

Licensee The Governing Council of The Salvation Army in Canada	Last Updated July 2, 2020 Original Date: April 1, 2020
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POLICY STATEMENT

All child care staff must strictly maintain routine infection prevention and control practices (refer to the “[Preventing and Managing Illnesses in Child Care Centres](#)” guidelines), as well as adhere to **additional** sanitary precautions and physical distancing measures in all aspects of care to prevent the spread of COVID-19 as described in this policy.

Child care Supervisors are responsible to communicate the requirements under this policy to any third-party vendors contracted for cleaning services at the child care centre.

PROCEDURES

Hand Washing

Staff should wash their hands with soap and warm water frequently, and **must** wash their hands in the following situations:

- When they arrive at the centre and before they go home
- Before and after breaks
- After using the toilet
- Before handling food, preparing bottles, feeding children
- Before and after eating and drinking
- Before and after touching their own or someone else’s face
- After sneezing or coughing into hands
- Before and after giving or applying medication or ointment to a child or self
- Before and after diaper check or changing diapers, assisting a child to use the toilet, and using the toilet
- Before and after contact with bodily fluids (i.e. runny noses, spit, vomit, blood)
- After cleaning and handling garbage

Children should wash their hands with soap and warm water frequently, and **must** wash their hands in the following situations:

- When they arrive at the centre and before they go home
- Before and after eating and drinking
- After a diaper change and using the toilet
- After playing outside
- After handling shared toys/items
- After sneezing or coughing into hands

Staff should follow and role model the following steps for proper hand washing:

- Wet hands
- Apply soap
- Lather for at least 15 seconds (or as long as the “Happy Birthday” song). Rub between fingers, back of hands, fingertips, under nails
- Rinse well under running water
- Dry hands well with paper towel or hot air blower
- Turn taps off with paper towel, if available

Staff should increase monitoring of hand washing supplies to ensure all sinks in washrooms, kitchens, and classrooms are well stocked at all times (i.e. soap, paper towels, waste receptacles). Ensure hand sanitizer or alcohol-based hand rub (containing at least 70% alcohol) is available at the designated entrance for the centre and throughout the centre. Ensure hand sanitizer is readily accessible in areas where hand washing facilities are not available. However, hand sanitizer dispensers should not be in locations that can be accessed by young children

When hands are not visibly soiled, staff should follow these steps for cleaning hands using hand sanitizer:

- Apply hand sanitizer (at least 70% alcohol-based)
- Rub hands together for at least 15 seconds
- Work sanitizer between fingers, back of hands, fingertips, and under nails
- Rub hands until dry

Hand sanitizer must only be used on children who are over the age of two and must always be used under staff supervision. Staff must ensure that the product has completely evaporated from the child's hands before allowing the child to continue their activity.

Other personal hygiene measures include avoiding touching your eyes, nose or mouth and avoiding high-touch areas, where possible, or ensuring you clean your hands afterward.

Disposable Gloves, Masks and Eye Protection

Masks alone will not prevent the spread of COVID-19. The use of non-medical masks (cloth masks) may not protect you but may help protect those around you.

Staff must wear surgical/procedural masks and eye protection (face shield, goggles or wrap-around safety glasses) when:

- Cleaning and disinfecting blood or bodily fluids spills if risk of splashing (gloves must be used as well)
- Caring for a sick child (gloves must be used as well)
- Conducting active screening at screening station

Staff should wear a surgical/procedural mask or cloth mask when physical distancing (of 2 meters or greater) is difficult to maintain, such as but not limited to:

- Providing direct care (e.g. diapering or feeding)
- Holding or carrying a child
- Assisting a child with dressing

Masks must be worn by staff who become sick (they should also immediately go home). Masks should be worn by sick children (if tolerated) until their parent or guardian arrives to take them home. Masks should not be placed on children under age 2 or on anyone who has trouble breathing, is unconscious, or otherwise unable to remove the mask without assistance. Masks may not be tolerated by everyone based on underlying health issues, behavioural issues or beliefs. If the mask interferes with the ability to breathe or speak clearly, maintain a two-meter distance as much as possible.

Both masks and gloves may cause a false sense of security, particularly if they are not used properly. Individuals may contaminate themselves when putting masks on and taking them off if not handled correctly. **Hands must be washed or sanitized before putting on and after taking off a mask.**

Gloves must be worn as per routine practice such as when cleaning up vomit and diarrhea and disinfecting surfaces and must be disposed after use. Where possible, wear gloves when interacting with high-touch areas. Do not touch your face with gloved hands. Take care when removing gloves. **Ensure you wash your hands after removing them. Disposable gloves do not replace hand washing.**

The following links from Public Health Ontario and Public Health Agency of Canada describe appropriate mask and glove use. The BC Centre for Disease Control has tips on disinfecting eye protection.

Cleaning and Disinfecting

Cleaning and disinfecting reduce the spread of germs. Some germs can live for hours, days or weeks on toys, counters, diapering table, door knobs, computer key boards and other surfaces.

Cleaning with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning will substantially reduce the number of germs that may be on surfaces.

Disinfecting after cleaning will kill most of the germs that were left behind. Cleaners and disinfectant products and methods already used by child care centres are effective against COVID-19.

TSA will only use disinfectants with a Drug Identification Number (DIN) and labelled as a broad-spectrum viricide. Low-level hospital grade disinfectants may be used. Check expiry dates and always follow the manufacturer's instructions. Particular attention should be paid to contact time, dilution, material compatibility, shelf-life, storage, first aid, and PPE.

Health Canada has developed the following list of hard surface disinfectants for use against COVID-19: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>.

Note that vinegar is not a disinfectant and should not be used for disinfecting in child care centres. Vinegar does not kill germs!

The Supervisor will set up a schedule to ensure all cleaning and disinfecting duties are consistently completed and documented.

Each child care centre will maintain a vacant program space to allow for the rotation of children throughout the centre so that cleaning of program spaces can occur throughout operations.

The 6 steps for cleaning and disinfecting are:

1. Clean with soap and water
2. Rinse with clean water
3. Apply the disinfectant according to the manufacturer's instructions on the label
4. Allow the surface or object to soak in the disinfectant for the required contact time. Refer to the Disinfection Chart for Child Care Centres in Appendix 1 for the required contact times when using household bleach and water. A disinfectant with a Drug Identification Number (DIN) can also be used.
5. Rinse with clean water if required according to manufacturer's instruction on the label. Rinsing is not required when using household bleach and water.
6. Let air dry.

Refer to Public Health Ontario's "[COVID-19 Cleaning and Disinfection for Public Settings](#)" guidelines for more information.

Toys and Equipment

Staff must ensure that all toys and equipment are in good repair, clean and sanitary. The Supervisor must be advised of any concerns regarding toys and equipment.

- Group water/sensory tables must not be used. Only individual sensory play is permitted (i.e. each child has their own separate bin).
- Ensure each child's individual sensory play toys are cleaned and disinfected between use.
- If sensory materials (e.g., playdough, water, sand, etc.) are offered, they should be provided for single use (i.e. available to the child for the day) and labelled with child's name, if applicable.
- Remove toys that cannot be easily cleaned and disinfected, such as plush toys.
- Toys and equipment will be cleaned and disinfected between cohorts and a minimum of two times per day.
- Mouthed toys will be cleaned and disinfected immediately after child is finished using it.
- Shared spaces and structures that cannot be cleaned and disinfected between cohorts will not be used.

- Staff will have designated toys and equipment (e.g., balls, loose equipment) for each room or cohort. Where toys and equipment are shared, they will be cleaned and disinfected prior to being shared.
- It is recommended that items such as books, puzzles, and cardboard/boxboard that are absorbent and cannot be easily cleaned and disinfected are removed.
- The Salvation Army Child Care Centres will not use community playground equipment.
- The Supervisor will schedule outdoor play in small groups which facilitate physical distancing. Any outdoor play equipment that is used must be cleaned and disinfected before and after use, and as required. Play structures will not be used.
- When outdoor space is challenging to secure, the Supervisor/Designate may approve community walks or use of outdoor community space. Physical distancing practices must be considered and adhered to when possible.
- Tables and chairs being used are to be cleaned and disinfected before and after use and as often as needed.
- Should any child present with symptoms of COVID-19, all toys and equipment accessed by the child will be removed from the room to be cleaned and disinfected as soon as possible.

Cots

- Children will have a cot assigned to them. Cots will be placed to support physical distancing practices (ideally 2 meters/6.5 feet spatial separation if feasible). If space is tight, place children head-to-toe or toe-to-toe.
- Cots and cribs must be cleaned and disinfected daily or more frequently as needed.
- High touch surfaces on cots and cribs must be disinfected twice a day or as often as necessary.
- Cot sheets and blankets must be changed between each user.
- Sheets and blankets if used by same user must be cleaned weekly or more frequently as needed.
- Ensure cot sheets and blankets belonging to different children are labelled with the child's name and stored separately in bags or bins in clean dry areas to prevent mold growth and kept out of the way of everyday activities.
- Families will be permitted to bring their own blankets and/or sleeping bags for children. The centre should strive as much as possible to launder these items before use. If not possible, ensure parents/guardians launder all items prior to bringing them to the centre, and store them separately in a clean bag. The centre will launder items weekly or more frequently as needed.

Additional Infection Control Practices

- Regularly clean and disinfect high-touch surfaces including door knobs, light switches, faucet handles, hand rails, and electronic devices at **least three times daily (for 7 a.m. – 6 p.m. operations)** to prevent the transmission of viruses from contaminated objects and surfaces. Additional cleaning and disinfecting may be required based on daily need.
- High touch electronic devices (i.e. keyboards, tablets) may be disinfected with 70% alcohol (i.e. alcohol prep wipes) while ensuring the dilute solution makes contact with the surface for at least one minute.

- Washroom facilities are cleaned and disinfected frequently. Washrooms should be disinfected after each use. Shared washrooms MUST be cleaned and disinfected after each cohort's use.
- Low-touch surfaces (any surfaces at the location that have minimal contact with hands), must be cleaned and disinfected twice daily (i.e. window ledges, doors, sides of furnishings, etc.).
- Carpets are to be vacuumed twice daily when the rooms are available, i.e., during outdoor play.
- Ensure garbage is kept in waterproof containers lined with plastic garbage bags. Staff must dispose of garbage daily. Any blood-soiled items must be discarded in sealed bags.
- 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.
- Water bottles, sippy cups, and pacifiers must be individually labelled and stored separately (not touching each other), they must not be shared among children.
- For creams and lotions during diapering, staff must never put hands directly into lotion or cream bottles. They must use a tissue or single-use gloves. Upon arrival to the centre, wipe the cream/lotion container with a disinfecting wipe.
- Centres may provide sunscreen or children can 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).
- Staff will reinforce messages with children to not share their food or drinks with others.
- Staff should change meal practices (if meals or snacks are provided) to ensure there is no self-serve or sharing of food at meal times.
 - Utensils should be used to serve food.
 - Meals should be served in individual portions to children
 - There should be no items shared (i.e., utensils)
- There should be no food provided by the family/outside of the regular meal provision of the program (except where required and special precautions for handling and serving the food must be put in place).
- When holding infants and toddlers, use blankets, towels, cloths, lab coats or isolation gowns over staff's clothing and change the blankets/coverings between children.
- Avoid getting close to faces of all children, where possible.

- Avoid singing activities indoors and ensure physical distancing for singing activities outdoors.

- Do not plan activities with exposure to animals or pets.

Physical Distancing Measures

Child care centres must put children and staff in cohorts/groups of 10 or less at any given time to manage physical distancing and limit the number of people in close contact. Each cohort must stay together throughout the day and are not permitted to mix with other cohorts. Maintain physical distancing of at least 2 meters (6 feet) or more between persons, including staff, parents and children.

Physical distancing may be difficult to maintain in the child care setting; however, additional steps should be taken to limit the number of people in close contact (i.e. within minimum 2-metres of each other)

If feasible, the following physical distancing measures will be implemented:

- Staggering the children's arrival and departure times, spreading out the use of the outdoor play area to allow smaller numbers and thus avoid large groups.
- Eliminate large group activities.
- Keep the same cohort of children together throughout the day, do not combine groups of children (i.e. at opening and closing).
- Make sure that the children are distanced from each other during mealtime, table work, and nap time, as much as possible. Stagger these times if possible.
- Ideally, try to avoid activities involving direct contact between the children as much as possible (i.e. holding hands or cuddling each other), as well as toy sharing (i.e. rather than playing a table game in which all the children touch the tokens or dice, it should be one child in the group who handles the material). Incorporate more individual activities or activities that encourage more space between children.
- Encourage children to greet each other using non-physical gestures (e.g. wave or nod or a verbal "Hello") and to avoid close greetings (e.g. hugs, handshakes).
- Regularly remind children to maintain physical distancing.
- Limit the number of children who are in the communal areas at the same time (i.e. alternate the groups of children in the activity rooms or cubby area).
- Large rooms can be divided into multiple spaces. When dividing a room create a clear barrier with cones, chairs, and tables to ensure a minimum 2-meter distance between the groups.
- Divide shared bathrooms as best as possible and ensure children from different cohorts use the bathroom at different times to prevent cohorts from mixing. Assign toilets and sinks for different cohorts. The bathrooms need to be cleaned and disinfected between different cohorts.
- Incorporate outside time in daily activities and open windows (weather permitting). Outdoor play is encouraged and should be offered in staggered shifts.

- Recognizing that physical distancing is difficult with small children and infants, additional suggestions include:
 - planning activities that do not involve shared objects or toys;
 - when possible, moving activities outside to allow for more space; and
 - avoiding yelling or singing activities indoors.

Staffing Considerations

- Staff should work at only one child care location.
- Staff should be assigned to dedicated work areas as much as possible. Sharing phones, desks, offices and other tools and equipment are discouraged. Disinfect after each use.
- If documents must be exchanged, leave them on a clean surface while maintaining a two-meter distance.
- Limiting the total number of workers onsite during child care centre hours and where they are assigned to work.
- Supervisors and/or designates should limit their movement between rooms, doing so only when absolutely necessary.
- Supply/replacement staff should be assigned to specific cohorts.
- Staff should consider implementing a process for containing and laundering work clothing. Alternatively, staff should practice good laundry hygiene practices with their clothing as it could potentially be a source of contamination.
- Place possibly contaminated laundry, including non-medical cloth masks and facial coverings, into a container with a plastic liner and do not shake.
- Wash with regular laundry soap and hot water (60-90°C) and dry well.
- Clothing, linens and non-medical cloth masks and facial coverings can be washed with other laundry.
- Child care centres should consider implementing a system for virtual and/or telephone consultations when and where possible.
- Non-essential face-to-face meetings should be postponed or converted to virtual appointments.
- Alter the workplace layout of the floor by moving furniture or using visual cues such as tape on the floor to enhance physical distancing.
- Lunchrooms and break rooms must be arranged to follow physical distancing practices. Consider staggered lunch and break times to reduce the number of child care staff gathering.

NON COMPLIANCE REVIEW

If any staff member does not follow our COVID-19 Sanitary Precautions & Physical Distancing's Measures using the criteria outlined above, it will be considered a serious breech of employment. A breech of this policy could result in disciplinary action up to and including automatic dismissal.

POLICY REVIEW

All staff members will read, review and understand the **COVID-19 Sanitary Precautions & Physical Distancing's Measures Policy** prior to beginning work and annually thereafter. The staff member, Child Care Director, Supervisor or designated person will sign a written record of the review.

DISCLAIMER

Our centre will be consistent with our process for the monitoring and contravention of all Policies & Procedures

*Policy and Procedures developed in consultation with The Region of Peel and The City of Toronto