Sanitary and Infection control Policy & Practices

Many studies have documented that Lab Child Care Centre attendance is associated with an increased risk of common infectious diseases, such as diarrhea illness and upper respiratory tract infections among preschool children, especially in children less than 18 months of age. As stated in the Child Care and Early Years Act (CCEYA), 2014, the goal is to "foster the learning, development, health and well-being of children and to enhance their safety." By minimizing, preventing and controlling infection in our Lab Child Care Centres we will ensure children whom we served are healthy and safe. Staff and children will follow the "Routine Practices" as outlined in the "Guidance Document - Infection Prevention and Control in Lab Child Care Centres", from Toronto Public Health, 2016 edition. This document discussed that "Routine Practices" have proven to be universally recognized strategies to reduce and eliminate the risk of transmission of microorganisms.

During daily activities and providing care for children, Staff must be aware of and assess the risk of the following conditions:

- Contamination of skin or clothing by microorganisms in the environment,
- Exposure to blood, body fluids, secretions, excretions, body tissues,
- Exposure to non-intact skin,
- Exposure to mucous membranes,
- Exposure to contaminated equipment or surfaces,
- Signs and symptoms to infections

Policy:

Our Lab Child Care Centre will ensure that all equipment, toys, tables, counters, sinks, appliances, furniture, floor and surfaces shall be cleaned and disinfected through structured and scheduled disinfection procedures.

Procedures and Practices:

Surfaces:

- Tables and designated countertops used for food preparation and food service will be cleaned and disinfected before and after use.
- High-touch surfaces which have frequent contact with hands – i.e. doorknobs, toys, cribs/cots, light switches and computer keyboards, etc., will be cleaned at least daily and more frequently during outbreaks.
- Low-touch surfaces which have minimal contact with hands – i.e. floors, walls and windowsills will be cleaned on a regular basis and/or when soiling and spills occur. Usually on a weekly or monthly schedule, e.g. (by contracted cleaner) some items will be cleaned as needed (e.g. floors).

Other:

- Carpeted floors will be vacuumed daily, cleaned promptly if spilled, and shampooed/steam cleaned every 3-6 months. Carpeted floors is a potential source of microorganisms during outbreaks of norovirus (PIDAC, 2012)
- Floor Mats will be cleaned and disinfected daily but if cleaning is adequate it will be removed and replaced
- Toothpaste Tubes will be individually labeled and stored separately. If the toothpaste is shared amongst children, then toothpaste will be dispensed onto paper towel and applied to individual toothbrush
- Pacifiers/Soothers will be individually labeled and stored in a clean place and to ensure that they are not touching each other and are not shared among children
- Blood and Body Fluid - will follow info sheet for cleaning of these fluids
- Children's soiled linen will be put into a plastic bag and put in children's cubby for families to take home and launder.

Sleep Equipment:

**** To ensure that this activity is carried out in a sanitary manner, the following procedures and practices will be followed:**

- Each infant will have a designated crib with their name on it while the older children will have an assigned cot labeled with their individual name.
- Before usage (prior to re-assigning crib/cot to another child), sleep equipment will be cleaned and disinfected
- Crib mattresses are made of cleanable material
- Crib mattresses will be cleaned and disinfected immediately when soiled or wet
- Bedding (sheets and blankets) will be assigned to each child and laundered weekly and will be washed immediately when soiled or wet

TOYS:

Toys and play-based learning enhance children's sense of touch, sight, taste, smell and hearing, but toys are also excellent transmitters for the spread of disease-causing microorganisms. In order to reduce the risk of disease transmission to children when playing with toys and sensory play materials, Staff and children will follow the:

Procedures and Practices:

- Toys will be inspected for damage, cracked or broken parts and any broken ones are discarded. Toys will be maintained in good repair.
- Toys will be cleaned prior to disinfection.
- Small toys will be disinfected using the commercial dishwasher in the kitchen during off peak times when there is no food preparation. If dishwasher is not available, then the 3 compartment sink method will be used.
- Toys will be air-dried before putting them into storage.
- Large toys (too big for the commercial dishwasher) will be cleaned with a soap solution, disinfected with bleach and wiped dry.
- Big soft/ flush toys will be discouraged in the centre. With small soft/flush toys, they will be washed with detergent daily in the washing machine and put into the dryer.

Staff will keep a log of the cleaning and disinfecting schedule in each playroom. Frequency of cleaning and disinfecting will vary depending on the age group and the handling of the toys.

- **Infant (under 18 months)** - frequently touched toys that are mouthed or contaminated by body fluids will be cleaned and disinfected daily (or as necessary).

- **Toddler (18 – 30 months) & Preschool (>30 months – 5 years):** -frequently touched toys will be cleaned and disinfected weekly (or as necessary);

- **School Age (5 – 12 years):** frequently touched toys will be cleaned and disinfected monthly (or as necessary).

Toys that are mouthed: or that are otherwise contaminated by body secretions will be cleaned with water with detergent and then disinfected before handling by another child. If an adult witnessed that a toy has been mouthed by a child, that particular toy will be put aside or in a separate bin immediately. The toy will be washed with detergent (with other toys or dishes) and then put through the dishwasher.

Homemade play dough: because of its high water activity is likely to allow the growth of pathogens than the store-bought play dough; homemade play dough will be discarded daily. Store-bought play dough will be discarded according to the manufacturer's recommendations.

Sensory play equipment: such as communal sensory play bins/tubs will be cleaned and disinfected after they are emptied and before they are replenished with new items.

Water play tubs/water play tables will be emptied and sanitized after each use.

Wading Pools are not used in our programs; water sprinklers are used as an alternative.

Toy storage boxes/cupboards: will be emptied, cleaned and disinfected as necessary. Toy bins will be monitored for pest activity.

Playhouses/climbers: will have their high touch surfaces cleaned on a daily basis. Depending on the frequency of use the entire playhouse/climber will be cleaned according to a regular schedule when visibly soiled.

Shared electronic games, video equipment and computers: will be cleaned and disinfected between users. Computer keyboards shall be submergible and/or the covers are made of material that can be cleaned and disinfected.

LAUNDRY:

Bedding materials and improper laundering of bedding materials may increase the risk of communicable disease transmission. Sheets and cot covers can harbour microorganisms due to the moist and warm environment, hence it is important that Staff follow:

Procedures and Practices:

- Crib and cot sheets, towels, face clothes, cushions covers, etc. will be gathered into a laundry hamper or basket, transported to the laundry room and put into the washing machine directly. Items will be dried in the dryer and folded and distributed back to the perspective rooms and stored separately from soiled or dirty items.

HAND HYGIENE:

Background information:

Every person has two categories of microorganisms on their skin, sometimes called ***transient and resident bacteria.***

Transient bacteria colonize on the upper layers of one's skin and are acquired from direct contact with children, adults, contaminated objects and/or the environment. These bacteria can easily pass on to others or from objects in the environment (called fomites) and are a frequent cause of infections. However, effective hand hygiene will kill or remove transient bacteria on the skin and reduces the risk of transmitting communicable diseases to others.

Resident bacteria are found in the deeper layers of skin and are more resistant to removal. However, these bacteria do not generally cause infections and can be beneficial to maintain healthy skin.

*** Studies have demonstrated that hand washing in Lab Child Care Centres significantly reduces diarrhoeal and respiratory illness. Hand hygiene involves the removal or destruction of visible soil and transient microorganisms from the hands. Intact skin is the first line of defense against bacteria, hence presence of dermatitis, cracks, cuts or abrasions can trap bacteria and compromise hand hygiene. It is essential that Staff and children keep their hands clean and practice proper hand hygiene!

Procedures and Practices

Staff, students, families, volunteers,visitors and children will wash their hands:

- Upon arrival and/or entry into any room,
- Before initial contact with children or handling items in the room;
- Before and after glove use,
- After toileting,
- Before preparing, handling or serving food or giving medication,
- After treatment/care involving blood, body fluids, secretions and excretions of children or Staff, even if gloves were worn,
- Before and after handling pets (only if pets are permitted in your facility as per the lease agreement)
- Staff will assist children with cleaning hands before eating snacks and lunches and after washroom routines. In addition, whenever children dirty their hands while playing in the room and during outdoor play.

Note:

1. **Current Hand hygiene posters from Toronto Public Health are posted at every designated hand washing sink (both adult and children).**

2. **Each hand washing sink have hot and cold running water, liquid soap in**

a dispenser and paper towels.

Hand Sanitizer and Soap and Water:

a) Staff will use Hand sanitizing with ABHR (alcohol-based hand rubs) containing 70% to 90% when hands are not visibly soiled. ABHR product that contains an emollient (moisturizer) is strongly recommended because it will decrease "irritant contact dermatitis" under frequent use conditions".

b) Staff will wash hand with soap and running water when hands are visibly soiled. It is in the mechanical action of washing, rinsing and drying that is the most important contributor to the removal of transient bacteria. If running water is not available, then use a moistened towelette to remove the visible soil and follow by ABHR - i.e. in the playground or on a field trip.

Please note: Children can use ABHR if there is parental consent and the form is kept on file.

Please note: Non-alcohol-based waterless antiseptic agents are not recommended for hand hygiene and should not be used in the Lab Child Care Centres.

- Dispenser containers will be checked for soap/ABHR by the early Staff & should the containers be empty extra soap/ABHR will be available to refill the containers or replace with new bottles.
- Staff from each room will inform the manager to order or purchase extra Soap/ hand sanitizer when supplies run out.

GLOVES USE

Gloves are an excellent barrier device for reducing the risk of communicable disease transmission. However, improper glove use (re-using gloves and gloves not free of leaks) has been linked to transmission of pathogens such as methicillin-resistant Staphylococcus aureus (MTSA) and gram-negative bacilli.

Expectations & Proper Practices:

- Gloves must be worn by Staff when it is anticipated that hands will be in contact with ***mucous membranes, broken skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces***.
- Gloves must be appropriate for the type of activity and single use ONLY!
- Hand hygiene must be practiced before putting on and after taking off gloves
- Gloves must be removed immediately and discarded into a waste receptacle after each use

***** Use rubber gloves when handling chemical agents and for cleaning and disinfection and medical-type gloves (latex free) for diaper change**

***** Use gloves that are clean and dry & as short a time as possible to reduce skin irritation**

DIAPERING AND TOILETING:

Diapering and toileting can pose a risk of communicable disease transmission. It is important to follow proper hand washing procedures during and after each diaper change routine in order to prevent the spread and control of diseases. Even though toileting routine is different from diaper change but the risks and successful (IPAC- Infection Prevention and Control Measures) are the same, such as hand-washing sinks, disinfectants, and gloves are required.

Procedures and Practices

- A designated diaper changing area with suitable diaper change table/mat;
- A separate hand wash sink within the diaper changing area with soap in a dispenser, running hot and cold water, and paper towels. This sink will be washed and disinfected at least daily and it is not to be used for food preparation, rinsing soiled clothing or toy washing.
- Single use disposable gloves in stock (per Public Health)
- Separate diapers and ointments/creams for each child & labeled with child's name
- A suitable disinfectant
- Separate diaper garbage pail
- Separate paper towel garbage pail

"Diaper Routine and Toilet Routine" current posters (from Toronto Public Health): will be posted in each diapering areas. Toileting routine may differ from the diaper change, but the risks and successful IPAC interventions are the same (hand washing sinks, disinfectants, and gloves are required)

Garbage pails: will have a leak proof plastic liner and must be foot activated.

***** The diaper changing area is separated from the food preparation area.**
The use of gloves is required as a barrier to the transmission of communicable diseases during the diaper change routine.

During toileting routine:

- Staff will assist children using the toilets and taking and putting on their under wears and clothing according to their developmental needs;
- Staff will model and monitor proper hand washing procedures to children using a sink with soap and hot and cold running water, and always remember to use the paper towel to turn off the water tap;
- children will be directed and reminded to throw their wet paper towels in the proper garbage pail, and **not in the diaper pail.**

PEST CONTROL

Pest infestation is a health hazard and a risk for structural damage. Pest such as mice, rats and cockroaches pose a potential health risk as they are known to carry disease and can trigger or worsen asthma symptoms in individuals. Our Lab Child Care Centre will follow and implement an Integrated Pest Management (IPM) program. The core principles of IPM involve eliminating pests' access to food, water and shelter (College of Agricultural Sciences, 2015).

Procedures and Practices:

- Regular cleaning of rooms (especially food preparation areas), closets, cupboards and storage areas.
- Minimizing clutter accumulation inside and outside the facility to eliminate harborage sites for rodents/vermin.
- Ensuring that food and sensory play materials (e.g. dried pasta) are stored in labeled plastic containers with tight fitting lids.
- Regularly inspecting both the exterior and interior structures of the building by identifying pest access into the building.
- Monitoring for pest activity such as live or dead rodents/vermin and/or their feces.
- Once pest entry is identified, respective building management (landlord, School Board, or professional licensed company) shall be informed.
- Professional pest control treatment will commence immediately upon identification of any pest infestation in the facility.

PETS AND ANIMALS:

There are risks involve when children come in contact with animals. These risks include allergies, injuries and infections (CDC, 2014) Young children, especially less than 5 years old, are more likely to develop serious illness from infections due to microorganisms such as *Salmonella and E. coli 0157:H7.* Reptiles and amphibians are known carriers of Salmonella while tropical birds are known carriers of the disease Psittacosis (CDC, 2014; NASPHVACCC, 2013)

In order to prevent injury or illness Staff and children will follow the:

Procedures and Practices:

- When Staff and children are in contact with animals such as: dogs, cats, rabbits, birds, rodents (e.g. mice, hamsters, rats, gerbils, guinea pigs) and fish the animals must showed appropriate temperaments and no sign of diseases.
- Dogs and cats will be required to be fully immunized against rabies, trained and in good health. There will be proof of an up-to-date applicable vaccinations and medication by a veterinarian.
- Pet birds (e.g. budgies, parakeets) will not be allowed as pets in the Lab Child Care Centre

- The following **animals are prohibited** to be pets and as visitors to the Lab Child Care 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 spiders and insects
- The following **animals are prohibited** to be pets and as visitors to Lab Child Care Centre (**including indoor/outdoor travelling animal shows for children <5 years of age)**
  - Reptiles (e.g. turtles, snakes and lizards)
  - Amphibians (e.g. frogs, toads, newts and salamanders)
  - Live poultry (e.g. chicks, ducklings and goslings)
  - Ferrets
  - Farm animals (e.g. calves, goats and sheep)

Expectations for Pet Handling:

- Staff will teach children on the humane and safe procedures to follow when in close proximity to animals
- Strict hand hygiene after contact with animals, their feeds and/or their environment will be followed
- Children will not feed the animals or have food or drink in proximity of the pets
- Animals will be housed within some barrier (e.g. cage) that protects the children
- Dogs and cats will have to wear proper collars with license tags (no choke chain as this can harm little fingers)
- Animals are not to be in food preparation area
- A Staff member will be assigned to clean the pet habitat and he/she will wear personal protective equipment when doing this task.
- Cleaning of the pet enclosures/cages and/or habitats cannot be cleaned in food preparation sinks or areas.
- Cages will be placed in a well-ventilated area, cleaned regularly using a damp cloth and then be disinfected.
- Animal's bites will be immediately reported to Toronto Public Health.

RESPIRATORY ETIQUETTE

The spread of microorganisms that caused respiratory infections is spread more easily in settings where people are in close contact, especially in Lab Child Care Centres. Our lab Lab Child Care Centre Staff will reinforce with children, other Staff, and visitors the personal practices that help to prevent the spread of the microoganisms that cause respiratory infections.

Procedures and Personal Practices:

- Not attending the Lab Child Care Centre when acutely ill with a respiratory infection.

- Minimizing contact with respiratory droplets when coughing or sneezing by:
  - Turning the head away from others (e.g. "sneeze into the sleeve" and "cover your cough")
  - Maintaining a two-metre separation from others (when possible)

- Covering the nose and mouth with tissue
- Immediately disposing the tissues into waste baskets/bins after use

- Practice proper hand hygiene (refer to section on Hand Hygiene