11.pdf>

**Parents/ guardians of those children that will be attending child care will receive the following training:**

* 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 safety action plan/safe work instructions for COVID 19
* Safe work practices that will be taken during the intake of children each day. Defining how I will intake children, this may include instructions on how to package up the children’s belonging such as extra cloths, medicine, and other items.

**Physical Distancing**

Every effort will be taken to encouraging physical distancing between children by spreading children out into different areas of the room and providing longer play times outside.

I will avoid taking the children to community playgrounds. Outdoor play in my own play area outside is encouraged. If using our own playground, I will disinfect or avoid climbing structures, shared swings, slides, and other equipment.

When setting matts 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 and cribs will be disinfected after each use.

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

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

The children and I will be required to regularly wash our hands for at least 20 seconds with soap and warm water at:

* The start of the day, before/after eating or drinking, before/after changing diapers or using the washroom, before/after cleaning a child, after touching shared items, before preparing food, after cleaning up meal and snack times, at the end of the day, and any other time deemed necessary.

**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, plates, cups, etc. – If household or commercial disinfectant cleaning products are not available, hard surfaces can be disinfected using a mixture of 5 mL of bleach (5% sodium hypochlorite) and 250 mL of water. Make sure the solution is in contact with the surface for 1 minute. – If liquids can be withstood, disinfect high-touch electronic devices (keyboards, tablets, smartboards) with alcohol or disinfectant wipes.

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

* Eating areas
* Tools and 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.
* Stair ways (handrails)
* Play areas, Rest areas
* Other???

Linens must be laundered between children.

Do not use water or sensory tables

Children must not share soothers, bottles, sippy cups, toothbrushes, 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, face cloths, 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
* use of wading pools
* 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 home and may include the following:

* cleaning and disinfection of toilets, changing tables, and potties after each use
* cleaning and disinfection of sleeping mats, cribs and cots after each use.
* bedding is designated for each child and laundered weekly or more often if required
* Refer to section 4 of the Ministry of Education’s Child Care Center Licensing Manual (Sept. 19 2019) for more information.

**Personal Protective Equipment**

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

Ask yourself: What you will be doing, is there a risk of exposure to the COVID-19 virus?

PPE should not be worn when it is not needed, ensure you know 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 is 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.

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.

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.

For additional information refer to Preventing the Spread of COVID-19 in Emergency Child Care Facilities Fact Sheet.

**Resources:**

Screening Posters

COVID-19 Screening Tool for Staff, Children and Parents/Guardians

Preventing the Spread of COVID-19 in Emergency Child Care Facilities Fact Sheet

How to Use Hand Rub Poster

Public Health Ontario’s ‘Cleaning and Disinfection for Public Settings

Ontario COVID-19 Self-Assessment

Tool https://www.ontario.ca/page/2019-novel-coronavirus

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**COVID Screening Log Sheet**

Every person dropping off a child is required to answer the following questions. Any person answering yes to any of the below questions may not be able to drop off that child and further action may be required.

1. Do you or the person you are inquiring about have any of the following symptoms: severe difficulty breathing (e.g., struggling for each breath, speaking in single words), chest pain, confusion, extreme drowsiness or loss of consciousness?
2. Do you or the person you are inquiring about have shortness of breath at rest or difficulty breathing when lying down?
3. Do you have a new onset of any of the following symptoms: fever, cough, sore throat, shortness of breath and if the patient is an infant, poor feeding and lethargy?
4. Do you have a new onset of 2 or more of any of the following symptoms: runny nose, muscle aches, fatigue, loss of taste or smell, headache, hoarse voice or nausea, vomiting or diarrhea for more than 24 hours?
5. Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?
6. Have you been in a setting in the last 14 days that has been identified as a risk for acquiring COVID-19, such as on a flight, at a workplace or an event?
7. Have you traveled out side of Ontario in the past 14 days?

Todays Date:

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| --- | --- | --- | --- | --- |
| Time | Parent/ guardian Name | Phone#- if not on file | Email – if not on file | Childs name |
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