

Huron Playschool Co-operative

Health Policy and Procedures

Updated: June 10, 2016

Huron Playschool Co-operative is committed to maintaining a healthy environment for our children and families. Health policies are key components of infection prevention and control. Communication about Playschool's health policies and procedures to families, including co-op duty parents, takes place at the Duty Parent Orientation, and at General Members' Meetings. Health policies and procedures are reviewed with all staff and volunteers before they begin to work at Playschool, and at least annually.

Following are policies for:

- (i) Immunization and Tuberculosis
- (ii) Management and Reporting of Communicable Diseases, including Guidelines for Common Communicable Diseases
- (iii) Exclusion of Ill Children and Staff and Volunteers (including Duty Parents)
- (iv) Infection Prevention Control

i. Immunization and Tuberculosis

- (a) All children who attend Huron Playschool should be immunized according to Ontario's publicly funded immunization schedule. Children should receive vaccinations according to their age, and every time a child is vaccinated, parents should report this information to Playschool so that their child's file can be updated.
- (b) Before commencing work at Huron Playschool, all employees are required to have up-to-date immunization as listed below. **Students and volunteers are also recommended to receive these vaccines.**
 - a. Hepatitis B, Influenza (annually), Measles, Mumps & Rubella (2 documented doses of MMR or proof of immunity), Diphtheria, Tetanus & Pertussis (1 dose of Tdap in adulthood, Tetanus & Diphtheria booster every ten years), Varicella/Chicken Pox (2 doses of vaccine given at least 6 weeks apart of proof of immunity). Employees are also required to provide documented TB testing prior to employment. TB test should be done anytime within 6 months before the start of employment.
- (c) **Immunization Exemptions:** Exemptions must be documented and kept in the child's or employee's file. Medical exemptions must be provided by a legally qualified medical practitioner. Religious or philosophical exemptions, "on the ground that the immunization conflicts with the sincerely held convictions of the parent's (or person's) religion or conscience" must be submitted in writing on the Ministry of Education's Affidavit and must be signed by a Commissioner for Taking Affidavits.

ii. Management and Reporting of Communicable Diseases:

To assist staff and parents in making decisions with regards to excluding children due to illness we will use the Canadian Pediatric Society's publication *Well Beings* as our guide. The following

information will assist parents in making informed decisions as to when to keep their children home. Please note that the same guidelines apply to staff and parents who are scheduled to co-op.

Parents should report a child's absence and nature of the illness each day that the child is away. This helps staff and parents in watching other children for symptoms. Some illnesses must be reported to Public Health.

A visual check will be done on each child as they enter the Playschool. Co-op duty parents and volunteers should report any concerns they have about a child's health to the teacher.

Under certain circumstances, it is necessary to exclude a child from care for as long as the illness is infectious. For some infections, such as the common cold, excluding a child is not recommended because the germs are spread to other children before the child has signs or symptoms and it is too difficult to prevent the spread. In these situations both staff and parents will need to discuss if the mildly ill child can take part in activities. Children with unusual behaviour, such as lethargy or unusual sleepiness, irritability, persistent crying, difficulty breathing or other signs of possible illness should be excluded until their physician approves their return to childcare. The final decision as to whether an ill child can remain in the childcare setting is ultimately the staff's.

Records of illness reported are kept in the logbook unless there is an outbreak. Surveillance records include: illnesses, date and time, who is ill and signs and symptoms.

Exclusion of ill Children, Staff, Volunteers and Co-op Duty Parents:

Please note that the same guidelines apply to staff and parents who are scheduled to co-op. A child should be excluded from the child care program if one or more of the following exists:

1. The illness prevents the child from participating in the program activities, or
2. The illness results in greater need for care than the staff can provide without compromising the care of the other children, or
3. The child has any of the following conditions:
 - a. Scabies
 - b. Impetigo
 - c. Pinkeye
 - d. Ringworm
 - e. Scarlet Fever
 - f. Strep Throat
 - g. Norwalk
 - h. Measles
 - i. Mumps
 - j. Pertussis
 - k. Rubella

In the event that a child shows signs of a communicable disease he or she will be isolated from the other children in the most convenient location where they can be supervised. His or her parent(s) will be contacted. Once the child has been picked up the area will be sanitized so that it is once again safe for all children.

Outbreak Management Plan:

A suspect outbreak exists when there is a higher than expected number of children and staff who are experiencing similar symptoms of illness.

An outbreak is defined by Toronto Public Health as two or more cases of illness linked in terms of time, exposure to source and most often location or two or more cases with similar symptoms in a classroom in a 48 hour period.

When the Director suspects an outbreak, s/he will immediately:

1. Isolate ill children until they can be taken home and send ill staff home;
2. Notify parents or emergency contacts to pick-up ill children as soon as possible;
3. Start a line list. Record names, date of birth, gender, all symptoms, the date and time children and staff became ill and their program. Outbreak notification and Line List forms are available on the TPH website.
4. Start additional control measures:
 - o Increase the frequency of cleaning and disinfecting of common areas, high touch surfaces and toys.
 - o Adjust concentration of disinfectant that is approved for use against the organism circulating during the outbreak. (most likely norovirus)
 - o Suspend water and sensory play activities.
 - o Reinforce with staff, children and visitors the importance of keeping hands clean.
5. Staff will contact anyone away from Playschool before the outbreak was declared to inform them of the outbreak and to identify if they are cases. If so, they are added to the line list.
6. The Director will contact Toronto Public Health (TPH) to report the outbreak by calling the Communicable Diseases Surveillance Unit (CDSU) at 416-392-7411.
7. Obtain permission from parents to submit specimen samples to the Public Health Laboratory.

For reporting requirements and more information about reportable diseases: refer to Appendix B - Common Communicable Diseases Child Care Centre Resources.

Dealing with a Human Biting Incident:

Biting incidents can be a very emotional issue for children and their parents. When they occur, staff must report these incidents to Public Health, as there is a small risk of transmitting blood-borne diseases such as Hepatitis B, as well as skin infections. If a biting incident occurs, the following steps outlined by TPH must be followed:

1. Provide appropriate first aid. Wash the bite thoroughly with soap and water. If the wound is bleeding, wear gloves. Apply a cold compress. Cover the wound with a bandage. Rinse the biter's mouth with water.
2. Seek appropriate medical attention as necessary.
3. Contact the parents/guardians of those involved in the incident.

4. In some cases, if the skin has been punctured, the teacher is required to contact Toronto Public.

Routine Practices

Routine Practices are based on the premise that everyone is *potentially* infectious, even when asymptomatic, and that the same safe standards of practice should be used **routinely** with **everyone** to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

Risk Assessment

When performing activities and providing care, adults should be assessing the risk of:

- a. contamination of skin or clothing by microorganisms in the environment;
- b. exposure to blood, body fluids, secretions, excretions, tissues;
- c. exposure to non-intact skin;
- d. exposure to mucous membranes; and
- e. exposure to contaminated equipment or surfaces; and
- f. recognition of symptoms of infection (e.g., syndromic surveillance).

Respiratory Etiquette

Adults should reinforce with children and visitors, the personal practices that help prevent the spread of microorganisms that cause respiratory infections. These personal practices include:

- a. not coming to the centre when acutely ill with a respiratory infection;
- b. avoidance measures that minimize contact with droplets when coughing or sneezing, such as: turning the head away from others; maintaining a two-metre separation from others; and covering the nose and mouth with tissue;
- c. immediate disposal of tissues into waste after use; and
- d. immediate hand hygiene after disposal of tissues.

Refer to the TPH "Cover Your Cough" poster.

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 microorganisms from the hands while maintaining good skin integrity resulting from a hand care program. Intact skin is the body's first line of defence against bacteria; therefore careful attention to hand care is an essential part of the hand hygiene program. The presence of dermatitis, cracks, cuts or abrasions can trap bacteria and compromise hand hygiene. Dermatitis also increases shedding of skin squames (a scale or scale like mass) and, therefore, shedding of bacteria. A common barrier to compliance with hand hygiene is the adverse effects of products on the skin.

All humans carry microorganisms on their skin. These have been divided into two groups – transient and resident bacteria. *Transient* (or contaminating) *bacteria* colonize the upper layers of the skin and are acquired during direct contact with children, staff, contaminated equipment or the environment. Transient bacteria may also be easily passed on to others or to objects in the environment and are a frequent cause of infections. *Resident bacteria* are found in deeper layers of skin and are more resistant to removal. These bacteria do not generally cause infections and can be beneficial to the good health of the skin. Effective hand hygiene kills or removes transient bacteria on the skin and maintains good hand health. There are two methods of killing/removing microorganisms on hands:

a. Hand sanitizing with a 70% to 90% alcohol-based hand rub (ABHR) is the preferred method (when hands are not visibly soiled) for cleaning hands. Using easily-accessible ABHR in most settings takes less time than traditional hand washing and has been shown to be more effective than washing with soap (even antimicrobial soap) and water when hands are not visibly soiled; and

b. Hand washing with soap and running water must be performed when hands are visibly soiled. The effectiveness of alcohol is inhibited by the presence of organic material. The mechanical action of washing, rinsing and drying is the most important contributor to the removal of transient bacteria. If hands are visibly soiled and running water is not available, use a moistened towel to remove the visible soil, followed by ABHR. Children can use ABHR as long as there is **written** parental consent.

Indications for Hand Hygiene

A **hand hygiene indication** points to the reason hand hygiene is necessary at a given moment. There may be several hand hygiene indications in a single care sequence or activity. Examples of hand hygiene indications are:

- upon arrival to Playschool, 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 care involving contact with blood, body fluids, secretions and excretions of children or staff, even if gloves were worn;
- immediately after removing gloves and before moving on to another activity;
- before and after handling pets;
- after coming in from outside;
- before and after communal sensory play activities;
- when sneezing, coughing, etc.; and
- whenever in doubt.

Hand Hygiene posters (Hand Washing and Hand Sanitizing) must be posted as a constant reminder to children and staff to clean their hands. Children must be taught proper hand hygiene by teachers and parents, and adults should assist and supervise hand washing.

Gloves

Gloves must be worn when it is anticipated that the 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 use and single use only.

Gloves and Hand Hygiene

Because gloves are not completely free of leaks and hands may become contaminated when removing gloves, hands must be cleaned before putting on gloves for an aseptic/clean procedure and after glove removal. Gloves must be removed immediately and discarded into a waste receptacle after the activity for which they were used and before exiting a client/patient/resident environment.

Diapering and Toileting

- Hand wash basins must be equipped with soap in a dispenser and running water. These sinks must be washed and disinfected at least daily (or as necessary).
- Diapering surfaces must be disinfected after each use.
- Diapering procedure must be posted in the diapering area (See TPH Information sheets "Diaper Routine and Toilet Routine").
- Staff are instructed in a manner that follows good infection prevention and control principles.
- Garbage pails must have a leak proof plastic liner and should be foot activated.
- Where possible the Playschool will choose an environmentally friendly hand-wash soap.
- Soap dispensers are checked daily and need to be sanitized before being refilled (extra soap dispensers are located under the sink).

Environmental Cleaning and Disinfecting

The Playschool has a cleaning schedule that identifies daily, weekly and monthly cleaning and disinfecting (Appendix C – Cleaning Checklist). All co-op duty parents and co-op parent volunteers are responsible for making sure that the daily cleaning outlined is completed. When weekly or monthly cleaning tasks are done, the person responsible must sign their initials and date beside the task. All adults must wear appropriate protective equipment (e.g. aprons, rubber gloves).

The Playschool uses two disinfectants. One is a pre-mixed spray (Oxivir TB) for surfaces. Oxivir is sprayed onto a clean surface, left for 30 seconds and then wiped off with a damp cloth. The second disinfectant, Viper, is added to the final sink when washing dishes or toys. The normal measure is 1/8 cup for each sink of hot water.

Expectations for Toys:

- Toys that children put in their mouths or that are otherwise contaminated by body secretions must be cleaned with water and detergent and then disinfected before handling by another child.
- Toys must be maintained in good repair, easy to clean and able to withstand frequent cleaning and disinfection.
- Toys used for water play must not retain water as they can provide an environment for mould or bacterial growth.
- Homemade playdough must be discarded daily due to its high moisture content. Unused playdough may be stored in the fridge for one week.
- Water play bins and toys must be drained and disinfected after each use.
- The following play materials are not recommended: meat trays, used egg cartons and toilet paper rolls, sand, gravel or other materials obtained from outside unless they can be cleaned and sanitized.
- Toys must be cleaned before being disinfected at least weekly (or as necessary).

Sleep equipment:

- Must be labelled and assigned/designated to a single child.
- Must be cleaned and disinfected before being assigned to another child.
- Sleeping mats must be stored so contact with the sleeping surface of another mat does not occur.
- Bedding (sheets and blankets) must be assigned to each child and laundered when soiled or wet.

Surfaces:

- Tables and countertops used for food preparation and food service must be cleaned and disinfected before use and before and after eating.
- Floor cleaning must be performed daily.
- Carpets must be vacuumed as necessary, cleaned promptly if spill occurs and shampooed/steam cleaned every 3-6 months. If the carpet does not appear to be adequately cleaned, re-cleaning may be necessary or replacement should be discussed. Conduct a visual inspection of the carpet and then verify cleaning by reviewing the receipts or record keeping.

Other

- For cleaning blood or body fluids refer to TPH "Blood and Body Fluids" information sheet.

High-touch Surfaces

High-touch surfaces are those that have frequent contact with hands. Examples include door knobs, toys, bells, cribs/cots, light switches and computer keyboards. High-touch surface areas require more frequent cleaning and disinfection than minimal contact surfaces. Cleaning and disinfecting is usually done at least daily and more frequently if the risk of environmental contamination is higher.

Low-touch Surfaces

Low-touch surfaces are those that have minimal contact with hands. Examples include floors, walls and window sills. Low-touch surfaces require cleaning on a regular (but not necessarily daily) basis, when soiling or spills occur. Many low-touch surfaces may be cleaned on a monthly basis rather than a daily basis (or as necessary).

Handling of Sharps

Sharps are devices that can cause occupational injury to staff. Some examples of sharps include needles, lancets, blades and clinical glass.

Prevention of sharps injuries may be achieved by:

- a. the use of safety-engineered devices;
- b. the provision of puncture-resistant sharps containers at point-of-care; and
- c. staff education regarding the risks associated with unsafe procedures such as recapping (PIDAC, 2010).

Pest Control

The Church is responsible for ensuring the Playschool premises are pest free. The Church has a monthly monitoring program to help prevent infestation. The following Playschool practices help reduce infestations.

- Ensure clutter and accumulation is reduced inside and outside the facility to eliminate harbourage sites for rodents/vermin.
- Ensure food and sensory play materials (e.g. dried pasta) are in labelled plastic containers with tight fitting lids.

Pets and Animals

The following animals are not allowed to visit the Playschool because of the risk to children's health, including travelling animal shows:

- 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
- Reptiles (e.g. turtles, snakes and lizards)
- Amphibians (e.g. frogs, toads, newts, salamanders)
- Live poultry (e.g. chicks, ducklings, goslings)
- Ferrets
- Farm animals (e.g. calves, goats and sheep)

Playschool has a pet fish. Other pets will not visit Playschool.