

SANITARY PRACTICES: INFECTION PREVENTION AND CONTROL

1. PREAMBLE

In accordance with the *Child Care and Early Years Act, 2014* (CCEYA), this policy is intended to support the health and well-being of Upper Canada Child Care (UCCC) clients and staff through the implementation of practices that maintain a high standard of sanitary conditions and prevent the spread of infection and disease.

2. REVIEW

- 2.1 All staff/students/volunteers must review this policy with the centre supervisor/designate/People and Talent department prior to providing care and/or guidance to children. A written record of the review must be signed and dated by the supervisor/designate/People and Talent department and the staff/student/volunteer participating in the review.
- 2.2 Records of all reviews are to be kept on file in a secure location for at least three years from the time of entry.
- 2.3 This policy must be reviewed annually to ensure it is current and meets legislated requirements.

3. DEFINITIONS

- 3.1 **Diarrhea:** The condition of having two or more loose or liquid bowel movements per day.
- 3.2 **Fever:** When body temperature is above its normal level (37°C/98.6°F). It is generally accepted that the following temperatures represent a fever:
 - Oral: 37.5° C (99.5°F) or higher
 - Underarm: 37.5°C (99.5°F) or higher
 - Ear: 38°C (100.4°F) or higher
- 3.3 **Outbreak:** An outbreak is suspected when any of the following occur:
 - Two or more people (staff or children) in the same classroom exhibit the same symptoms of enteric infection
 - An elevated (above baseline) number of people in the same classroom exhibiting similar symptoms of acute respiratory infection within a two day period
 - Two or more people (staff or children) in the same classroom exhibit symptoms of influenza OR there has been one lab confirmed case of influenza (see *Cold or Flu: Know the Difference*)
- 3.4 **Enteric Infection:** Any illness that affects the human intestines and results in symptoms such as nausea, fever, loss of appetite, vomiting, and/or diarrhea.
- 3.5 **Acute Respiratory Infection:** Any illness that affects the human respiratory system and results in symptoms such as sore throat, cough, runny nose, nasal congestion, and fever.
- 3.6 **Standard Precautions:** Guidelines established to reduce the risk of exposure to infectious blood or body fluids through the use of safe handling procedures, personal protective equipment, and appropriate cleaning and disinfecting procedures.
- 3.7 **Personal Protective Equipment (PPE):** Clothing or equipment worn by staff for protection against hazards.
- 3.8 **Workplace Hazardous Materials Information System (WHMIS):** A plan for providing information on the safe use of hazardous materials used in Canadian workplaces. Information is provided by means of product labels, safety data sheets (SDS), and worker education programs.
- 3.9 **Safety Data Sheet (SDS):** A document that contains information on potential hazards of a chemical product, and how to safely use, store, and handle the product.

4. ENVIRONMENTAL CLEANING AND DISINFECTING PROCEDURES

Rates of childhood infections are influenced by physical environments. Scheduled, routine cleaning and disinfecting of toys, equipment, and surfaces is an important measure to help control the spread of pathogens and contribute to a healthy environment for educators and children.

- 4.1 **Cleaning** refers to the physical removal of foreign material (e.g. dust, soil) and organic material (e.g. blood, secretions, and micro-organisms), using warm water, detergent, and mechanical action (e.g. scrubbing).
Staff will:
 - 4.1.1 Use detergent, warm water, and scrub brushes/paper towels/cloths to clean visibly soiled surfaces.
Cloths may be reused if they are laundered after each use.
 - 4.1.2 Rinse surfaces with clean warm water to remove all detergent and remaining dirt.

- 4.1.3 Allow surfaces to dry prior to disinfecting to prevent the dilution of disinfectant solution.
- 4.2 **Disinfecting** refers to the use of a chemical solution to kill most disease-causing micro-organisms.
Staff will:
- 4.2.1 Use personal protective equipment (gloves and masks as necessary) when handling disinfectants.
 - 4.2.2 Prepare disinfecting solutions daily according to the *Preparing Disinfecting Solutions* posting, use test strips to ensure proper concentrations, and transfer disinfecting solutions into labelled squirt bottles for surface cleaning.
 - 4.2.3 Squirt or wipe on disinfectant solution and leave on the surface for the appropriate disinfecting contact time according to *Preparing Disinfecting Solutions* (noting that the surface should remain wet for the full contact time. If the surface dries, staff will reapply disinfectant solution.
 - 4.2.4 Wipe the surface dry with a paper towel or a dry clean cloth once the contact time has elapsed.
- 4.3 **Classroom Maintenance**
Staff will:
- 4.3.1 Maintain all spaces and materials used by the children including classrooms, toys, and furnishings.
 - 4.3.2 Maintain a weekly schedule for cleaning spaces, materials, and surfaces.
 - 4.3.3 Keep floors clean by damp-mopping/vacuuming daily. Supervisors will ensure that carpets are steam cleaned a minimum of twice annually, and records of cleaning maintained.
 - 4.3.4 Wash and disinfect tables used for eating before and after each use.
 - 4.3.5 Clean and disinfect toys and equipment regularly or more often as necessary:
 - Infant rooms daily
 - Toddler and preschool rooms weekly
 - Kindergarten and school age rooms weekly (monthly in Toronto centres)
 - 4.3.6 Clean and disinfect toys that are mouthed by children after every occurrence.
 - 4.3.7 Clean and disinfect all cots, cribs, and bedding weekly, or immediately when soiled.
 - 4.3.8 Keep areas around garbage bins clean.
 - 4.3.9 Ensure that recycled items suspected of being used in a non-hygienic environment (e.g. toilet rolls or egg cartons) are prohibited from use at the centre.
 - 4.3.10 Clean and disinfect infant fridges and microwaves weekly.
 - 4.3.11 **Sensory Play**
Staff will:
 - 4.3.11.1 Ensure that tubs/bins used to provide sensory experiences are easy to move, clean, and disinfect.
 - 4.3.11.2 Ensure that all staff and children wash hands prior to engaging in sensory play.
 - 4.3.11.3 Empty, clean, and disinfect sensory bins regularly. Sensory bins containing wet material will be cleaned after each use; sensory bins containing dry materials will be cleaned on a weekly basis.
 - 4.3.11.4 Keep sensory materials that can be reused in a sealed, labelled container. Food materials used for sensory play will be stored separately from food intended for eating.
 - 4.3.11.5 Provide individual bins for children with coughs/colds or intestinal upset.
 - 4.3.11.6 Suspend sensory play during centre outbreaks.
 - 4.3.12 **Loose Parts and Natural Materials**
Staff will:
 - 4.3.12.1 Obtain materials from a safe source in a manner that ensures there is no potential for contamination. Items from outdoor locations should be obtained away from garbage/waste, animal feces, chemical contamination etc.
 - 4.3.12.2 Prohibit use of items that, due to their function, carry an increased risk of contamination (e.g. toilet paper rolls, egg cartons).
 - 4.3.12.3 Check ingredient labels on empty cardboard food containers and prohibit use if there is potential of exposure to allergens.
 - 4.3.12.4 Clean and disinfect, where possible, all materials prior to use, and according to the classroom disinfecting schedule for toys.
 - 4.3.12.5 Discard materials that cannot be cleaned and disinfected after one week of use, or immediately if they are contaminated with blood or body fluids, or in the event of an outbreak.

4.3.12.6 Ensure that non-washable materials that carry a high risk for contamination (e.g. bird's nests, eggs, insects, sticks with insect holes etc.) are kept in a closed container to be observed but not handled.

4.3.13 Sleep Equipment and Arrangement

4.3.13.1 Cots/cribs will be placed in an arrangement that minimizes the spread of respiratory infection (e.g. head to toe).

4.3.13.2 Cots/cribs will be labelled and assigned to each child. Where cot use must be alternated between children, due to part-time enrollment and lack of storage space, cots will be labelled accordingly and will be cleaned and disinfected between uses.

4.3.13.3 Cots/cribs must be made of cleanable materials, and will be cleaned and disinfected weekly, when wet or soiled or before being used by another child.

4.3.13.4 Each child's cot/crib and bedding will be stored in a manner that avoids contact between those used by other children.

4.4 Children's Washrooms and Changing Areas

Staff will:

4.4.1 Maintain children's washrooms and changing areas in a clean and sanitary condition daily, or more frequently if needed.

4.4.2 Maintain a weekly schedule for cleaning and disinfecting materials and surfaces.

4.4.3 Clean and disinfect the change table after diapering a child using a disposable cloth and in accordance with the posted diapering procedures.

4.4.4 Dispose of all tissues and disposable diapers immediately into an acceptable trash container.

4.4.5 Clean and disinfect toilets and sinks, using a disposable cloth, daily or more frequently if required.

4.4.6 Maintain a constant supply of soap in soap dispensers, and disposable paper towels in the washroom. Ensure that dispensers are maintained in a clean and sanitary manner.

4.5 Kitchen/Servery

The centre cook/assigned staff will:

4.5.1 Maintain the kitchen area and equipment in a clean and sanitary condition (e.g. free of dirt, mold, and pests).

4.5.2 Maintain a weekly schedule for cleaning and disinfecting materials and surfaces.

4.5.3 Complete *Monthly Pest Inspection*.

4.5.4 Notify the supervisor/designate immediately upon evidence of pests (e.g., insects, rodents).

4.5.5 Defrost and clean all freezers two times per year.

4.5.6 Clean all refrigerators weekly and rotate food according to the expiry date.

4.5.7 Dispose of all expired food immediately.

4.5.8 Keep the pantry clean and organized.

4.5.9 Ensure that ventilation/exhaust fans are cleaned regularly by the appropriate maintenance personnel.

4.5.10 Dispose of kitchen waste daily.

4.6 Garbage Cans

4.6.1 Each centre will have suitable containers with a lid for waste disposal. All garbage is to be removed daily from the premises.

4.6.2 All waste disposal containers will be lined with garbage bags.

4.6.3 All areas surrounding garbage cans are to be kept clean.

4.7 Laundry

4.7.1 In centres with laundry facilities, staff will launder all fabric materials including sheets, blankets, towels, clothes, paint shirts, and plush toys weekly, or when soiled or wet.

4.7.2 In centres without laundry facilities, staff will send all laundry offsite to be laundered weekly.

4.7.3 Laundry will be transported in a laundry basket or bags.

4.7.4 Staff will wash and dry laundry in a timely fashion to avoid bacterial growth.

4.8 Cleaning Products

4.8.1 All cleaning and disinfecting products on the centre premises must be approved for use by the supervisor. SDS sheets for all products will be filed in the WHMIS binder on site.

4.8.2 The supervisor will ensure that all staff receive WHMIS training and are made aware of the location of the WHMIS binder for their reference.

4.8.3 Disinfecting solutions will be prepared according to local public health guidelines.

- 4.8.4 Low-level solutions will be used for general disinfecting of toys, diaper change surfaces, sensory play bins, animal cages, tables, and other classroom surfaces.
- 4.8.5 High-level solutions will be used for blood and bodily fluid spills, and for regular surfaces, toys etc. in the event of an enteric outbreak.

5. PERSONAL HYGIENE PROCEDURES

Good hygiene practices limit the spread of infection. UCCC follows procedures outlined by local public health authorities.

5.1 Hand Hygiene

- 5.1.1 Each room will have a designated handwashing sink with hot and cold running water that is maintained in a clean and sanitary manner.
- 5.1.2 Single-use disposable paper towels and liquid soap in dispensers will be available at each handwashing sink. Dispensers for hand hygiene products will be maintained in a clean and sanitary manner.
- 5.1.3 Staff will follow hand-washing procedures outlined by local public health authorities. Current hand-washing procedures will be posted by all hand-washing sinks.
- 5.1.4 Adults should always wash hands thoroughly with soap and water:
 - Upon arrival to the centre, and each individual room;
 - Before and after preparing, handling, or serving food (including expressed breast milk), or dispensing medication;
 - Before and after eating;
 - After outdoor play;
 - After personal use of the washroom;
 - After diapering, toileting, or changing a soiled child;
 - After wiping a child's nose, or coughing, sneezing or blowing own nose;
 - Prior to and after giving first aid;
 - After cleaning up feces, vomit, or any bodily fluids;
 - After handling pets or other animals;
 - After handling garbage;
 - Before and after glove use;
 - Upon entering the centre's kitchen;
 - Anytime hands feel dirty or are visibly soiled.
- 5.1.5 Staff will teach children, assisting where necessary, to wash their hands thoroughly with soap and water:
 - Before and after eating;
 - After going to the toilet or having a diaper change;
 - When sneezing, coughing, and wiping nose;
 - After playing outside;
 - After handling pets or other animals;
 - After messy play experiences;
 - Before and after use of communal sensory materials.
- 5.1.6 Alcohol-based hand rub (ABHR) may be used according to manufacturer's directions, in some circumstances, and when hands are not visibly soiled. If ABHR is used on children, staff will directly apply and supervise use. Sanitizers must have a minimum 60% alcohol base.
- 5.1.7 To ensure that staff are using proper hand hygiene methods, the supervisor/designate will monitor hand hygiene practices on a regular basis and provide feedback as required.

5.2 Diapering

- 5.2.1 Each designated diaper changing area will be equipped with a change table and pad (where applicable) in good repair, with a smooth, non-porous surface.
- 5.2.2 Designated diaper changing areas will be separate from children's activity, feeding, and food preparation areas.
- 5.2.3 Each designated diaper changing area will be in close proximity to a hand-washing sink with hot and cold running water, soap dispenser, and paper towels. Hand-washing sinks will be maintained in a clean and sanitary manner (disinfected daily or more frequently if necessary), and used for the sole purpose of washing hands before and after diapering and toileting.
- 5.2.4 Each designated diaper changing area will be equipped with:

- Easily accessible single-use disposable gloves (to be worn for all diaper changes);
- Suitable labelled disinfectant;
- Paper liner; and
- Garbage pail with a tight fitting lid and leak proof plastic liner.

5.2.5 Personal items such as diapers, ointments, and wipes will be clearly labelled with each child's name, stored in a manner that prevents cross-contamination and kept out of reach of children.

5.2.6 Staff will follow diapering procedures, as outlined by local public health authorities. Current diapering procedures will be posted in diaper changing area.

5.2.7 Where a child's diaper is not excessively soiled, and where the child is comfortable doing so, staff may perform a diaper change with the child standing up according to the following guidelines:

5.2.7.1 The diaper change is done in a diaper change area or washroom that meets all criteria required for diapering or toileting procedures.

5.2.7.2 Aside from placing the child on a change table, all other steps outlined in local public health guidelines for diapering procedures are followed.

5.3 Toileting

5.3.1 All toileting and toilet training procedures must take place in a washroom with a hand-washing sink equipped with hot and cold running water, soap dispenser, and paper towel.

5.3.2 Washrooms will be equipped with:

- Easily accessible single-use disposable gloves;
- Suitable labelled disinfectant; and
- Garbage pail with a tight fitting lid and leak proof plastic liner.

5.3.3 Potty chairs and toilet inserts should be made of smooth, non-absorbent plastic that is easy to clean, and will be stored in a sanitary manner. Toilet seat inserts that have vinyl covered padding should be checked frequently, and discarded if damaged.

5.3.4 Soiled clothing will not be rinsed or washed on site (staff will dispose of stool in the toilet), and should be sent home in a securely tied plastic bag.

5.3.5 Staff will follow proper toilet training and toileting procedures, as outlined by local public health authorities. Current toileting procedures will be posted in toileting area.

5.4 Dental Health/Tooth Brushing

5.4.1 If a parent/guardian requests that a child be supported in tooth brushing, the parent/guardian will provide a toothbrush and toothpaste in a labelled travel container. These items will be kept out of reach of other children, and measures will be used to avoid contamination.

6. COMMUNICABLE DISEASE/ILL CHILD OR STAFF

6.1 Exclusion of Ill Children

6.1.1 Staff will screen children upon arrival for signs and symptoms of illness, and will note concerns in the daily log.

6.1.2 Children will not be permitted to attend if they exhibit symptoms of communicable illness including, but not limited to:

- Diarrhea (two or more loose/watery stools)
- Vomiting of an unexpected nature
- Fever accompanied by lethargy or an inability to participate fully in activities
- Severe cough or difficulty breathing
- Unusual spots/sores/rashes
- Pink eye with yellow discharge

6.1.3 The supervisor/designate will ensure that a symptomatic child is isolated from other children. Where possible, the symptomatic child will be isolated in a room separate from the play area (e.g. staff room or centre office). Where this is not possible, the symptomatic child will be isolated in a quiet area of the classroom in which other children will not be permitted to play.

6.1.4 A parent/guardian (or emergency contact) will be contacted to pick up a symptomatic child from the centre. When it is not possible for the family to pick up the child or when it appears that the child requires immediate medical attention, staff will take whatever actions may be necessary to obtain medical care, when warranted. Steps may include, but are not limited to, the following:

- Contacting the family (emergency contact)
- Taking the child to a hospital
- Calling an ambulance

6.1.5 The supervisor/designate will ensure that a child remains away from the centre according to the exclusionary timeframes outlined in *Recommended Exclusion Timeframes for Common Communicable Diseases*.

6.1.6 The supervisor/designate may request a doctor's note prior to a child's return to the child care centre.

6.2 Exclusion of Ill Staff/Students/Volunteers

Staff who cannot capably perform their daily duties, or who are experiencing symptoms that meet exclusionary criteria, are to remain at home. The supervisor/designate will encourage staff to consult a physician at the onset of illness to obtain a diagnosis.

6.3 Reporting Requirements

The supervisor/designate will ensure that reportable communicable diseases under the *Health Protection and Promotion Act* are reported in a timely manner to the public health authority as specified by Ontario Regulations: 559/91. Refer to *Diseases of Public Health Significance* for guidelines regarding reportable illnesses, and public health contact information.

6.4 Administrative Procedures

6.4.1 An *Illness Report* will be completed to document the circumstances of the child's illness.

6.4.2 Details of the child's illness will be entered onto an *Individual Illness History* attached to the child's file.

6.4.3 Details of the child's illness will be entered into the classroom daily log.

6.4.4 Where there is a confirmed diagnosis of an exclusionary illness, the supervisor/designate will communicate with families about the status of the communicable disease, the exclusion requirements for affected children, and characteristic symptoms of the illness.

7. OUTBREAKS

The best way to manage an outbreak is to be prepared and take immediate action to help prevent further spread of illness. Outbreaks cannot always be prevented; however, they can be managed and controlled with minimal disruption to scheduling or enjoyment of children and staff.

7.1 Reporting Procedures

Staff alert the supervisor/designate when they identify an increase in the number of children/staff with similar signs and symptoms in their classroom or throughout the centre.

7.1.1 A suspected enteric outbreak will be reported when two or more people (staff or children) in the same classroom are exhibiting the same symptoms of enteric infection such as vomiting and/or diarrhea within a two day period.

7.1.2 A suspected respiratory outbreak will be reported when:

7.1.2.1 The number of individuals (staff or children) exhibiting similar symptoms of acute respiratory infection within a single classroom within a two day period has surpassed the classroom's baseline (usual) rate of similar symptoms; **or**

7.1.2.2 Two or more people (staff or children) in the same classroom exhibit symptoms of influenza; **or**

7.1.2.3 There has been one laboratory-confirmed case of influenza.
(See *Cold or Flu: Know the Difference*)

7.1.3 The supervisor/designate reports a suspected outbreak to the representative (or designate) from the appropriate local health authority:

- Simcoe Muskoka District Health Unit Reporting Line: 705-721-7520 ext. 8809
- Toronto Public Health: Communicable Disease Surveillance Unit 416-392-7411
- York Region Public Health: Infectious Disease Control Division: 905-830-4444 ext. 73588 (after hours 905-953-6478)

7.1.4 In the event that an outbreak results in disruption of service, the supervisor/designate will report the outbreak to the Ministry of Education Child Care Quality and Assurance Licensing Branch as a serious occurrence.

7.2 Administrative Procedures

Upon confirmation of an outbreak, the following administrative measures will be taken:

7.2.1 The supervisor/designate will complete all documentation required by UCCC and the local public health authority. Documentation will include a line listing form that allows the local health public authority to evaluate the progress of the outbreak, including the number of new cases occurring each day. The line listing form typically includes:

- 7.2.1.1 Name of child/staff
- 7.2.1.2 Date/time that child/staff became ill
- 7.2.1.3 Symptoms exhibited by child/staff
- 7.2.1.4 Date of resolution of each case
- 7.2.2 The supervisor/designate will add the names of children/staff daily to the line list.
- 7.2.3 The supervisor/designate will fax daily updated lists to the local health authority prior to the deadline specified by the local public health authority.
- 7.2.4 The supervisor/designate will communicate with families about the status of the outbreak, the exclusion requirements for affected children, the return of children to the centre, and monitoring for signs and symptoms of the illness.
- 7.2.5 The supervisor/designate will post signs at the entrance of the child care and/or affected classroom when an outbreak is suspected or confirmed. The signage will list the characteristic symptoms of the illness. It will also stipulate that children should not be brought to the centre if they exhibit the specified symptoms until they have been symptom-free for the recommended exclusion period.
- 7.2.6 The local public health authority representative (or designate) provides services that may include, but are not limited to, the following:
 - 7.2.6.1 A list of the documentation required from the centre;
 - 7.2.6.2 An onsite visit to conduct an inspection of food preparation and handling;
 - 7.2.6.3 An onsite visit to reinforce basic infection prevention and control measures;
 - 7.2.6.4 Daily communication to provide support documentation and answer questions related to outbreak management;
 - 7.2.6.5 Exclusion recommendations for ill children/staff;
 - 7.2.6.6 Provision of literature in the form of guidelines or fact sheets related to outbreak management, specific illness etc.
 - 7.2.6.7 Arrangement of samples for testing to be picked up and transported to a laboratory. Samples may include stool and/or food specimens.
 - 7.2.6.8 Stool samples: The local public health authority may provide enteric outbreak kits, labeled with an expiry date, to the centre. Permission from the parent/guardian is required for submission and analysis of stool samples. Families may also be provided with outbreak kits and specimens may be picked up from them directly by local public health authorities.
 - 7.2.6.9 Food samples: Samples (min 200g) of each high risk food item are refrigerated for 72 hours following meals on a regular basis. For example, ground beef used for tacos on a Tuesday lunch will be refrigerated until Friday lunch. High risk food items include the following:
 - Meat, poultry, and seafood
 - Mixed salads (chicken, tuna, or egg)
 - Rice dishes
 - Dairy products (excluding hard cheese)
 - Cream-filled deserts
- 7.2.7 In the event of an enteric outbreak the local public health authority will facilitate the submission of food samples for analysis to determine if food is involved in the illness.
- 7.2.8 Additional resources may be found on the websites of local public health authorities. Sample resources may include, but are not limited to, the following:
 - 7.2.8.1 Checklists for tracking ill children/staff during an outbreak
 - 7.2.8.2 Instructions on using the outbreak line listing forms
 - 7.2.8.3 Outbreak signage
 - 7.2.8.4 Stool collection technique information, including consent form
 - 7.2.8.5 Information on preventing the spread of influenza in child care settings
 - 7.2.8.6 Outbreak management information for child care settings
- 7.3 **Exclusion of Ill Children/Staff during Outbreak**

Upon confirmation of an outbreak, the supervisor/designate will ensure that the exclusion of ill children/staff follows the length of time based on the identified germ (if known) and local public health service recommendations. Standard exclusion guidelines are to be followed (See section 6).
- 7.4 **Outbreak Control Measures**

Upon confirmation of an outbreak, the following control measures will be taken:

- 7.4.1 Implement increased handwashing by staff and children (e.g. upon arrival to the centre) for the duration of an outbreak. Hand sanitizer may be used in addition to regular hand washing when hands are not visibly soiled (sanitizer must meet the requirements of the local public health authority).
- 7.4.2 Ensure interactions between groups that have experienced illness and groups that have not experienced illness are suspended for duration of outbreak.
- 7.4.3 Increase cleaning and disinfecting of common touch surfaces (e.g. door handles, handrails, and sink/toilet handles etc. for duration of outbreak).
- 7.4.4 Suspend sensory play activities (e.g. water tables, sand tables, sensory play tables, play dough etc.) for duration of outbreak.
- 7.4.5 Wash and disinfect toys in outbreak-affected areas on a daily basis. Toys handled by a child who has become ill while in care are immediately removed from circulation until they have been washed and disinfected. Mouthed toys are cleaned and disinfected after each occurrence.
- 7.4.6 Immediately clean and disinfect surfaces contaminated with feces or vomit using high level disinfectant prepared according to the guidelines in the *Preparing Disinfecting Solutions* posting. Staff will use standard precautions when in contact with blood, body fluids, and chemical disinfectants.
- 7.4.7 Ensure clothing that is contaminated (e.g. with feces, vomit) are put in a plastic bag and sent home with the family for laundering.
- 7.4.8 Wash play clothing/costumes on a hot cycle with detergent.
- 7.4.9 Clean soft furnishings, carpets, and cloth-covered mattresses with detergent and hot water.
- 7.4.10 Clean hard surfaces with detergent, hot water, and a single-use cloth then wiped with a disinfectant, and allow to air dry.
- 7.4.11 Launder non-disposable mop heads on a hot cycle with detergent.
- 7.4.12 Normal activities will only be resumed once an outbreak has been declared over by the local public health authority.

8. USE OF STANDARD PRECAUTIONS

Standard precautions are designed to reduce the risk of spreading infectious diseases through contact with blood and bodily fluids. As staff may not know if someone has an infectious illness (e.g. Hepatitis B or HIV), it is critical to behave as if every individual might have an infectious illness in all situations where there is exposure to blood or body fluids.

8.1 Hand Washing

Staff will use proper hand-washing procedures when handling blood and body fluids, including:

- 8.1.1 During diapering and toileting routines;
- 8.1.2 Before and after giving first aid (e.g. cleaning cuts and scratches or a bloody nose); and
- 8.1.3 After cleaning up spills or objects contaminated with body fluids.

8.2 Personal Protective Equipment

The supervisor/designate will ensure that there is a constant and adequate supply of personal protective equipment available at the centre, and that equipment has not expired.

8.2.1 Single-Use Disposable Gloves

- 8.2.1.1 Single-use disposable gloves should be used when it is expected that staff will come into contact with broken skin, blood, body fluids, secretions, or excretions.
- 8.2.1.2 Hands will be washed prior to and after use of gloves.
- 8.2.1.3 Gloves should be removed using the “glove-to-glove/skin-to-skin” technique:
 - a. Grasp palm of one glove near wrist. Peel glove away from hand, turning inside out
 - b. Hold glove in opposite gloved hand. Slip two fingers under wrist of remaining glove. Pull glove until it comes off inside out (first glove should be inside of second glove).

8.2.2 Masks

Masks may be worn to protect staff from pathogens that may enter through the mucous membrane of the mouth or nose.

8.2.3 Eye Protection

Eye protection should be worn to protect the mucous membranes of the eyes when there is a chance of splashes or sprays of body fluids.

8.2.4 Gowns

Gowns should be worn to protect uncovered skin and prevent the soiling of clothing during activities likely to generate splashes or sprays of body fluid.

8.3 Cleaning and Disinfecting Items and Areas Contaminated with Bodily Fluids (Human and Animal)

Staff will:

8.3.1 Wear gloves while cleaning a contaminated area.

8.3.2 Place soiled objects such as clothing, towels, or toys in a plastic bag until ready to be cleaned. Staff will remove all sharp objects or broken glass from the contaminated area and place them in a puncture resistant, leak proof container. Staff will place the container in a disposable plastic bag, sealed, and discarded in the regular garbage receptacle.

8.3.3 Remove excess blood/bodily fluids using paper towels, wash the contaminated area with soap and water, and rinse thoroughly afterwards. Staff will disinfect the area with a high level disinfectant (e.g. 1:10 bleach solution for a 10 minute contact period) and discard paper towels used for cleaning and disinfecting in a disposable plastic bag.

8.3.4 Clean and disinfect all contaminated reusable items using a high level bleach solution. Staff will dispose of any item that cannot be cleaned.

8.3.5 Transport soiled laundry in a leak-proof plastic bag. Staff will rinse soiled articles in cold water using gloves, and machine wash in hot water using regular laundry detergent. Staff will clean and disinfect sinks and counters in laundry area after rinsing.

8.3.6 Remove and dispose of gloves in a lined garbage receptacle. Staff will wash hands according to proper hand-washing procedures.

9. ANIMALS

It is critical to ensure that we maintain a healthy environment while incorporating animals into our programs by carefully assessing and addressing the risks involved, including the possibility of injury, allergies, or illness resulting from zoonotic infection.

9.1 Residential pets

9.1.1 The following animals meet the criteria of acceptable classroom pets:

- Fish
- Small domestic rodents (e.g. guinea pigs, hamsters, gerbils, mice, rats)
- Non-venomous, non-toxin producing invertebrates (e.g. snails, worms, caterpillars/butterflies)
note: these must not be handled by children).

9.1.2 Staff will develop a *Pet Care Checklist*, which outlines care requirements for any classroom pet, including who will care for the animal on weekends and holidays. Pets will not be sent home with families as supervision cannot be ensured and the home environment, including other family pets, may pose a risk.

9.1.3 A *Veterinary Care Statement for Resident Animals in Child Care Settings* will be completed on an annual basis for all classroom pets, with the exception of fish and invertebrate species.

9.1.4 Staff will ensure that classroom pets these are housed in a suitable enclosure that can be easily cleaned and disinfected, and that all tanks and cages are cleaned and disinfected on a weekly basis. Where possible, tanks are preferable to cages.

9.1.5 Animal enclosures will be kept separate from food preparation/eating areas and from sleep equipment/sleeping areas.

9.1.6 Prior to arranging for a classroom pet, staff will ensure that adequate space/storage is available for keeping the animal/food/treats etc. Animal food and treats will be stored in a sealed container, in a cupboard, off of the floor and away from where human food is stored, served, or prepared.

9.2 Cleaning and Disinfecting Animal Enclosures

Staff will:

9.2.1 Assemble all required supplies, and put on gloves and protective outer garments.

9.2.2 Remove animal to a temporary holding area.

9.2.3 Dispose of food, droppings, bedding material, etc. in a garbage bag.

9.2.4 Clean animal enclosures, food containers, toys, etc. in a utility sink with soap and water, using a scrub brush to remove dirt. Rinse thoroughly with fresh water. Sinks used for food preparation or hand washing will not be used for cleaning animal enclosures and related items.

- 9.2.5 Disinfect items, rinse thoroughly to remove chemical residue (if recommended on product label), and dry.
- 9.2.6 Use fresh bedding material, food, water, etc. when preparing the enclosure and before returning the animal to the enclosure.
- 9.2.7 Clean and disinfect area(s) surrounding the enclosure and the animal's temporary holding area.
- 9.2.8 Clean and disinfect sinks used.
- 9.2.9 Discard single-use gloves and wash hands.

9.3 Animals as Visitors

- 9.3.1 The following animals are not recommended for children and must not reside in or visit **any centre**:
 - Exotic animals (e.g. hedgehogs, monkeys)
 - Wild/stray animals (e.g., bats, raccoons, stray dogs or cats, squirrels)
 - Inherently dangerous animals (e.g., lions, cougars, bears)
 - Venomous or toxin-producing animals (e.g. venomous or toxin producing spiders, insects, reptiles and amphibians)
 - Ill animals or animals under medical treatment
 - Young animals (e.g., puppies and kittens less than 1 year old)
 - Animals that have been fed raw or dehydrated foods, chews, or treats of animal origin within the past 90 days
 - Birthing or pregnant animals
 - Animals from shelters or pounds unless they have been in a stable home for at least six months
 - Aggressive animals
 - Animals in estrus (i.e. animals in heat)
 - Rabies reservoir species (e.g. bats, skunks, raccoons, foxes)
- 9.3.2 The following animals are not recommended for **children less than five years of age** and must not reside in or visit centres that share staff or programming areas with children **under five years of age**:
 - Reptiles (e.g., turtles, snakes and lizards)
 - Amphibians (e.g., frogs, toads, and salamanders)
 - Live poultry (e.g., chicks, ducklings and goslings) including hatchery equipment
 - Ferrets
 - Farm animals (e.g., calves, goats, and sheep)
- 9.3.3 A *Veterinary Care Statement for Animals Visiting Child Care Settings* will be completed for all visiting animals. Completed forms will be kept on site for one year, and made available to any public health inspector or parent who request it.
- 9.3.4 Dogs and cats must be fully immunized against rabies, be up-to-date with any other applicable vaccinations and medications, and be on a flea, tick and intestinal parasite control program.
- 9.3.5 Visiting animals must be trained and in good health, and must have an appropriate temperament to be around children.
- 9.3.6 Visits should be held in an area outside of the regular space (where possible), and on flooring that is easily disinfected (e.g. linoleum, tile).
- 9.3.7 Children will only be allowed to interact with domesticated household pets (e.g. cats, dogs etc.) under the instruction of the owners.
- 9.3.8 Centre staff will verify that travelling animal exhibits are a member of Canada's Accredited Zoos and Aquariums (voluntary accreditation program).
- 9.3.9 All individuals will follow proper hand-washing routines both before and after contact with animals, their feed, toys, bedding and/or environment.

9.4 Consultation with Families

Prior to purchase or to the scheduling of an animal visit, the supervisor/designate will ensure communication occurs with families to determine any additional considerations (e.g. allergies/phobias, and to identify potential risks).

9.5 Child and Animal Interaction

Staff will:

- 9.5.1 Supervise all contact between animals and children.
- 9.5.2 Teach children humane and safe procedures to follow when in close proximity to animals, including:
 - 9.5.2.1 Treating animals gently and calmly
 - 9.5.2.2 Avoid chasing or kissing animals

9.5.2.3 Never disturbing an animal while they sleep or eat

9.5.3 When visiting locations where animals reside (farms, petting zoos etc.), staff will bring wet wipes and hand sanitizer (60-90% alcohol) in the event there are no facilities for proper hand washing.

9.6 Bite and Scratch Protocol

All animal bites will be promptly reported to the local public health unit, and the incident will be documented using and *Accident Report*.

- Simcoe Muskoka District Health Unit: 705-721-7520 ext. 8809
- Toronto Health Connection: 416-338-7600
- York Region Health Connection: 1-800-361-5653

10. EXTERNAL SUPPORTING RESOURCES

Hygiene Postings

The following postings are provided by local public health units, and can be accessed on their respective websites:

- *Diaper Changing Procedures*
- *Hand-Washing Procedures*
- *Toileting and Toilet Training Procedures*

Outbreaks

Outbreak management checklists and line listing forms, along with guidance documents outlining further details for infection control, can be accessed on the websites of local public health units.

Websites

Simcoe Muskoka District Health Unit

simcoemuskokahealth.org

Infection Prevention and Control in Child Care Centres (City of Toronto)

toronto.ca

A Public Health Guide for Child Care Providers (York Region Public Health)

york.ca

11. RELATED DOCUMENTS

Classroom Cleaning and Disinfecting Log

Cold and Flu: Know the Difference

Illness Report

Kitchen Cleaning and Disinfecting Log

Pet Care Checklist

Recommended Exclusion Guidelines for Common

Communicable Illnesses

Veterinary Care Statement for Animals Visiting

Child Care Settings

Cleaning and Disinfecting Guidelines

Diseases of Public Health Significance

Individual Illness History

Monthly Pest Inspection

Preparing Disinfecting Solutions

Veterinary Care Statement for Resident Animals in

Child Care Settings

Washroom Cleaning and Disinfecting Log

LICENSEE (CORPORATION) RECORD OF REVIEW

This document has been reviewed and approved on the date identified in the footer.
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