

# Infection Prevention and Control Measures



## Elements of Routine Practices

Infection prevention and control measures are important to prevent transmission of infection in child care facilities and schools. The elements of Routine Practices and additional infection prevention and control measures all work together and are the foundation for preventing the spread of germs. These need to be followed and are equally important in preventing or reducing the transmission of germs in child care facilities and schools. The following elements of Routine Practices and additional infection prevention and control measures have been identified and adapted for use in Manitoba child care facilities and schools.

**1 Point of Care Risk Assessment (PCRA):** The PCRA is an activity where a staff member evaluates the likelihood of an exposure to an infectious agent (germ). The staff then chooses the appropriate actions (e.g., perform hand hygiene, apply PPE) to minimize the risk of exposure. Staff should consistently perform PCRAs before each interaction with a child, student, staff member, or individual to determine what infection prevention and control measures may be needed (e.g., hand hygiene, PPE) and to apply control measures for their safety and the safety of others in the school or child care facility.

Things to consider when performing a PCRA:

- Determine the possibility of exposure to vomit, saliva, blood, urine, or feces.
- Select the appropriate control measures to prevent exposure, such as PPE and hand hygiene. For example, staff wear disposable gloves when cleaning body fluids or dressing a wound, and then perform hand hygiene afterwards.
- Determine the need for additional precautions when Routine Practices are not sufficient. Depending on the PCRA, the child, student, or staff member suspected of being ill may be asked to go home and/or asked to remain in a designated area until they can leave the child care facility/school or be picked up by a parent.

- Perform hand hygiene on an ongoing basis and when indicated.
- When applicable, apply the concepts of aseptic technique, as described in the infection prevention and control measures and as outlined in the Individual Health Care Plan (URIS).
- Know the applications, advantages, and limitations of PPE within schools and child care facilities.
- Stay home when symptomatic with a germ that may have consequences if transmitted, including but not limited to COVID-19, influenza, RSV (respiratory syncytial virus), rhinovirus (common cold), acute conjunctivitis (pink eye), and gastroenteritis (stomach flu).
- Have policies in place for when children, students, and staff members become ill and to determine when it is safe for them to return to school or the child care facility.
- Know and follow the policies and procedures regarding management of exposures to communicable infections. For more information, refer to Manitoba Public Health Diseases and Conditions at [www.gov.mb.ca/health/publichealth/atoz\\_diseases.html](http://www.gov.mb.ca/health/publichealth/atoz_diseases.html).
- Identify items (e.g., toys, manipulatives) that need to be cleaned, sanitized, or disinfected. Follow policies and procedures for cleaning, sanitizing, and disinfecting these items, including wearing PPE when handling used items, if indicated by the PCRA, the procedure, and/or the product manufacturer.

See [Appendix B: Point of Care Risk Assessment Tool](#).

**2 Hand Hygiene:** Hand hygiene is the single most important way to prevent the spread of germs and includes cleaning hands with soap and water or alcohol-based hand sanitizer in order to remove germs.

As outlined in the fourth link of the chain of infection (Mode of Transmission), the spread of germs can happen in many different and combined ways (e.g., direct or indirect contact, droplet, droplet and contact). The most common way germs are spread in schools and child care facilities is from the hands of children, staff, students, parents, or others. Hand hygiene must be performed on a regular basis, at prescribed times, and when in contact with individuals, objects, and environments that are considered infectious/contaminated. There are two methods of performing hand hygiene:

- handwashing with soap and water
- use of alcohol-based hand sanitizer

See [Appendix C: Hand Hygiene Procedures](#).

**3 Source Control Measures:** Source control measures are used to contain and prevent germs from spreading. Policies and procedures (administrative controls) should be implemented to develop a facility-wide approach for source control to contain and prevent germs from spreading. Source control measures may include but are not limited to

- signage indicating cough etiquette, hand hygiene, and the need to stay home when ill
- separate entrances and waiting areas, where possible
- early identification of infection
- staying home when ill
- hand hygiene
- child/student support space
  - Students suspected of being ill may be required to wait in a designated space with direct adult supervision, free of physical hazards, until they can be picked up by a parent.
  - After the child/student has been picked up, clean and disinfect areas where the child/student spent time, as well as items used by the child/student.
- cough etiquette (respiratory hygiene)
  - This also includes sneezing.
  - This should be modelled, taught, and reinforced regularly to prevent the spread of respiratory secretions to others.
  - Some children and students may need assistance with performing cough etiquette (respiratory hygiene).
  - After sneezing or coughing into a tissue (or sleeve), put used tissues into the garbage and perform hand hygiene immediately.
  - Tissues should be available for use throughout the child care facility/school.
  - Cough etiquette posters placed around the child care facility and school are good visual cues. Posters help remind children, students, and adults to sneeze or cough into a tissue (or their sleeve).
  - See cough etiquette poster in [Appendix L: Additional Guidance for Child Care Facilities](#).

**4 Aseptic Technique:** Aseptic technique is a practice that helps prevent the transfer of germs from one person to another (during a medical procedure or while performing first aid).

Trained staff may provide first aid procedures and medical procedures as outlined in a health care plan. Health care plans focus on interventions required to support children/students who are diagnosed with specific health care needs. Children/students will receive support for medical procedures and/or responses to an emergency situation. These procedures can be done at a child care facility and/or school by adhering to aseptic technique, as listed in the procedure section of the health care plan.

During these procedures, staff will use Routine Practices to prevent contamination from germs. Aseptic technique reduces the risk of infection by reducing germs. Some examples of aseptic technique at child care facilities and schools include

- preparing the skin with an appropriate antiseptic prior to performing the procedure
- using sterile bandages
- maintaining a sterile field when performing the procedure, in accordance with training received
- appropriately cleaning/disinfecting stoppers or injection ports of medication vials and infusion bags with alcohol before entering the port, vial, or bag, such as in the following situations:
  - complex administration of medication (via infusion pump, nasogastric tube, or injection [other than auto-injector])
  - central or peripheral venous line intervention
- using disposable equipment/items once and disposing appropriately
- cleaning/sanitizing/disinfecting non-disposable equipment/items
- not mixing, preparing, or opening sterile supplies until they are needed

For more information on aseptic technique, please refer to the Unified Referral and Intake System (URIS) page at [www.edu.gov.mb.ca/k12/specedu/uris/cpg.html](http://www.edu.gov.mb.ca/k12/specedu/uris/cpg.html).

**5 Use of Personal Protective Equipment (PPE):** Personal protective equipment creates a physical barrier between individuals to minimize exposure and prevent the spread of germs. PPE consists of facial protection (i.e., masks and eye protection, face shields, or masks with visor attachment), gloves, and gowns. The use of PPE requirements must be practised in compliance with good infection prevention and control practices, including hand hygiene.

See [Appendix D: Guidance on Personal Protective Equipment \(PPE\) Use](#).

**6 Sharps Safety:** Users of medical sharps (e.g., needles) should handle sharp devices safely to prevent injuries, both to themselves and to those who may encounter the device during or after procedures. It is recommended the following infection prevention and control guidance be followed when using medical sharps:

- Use safety-engineered devices, such as protected needle devices or syringes with safety features, whenever possible, as they have been reported to reduce needlestick injuries. In Manitoba, safety-engineered needles are required under The Workplace Safety and Health Act (45.1(5)(e) (see [www.gov.mb.ca/labour/safety/pdf/whs\\_workplace\\_safety\\_act\\_and\\_regs.pdf](http://www.gov.mb.ca/labour/safety/pdf/whs_workplace_safety_act_and_regs.pdf)).
- Do not recap used needles.
- When used, dispose of needles and single-use sharp items into an approved, designated puncture-resistant container at point of use.
- Keep sharps containers in a location inaccessible to children and students.
- When sharps containers are  $\frac{3}{4}$  full or filled to the fill line, stop adding any more sharps and dispose of the container. Seal the full sharps container, and then secure and discard it safely. Sharps cannot be sticking out of the sharps container.

## **7 Cleaning/Sanitizing/Disinfecting Learning Materials and Equipment**

- It is the child care facility and school's role to develop a schedule for cleaning, sanitizing, and disinfecting, including designating who is responsible for performing these tasks.
- Frequently touched, commonly shared items, such as toys, manipulatives, fitness equipment, musical instruments, and computer equipment, should be cleaned and sanitized/disinfected on a regular and prescribed basis, and immediately when visibly dirty.
- Frequently touched items that are unable to be cleaned, sanitized, and/or disinfected must be discarded when they become visibly dirty (e.g., paper books).
- Follow manufacturer's written instructions for use of products for cleaning and disinfecting.
- Store sterile and cleaned materials and equipment in a designated and separate clean, dry area, protected from dust. Avoid storing near sinks or plumbing, as leaks may occur.

## 8 Cleaning/Sanitizing/Disinfecting a Learning Environment

- It is the child care facility and school's role to develop a schedule for cleaning and sanitization/disinfection, including designating who is responsible for performing these tasks.
- Frequently touched surfaces in child care facilities and schools, such as doorknobs, desks, lockers, cubbies, chairs, and food surfaces, should be cleaned and sanitized or disinfected on a regular and prescribed basis, and immediately when visibly dirty.
- Frequently touched surfaces should be cleaned and disinfected more frequently than other surfaces.
- Follow manufacturer's written instructions for use of products for cleaning and disinfecting.

See [Appendix E: Cleaning, Sanitizing, and Disinfecting Equipment and Environment](#).

**9 Dishwashing:** Proper dishwashing is critical in minimizing the risk of food-borne illnesses in child care facilities and schools. Germs, such as harmful bacteria and viruses, can be transferred when dishware, cutlery, utensils, and pots are not properly washed and sanitized; therefore, it is important to practise correct dishwashing procedures at all times.

Food establishments within a school that provide full menu items, such as a cafeteria or canteen, must meet all regulatory requirements for proper dishwashing. It is recommended that school spaces used for foods and nutrition classrooms, culinary arts facilities, kitchenettes, breakfast spaces, and other spaces with limited menus and food service, also follow these procedures.

All child care facilities are required to serve safe food to children, whether the food is provided by the facility or their parents. Centres (including nursery schools) and family child care homes that provide food service of any kind (e.g., snack programs, lunches, and food from home, prepared on site, or brought in from a third party) must follow regulatory requirements for proper dishwashing.

See [Appendix F: Dishwashing Procedures](#).

**10 Laundering:** Germs can be transferred when in contact with dirty linens and when they are improperly washed or handled. Laundry equipment should be located in an area that is inaccessible to young children.

In schools, washing machines and dryers are often located in human ecology rooms, family centres, and in grooming rooms where students could have access. Students are often encouraged to help with laundry duties (e.g., washing of sports jerseys). To ensure laundering procedures are followed, students should be supervised when using the equipment.

See [Appendix G: Laundering Procedures](#).

**11 Education of Children, Students, Family, and Visitors:** It is important for staff to know what to do and when.

- Share this guide with all staff and volunteers working in your child care facility/school.
- Provide training for child care and school staff as well as residents in a child care home.
- For quick reference, make use of the posters and charts in the appendices to know what to do and when.

When applicable, child care facilities' boards of directors (or owner/operators), schools, school divisions, and all Workplace Safety and Health Committees should review the information in this guide.

Staff should provide instructions and guidance to children, students, families, and visitors regarding hand hygiene, cough and sneezing etiquette, and infection prevention and control policies and procedures.

**12 Volunteer/Visitor Management:** Volunteers and visitors with symptoms of an illness should not visit the child care facility or school. If a parent who is sick is required to come to the child care facility or school, they will be supervised and instructed on the precautions to take that would minimize the spread of the illness. For example, staff could help the student/child be ready to leave and meet the parent at the entrance to reduce further transmission.

# Additional Infection Prevention and Control Measures Relevant to Child Care Facilities and Schools

**1 Diapering and Toileting:** Germs are easily spread through contact with body fluids (e.g., stool, urine). To reduce the spread of germs, procedures that reduce contamination of hands and the surrounding surfaces should be in place. Bathroom etiquette should be taught to students to encourage proper toilet/urinal use, flushing the toilet, and proper handwashing. Designated staff should monitor washrooms to ensure they are safe for continued use.

See [Appendix H: Diapering Procedures](#).

**2 Food Safety:** Proper food handling is important to ensure children, students, staff, and visitors within the child care facility or school do not become ill with a food-borne illness.

All child care facilities and schools are required to provide safe food to children, students, and staff, whether the food is provided by the school, facility, or brought from home.

Schools that provide full-menu meals for students, staff, and visitors in a cafeteria or canteen (or service to the student classroom) are required to follow all government food regulations (see Food and Food Handling Establishments Regulation in The Public Health Act at [https://web2.gov.mb.ca/laws/regs/current/\\_pdf-regs.php?reg=339/88R](https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=339/88R)).

It is recommended that in school spaces where there is a limited menu or food service, safe food handling procedures are used as a guide and standards for best practices are set. Some examples include the following:

- foods and nutrition classrooms
- culinary arts facilities
- kitchenettes
- breakfast spaces
- classrooms used for celebrations



For more information on school facilities that require a health permit to operate, contact the local public health unit (see “Food Handling Establishment Inspections and Health Permits” on the Manitoba Health webpage at [www.gov.mb.ca/health/publichealth/environmentalhealth/protection/food.html](http://www.gov.mb.ca/health/publichealth/environmentalhealth/protection/food.html)).

Child care facilities (including nursery schools) and family child care homes that provide food service of any kind (e.g., snack programs, lunches—including food from home, prepared on site or brought in from a third party—or supplements to snacks or lunches) must follow all government food regulations.

See [Appendix I: Safe Food Handling](#).

**3 Pets and Animals:** Human-animal interaction provides physical, social, emotional, and cognitive developmental benefits for children. However, pet and animal interaction also carries health risks, including disease transmission and injury.

See [Appendix J: Pet and Animal Handling](#).