

Policy and Procedures for Re-Opening Childcare Centres in the District of Thunder Bay

Last updated: June 23, 2020

PURPOSE:

Starting June 12, 2020 childcare centres are permitted to re-open in Ontario. Centres must be prepared to operate with enhanced health and safety measures in place. To support preparations for re-opening, childcare operators may begin accessing their centres immediately. Home-based childcare providers must also operate with the enhanced health and safety measures in place. The purpose of this policy document is to provide health and safety guidance to childcare centres to protect the health of employees and children in their care. This policy contains protocols and procedures for daily health checks, exclusion of children, parents and staff who are sick, infection prevention and control and sanitary practices, as well as in-program health and safety considerations.

An operational guidance document has been developed by the Ministry of Education with support from the Ministries of Health and Labour, Training and Development, the Chief Medical Officer of Health, as well as the child care sector. This document includes information on licensing requirements and health and safety measures to have in place for the reopening and should be reviewed by all childcare operators: [Operational Guidance During COVID-19 Outbreak: Child Care Re-Opening](#).

In addition, please refer to the Public Services Health and Safety Association's Child Care Centre [Employer Guideline](#) for more information on working safely in a childcare setting. Note that there is also a resource document for [Child Care Providers](#).

POLICY:

All childcare operators and staff will adhere to the following procedures and practices as set out below to promote good health and sound daily sanitary practices.

PROCEDURES:

1. Daily Health Checks (Screening) & Exclusion Protocols

- 1.1. Staff Self-Screening Procedure
- 1.2. Daily COVID-19 Screening Procedure for Children, Parents, and Staff
- 1.3. Reporting Requirement
- 1.4. Protocol for if Any Persons Shows Symptoms of COVID-19 while in the Childcare Centre

2. In-Program Considerations

- 2.1. Maximum Cohort Size and Ratio
- 2.2. Drop-off and Pick-up Procedures
- 2.3. Space Set-Up and Physical Distancing
- 2.4. Visitors

3. Infection Prevention and Control Protocols and Sanitary Practices

- 3.1. The Basics of Infection Control
- 3.2. Environmental Cleaning Schedule
- 3.3. Hand Hygiene
- 3.4. Equipment and Toy Usage and Restrictions
- 3.5. Food Safety
- 3.6. Sleep Equipment
- 3.7. Sensory and Water Play
- 3.8. Outdoor Play
- 3.9. Children's Personal Item Storage
- 3.10. Diaper Changing and Use of Toilets

1. Daily Health Checks (Screening) and Exclusions Protocol

1.1 Staff Self-Screening Procedure

Staff must self-screen each day before arriving at work.

Criteria for self-screening:

- Staff member is experiencing any of the following symptoms: fever (38°C and over), a new or worsening cough, difficulty breathing, muscle aches, fatigue, headache, sore throat, runny nose or nasal congestion, chills, loss of appetite, loss of taste and smell, gastrointestinal symptoms (e.g. vomiting or diarrhea), pink eye.
- Staff member has travelled outside of Canada and has returned in the past 14 days.
- Staff member has had close contact without proper Personal Protective Equipment (PPE) with a confirmed or a probable case of COVID-19.
- Staff member has had close contact without appropriate PPE with a person with acute respiratory illness who has travelled and returned in the past 14 days.

Staff who meet any of the screening criteria must contact their Manager prior to reporting to work by phone. They should must contact the Thunder Bay District Health Unit (TBDHU) by calling 807-625-5900. The TBDHU will provide guidance on testing/isolation for these individuals.

- Those who test negative for COVID-19 must be excluded from the centre until 24-48 hours (symptom dependent) after symptom resolution.
- Those who test positive for COVID-19 must be excluded from the centre until 14 days after the onset of symptoms and clearance has been received by the TBDHU.

All staff who are sick must stay home. Consider having backup staff available if staff members are not able to work.

1.2 Daily COVID-19 Screening Procedure for Staff, Children and Parents

Instruct everyone who is sick to stay home.

Each day, screen all staff, children, and parents arriving at the Childcare Centre using the **Childcare Screening Tool**. If a **parent** fails the screen, have them leave immediately with their children and contact the TBDHU.

If a **child or staff member** fails the screen or develops a symptom while at the centre, follow these steps:

- 1. Isolate the person immediately.**
 - If the person is a child, separate them from others in a supervised area and call for the child to be picked up from the centre immediately.
 - Where possible, anyone who is providing care to the child should maintain a distance of 2 metres.
- 2. Contact TBDHU for next steps by emailing cccconsult@tbdhu.com. Please provide the following information when emailing the TBDHU for direction:**
 - Symptoms, child's name and DOB, parent's name and contact number, last dates attending the centre.
- 3. While contacting the TBDHU:**
 - Maintain a distance of 2 metres from the symptomatic person.
 - If distance cannot be maintained from a symptomatic child, the child and childcare worker should wear a surgical/procedure mask (if tolerated). Masks should not be placed on children under 2 years of age.
 - Hygiene and respiratory etiquette must be practiced while the child is waiting to be picked up.
 - Tissues can be provided to the child for proper respiratory etiquette. Ensure tissues are disposed of appropriately and hand hygiene is performed.
 - After the child has been picked up, clean the area where they were waiting.
- 4. Follow all steps provided by the TBDHU**
 - Other children and staff at the childcare centre who had >15 minutes exposure to a child or staff member who became ill are considered close contacts and must be sent home with instructions to self-isolate. The TBDHU will provide guidance on testing/isolation for these individuals. If test the result for symptomatic child/staff member is negative, the close contacts may return to the childcare centre.
 - Children or staff who are exposed to a confirmed case of COVID-19 will be contacted by the TBDHU.
 - Those who test negative for COVID-19 must be excluded from the centre until 24-48 hours (symptom dependent) after symptom resolution.
 - Those who test positive for COVID-19 must be excluded from the centre until 14 days after the onset of symptoms and clearance has been received by the TBDHU.

A [Screening Poster](#) is available online. Display posters in your workplace. Combine this with other communication (i.e. OH&S, intranet, virtual meetings etc.)

1.3 Reporting Requirement

Records must be kept up-to-date and available to facilitate contact tracing in the event of a confirmed COVID-19 case or outbreak. Ensure that your daily log is completed daily outlining:

- Arrival/Departure times
- General health of children upon arrival
- Meals and snacks
- Activities
- Incidents
- Abnormal behaviors
- Other

All child care licensees are responsible for maintaining daily records of anyone entering the facility/home and the approximate length of their stay (such as cleaners, people doing maintenance work, people providing supports for children with special needs, those delivering food). Records are to be kept on the premises (centre or home).

Record all incidents/accidents affecting the health, safety or well-being of the children enrolled. Provide a copy to parents and TBDSSAB Manager of Child Care Early Years Programs. Keep records for 7 years.

1.4 Protocol For If Any Persons Shows Symptoms of COVID-19 while in the Child Care Centre

Symptoms for COVID-19 include: fever (38°C and over), a new or worsening cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches, nausea/vomiting, diarrhea, abdominal pain, pink eye, runny nose/nasal congestion without other known cause. If any person developed symptoms while in the Child Care Centre:

- 1. Isolate the person immediately.**
 - If the person is a child, separate them from others in a supervised area and call for the child to be picked up from the centre immediately.
 - Where possible, anyone who is providing care to the child should maintain a distance of 2 metres.
- 2. Contact TBDHU for next steps by emailing cccconsult@tbdhu.com. Please provide the following information when emailing the TBDHU for direction:**
 - Symptoms, child's name and DOB, parent's name and contact number, last dates attending the centre.

3. While contacting the TBDHU:

- Maintain a distance of 2 metres from the symptomatic person.
- If distance cannot be maintained from a symptomatic child, the child and childcare worker should wear a surgical/procedure mask (if tolerated). Masks should not be placed on children under 2 years of age.
- Hygiene and respiratory etiquette must be practiced while the child is waiting to be picked up.
- Tissues can be provided to the child for proper respiratory etiquette. Ensure tissues are disposed of appropriately and hand hygiene is performed.
- After the child has been picked up, clean the area where they were waiting.

4. Follow all steps provided by the TBDHU

- Other children and staff at the childcare centre who had >15 minutes exposure to a child or staff member who became ill are considered close contacts and must be sent home with instructions to self-isolate. The TBDHU will provide guidance on testing/isolation for these individuals. If test the result for symptomatic child/staff member is negative, the close contacts may return to the childcare centre.
- Children or staff who are exposed to a confirmed case of COVID-19 will be contacted by the TBDHU.
- Those who test negative for COVID-19 must be excluded from the centre until 24-48 hours (symptom dependent) after symptom resolution.
- Those who test positive for COVID-19 must be excluded from the centre until 14 days after the onset of symptoms and clearance has been received by the TBDHU.

5. Communicate with staff, parents/guardians of next steps from the Thunder Bay District Health Unit.

6. Submit a Serious Occurrence Report to the Child Care Licensing System.

7. Contact the TBDSSAB, Manager of Child Care Early Years to notify that a child is showing symptoms and a report has been submitted.

For all other illnesses and symptoms, refer to [Common Childhood Infections – A Guide for Principals, Teachers and Child Care Providers](#).

Childcare Centers must consider a single, symptomatic, laboratory-confirmed case of COVID-19 in a staff or child as a confirmed COVID-19 outbreak in consultation with TBDHU. Outbreaks should be declared in collaboration between the centre and TBDHU to ensure an outbreak number is provided.

2. In-Program Considerations

2.1 Maximum Cohort Size and Ratio

- A cohort is defined as a group of children and the staff members assigned to them, who stay together throughout the duration of the program for minimum 7 days.
- Maximum cohort size for each room in a child care centre (including each family age group) will consist of no more than 10 individuals (“a cohort”), space permitting. This includes both staff and children.
- Maximum capacity rules do not apply to Special Needs Resource staff on site (i.e., if they are not counted towards staff to child ratios they are not included in the maximum capacity rules).
- For any play activity room that is currently licensed for a maximum group size of less than 10 children due to square footage requirements (e.g., infant room 1 is licensed for 6 children), childcare centres can only have the number of children listed on the licence and ensure the cohort does not exceed 10 (including staff).
- Each cohort must stay together throughout the day and are not permitted to mix with other cohorts.
- Childcare centres are required to maintain ratios set out under the CCEYA. Licensee can increase staff to child ratio as long as the cohort does not exceed the maximum of 10 individuals.
- Mixed age grouping is permitted as set out under the CCEYA where a director approval has been granted on the licence.
- Reduced ratios are permitted as set out under the CCEYA provided that cohorts are not mixed with other cohorts. Reduced ratios are not permitted at any time for infants.

2.2 Drop-off and Pick up Procedures

- Childcare centres should develop procedures that support physical distancing and separate groups as best as possible (i.e., children of one room enter door A and children of another room enter door B, or staggered entrance times).
- As much as possible, parents should not go past the screening area.
- All entrances should have hand sanitizer and if in an enclosed space and physical distance of 2 meters cannot be maintained, parents/guardians and staff/providers may want to use face coverings.

- Consider using signage/markings on the ground to direct families through the entry steps.
- Personal belongings (e.g., backpack, clothing, etc.) should be minimized. If brought, belongings should be labeled and kept in the child's cubby/ designated area.

2.3 Space Set-Up and Physical Distancing

- When setting up the play space, physical distancing of at least 2 metres must be maintained between cohorts and should be encouraged, where possible, between children within the same cohort:
 - spreading children out into different areas, particularly at meal and dressing time;
 - incorporating more individual activities or activities that encourage more space between children; and
 - using visual cues to promote physical distancing.
- Where two cohorts are using the same indoor space (e.g. gym), operators must ensure that an 8-foot temporary physical barrier is in place to ensure that physical distancing of at least 2 meters between cohorts is maintained.
- In shared outdoor space, cohorts must maintain a distance of at least 2 metres between groups and any other individuals outside of the cohort.
- Childcare centres and home child care providers are encouraged to increase the distance between cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.

2.4 Visitors

- There should be no non-essential visitors at the program.
- The provision of special needs services may continue.
- Use of video and telephone interviews should be used to interact with families where possible, rather than in person.
- Ministry staff and other public officials (e.g. fire marshal, public health inspectors) are permitted to enter and inspect a child care centre, home child care agency and premises at any reasonable time.
- As much as possible, parents should not go past the screening area.
- Ensure that there are no volunteers or students at the program.

3. Infection Prevention and Control Protocols and Sanitary Practices

3.1 *The Basics of Infection Control*

1. Observe and assist children with proper handwashing. See information on handwashing in Section 3.3. Access [handwashing posters](#) and have posted beside each sink. Hand wash in-between each activity throughout the day.
2. Keep premises, equipment, and hands as clean as possible at all time. See Environmental Cleaning Schedule in Section 3.2.
3. Instruct staff and children to cover their mouth and nose during coughing or sneezing with a tissue or their sleeve, and disposing of used tissues in a plastic-lined waste container, followed by hand hygiene. Access [respiratory etiquette posters](#) and post in your center.
4. Practice physical distancing as best as possible. Have children seated apart from each other during meals or activities like crafts. When lying out sleeping mats/cots and setting up cribs, ensure 2-meter separation if possible. If space is tight, place children head-to-toe or toe-to-toe.
5. Avoid singing activities indoors. Save singing activities for outdoors and ensure physical distancing is being adhered to.
6. No sharing of food. At this time, adults should serve the child their food and not have children place food on their own plate/bowl.
7. Ensure that children and all childcare staff at the childcare location are appropriately immunized for their ages. See [Immunization Guidelines](#).
8. When a child becomes ill, separate him or her from other children, as soon as possible. Refer to Section 1.3 Protocol For If Any Persons Shows Symptoms of COVID-19 while in the Child Care Centre and [Common Childhood Infections – A Guide for Principals, Teachers and Child Care Providers](#).
9. Only readmit a child when recovery from infection/illness is complete. Caregivers must contact Thunder Bay District Health Unit (807-625-5900), to determine if their child can be readmitted.
10. In order to help prevent the spread of infections (bacteria, viruses, parasites) in the child care setting it is important to clean and sanitize toys on a regular basis. Refer to Section 3.4 on Equipment and Toy Usage and Restrictions.

Refer to the TBDHU [Infection Control Guidelines for Licensed Daycares](#) and [COVID-19 Infection Prevention and Control Measures](#) for additional infection control information.

3.2 Environmental Cleaning Schedule

Frequently touched surfaces (high touched surfaces) must be cleaned and disinfected at least twice a day as they are most likely to become contaminated, this includes doorknobs, light switches, counter tops, crib rails, chairs/table tops not used for eating, toilet handles, toilet seats (unless visibly soiled), faucet handles, hand washing sinks, bathroom counter tops and electronic devices.

Other shared items such as iPads, phones, attendance binders must be cleaned and disinfected between each user.

Clean and disinfect both children and staff washrooms (including high touched surfaces within the washrooms) twice daily and at the end of each day.

Operators must keep a cleaning and disinfection log to track and demonstrate cleaning schedules.

Commonly used cleaners and disinfectants are effective against COVID-19:

- **Cleaners:** Break down grease and remove organic material from the surface. If the surface is visibly dirty use a cleaner first before using disinfectants. Some products contain a cleaner and disinfectant combination.
- **Disinfectants:** Have chemicals that kill most germs. Use a disinfectant after the surface has been cleaned.
 - Use only disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada. Check the expiry date of products you use and always follow manufacturer's instructions.
 - Diluted bleach with a ratio of 1 part bleach to 50 parts water (1000 ppm) is an effective disinfectant if household disinfectants are not available. This solution should be made and used within a day as bleach can degrade over time when exposed to light making it less effective.

Bleach Solution for Sanitizing or Disinfecting

A bleach solution can be used to sanitize and disinfect surfaces.

- **Sanitizing strength:** 1/4 tsp of bleach to 2 cups of water (100ppm). Use for food contact surfaces/kitchen. Food contact surfaces include tables in the day nursery used for eating.
- **Disinfecting strength:** 1 tsp of bleach to 1 cup of water (1000ppm). Use for routine cleaning of all non-food contact surfaces (see above), all high-touch surfaces (ie. surfaces that have frequent hand contact such as doorknobs, light switches, door handles, toilet handles, counters, rails, phoned, keypads), non-

mouthed toys (mouthed toys must be placed in dishwasher at the end of the day), washrooms and diapering areas.

- **Disinfecting strength for handling blood/body fluids:** 1 cup of bleach to 9 cups of water (5250ppm). Use for bloody spills and areas heavy contamination with feces or vomit.

Cleaning Blood/Body Spills

Use gloves for protection when cleaning blood/body spills.

Hand washing is the most important procedure for preventing the transmission of blood borne pathogens.

- Hands must be washed immediately after unprotected exposure to blood or fluids capable of transmitting blood borne pathogens.
- Hands must be washed after removing gloves.
- Hands must be washed after a glove tear or a suspected glove leak.
- Hands must be washed after handling materials that may be contaminated with blood or body fluids capable of transmitting blood borne pathogens.

See TBDHU Guidelines for Handling Blood or Body Fluids on page 20.

Follow guidelines from the TBDHU [Infection Prevention and Control Measures](#) and [Public Health Ontario Coronavirus Disease 2019 \(COVID-19\) Cleaning and Disinfection for Public Settings](#) document.

The following checklists indicate minimal requirements that you should be followed in your Child Care Centre during the COVID-19 outbreak. These are enhanced cleaning schedules for use during COVID-19.

Areas	Before and After Each Use	After Each Use	Daily or more often if soiled	Twice Daily or more often if soiled	Weekly or more often if soiled
Eating					
Table tops Clean and sanitize	✓				
High Chair Trays Clean and sanitize	✓				
Cloth bibs Launder		✓			
Program Play Area					
Mouthed toys/ toys contaminated with bodily fluids Clean and disinfect	✓				
Designated Infant/ Toddler toys Clean and disinfect				✓	
Designated Pre-school/ School age toys Clean and disinfect				✓	
Toys that are shared between cohorts	Before and after each cohort				
Cribs/cots designated to one child Clean and disinfect				✓	
Linen/bedding designated to one child Launder weekly					✓
Linen/bedding not designated to a child Launder Daily			✓		
Carpets Vacuum			✓		
Dress up clothes- not recommended					
Water play table- <i>not recommended</i> Clean and disinfect areas					
Sand table toys - <i>not recommended</i> Clean and disinfect					
Outdoor toys Clean and disinfect	Before and after each cohort				
Playground Equipment	Before and after each cohort				
Washroom					
Toilets Clean and disinfect				Twice daily or more often if visibly soiled and at the end of each day	
Hand washing sinks Clean and disinfect				Twice daily or more often if visibly soiled and at the end of each day	
Floors Clean			✓		
Potty chairs - <i>not recommended</i> Clean and disinfect					

Areas	Before and After Each Use	After Each Use	Daily or more often if soiled	Twice Daily or more often if soiled	Weekly or more often if soiled
Washroom (con't)					
Change Tables Clean and disinfect		✓			
Countertops and fixtures Clean and disinfect				Twice daily or more often if visibly soiled and at the end of each day	
Shared combs and brushes Clean and disinfect		✓			
Re-usable towels/facecloths Launder		✓			
All Areas					
Floor mats Clean and disinfect				✓	
Garbage containers Clean and disinfect			✓		
Table tops Clean				✓	
Sofas, chairs Vacuum or clean			End of each day		
Pillows and couch cushion covers used in activity areas (consider removing pillows) Launder			End of each day		
Woodwork and cubbies Clean			End of each day		
Door handles, doorknobs, light switches Clean and disinfect				✓	
Cleaning Items					
Cleaning using Cloth and bucket method Launder		✓			
Cleaning using Spray bottle method and Cloth Launder		✓			
Mop heads Launder			✓		

3.3 Hand Hygiene

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 micro-organisms from the hands. Hand hygiene can be accomplished using an alcohol based hand rub with a minimum of 60% alcohol or soap and running water.

Hand hygiene, when done correctly, is the single most effective way to prevent the spread of infectious diseases. Use a hand washing sink with hot and cold running water, paper towels, and liquid soap in a dispenser. Hot water temperature should not exceed 43 degrees Celsius (110°F) to prevent scalding.

1. Use soap and warm running water.
2. Rub your hands vigorously as you wash.
3. Wash all surfaces, including backs of hands, wrists, between fingers, under fingernails.
4. Rinse hands well. Leave water running.
5. Dry hands with single use paper towel.
6. Turn off hands controls with a dry paper towel. *Do not use your bare hands to turn off and water controls.*

When to Wash Your Hands:

- Before preparing or serving food.
- After diapering a child, cleaning up messes, or wiping a nose.
- After you have been to bathroom, with a child or alone.
- After touching your face, sneezing or coughing.

Keep Children's Hands Clean:

1. If children are too young to do it themselves, you do it for them.
 - Face cloths used for handwashing (of infants) or faces must be changed after each use and not shared between any children.
2. For older children:
 - **Tell** the child to wash his/her hands
 - **Show** the child how to wash his/her hands if he/she doesn't know or has forgotten
 - **Remind** the child that hand washing will help to keep him/her from getting sick

Children should wash their hands or have them washed:

- When they arrive at the child care centre
- In-between activities
- Before they eat or drink
- After they use the toilet or have their diapers changed

- After wiping their nose or coughing /sneezing into their hands

Some common mistakes that are to be avoided in childcare settings:

- DON'T use a **single damp cloth** to wash a group of children's hands.
- DON'T use a **standing basin of water to wash or rinse** hands.
- DON'T use a **common hand towel**. Always use disposable towels in day care or food preparation settings.

3.4 Equipment and Toy Usage and Restrictions

During COVID-19 toys must be cleaned more frequently. To ensure cleaning and disinfection of every toy is manageable, the amount of toys children have access to at one time in any given program must be limited.

- Provide toys and equipment which are made of materials that can be cleaned and disinfected (i.e. avoid plush toys).
- Designate toys and equipment (e.g., balls, loose equipment) for each room or cohort if possible. Where toys and equipment are shared, they must be cleaned and disinfected prior to being shared.
- Designated toys within the infant/toddler programs are to be cleaned and disinfected twice daily.
- Designated toys within the pre-school/school aged programs are to be cleaned and disinfected twice daily.
- Mouthed toys are to be cleaned and disinfected immediately after the child is finished using it.
- Play structures/playground equipment, see section 3.9 Outdoor Play.
- Items/activities that are not smooth, impervious and are unable to be cleaned and disinfected or laundered may only be used if:
 - children and staff practice hand hygiene immediately before and after play with the item/activity
 - item/activity is discarded immediately if it becomes contaminated by bodily fluids (such as saliva or nose secretions) or is handled by a child/staff that became ill. Examples of these items/ activities may include: supplies (crayons, cotton balls, pipe cleaners), natural items (sticks, leaves, bark) and motor skill play (tissue paper, cardboard building blocks).

3.5 Food Safety

To Minimize the Spread of Infection through food:

- Ensure that you and the children wash their hands before eating.
- Wash and sanitize eating utensils between uses.
- Wash and sanitize surface areas used for food preparation and serving before and after use.
- Use one sink for food preparation, another for hand washing.
- Separate the kitchen area from play area.
- Do not serve unpasteurized milk or milk products.
- Rinse raw fruits and vegetables thoroughly before serving.

Refer to the TBDHU [Food Safety Guidelines for Licensed Daycares](#)

Other considerations:

- Reinforce “no food sharing” policies.
- Ensure there is no self-serve food during meal or snack times. If meals or snacks are provided, ensure each child has their own individual meal or snack.
- Multi-use utensils must be sanitized.
- Bagged lunches may be allowed. Bagged lunches must be labelled.
- Children are not to prepare any foods that will be eaten by other children/staff.
- Children/parents are not to provide any food that will be shared with other children within the center (i.e. cupcakes/cookies).

3.6 Sleep Equipment

Sleep equipment must be assigned/designated to a single child and labelled or numbered to ensure they are used only by the child assigned. All mats/cots and bedding must be cleaned and disinfected minimally once per week and prior to reassignment. Sleeping mats/cots and bedding must be stored in a manner that will prevent contact with one another. When lying out sleeping mats/cots and setting up cribs, ensure 2-meter separation if possible. If space is tight, place children head-to-toe or toe-to-toe.

3.7 Sensory and Water Play

No sensory play activities (i.e. playdough, sand table) should occur during this time. Water play at communal table is not appropriate during this time.

3.8 Outdoor Play

It is recommended to spend a lot of time outdoors during this time. Do not use community playgrounds. Ensure all children and staff perform hand hygiene once inside.

- Childcare programs should schedule outdoor play in small groups/by cohort in order to facilitate physical distancing. Where the outdoor play area is large enough to accommodate multiple groups, childcare programs may divide the space with physical markers to ensure cohorts remain separated by at least 2 metres.
- If play structures are to be used by more than one cohort, the structures can only be used by one cohort at a time and should be cleaned and disinfected after each use by each cohort.
- Childcare providers are encouraged to have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared.
- Childcare providers should find alternate outdoor arrangements (e.g. community walk), where there are challenges securing outdoor play space. Providers should follow physical distancing practices when possible.
- Children should bring their own sunscreen where possible and it should not be shared. Staff may provide assistance to apply sunscreen to any child requiring it and should exercise proper hand hygiene when doing so (for example washing hands before and after application).

Outdoor play areas are attractive to unwanted visitors, human and animal. Hazards may be reduced by taking the following steps:

- Do not assume that a fence will keep out unwanted visitors. Check the perimeter for gaps.
- Check the outdoor play area for including the sandbox for animal feces, broken glass or cans, condoms, needles and syringes.
- Do not pick up sharp objects with your hands. Gloves will not provide protection from punctures. Provide a rigid barrier between the object and your hands, such as tongs, scoop or shovel.

- Scoop animal feces and surrounding soil or sand with a small shovel or scoop, and discard.
- Rake sand on a regular basis. Sunlight provides an effective protection against some microscopic contaminants. Treating sand with chlorine bleach solutions and/or boiling water has very little effect on microorganisms.

3.9 Children's Personal Item Storage

Each child must have a designated and labelled space for storage of their personal items. The storage area must be large enough to prevent touching of personal items within storage areas and must be spaced out to promote social distancing as best as possible. Each cubby, hook and storage container must be designed to one child, labelled with child's name and not shared unless child is from the same family/siblings. All storage cubbies/benches/woodwork must be cleaned and disinfected daily (end of each day once children go home). Storage containers/bins must be made of a material that can be cleaned/disinfected therefore wicker baskets are not permitted at this time.

Children must not share soothers, bottles, sippy cups, toothbrushes, facecloths, etc.

Label all children's items to prevent accidental sharing.

3.10 Diaper Changing and Use of Toilets

Diaper Changing

The following is a sample procedure with minimal requirements that you must adapt for you center and post at each change table:

1. Gather supplies before getting started
2. Clean your hands
3. Put on gloves (optional)
4. Remove the soiled diaper and fold inwards
5. Clean child's skin with a moist disposable cloth, wiping front to back
6. Remove gloves (if used)
7. Clean your hands
8. Apply barrier product using a tissue to avoid contact with skin and product (if used)
9. Diaper the child; wash the hands of the child and then your hands. Use soap and water.
10. Disinfect diaper change surface after each child, making sure that the entire surface remains wet for the entire contact time. Follow manufacturer's instructions for all solutions. NOTE: A visibly soiled surface must first be cleaned with soap and water, rinsed and then disinfected.
11. After discarding soiled diapers, dealing with soiled clothing/diapers or disinfecting diaper change surfaces, please clean your hands again at the sink using soap and water as they would be considered to be visibly soiled.

Toilet Use

Toileting use and procedures must be posted at each toilet to remind staff of the important steps to follow for each child in order to prevent the spread of communicable diseases. Glove use is not required for toileting if you can do it without direct hand contact with stool or urine. You must clean your hand and the child's hands after each use. The following is a sample procedure with minimal requirements that you must adapt to your centre and post at each toilet.

1. Assist the child onto the toilet if necessary.
2. Clean your hands. Put on gloves if you will be coming into contact with stool or urine.
3. Encourage child to wipe themselves from front to back and assist child if necessary.
4. Remove gloves (if worn) and clean your hands with soap and water.
5. Help the child get dressed (or diapered).
6. Wash the child's hands with soap and water.
7. Return child to a supervised area.
8. If the toilet seat is soiled put on gloves, clean and disinfect toilet or toilet ring.
9. Remove gloves and wash your hands with soap and water.

A [poster](#) outlining the information presented above is available for use in your centre.

Potty Chairs

Do not use potty chairs.

APPENDICES/LINKS AND ATTACHMENTS

- [Thunder Bay District Health Unit COVID-19 Infection Prevention and Control Measures](#)
- [Public Health Ontario Coronavirus Disease 2019 \(COVID-19\) Cleaning and Disinfection for Public Settings Factsheet](#)
- [Thunder Bay District Health Unit Infection Control Guidelines for Licensed Daycares](#)
- [COVID-19 Guidance: Emergency Childcare Centers](#) Version 2, May 8, 2020.

Guidelines for Handling Blood or Body Fluids (Urine, Feces, Vomit and Blood)

Avoid direct contact with body fluids (e.g. urine, feces, vomit and blood), as they all have the potential to spread germs. Germs in vomit and diarrhea may travel through the air, so it is important to clean up quickly.

Spill Kit

A spill kit should be prepared ahead of time and should include the following items:

- Gloves (disposable)
- Paper towel
- Soap and detergent
- Plastic bags
- Disinfectant

Procedure

The following is recommended:

1. Wear disposable latex or vinyl gloves. Reusable rubber gloves are acceptable as long as they are cleaned and sanitized after each use.
2. Remove all visible material, working from the least to the most soiled areas, using paper towel or single-cloth. If you are cleaning up feces or vomit, be careful not to agitate the material so that virus particles do not become airborne. Put all material in a water-proof bag for disposal.
3. Clean the area using soap or detergent, again working from the least to the most soiled areas.
4. Disinfect the area using an approved broad-spectrum disinfectant following the manufacturer's directions for procedures and length of time to leave on surface. If using bleach, a 1:10 ratio is recommended. Slowly add 1 cup (250 ml) of bleach to 9 cups (2250mls) of water; or ½ cup (125ml) of bleach to 4 ½ cups (1125ml) of water.
5. Discard gloves and other cleaning articles in a plastic bag.
6. Wash hands after removing the gloves. Use soap and water for at least 15 seconds.
7. Wash the non-disposable cleaning equipment (mops/buckets) thoroughly with soap and water and then rinse with an approved disinfectant.

More information

For further information on dealing with blood or bodily fluids, please contact the Infectious Disease program at 625-8318 or toll free 1-88-294-6630, ext. 8318.

This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a health care professional about any health concerns.

How to use hand sanitizer



Apply 1 to 2 pumps of product to palms of dry hands.



Rub hands together, palm to palm.

Rub your hands together and sing the "ABC" song for 15 seconds.

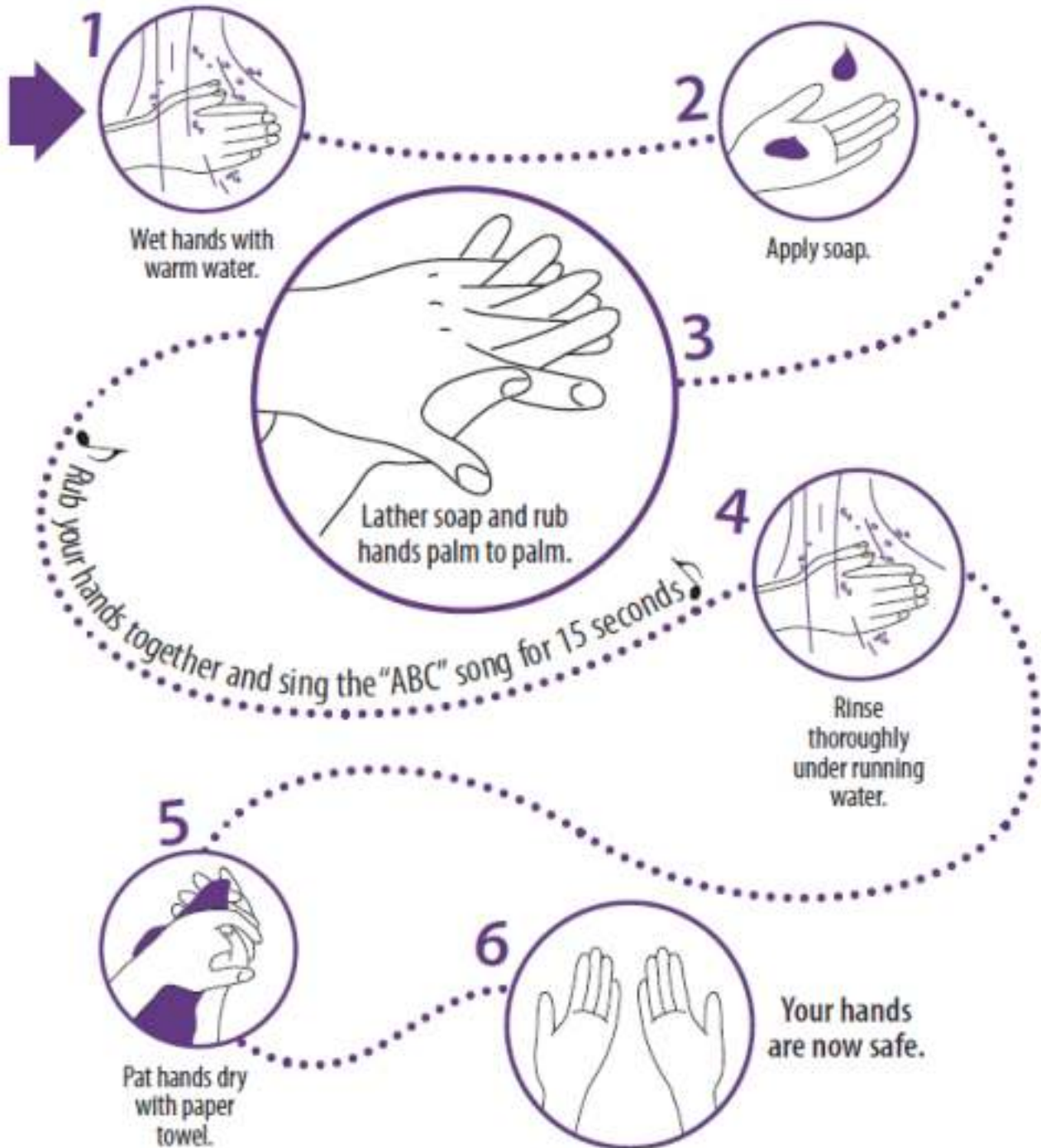


Clean in between fingers and under nails. Rub hands until sanitizer is dry. Do not use paper towels.



Once dry, your hands are safe.

How to wash your hands



Cover your Coughs and Sneezes



Cover your mouth and nose with a tissue when you cough or sneeze.



Put your tissue in the garbage.

OR

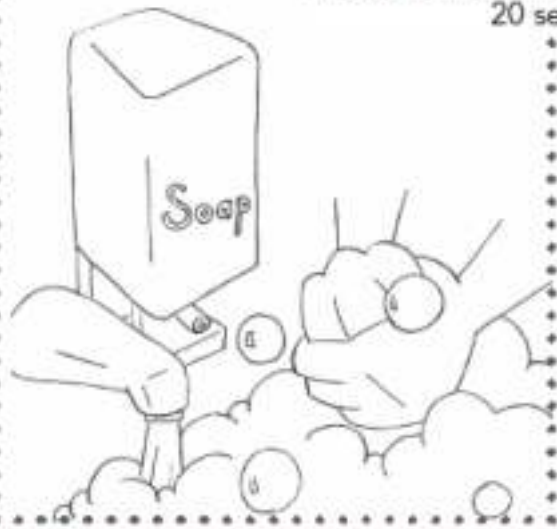
Cough or sneeze into your upper sleeve, not your hands.



Clean your Hands

after coughing or sneezing.

Wash your hands with soap and warm water for 20 seconds.



OR

Use an alcohol-based hand cleaner.



Illustrations by: D. DePeuter

Stop the spread of germs!

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