

City of Greater Sudbury

Emergency Child Care Plan



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Table of Contents

| | |
|---|----|
| Background | 2 |
| Plan Details..... | 2 |
| Eligibility and Application..... | 3 |
| Phases | 3 |
| Demand for Emergency Child Care..... | 4 |
| Group Sizes | 4 |
| Special Needs | 4 |
| Health & Safety in Emergency Child Care..... | 5 |
| Appendix A: Emergency Child Care Centre Operation-Health Screening Procedure Policy | 6 |
| Appendix B: Emergency Child Care Centre Operation-Sanitary Practices | 10 |
| Appendix C: Emergency Child Care Centre Operation-Environmental Cleaning and Disinfecting Policy and Procedures..... | 14 |
| Appendix D: Emergency Child Care Centre Operation-Toy Disinfecting Policy and Procedures . | 20 |
| Appendix E: Emergency Child Care Centre Operation-Hand Hygiene Policy and Procedures..... | 23 |
| Appendix F: Emergency Child Care Centre Operation-Testing and Exclusion of Sick Children or Staff Policy and Procedures | 27 |

Background

As a measure to support health care and frontline workers during the COVID-19 pandemic, the City of Greater Sudbury is planning to open licensed child care centres to provide care for children of essential and critical service workers.

The City is working with licensed community child care providers and Public Health Sudbury and Districts to determine the safest way to deliver Emergency Child Care.

Plan Details

- The City of Greater Sudbury's Emergency Child Care Plan is to open community-based licenced child care facilities and consider licensed in-home child care as deemed necessary by community demand.
- Initially, three existing sites have been selected to be operated for emergency purposes by two community non-profit agencies. They are:
 - Walden Day Care Centre: preparing to offer emergency childcare in two locations; one at their standalone centre to provide care for infants to preschoolers; and one at a temporary location at providing care for school age children.
 - Jubilee Heritage Family Resources: preparing to provide licensed child care at their standalone centre site and will consider the expansion of licensed in-home child care if deemed necessary by community demand.
- Wherever possible, children from the same families/households will be placed in the same centre/site. This is not a requirement but is a strong recommendation of best practice.
- Providers are committed to ensuring that best practices are followed and to use extreme preventative measures.
- Providers will operate centres Monday to Friday, from 6:00 a.m. to 8:00 p.m., but could be adjusted if there is community demand. Centre-based care will not include overnight care at this time.
- Parents will not be permitted into the centre and instead will be offered virtual options and private tours to see the setting and meet the staff.
- Regular communication will be established with parents.
- Visitors to the centre will not permitted.
- The centres are projected to open for Monday April 6, 2020.
- The operation of sites will meet all requirements set out in the *Child Care and Early Years Act, 2014*, and strictly adhere to all Provincial and Municipal requirements, understanding that these requirements are constantly being updated.

Eligibility and Application

Emergency child care services are reserved exclusively for children of essential and critical service workers identified in the Province of Ontario's "[List of Workers Eligible for Emergency Child Care](#)," who have no other alternatives for child care. The safest option for families is to have children remain at home, if possible. If there is another adult in the home who is able to care for the children (even if they are working from home), families will not be eligible for Emergency Child Care. Only workers who are required to report to an official work location to deliver the service, without the ability to work from home, will be eligible.

In addition, essential staff required to report to an official work location to deliver core community services as deemed essential by the municipality will be eligible to apply.

This list of eligible workers may change as the emergency evolves and will be updated as required.

For a complete and up-to-date list from the Province of Ontario, please visit: [Child care and health care for frontline staff](#).

Phases

City of Greater Sudbury is set to launch Phase 1 of the Emergency Child Care Plan on April 6, 2020, which will begin with application screening, followed by child placements by City of Greater Sudbury Children Services. This phase will be committed to eligible families at Health Sciences North and the broader health care community in order to meet the needs of the community during this pandemic.

Phase 2 will follow, with applications being screened from remaining eligible families from services deemed essential as listed above. Care will be offered to eligible families as it becomes available, on a "first applied, first served" basis. City's Children Services staff will contact applicants if space is available.

Please note that the number of spaces that can be opened will be limited by staff capacity, and health and safety issues, and that, unfortunately, the system may not be able to meet the needs of all eligible families.

Upon being notified that a spot is available at one of the emergency child care centres, families will have 24 hours to accept or decline the spot, after which time your child care space may be offered to the next eligible family.

Demand for Emergency Child Care

- The City will monitor demand for emergency child care through the online application process.
- In the event that demand increases beyond the existing capacity, the City will work with licensed child care operators to expand service based on staff availability and agency capacity.
- The City may also consider offering in-home child care through the licensed in-home child care agency.

Group Sizes

- Child care will be provided for infants, toddlers, pre-schoolers and school-age children [to age 12].
- In keeping with the *Child Care and Early Years Act, 2014*, family groupings may be allowed for more flexibility, and the potential for keeping siblings together.
- To comply with Public Health physical/social-distancing provisions, no more than 5-7 children will be permitted per room, up to 10 in oversized spaces.
- The staff to child ratio will be higher to allow groups to divide for further distancing.
- Consistent with provincial Public Health directives, no location will operate beyond a capacity of 50 people at any one time; this includes children and staff. This number may change as the pandemic situation evolves.
- Staff will receive additional training prior to commencing work. Staff will sign off that they have read and understood all associated policies and procedures.

Special Needs

The City of Greater Sudbury remains committed to supporting the full participation of all children in our early learning and child care programs. The goal would be to ensure that all children, including those with exceptionalities, experience a safe and engaging learning environment.

Child care providers understand that at times, a child may require additional supports over and above Early Childhood practices and curriculum. With consent, Child and Community Resources (CCR) will review the child and family profile.

In some instances, a child may require consultations and support from CCR who would develop an individualized plan for that child to be used in the child care setting. Start dates may be delayed slightly to prepare for a child with exceptionalities.

In others, it is deemed that the child's participation in the emergency child care center would pose a high risk of harm to himself/herself or others, the family could be offer

treatment, consultation and supports via technology platform as an alternative to child care. High risk of harm would include the following elements of assessment: a) number of incidences of self-harm; aggressive behavior towards others and b) the duration of such behaviors; and c) interventions used to date indicate a low response to treatment at this time and requires further medical intervention/supports.

Health & Safety in Emergency Child Care

Health Screening is an obligatory requirement of all employees and families prior to entering or having the child enter the child care centre. Staff will be trained on how to utilize the screening tool. **Everyone must be screened prior to entering the child care centre.** Precautions will include the daily health screening of all children, staff and families (See *Appendix A: Emergency Child Care Centre Operation-Health Screening Procedure Policy*).

- Screening will involve a screening questionnaire.
 - Temperatures of staff and children will be checked and recorded daily.
 - Visitors will not be permitted at this time.
 - Parents will not be permitted into the Centre.
- **Enhanced Health and Safety** procedures and measures for children, staff and families will be implemented, monitored and recorded daily. Sanitary practices will be enhanced. These practices will include:
 - Requirements for Health and Safety (Appendix B)
 - Environmental Cleaning and Disinfecting Policy and Procedures (Appendix C)
 - Toy Disinfecting (Appendix D)
 - Hand Hygiene Policy and Procedures (Appendix E)
 - Testing and Exclusion of Sick Children or Staff Policy and Procedures (Appendix F)
 - **Additional Staff Training:** Staff will receive additional training prior to commencing work. Staff will sign off that they have read and understood all associated policies and procedures.
 - **Communication with Parents:** Staff will communicate with parents daily with updates on their child's health, well-being and daily activities. Any child showing COVID-19 symptoms will be moved to a designated exclusion room and monitored by staff until parent/guardian pick-up.
 - **Other Health and Safety Details:** In addition to these preventative measures, as required by the Ministry of Education, emergency child care sites will have a protocol in place in the event that a child, parent or staff member at the site is showing COVID-19 symptoms.

Appendix A: Emergency Child Care Centre Operation-Health Screening Procedure Policy

Purpose

In order to help reduced the risk of respiratory infections (including COVID-19), a health screening is an essential step. This procedure applies to all staff, children and families. Everyone must be screened prior to entering the child care centre.

This tool was developed to assist Emergency Child Care Centre staff in preparing and administering health screening for staff and children who enter the building.

Policy

XXXXX is committed to providing a safe and healthy environment for staff, children and families. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made. The health screening procedure will take place in the front foyer located at the front entrance. Prior to the health screening, the following steps and set up will be completed:

- Everyone will access the building through a single entrance.
- Everyone will complete the health screening training.
- Identify/set up the location and staffing of the screening area:
 - Ensure that each person is screened
 - Maintain a minimum of 2 metres/6 feet distance between staff conducting screening and the person being screened
 - Staff member(s) must be trained on conducting the screening tool
 - Staff who are conducting the health screening will be provided with masks and gloves and/or hand sanitizer
- Place entrance signage identifying the screening process.
- Ensure Public Health Sudbury and Districts resources are available for anyone who does not pass the screening.

Screening Procedure

Every staff, parent and child must be screened prior to being admitted into the child care centre. Staff must follow the screening procedure for each person and record the outcome (pass or fail).

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 a plexiglass barrier) and wearing personal protective equipment (PPE) (i.e. surgical/procedure mask; gown; gloves; eye protection such as goggles or face shield).

Child care centres 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. The centre should contact Public Health Sudbury and District to report a child suspected to have COVID-19. Public Health Sudbury and District will provide specify 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.

Hand sanitizer will be available for parents and children to sanitize their hands. Staff will proceed with the health screening and if parent and child pass the screening, the child may proceed. A second staff will accompany the child to his/her designated playroom. Other parents will wait outside the building until staff signals to them that it is their turn to approach the screening area. Parents will practice social distancing of two metres/six feet between each other and between staff at all times. All screening will be recorded.

Questions are for staff and families

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

Screening Questions

1. **Did you/the child have close contact with anyone with acute respiratory illness without the use of PPE?**
2. **Have you/the child travelled outside of Ontario in the past 14 days?**
3. **Do you/the child have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19 without the use of PPE?**
4. **Do you/the child, or any member of your household have any of the following symptoms:**
 - a. **Fever (temperature of 37.8 degrees Celsius)**
 - b. **New onset of cough**
 - c. **Worsening chronic cough**
 - d. **Shortness of breath**
 - e. **Difficulty breathing**

- f. Sore throat
 - g. Difficulty swallowing
 - h. Decrease or loss of sense of taste or smell
 - i. Chills
 - j. Headaches
 - k. Unexplained fatigue/malaise/muscle aches (myalgias)
 - l. Nausea/vomiting, diarrhea, abdominal pain
 - m. Pink eye (conjunctivitis)
 - n. Runny nose/nasal congestion without other known cause
5. Have you administered any fever-reducing medication to your child(ren) in the last 5 hours. If yes, why was it required? If it was for fever, they are not allowed entry.

We are required to take your temperature. The thermometer has been disinfected, and gloves will be worn.

- a. Staff must complete hand hygiene (hand washing or hand sanitizing), then put on gloves and a mask. Take temperature, partner will record, remove gloves, and complete hand hygiene (hand washing or hand sanitizer). Disinfect thermometer and wait appropriate contact time.

FURTHER NOTES:

- o Children, parent or staff who have been exposed without PPE to a confirmed case of COVID-19 or symptomatic person(s) should be excluded as per Public Health Sudbury and Districts recommendation. If an essential worker is required to work despite having answered yes to the screening questions #1 or #3, and this essential worker requires child care at the centre, the parent or staff should contact Public Health Sudbury and Districts for direction. Whether the child can attend day care despite the parent/guardian's potential exposure, will be assessed on a case by case basis by Public Health Sudbury and Districts. Until Public Health Sudbury and Districts is contacted, the child will not be allow to entry. Should such a situation arise, Public Health Sudbury and Districts will do their best to provide guidance as quickly as possible. Such instances should be rare as the screening questions specifically mention "without PPE". Health care/front line workers would typically be wearing PPE when dealing with possible cases. Should you require guidance for such instances, contact Public Health Sudbury and Districts staff Burgess Hawkins at [705.522.9200 ext. 218](tel:705.522.9200), or Ashley DeRocchis at [705.522.9200 ext. 499](tel:705.522.9200), or should neither be at their desks, dial extension 398 and a clerical staff member will track someone down to assist you.
- o Should one household member be isolating (regardless of whether due to symptoms, travel, close contact etc.) *all* household members are

required to self-isolate and therefore the child should not be allowed entry.

How to respond:

- If the individual answers **NO** to all the screening questions have passed the screening and can drop off the child/children:
- If the individual answers **YES** to any of the screening questions or refuses to answer, then they have failed the screening and cannot enter the building
 - Refer parents to review the [self-assessment tool](#) on the Ministry of Health website or the **Public Health Sudbury and Districts** www.phsd.ca/ to determine if further action is required.
 - If response is for a Children Services staff member, advise that the Supervisor will be notified and will follow up later in the day.
 - Provide families/clients with a hand out of resources.
 - Staff member will advise their manager immediately.

Appendix B: Emergency Child Care Centre Operation-Sanitary Practices

Purpose

To ensure that all employees are aware of, and adhere to, **XXXXX** Sanitary Practices and the directive established by Ministry of Health regarding Requirements for Health and Safety COVID-19 Guidance: Emergency Childcare Centres Version 1, March 29, 2020.

Policy

XXXXX is committed to providing a safe and healthy environment for staff, children and families. **XXXXX** will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

This policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

Childcare centres are required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the Child Care and Early Years Act, 2014 and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

Many infectious diseases and illnesses can be prevented through appropriate hygiene, sanitation, and infection prevention/control practices which helps protect the health, safety and well-being of staff, children and families.

Procedures

1. Monitor staff and children daily for symptoms. Should staff or children show any signs, they will be separated from all others immediately. Parent will be called and will need to pick up child up immediately.
 - a. **Fever** (temperature of 37.8 degrees Celsius)
 - b. **New onset of cough**
 - c. **Worsening chronic cough**
 - d. **Shortness of breath**

- e. **Difficulty breathing**
 - f. **Sore throat**
 - g. **Difficulty swallowing**
 - h. **Decrease or loss of sense of taste or smell**
 - i. **Chills**
 - j. **Headaches**
 - k. **Unexplained fatigue/malaise/muscle aches (myalgias)**
 - l. **Nausea/vomiting, diarrhea, abdominal pain**
 - m. **Pink eye (conjunctivitis)**
 - n. **Runny nose/nasal congestion without other known cause**
2. Preventative Measures-Prevent the spread of illness
- a. Staff will sign in and out the children-not parents.
 - b. If parents administered any fever-reducing medication to their child(ren) in the last 5 hours for fever they are not allowed entry.
 - c. Wash your hands upon arrival and often (*See Appendix E: Hand Hygiene Policy and Procedures*).
 - d. Cover your mouth during coughing and sneezing either with a tissue or a flexed elbow and disposing of used tissues in a plastic lined waste container, followed by hand hygiene.
 - e. Don't touch your face.
 - f. Disinfect frequently touched surfaces and items that children touch with their hands, mouths, and body fluids such as toys, diaper stations, chairs, playground equipment, door handles, etc. (*See Appendix C: Environmental Cleaning and Disinfecting Policy and Procedures*).
 - g. Use PPE-Personal Protective Equipment when needed during screening, cleaning and when monitoring sick children who have been separated (*See Appendix F: Testing and Exclusion of Sick Children or Staff Policy and Procedures*).
 - h. The playrooms and washrooms will be supplied with paper towels and Kleenex and available at all times.
 - i. Liquid soap dispensers and/or hand sanitizer is available in each playroom and hand sanitizer will be made available outside of the entrance area.
 - j. Wash daycare laundry using detergent and warm water.
 - k. Clean and disinfect diaper change areas between uses.

Requirements for Health and Safety

1. 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, including 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 may 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.
2. 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.
 3. Do not use water or sensory tables.
 4. Do not use community playgrounds; however, outdoor play at licensed childcare sites is encouraged in small groups in order to encourage physical distancing (check with the local public health unit regarding the use of playground equipment on site).
 5. Increase the distance between nap mats, if possible. If space is tight, place children head-to-toe or toe-to-toe. Cots and cribs should be disinfected after each use. Please refer to Section 4 of the Ontario Child Care Centre Licensing Manual (September 2019) for more information.
 6. Linens must be laundered between children.
 7. Children must not share soothers, bottles, sippy cups, toothbrushes, facecloths, etc. Label these items with the child's name to discourage accidental sharing.
 8. Reinforce "no food sharing" policies.

9. If meals or snacks are provided, ensure each child has their own individual meal or snack. Multi-use utensils must be sanitized.
10. Pick-up and drop-off of children should happen outside the childcare setting unless it is determined that there is a need for the parent/guardian to enter the setting.
11. When holding infants and toddlers, use blankets or cloths over childcare providers clothing and change the blankets or cloths between children.
12. Avoid getting close to faces of all children, where possible.
13. Clearly communicate to parents/guardians:
 - Check their children's temperature and ask staff to check their own temperature daily before coming to the childcare setting.
 - If the temperature is equal or greater than 37.8 degrees Celsius or if the child/children have any cold-like symptoms or vomiting and/or diarrhea, they should stay home (see *Appendix F: Testing and Exclusion of Sick Children or Staff Policy and Procedures*).
14. More information on self-monitoring can be found on [Public Health Ontario's](#) website.

Appendix C: Emergency Child Care Centre Operation-Environmental Cleaning and Disinfecting Policy and Procedures

Purpose

To ensure that all staff are aware of, and adhere to, **XXXXX** Sanitary Policies and Procedures and direction by the Public Health Sudbury and Districts regarding cleaning and disinfecting in the Emergency Child Care Centre.

Policy

XXXXX is committed to providing a safe and healthy environment for staff, children and families. **XXXXX** will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

This Policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

Childcare centres are required to follow all existing health and safety requirements as directed by the local medical officer of health and as outlined in the Child Care and Early Years Act, 2014 and other policies and guidelines issued by the Ministry of Education. Plans must also be in place to respond should any staff, children, or parents/guardians be exposed to COVID-19.

This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

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 kill microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

Disinfecting: describes a process completed after cleaning in which a chemical solution (i.e., Oxivir Plus & Oxivir Tb Ready-to-Use (RTU)), 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

All products including cleaning agents and disinfectants must be out of reach of children, labelled, and must have Safety Data Sheets (SDS) up to date (within three years), which are stored in the WHMIS binder. Cleaning and Disinfecting will be done three times a day and as needed, upon Opening, mid-day and Closing. Housekeeping staff will be responsible for the cleaning and disinfecting. Staff will be responsible for the small spills happening in their room. Staff will contact housekeeping for bigger spills. Housekeeping staff/staff will wear gloves when Cleaning/Disinfecting and when immersing toys in diluted disinfectant when toy washing.

Cleaning

- Use soap and warm water to clean visibly soiled surfaces (**Bottle #1**).
- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure soap is removed (**Bottle #2**).
- Let the surface dry.

Disinfecting

Accelerated Hydrogen Peroxide (AHP) was approved by PHSD for use in our child care centres as a disinfectant.

The AHP disinfecting products used in **XXXX** centre are **Oxivir Plus** and **Oxivir TB Ready-to-Use (RTU) Spray or Wipes**. All are considered high-level disinfectants which is defined as the complete elimination of all microorganisms in or on a surface.

For general environmental disinfection of high touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution use **Oxivir TB RTU**, which comes ready to use in spray bottles or wipes, the contact time for disinfecting is **1 minute**.

Disinfecting using Oxivir TB Ready-To-Use (RTU) Spray & Wipes

- Put on gloves and mask, if the employee has scent sensitivities
- Spray or wipe on **Oxivir TB RTU-1 Minute** solution and leave on the surface for the appropriate disinfecting contact time (**1 minute**). Ensure the spray setting is on stream and not mist
- Once the **1 minute** disinfecting contact time has elapsed, the surface has now been disinfected
- Any surface children may come in contact with requires a final rinse with a single-use paper towel (i.e. lunch tables, high chair tray, floor, toy shelves)

- If the surface continues to be wet, you may wipe it dry with a single-use paper towel.

For all other toy cleaning & disinfecting use **Oxivir Plus**, which has to be mixed and tested before use, the contact time is **5 minutes**. (See *Appendix D: Emergency Child Care Centre Operation-Toy Disinfecting Policy and Procedures*)

Disinfecting using Oxivir Plus Solution (1750ppm)

- Spray Oxivir Plus Solution (1750ppm) (**Bottle labeled Oxivir Plus**)
- Let Sit for 5 minutes
- Wipe surface dry
- Rinse toys thoroughly

Steps to prepare solution (half bottle solution)

- Unlock pump
- Make sure dial is at 7ml
- Press pump x1 in bottle
- Lock pump
- Fill bottle with water 300ml
- Use test strip AHP1750 Indicator Strips to test solution. Dip the padded end of the test strip into the diluted solution and remove immediately. At the same time start the timer and shake the strip in a whipping motion three times to prevent excess liquid pooling on the strip. The test strip colour should match the colour block between 35 and 40 seconds to indicate a pass light grey colour. Please use the left hand side chart **Disinfection 1:40** Dilution to test the solution on the AHP1750 bottle.

Sanitizing-Kitchen-Food Contact Surfaces

Dishwasher needs to be at a high temperature-final cycle 82C for ten seconds- using chlorinated pouches in dishwasher.

Always use a sanitizer in the kitchen and on food contact surfaces. Vestec 220 Solution is to be tested daily with the test strips before using. The Solution needs to be a maximum of 200ppm of quats.

Cleaning

- Use soap and warm water to clean visibly soiled surfaces (**Bottle #1**)
- **Wipe Surface**
- Rinse the surface with clean water (warm to tepid temperature preferred) to ensure soap is removed (**Bottle #2**)

- Wipe Surface to air dry

Sanitizing using Vestec 220-Solution (200ppm)

- Spray **Vestec 220 Solution** (200ppm) (**bottle #3**)
- Let Sit for 1 minute
- Wipe surface (excess liquid)
- Allow surface to air dry

Steps to prepare Vestec 220-Solution

- Unlock pump
- Make sure dial is at 2ml
- Press pump x1 into bottle
- Lock pump
- Fill bottle with water-710ml (line of the neck of bottle)
- Use test strip Hydrion QT-10 to test solution. Dip paper into solution NOT FOAM SOLUTION, for **10 seconds**. Don't Shake. Compare colors at once. It needs to read **200ppm**

Cleaning and Disinfection Frequency Requirements

Clean and disinfect upon ENTRY to child care (for staff):

- Any hard surfaces such as water bottles, travel mugs, cell phones, lunch containers

Clean and disinfect upon children's ENTRY to child care:

- Any hard surfaces such as water bottles, containers,

Clean and disinfect frequencies for other surfaces and items:

Cleaning and disinfecting routines **must** be increased as the risk of environmental contamination is higher:

- **Tables and countertops:** used for food preparation and food service must be cleaned and sanitized before and after each use, using Vestec / QUAT product, not Hydrogen Peroxide.
- **Highchairs:** tray table for serving food, must be sanitized and highchair must be cleaned and disinfected before and after serving food

- **Spills:** must be cleaned and disinfected immediately
- **Handwash 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 body fluids).
- **Floors:** cleaning and disinfecting must be performed as required, i.e., when spills occur, and throughout the day when rooms are available, i.e., during outdoor play
- **Outdoor play equipment:** must be disinfected before use, and as required (e.g., visibly dirty). Any outdoor play equipment that is used must be easy to clean and disinfect
- **High-touch surfaces:** any surfaces at your location that has frequent contact with hands (e.g., light switches, shelving, containers, hand rails, door knobs, sinks toilets etc.). These surfaces will be cleaned 3 times per day and as often as necessary (e.g., when visibly dirty or contaminated with body fluids)
- **Other shared items:** (e.g., phones, tablets, music devices, attendance binders etc.) these must be disinfected between users).
- **Food** must be protected from contamination at all times. This may include ensuring guards or covering for food and utensils.

❖ **Note:** Most areas are best cleaned with Oxivir TB RTU and do not require a final rinse if children do not come into contact with them.

Clean and disinfect daily:

- Low-touch surfaces (any surfaces at your location that has minimal contact with hands), must be cleaned and disinfected daily (e.g. Window ledges, doors, sides of furnishings etc.).
- Carpets are to be vacuumed by daily when the rooms are available, i.e., during outdoor play.

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 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 **Oxivir TB Ready-to-Use** Disinfectant in and around the spill area and allow the appropriate **1 minute** disinfecting contact time

8. A final rinse is required if children come into contact with the area
9. Remove gloves as directed and discard them immediately
10. Perform hand hygiene as directed (See *Appendix E: Emergency Child Care Centre Operation-Hand Hygiene Policy and Procedures*)

❖ **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.

Crib and cot cleaning and disinfecting:

- Cots and cribs **must** be labelled and assigned/designated to a single child per use
- Cots and cribs **must** be cleaned and disinfected before being assigned to a child
- Crib mattresses **must** be cleaned and disinfected when soiled or wet and before being assigned to a child
- High touch surfaces on cots and cribs must be disinfected at least twice per day and as often as necessary.
- Cots must be stored in a manner which there is no contact with the sleeping surface of another cot
- Bedding must be laundered daily, and when soiled or wet

Additional Infection Prevention and Control Practices for Hygiene Items

- Pacifiers must be individually labelled 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.
- For creams and lotions during diapering, never put hands directly into lotion or cream bottles, use a tissue or single-use gloves. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe.

Appendix D: Emergency Child Care Centre Operation-Toy Disinfecting Policy and Procedures

Purpose

To ensure that all staff are aware of, and adhere to, **XXXXX** Policy regarding toy disinfecting in the Emergency Child Care Centre.

Policy

XXXXX is committed to providing a safe and healthy environment for staff, children and families. **XXXXX** will take every reasonable precaution to prevent the risk of communicable diseases within our centre.

This policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

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 kill microorganisms. Warm water, detergent and mechanical action (i.e. wiping) is required to clean surfaces. Rinsing with clean water is required to complete the cleaning process to ensure the detergent film is removed.

Disinfecting: describes a process completed after cleaning in which a chemical solution (i.e., Oxivir Plus & Oxivir Tb Ready-to-Use (RTU)), 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

It is important to clean and disinfect all toys, especially toys that may have been placed in children's mouths. Each toy should be cleaned and disinfected before being placed back into circulation.

- Choose toys that are washable, sturdy, and too large to be swallowed to prevent choking.
- Choose toys that can be cleaned and disinfected.
- Avoid plush toys.
- Clean toys when visibly dirty and daily.
- Remove toys from circulation that children have put in their mouths or that have other body fluids on them until they can be cleaned and disinfected. Put in labeled mouth toy bin.
- When cleaning toys, check them for sharp, jagged edges or small pieces that can be easily broken off. If toys cannot be fixed, throw them away.

Cleaning

- Plastic toys that can be submersed in a sink or bucket must be cleaned with dish soap and water.
- Use soap and warm water to clean visibly soiled surfaces.
- Rinse the toys with clean water (warm to tepid temperature preferred) to ensure soap is removed.
- Allow toys to air dry.

Disinfecting using Oxivir Plus Solution (1750ppm)

1. Spray Oxivir Plus Solution (1750ppm) (**Bottle labeled Oxivir Plus**)
2. Let sit for 5 minutes. Mouthed toys will require a final rinse after the required contact time is observed.

Wash in Place

For general environmental disinfection of high-touch surfaces large toys and equipment that cannot be immersed in a disinfectant solution use **Oxivir TB RTU**, which comes ready to use in spray bottles or wipes, the contact time for disinfecting is **1 minute**.

Cleaning

1. Clean toys with soap and warm water to clean visibly soiled surfaces (**Bottle #1**)
2. Rinse the surface with clean water (warm to tepid temperature preferred) to ensure soap is removed (**Bottle #2**)

3. Let the surface dry

Disinfecting using Oxivir TB Ready-To-Use (RTU) Spray & Wipes

1. Put on gloves and mask, if the employee has scent sensitivities
2. Spray or wipe on **Oxivir TB RTU-1 Minute** solution and leave on the surface for the appropriate disinfecting contact time (**1 minute**). Ensure the spray setting is on stream and not mist
3. Once the **1 minute** disinfecting contact time has elapsed, the surface has now been disinfected
4. Any surface children may come in contact with requires a final rinse with a single-use paper towel (i.e. lunch tables, high chair tray, floor, toy shelves)
5. If the surface continues to be wet, you may wipe it dry with a single-use paper towel

Appendix E: Emergency Child Care Centre Operation-Hand Hygiene Policy and Procedures

Purpose

To ensure that all staff are aware of, and adhere to, **XXXXX** Sanitary Policies and Procedures and direction by the Public Health Sudbury and Districts regarding cleaning and hand hygiene in the Emergency Child Care Centre.

Policy Statement

XXXXX is committed to providing a safe and healthy environment for staff, children and families. **XXXXX** will take every reasonable precaution to prevent the risk of communicable diseases within the centre.

This Policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

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 is preferred but 60-90% is considered acceptable). 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.

Hand Washing Procedure

Hand washing is the best way to prevent the spread of infection. Proper hand washing significantly reduces the spread of colds, influenza, and diarrhea illnesses. When you wash your hands, you wash away the germs that you may have picked up from other people, surfaces, or from animals.

Ensure that employees and children are always practicing good hand hygiene when hands are visibly dirty and/or after:

Children should wash their hands:

- upon arriving at the school or daycare
- sneezing, coughing, or blowing nose
- before and after eating
- before and after handling raw food
- after handling garbage
- after using the washroom
- after sneezing, coughing, or wiping their nose
- when their hands are dirty
- after playing with commonly used toys
- after playing outdoors or in a sandbox
- after coming in contact with bodily fluids
- after coming in contact with any soiled/mouthed items
- after gardening

Staff should wash their hands:

- upon arriving at work or returning from a break
- after sneezing, coughing, or blowing your nose
- before preparing, serving, or eating food
- after diapering a child or checking a diaper
- after cleaning up messes
- after wiping a nose
- after going to the bathroom or assisting a child to use the bathroom
- after playing outdoors with children
- before giving any medications
- after assisting a child with handwashing
- after handling garbage
- before and after handling raw foods
- after outdoor play
- after handling soiled laundry or dishes
- after handling soiled toys or other items
- after coming in contact with bodily fluids
- after coming into contact with any soiled/mouthed items
- after gardening

Staff Handwashing

1. Leave jewelry at home or remove it upon handwashing.
2. Use liquid soap and warm running water.
3. Rub hands vigorously as you wash.
4. Wash all surfaces including backs of hands, wrists, between fingers, and under fingernails for a minimum of 15 seconds.
5. Rinse hands well. Leave water running.
6. Dry hands on a single-use paper towel.
7. Turn off faucet with a dry paper towel. Do not use bare hands to turn off faucet.
8. Nail brushes are not to be used.

Toddler Handwashing

1. Have child wet hands.
2. Squirt a drop of liquid soap onto child's hands.
3. Help child wash all areas of hands for 15 seconds.
4. Rinse child's hands from wrist to fingertips under running water.
5. Dry child's hands with a fresh paper towel.
6. Turn off faucet with paper towel and discard.
7. Wash your own hands.

School-Age Handwashing

- Ask the children to wash their hands correctly.
- Show the children how to wash their hands if they do not know how or have forgotten.
- Remind the children that handwashing will help keep them from getting sick.

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.

Hand Sanitizing Information

When your hands are not visible 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. Please ensure that written parent consent is obtained before applying hand sanitizer to any child.

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. Nitrile gloves are single use only.

Gloves and Hand Hygiene

Hand hygiene shall be practised before applying and after removing gloves. Gloves shall be removed and discarded after each use.

To reduce hand irritation related to gloves:

- Wear gloves for as short as 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

Germs, such as influenza and cold viruses, 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 (preferably more than 2 metres/6 feet) from people who are coughing or sneezing. Follow these steps to stop the spread of germs:

- If you have a tissue, cover your mouth and nose when you cough, sneeze or blow your nose.
- Put used tissues in the garbage.
- If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.
- Clean your hands with soap and water or hand sanitizer (70-90% alcohol-based) regularly and after using a tissue on yourself or others.

Appendix F: Emergency Child Care Centre Operation-Testing and Exclusion of Sick Children or Staff Policy and Procedures

Purpose

To ensure that all employees are aware of and adhere to **XXXX** policy in regarding to the exclusion of sick children in **XXXXX** Emergency Child Care Centre.

Policy

XXXXX is committed to providing a safe and healthy environment for children, families and employees. **XXXXX** will take every reasonable precaution to prevent the risk of communicable diseases within our centre. This policy applies to all staff, families and children. This policy and procedure will be reviewed and signed off by all staff prior to commencing employment and annually thereafter and at any time where a change is made.

Testing for COVID-19

1. Symptomatic staff and children should be referred for testing. Testing of asymptomatic persons should only be performed as directed by Public Health Sudbury and Districts as part of outbreak management. A list of symptoms, including atypical signs and symptoms, can also be found in the 'COVID-19 Reference Documents for Symptoms' on the Ministry of Health COVID-19 Website.
 - Those who test negative for COVID-19 must be excluded until 24 hours after symptoms resolution.
 - Those who test positive for COVID-19 must be excluded from the child care centre for 14 days after the onset of symptoms and clearance has been received from Public Health Sudbury and Districts.
2. Emergency 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 Public Health Sudbury and Districts. Outbreaks should be declared in collaboration between the centre and Public Health Sudbury and Districts to ensure an outbreak number is provided.
3. Children or staff who have been in contact with a suspected COVID-19 case should be monitored for symptoms and cohorted (i.e. grouped together) until laboratory tests, if any, have been completed or until directed by Public Health Sudbury and Districts.

4. Staff members awaiting test results, who are asymptomatic, may continue to work unless there is reason to believe they would be considered a case (e.g. potential exposure to an ill or positive care or household contact). Staff should also monitor for symptoms while waiting for test results. If they become symptomatic, they should be excluded from work procedures.

As required by the Child Care and Early Years Act, **XXXXX** must separate children of ill health and contact parents/guardians to take the child home.

If a child begins to experience symptoms of COVID-19 while attending child care, the following recommendations will be followed:

- Symptomatic children be immediately separated from others in a supervised area until they can go home. In addition, where possible, anyone who is providing care to that child should maintain a distance of at least 2 metres. Following active surveillance, any child with the following is considered symptomatic:
 - a. **Fever (temperature of 37.8 degrees Celsius)**
 - b. **New onset of cough**
 - c. **Worsening chronic cough**
 - d. **Shortness of breath**
 - e. **Difficulty breathing**
 - f. **Sore throat**
 - g. **Difficulty swallowing**
 - h. **Decrease or loss of sense of taste or smell**
 - i. **Chills**
 - j. **Headaches**
 - k. **Unexplained fatigue/malaise/muscle aches (myalgias)**
 - l. **Nausea/vomiting, diarrhea, abdominal pain**
 - m. **Pink eye (conjunctivitis)**
 - n. **Runny nose/nasal congestion without other known cause**
- If a 2-metre distance cannot be maintained from the ill child, advice from the local public health unit will be necessary to prevent/limit virus transmission to those providing care.
- Contact the local public health unit to notify them of a potential case and seek advice regarding the information that should be shared with the other parents/guardians of children in the child care centre.
- While contacting the public health unit, at a minimum the child and staff member should wear a surgical /procedure mask (if tolerated), and any other PPE appropriate for the circumstance.

- Hand 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, along with proper disposal of the tissues.
- Environmental cleaning of the space the child was separated from should be conducted once the child has been picked up.
- Children with symptoms should be tested.
- Other children and staff in the centre who were present while the child or staff member became ill should be identified as a close contact and cohorted (i.e. grouped together). The local public health unit will provide any further direction on testing and isolation of these close contacts.
- Children or staff who have been exposed to a confirmed case of COVID-19 should be excluded from the child care setting for 14 days.

If you suspect a child has symptoms of another reportable communicable disease (Please refer to Reporting Communicable Diseases in the Ounce of Prevention Binder), please report these immediately to Public Health Sudbury and Districts 705-522-9200 as is normal protocol.

Exclusion Examples & Length of Exclusion:

- If the child has one or more of the COVID-19 symptoms, the child should be excluded for 14 days after the onset of symptoms unless tested and test results are negative.
- Two or more episodes of vomiting and/or diarrhea within 24 hours, the child should be excluded for 48 hours after being symptom free.

Monitoring

Ensuring that all environmental conditions are constantly monitored is essential in prevention and reducing illness. Employees must monitor for an increase in above normal amount of illnesses among other employees and children by looking at the normal occurrence of illness at that location and during the specific time period.

Ensure surveillance includes the following:

- Observe children for illness upon arrival
- Record symptoms of illness for each child including signs or complaints the child may describe (e.g., sore throat, stomach ache, head ache etc.).
- Record the date and time that the symptoms occur
- Record the room the child attends (e.g., room number/description)
- Record attendances and absences

Returning from Exclusion Due to Illness

Staff/children who are being managed by Public Health Sudbury & Districts (e.g., confirmed cases of COVID-19, household contacts of cases) should follow instructions from Public Health to determine when to return to the facility.

Occupational Health & Safety

If the care provider's illness is determined to be work-related: In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- a. Ministry of Labour;
- b. Joint Health and Safety Committee (or health and safety representative);
and
- c. Trade union, if any.

Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.