# ROUTINE PRACTICES

Guide to Creating a Healthy Environment and Preventing Infections within Child Care Facilities and Schools

Manitoba

Routine Practices : Guide to Creating a Healthy Environment and Preventing Infections within Child Care Facilities and Schools

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*Disponible en français.*

Available in alternate formats upon request.

# Contents

# Introduction

The following infection prevention and control guidelines have been developed to assist licensed early learning and child care facilities and schools in keeping children, students, and staff safe in situations where germs can spread. Although public health measures can significantly reduce the risk of spreading communicable diseases in child care facilities and schools, the risk is never zero. The best way to control the spread of disease is by continuing to follow applicable health and safety guidelines, including the implementation of Routine Practices and other infection prevention and control measures, to ensure the safety, health, and well-being of children, students, and staff.

Routine Practices have been in place in health care since 1999 and are the fundamental infection prevention and control practices that must be followed to prevent transmission of infection. This document uses the basic principles of Routine Practices that have been adapted for child care facilities and schools.

Child care facilities and schools are encouraged to have processes in place to prevent the transmission of infection. The following guidelines outline the measures that need to be followed and implemented to reduce the risk of transmission.

These guidelines have been established as province-wide best practices for child care facilities and schools. They are based on current best practices for infection prevention and control, as well as public health legislation, child care licensing legislation, and evidence-based health protection standards and practices.

The main purpose of this document is to serve as a standard reference for staff of child care facilities, schools, and school divisions, as well as boards of directors, public health inspectors, and child care coordinators, to help protect the health, safety, and well-being of children, students, and staff.

This document does not include advice on specific communicable diseases. In situations of communicable diseases reportable to public health officials, child care facilities, schools, and school divisions should follow public health advice.

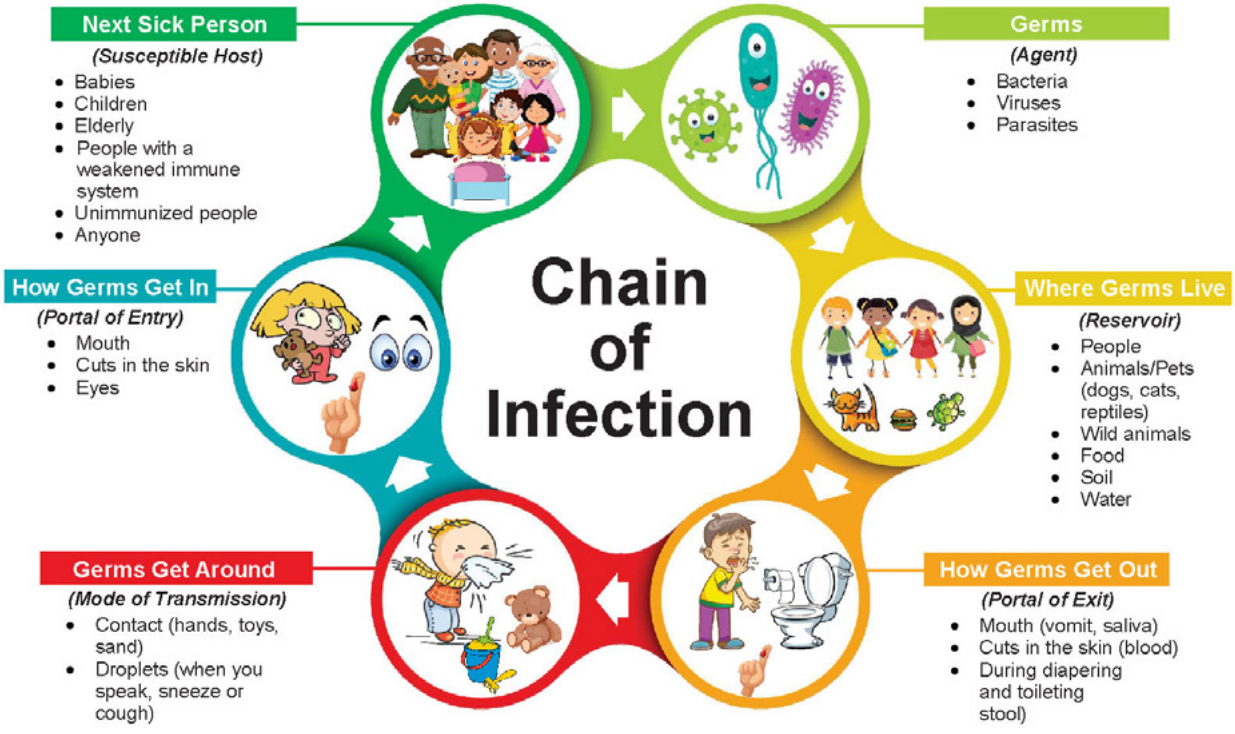
Before implementation, it is recommended this content be reviewed by the Workplace Safety and Health Committee of the child care facility or school, the school division, and the board of directors (or owner/operator) of the child care facility.

Manitoba Education and Early Childhood Learning appreciates the support of a team coordinated by the Public Health Infection Prevention and Control Team and Environmental Health Team of Manitoba Health, Seniors and Long-Term Care in the development of the content for this document.

# How Germs Are Spread (Chain of Infection)

Understanding what causes infection and disease is the first step in being able to prevent and control its spread. An infection occurs when a disease-causing organism (germ) enters the body and starts to multiply. This often results in signs and symptoms of infection, but this is not always the case. Sometimes a person can have an infection without showing any symptoms or signs of the infection.

For an infection to occur, a series of events need to take place, often referred to as the "chain of infection." Breaking any one of the six links in the chain of infection will prevent infection from occurring. The six links are as follows:



1 **Germs (Infectious Agent):** The germ(s) that may cause disease (e.g., bacteria, viruses, fungi, parasites).

2 **Where Germs Live (Reservoir):** The reservoir where germs live depends on the kind of germ. Reservoirs can include people, animals, food, soil, water, and surfaces. People and animals can be reservoirs of germs without being sick.

3 **How Germs Get Out (Portal of Exit):** Germs can leave the body or environment through the mouth (e.g., vomit, saliva, sneezing, coughing), blood (e.g., cuts in the skin), or during diapering and toileting (e.g., urine and stool).

4 **How Germs Get Around (Mode of Transmission):** Routes of transmission are described below. The routes of transmission vary with the germs involved. For most germs, transmission occurs by one route (e.g., direct contact–rotavirus). However, some germs can be transmitted by more than one route (e.g., droplet and contact-RSV or COVID-19).

a. **Contact Transmission:** Transmission can occur when there is direct physical contact or when there is transmission by a contaminated item. Hands can be contaminated by contact with the infected person/item or when the contaminated object is in the same area as the person who might be exposed. There are two types of contact transmission:
   i. **Direct Contact:** This is the most common mode of transmission and can occur where there is skin-to-skin contact between two individuals (e.g., children, students, and staff).
   ii. **Indirect Contact:** Transmission can occur when hands pick up germs from contaminated surfaces or equipment, such as toys, books, or gym equipment.

b. **Droplet Transmission:** Germs can spread through droplets produced when coughing or sneezing without covering one's mouth and nose. The droplets travel a short distance (within approximately two metres) through the air, and can either be breathed in or land in a person's nose, mouth, or eyes, which can cause an infection. Droplets may also settle on surfaces, which could contaminate the environment and may contribute to contact transmission.

c. **Airborne Transmission:** This occurs when particles (i.e., aerosols with tiny particles that are smaller than droplets) remain suspended in the air for extended periods of time, increasing the probability of inhalation. This is an uncommon form of transmission in a child care facility or school.

**Continuum of Droplet to Airborne Transmission:** Particles of different sizes are released from the respiratory tract during coughing, sneezing, talking, or singing. The size of these particles and the distance they are released depends on the force of the coughing, sneezing, talking, or singing. Large particles (droplets) will fall quickly (in a few seconds) to the ground. However, smaller particles may remain in the air for a longer time (e.g., minutes or hours). The particles that remain in the air can be carried by air currents over a distance, including beyond the room, and are considered airborne.

a. **Common Vehicle:** Multiple people can be infected from a single contaminated source, such as food or water in the water play table.

b. **Vector-Borne Transmission:** This is transmission by insect. This is a rare form of transmission in a child care facility or school.

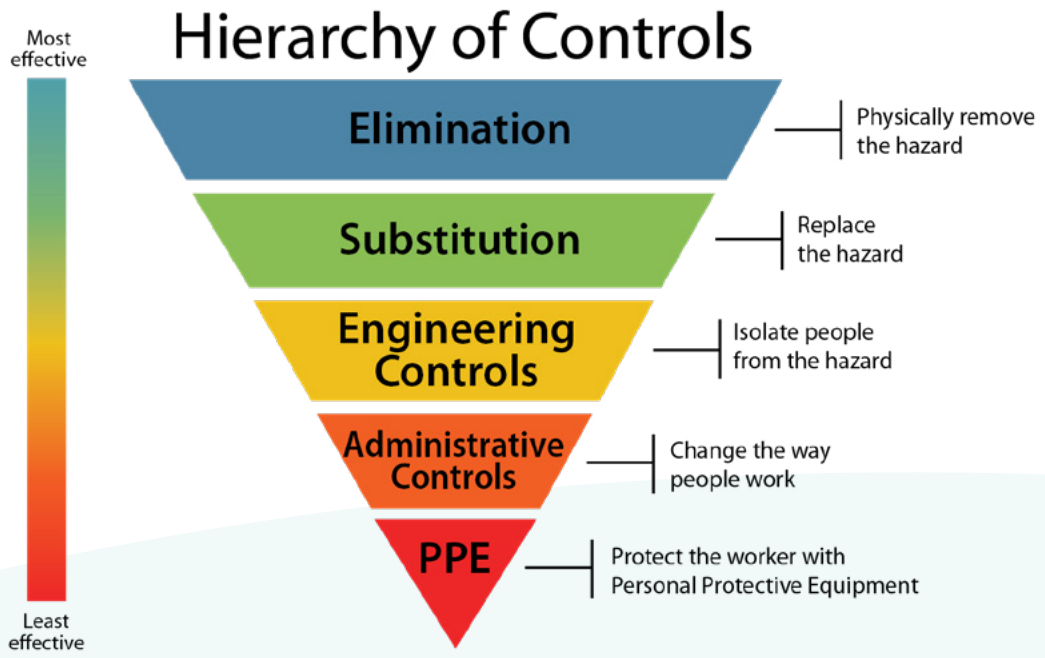
5 **How Germs Get In (Portal of Entry):** Germs travel to the next person through the eyes, nose, mouth, cuts in the skin, and inhalation.

6 **Next Sick Person (Susceptible Host):** An individual must be susceptible (vulnerable or at risk to infection) to germs in order for the infection to occur.

# How Do We Reduce Exposure to and Transmission of Germs?

## Hierarchy of Controls

The hierarchy of controls is a tiered approach of measures and interventions used to reduce the spread of illness, from the most to the least effective controls. When possible, control measures should be implemented to address any areas of concern. Control measures can be taken at one or more of the five levels of the hierarchy of controls.




**Hierarchy of Controls:** Reproduced from www.cdc.gov/niosh/topics/hierarchy/default.html under the terms for U.S. government materials cited at www.doi.gov/copyright.

1 **Elimination:** Elimination removes the risk of exposure to a germ at the source. This would include staying home when sick. It is the preferred solution to protect children, students, and staff because no exposure can occur.

2 **Substitution:** When a source of infection cannot be eliminated, substitutions should be implemented to reduce or control the risk of exposure to an illness. Substitutions reduce the spread of germs. Examples include the implementation of remote learning in schools or the use of disposable plates and cutlery for meals/snacks.

3 **Engineering Controls:** Engineering controls reduce the risk of exposure to germs by applying building structure and ventilation strategies. These controls are established and controlled within the building's structure and physically remove the hazard. The following are examples of these controls:

- **Design, Renovation, and Construction:** Considerations for room design and construction may include designated handwashing sinks, room airflow, and physical barriers.
- **HVAC (Heating, Ventilation, and Air Conditioning):** Ventilation systems remove particles and eliminate excess moisture in the air.
- **Source Control:** Source control measures are used to prevent germs from spreading (e.g., respiratory etiquette and hand hygiene, staying home when ill policies).
    a. **Children, Student, and Staff Support:** All child care facilities and schools should have a designated area for use when children, students, and staff become ill and are unable to leave the child care facility or school immediately.
    b. **Reduction of Aerosols:** Aerosol-generating medical procedures (AGMPs) may be performed in child care facilities or schools. If there is a question regarding AGMPs, please review the child/student's health care plan and discuss with their nurse, as well as refer to the Manitoba Shared Health document *Provincial Guidance for AGMPs* at https://sharedhealthmb.ca/files/aerosol-generating-medical-procedures-AGMPs.pdf.

c. **Suctioning:** Although the suctioning of children or students is not considered an AGMP, it is important to have good overall infection prevention and control principles applied to the suctioning procedure/process.

   i. There should be a designated area for suctioning with hand hygiene facilities (e.g., sink, hand hygiene products/soap, running water, and single-use paper towels).

   ii. Where a designated space is not feasible, it is important to have an area where hand hygiene can be performed and there is privacy for the child or student.

4 **Administrative Controls:** Administrative controls are policies and procedures intended to prevent exposure to (and therefore the spread of) germs. Child care facilities and schools need to implement and monitor the necessary policies and procedures, as well as provide the resources to prevent transmission of germs. Examples of these policies and procedures include the following:

*For child care facilities and schools*

- education and training for staff on Routine Practices and other policies, practices, and procedures related to infection prevention and control
- targeted education and training for staff (e.g., how to safely handle medical sharps such as needles to prevent injury to themselves and others)
- environmental cleaning, sanitation, and disinfection schedules with individual responsibilities identified
- respiratory protection provided for staff who work with children/students who require the use of a ventilator

*For child care facilities*

- "no sharing" policies and separate storage for personal items
- illness policies

See Appendix L: Additional Guidance for Child Care Facilities.

5 **Personal Protective Equipment (PPE):** Although the use of PPE is the most visible type of control, it is the weakest and should not be relied on as the only form of prevention. PPE provides a physical barrier between people. The barrier could include gloves, gowns, and facial protection (including masks, face shields, and masks with visor attachments).

# 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.
- 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.

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).
- 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 ¾ 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).

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).

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.

# What is the Role of the Child Care Facility and School?

## Overall Role

It is the role of a child care facility or school to minimize the risk of exposure to (and therefore the spread of) germs. Child care facilities and schools are responsible for

- developing and implementing policies and procedures for the application of infection prevention and control measures, if needed
- providing education and training on *Routine Practices: Guide to Creating a Healthy Environment and Preventing Infections within Child Care Facilities and Schools*
- developing engineering controls to reduce the risk of exposure
- providing adequate resources to develop, implement, and maintain a source control program for the management of potentially ill persons that would include the following:
  - signage throughout the child care facility or school (e.g., entrances, classrooms, reception areas, areas where there may be a number of individuals gathering)
  - physical distancing, if needed or required
  - respiratory hygiene (if needed, masks, tissues, hand hygiene products, and handwashing sinks)
  - strategies to reduce production of aerosols during certain inclusion support procedures
- ensuring PPE is appropriate for the child care or school setting and is available, sufficient, and located in convenient and accessible areas
- promoting the application of the PCRAs
- promoting and facilitating proper hand hygiene procedures
- providing information to parents on how to monitor their child adequately for signs and symptoms of communicable diseases
- promoting adherence to aseptic technique when children, students, or staff require first aid or health care interventions outlined in a health care plan

- developing and implementing policies and procedures for routine scheduled cleaning and disinfection of frequently touched items (e.g., toys, manipulatives)
- developing and implementing policies and procedures for scheduled cleaning and disinfection of environmental surfaces
- developing education and training for those responsible for cleaning of frequently touched items and environmental cleaning, and ensuring this training is occurring on an ongoing basis
- using detergent disinfectants with a Drug Identification Number (DIN) that are effective against the pathogens most likely to contaminate the child care facility or school environment (More information on DIN can be found on Health Canada's website at https://health-products.canada.ca/dpd-bdpp/.)
- following food safety guidance, as outlined in this document
- ensuring that new construction of a child care facility or renovations of an existing licensed centre meet public health requirements
- following and adhering to The Workplace Safety and Health Act (see https://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=w210)

*For schools:*

- As defined in The Public Schools Act (Act 96(1)(e) (see https://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=p250), every school has the responsibility to notify the appropriate local health authority of the area in which the school is situated or, where there is no local health authority, the school division or school district that they have reason to believe that a pupil attending the school has been exposed to or is suffering from a communicable disease as defined in The Public Health Act (see https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=37/2009).

*For child care facilities:*

- As defined in the Child Care Regulation (62/86) at https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=62/86:
  - 35.11 (1) When a licence holder is aware that a child attending the licence holder's facility has contracted a communicable disease, the licence holder must promptly notify (a) the child's parent, guardian, or physician; (b) the health authority in accordance with guidelines provided by the health authority or, in the absence of such guidelines, as required by the provincial director; and (c) ensure that any recommendations or instructions from the health authority are followed.
  - 35.11(2) A licence holder must not permit a child suffering from a communicable disease or acute illness to attend the licence holder's facility during (a) the period prescribed by the health authority for non-attendance; or (b) if no period has been prescribed, the period determined by the provincial director.

# Risk Assessment

An organizational risk assessment (ORA) can provide child care facilities and schools with information to reduce exposure to and the spread of infectious germs. An ORA should be conducted on a regular and ongoing basis to ensure consistency and compliance with current applicable regulations that will be outlined in the child care facility, school, or division policies, procedures, and programs, as well as current public health requirements.

To conduct the risk assessment, staff will need to

- determine the impact of transmission of germs (e.g., infected children/students, staff) on individuals that work or visit the child care facility or school
- assess available control measures (e.g., Routine Practices, additional infection prevention and control measures, engineering, administrative, PPE) to reduce or prevent exposure to or transmission of germs in the child care or school setting
- conduct a regular review and maintenance of the building's ventilation system
- conduct a regular review of the policies and procedures that are intended to prevent exposure to and transmission of germs

After the ORA is complete, policies, procedures, and programs should be developed and implemented to achieve the reduction of exposure to communicable diseases. They should be consistent across the organization and in compliance with current health regulations and best practices for infection prevention and control.

# What is the Role of Staff?

It is the role of staff to minimize the risk of exposure to and the spread of germs within the child care facility or school. Staff are responsible for the following:

- **Point of Care Risk Assessment (PCRA):** Prior to every interaction, staff are encouraged to assess the risk posed to themselves and other children, students, staff, parents, or visitors by an individual, situation, or procedure/process, as outlined in Appendix B.
- **Hand hygiene:** Perform hand hygiene according to the processes outlined in Appendix C.
- **Source control:** Choose the correct source control measure used to contain and prevent germs from spreading.
- **Support space:** Understand that children, students, and staff suspected of being ill may be required to wait in a designated safe area until they are able to go home.
- **Aseptic technique:** Implement the main principles of aseptic technique in order to prevent the transfer of germs during a medical or first aid procedure.
- **Use of PPE:** Understand when and how to use and dispose of PPE, as outlined in Appendix D.
- **Sharps safety:** Handle sharp devices safely to prevent injuries to self and to others.
- **Cleaning/sanitizing/disinfecting learning materials and equipment:** Follow the proper procedures for cleaning, sanitizing, and disinfecting learning materials and equipment, as outlined in Appendix E.
- **Cleaning/sanitizing/disinfecting equipment and environment:** Follow the proper procedures for cleaning, sanitizing, and disinfecting equipment and environments, as outlined in Appendix E.
- **Dishwashing:** Follow the proper procedures for dishwashing, as outlined in Appendix F.
- **Laundering:** Follow the proper procedures for laundering, as outlined in Appendix G.

- **Volunteer and visitor management:** Provide instructions to children, students, families, and visitors regarding hand hygiene, respiratory hygiene, and other infection prevention and control measures.
- **Diapering and toileting:** Follow the proper procedures for diapering, as outlined in Appendix H.
- **Food safety:** Child care facilities and schools that provide full menu meals are required to follow all government food regulations. It is recommended that, where there is a limited menu or food service, safe food handling procedures are used as a guide and to set standards for best practices. See Appendix I.
- **Pet and animal handling:** Staff should adhere to proper procedures when bringing pets and animals into the child care facility or school. Many animals may carry infectious diseases in their intestines, on their bodies, or in their feces, which can be transferred to people.

# Appendix A: Definitions

**Alcohol-based hand sanitizer:** A liquid, gel, or foam with 60–90 percent alcohol applied to the hands to kill germs.

**Aseptic technique:** A medical technique used to prevent the transfer of germs from one person to another.

**Asymptomatic:** When an individual has a disease but does not experience symptoms.

**Board of directors:** The representatives of a duly incorporated corporation or co-operative.

**Child care centre/centre:** Premises other than a child care home where child care—either alone or in combination with parental care—is provided or offered at any time.

**Child care facilities:** Licensed nursery schools; infant, preschool, and school-age child care centres; or a child care home.

**Cleaning:** Refer to definition in Appendix E.

**Cough etiquette:** See *Respiratory hygiene.*

**Disinfectant:** A product used on objects to reduce the amount of germs to an acceptable level. Disinfectants are used on surfaces and objects and require a Drug Identification Number (DIN) for sale in Canada.

**Disinfection:** Refer to definition in Appendix E.

**Drug Identification Number (DIN):** Disinfectants must bear a DIN issued by Health Canada. The DIN lets the user know that the product has undergone and passed a review of its formulation, labelling, and instructions for use. More information on DIN can be found at https://health-products.canada.ca/dpd-bdpp/ (Health Canada).

**Engineering controls:** Physical or mechanical measures put in place to reduce the risk of infection to individuals (e.g., heating, ventilation, and air-conditioning systems, room design, and placement of designated handwashing sinks).

**Excretions:** Waste material eliminated from the body, including feces, urine, vomit, and sweat.

**Facial protection:** Includes masks, eye protection, face shields, or masks with a visor attachment.

**Family child care home:** A home licensed by Manitoba Early Learning and Child Care where child care is provided to not more than eight children, of whom not more than five are preschool-age children and not more than three are infants (maximum number includes provider's own children under age 12).

**Full menu:** Meals provided by food service employees/students in cafeterias and canteens and in child care facilities where a health permit is required from the public health inspector to operate. The menu requires extensive food handling and food handler training/knowledge. Extensive food handling includes preparing and cooking raw meats and other potentially hazardous foods. Knowledge of safe methods of thawing, cooking to proper temperatures, reheating, hot and cold holding, food storage, and service of potentially hazardous foods is required. Breakfast and lunch programs may fall under this category, depending on the menu and the extent of food handling that is occurring. Child care facilities and schools that provide full menu meals are required to follow all requirements in government regulations, including the https://web2.gov.mb.ca/laws/regs/current/339-88r.php. Contact your local public health inspector if you are unsure if a health permit is required (see https://forms.gov.mb.ca/cmphi/).

**Hand hygiene:** Actions taken to maintain healthy hands and fingernails by either handwashing or the use of alcohol-based hand sanitizer.

**Handwashing:** The removal of visible dirt and germs from the hands by washing with soap and water.

**Hierarchy of controls:** The three levels/tiers of infection prevention and control, and occupational health controls that are used to prevent illness and injury in the workplace: engineering controls, administrative controls, and PPE.

**Infection:** When germs multiply within the body, causing a reaction in the individual's body (e.g., becoming sick).

**Infectious agent:** A germ that causes disease (infection) in a source (e.g., individual, animal, insect).

**Limited food menu:** Meals or snacks provided by staff/volunteers/students in child care facilities, in school spaces used for foods and nutrition classrooms, culinary arts facilities, kitchenettes, breakfast spaces, and other such spaces with limited food menus that do not require a health permit to operate. Foods and nutrition lessons and similar learning activities are where students learn to prepare meals for themselves, under the supervision of their teacher. This also includes when staff, volunteers, or students provide snacks for food menus that require little to no food handling, such as serving crackers, cheese, pickles, and muffins; reheating frozen pre-made items; and cutting fruits and vegetables.

**Mask:** A barrier used to prevent germs from spreading from the mouth and nose.

**Mode of transmission:** Ways in which germs are spread (e.g., direct contact, indirect contact, droplets, airborne, vehicle, vector).

**Nursery school:** A child care centre in which child care is offered four or fewer continuous hours in a morning session, or in an afternoon session, per day, or for more than four continuous hours per day and less than three days per week to more than three infants, or four preschool-age children, of whom not more than three are infants.

**Organizational risk assessment (ORA):** This is an activity that an organization (e.g., child care facility, school, school division, school board, board of directors, or owners/operators) performs on an ongoing basis. This assessment evaluates the organization's preparedness to reduce exposure to and the spread of infectious germs within the child care or school setting.

This risk assessment identifies

- a hazard
- the likelihood and consequence of exposure to the hazard
- the likely means of exposure to the hazard
- the likelihood of exposure in all areas in a child care facility or school

The risk assessment then

- evaluates available engineering, administrative, and PPE controls needed to minimize the risk of the hazard
- develops processes, policies, and procedures to reduce this hazard

**Parents:** Both parents, legal guardians, or the significant adult in the life of the child/student. The role of the parent may also apply to a student who has reached the age of majority.

**Personal protective equipment (PPE):** This is one element in the hierarchy of controls. PPE can be used by individuals (e.g., staff, volunteers, visitors) to provide a barrier to prevent possible exposure to germs. PPE consists of gloves, masks, eye protection, face shields, and gowns.

**Point of Care Risk Assessment (PCRA):** An activity where children, students, staff, and visitors assess the likelihood of exposure to a germ and then choose the appropriate actions (e.g., hand hygiene, PPE) needed to reduce the risk of exposure.

**Precautions (including source control measures):** Measures taken to reduce the risk of transmission of germs.

**Respiratory hygiene/cough etiquette:** Combination of measures taken to reduce the spread of respiratory germs (e.g., COVID-19, cold, influenza).

**Risk:** The likelihood of an event occurring and the consequences of that event.

**Routine Practices:** Routine Practices is a set of infection prevention and control measures used to prevent the spread of germs and infections.

**Sanitization:** Refer to definition in Appendix E.

**Secretions:** A substance that is produced by a cell or gland, such as saliva, mucus, tears, bile, or a hormone.

**Service Animal:** An animal that has been trained to provide assistance to a person with a disability and that relates to that person's disability. Any animal that is identified as having been trained, including self-trained, to provide assistance to someone with a disability may be a service animal under The Manitoba Human Rights Code.

**Sharps (medical):** Sharps are objects that are capable of causing punctures or cuts (e.g., needles, lancets, epinephrine auto-injector).

**Source:** A person, animal, or object that may contain a germ that can be passed on to another individual.

**Source control measures:** Methods used to contain germs (e.g., signage, partitions, early recognition of infection, respiratory hygiene/etiquette including masks, tissues, hand hygiene products, and hand hygiene sinks).

**Staff:** Any employee within a child care facility or school.

**Student:** A person who is enrolled in school.

**Suctioning:**

- **Suctioning—Oral/Nasal:** Cleaning of secretions from the mouth and nose using a mechanical suctioning device.
- **Suctioning—Tracheal/Pharyngeal:** Some children lack the ability to clear normal respiratory secretions (e.g., mucus) on their own. Suctioning is the mechanical removal of secretions. The skills of a nurse are required to safely suction the back of the throat (pharynx) and the windpipe (trachea).

For more information on suctioning, please refer to the department's Unified Referral and Intake System (URIS) page at www.edu.gov.mb.ca/k12/specedu/uris/cpg.html.

**Susceptible host:** An individual must be susceptible (vulnerable or at risk to infection) to germs in order for the infection to occur.

**Symptomatic:** A person who shows symptoms associated with an illness.

**Transmission:** The process where a germ passes from one person to another person.

**Ventilator:** A mechanical device used to assist a person to breathe. Ventilators come in several forms and can be used in different ways, depending on the child's health condition.

**Wet contact time:** The amount of time that a sanitizer or disinfectant needs to stay on a surface in order to ensure it is effective.

# Appendix B: Point of Care Risk Assessment Tool

**ASSESS the TASK/SITUATION, the CHILD, STUDENT, STAFF, VISITOR, and the ENVIRONMENT prior to EACH INTERACTION**

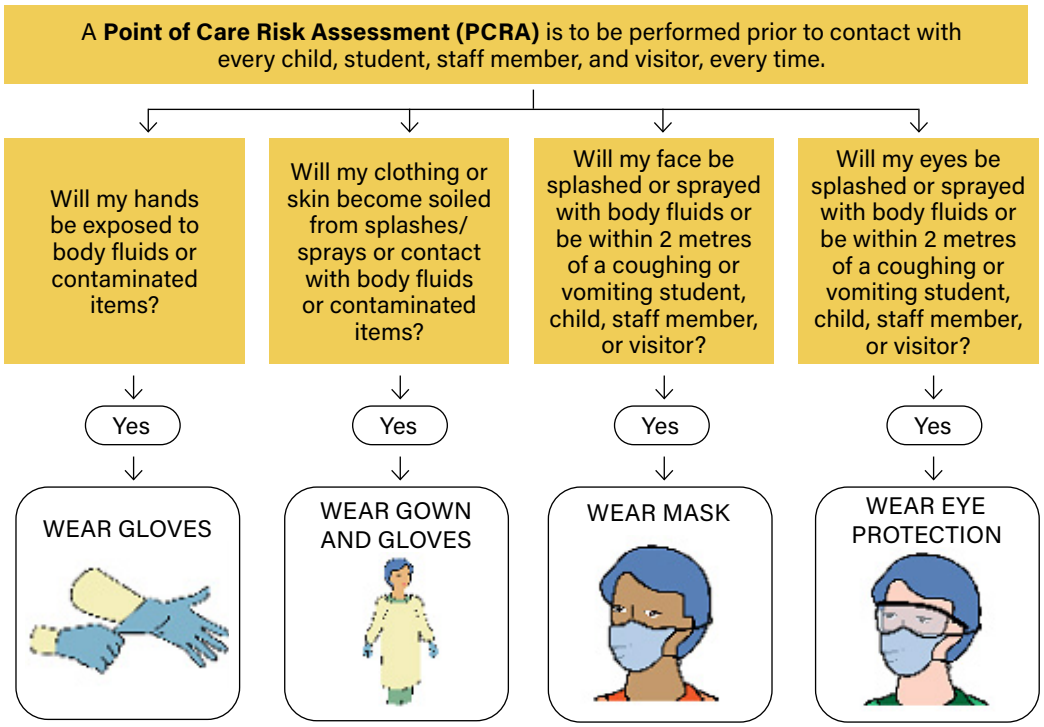
- Routine Practices are basic measures to use with all interactions to reduce the risk of passing (sharing) germs. They are to be used with **all children, students, staff, and visitors** for **every interaction.**
- Performing a Point of Care Risk Assessment (PCRA) is the first step in routine practices.
- This will help decide what, if any, **PPE** you need to protect yourself and to prevent the spread of germs.
- Hand hygiene is the most important measure to prevent infection and needs to be performed before PPE is considered:
  - Having clean hands is the best way to protect everyone.
  - Hand hygiene can be done with soap and water or by using alcohol-based hand sanitizer.
  - If hands are visibly dirty, wash with soap and water.
  - Hand hygiene only takes 15 seconds.

**Environment** includes any area within 2 metres of the child, student, staff member, or visitor or their belongings.

**Body fluids** include urine, feces, wound drainage, saliva, vomit, nasal secretions.

**Contaminated items** include items or surfaces visibly or potentially soiled with blood and/or body fluids. These may include:

- Food preparation and eating surfaces, manipulatives, games, puzzles and toys, desks, tables and chairs, changing tables, music and gym equipment, computer equipment, and play mats.




| **Examples:** | | | | | |
|---|---|---|---|---|---|
| **Task** | Day-to-day activities (e.g., handing out supplies, assisting children/ students, using shared items) | Diaper change, toileting, cleaning contaminated items, cleaning up body fluids (e.g., vomit) | Contact with child/student who is vomiting | Contact with someone who may have a respiratory infection | Suctioning a child/ student who has copious amounts of secretions |
| **Exposure risk** | Minimal | Risk of exposure to body fluids | Risk of exposure to body fluids | Risk of exposure to infectious respiratory secretions | Risk of exposure from body fluids to eyes |
| **Perform hand hygiene** | When indicated | Before putting on and after removing gloves, and when indicated | Before putting on and after removing gown and gloves, and when indicated | Before putting on and after removing mask, and when indicated | Before putting on and after removing eye protection, and when indicated |
| **PPE** | None needed | Wear gloves | Wear gown and gloves | Wear mask | Wear eye protection<br>Eye protection is always worn with a mask |

# Appendix C: Hand Hygiene Procedures

## Hand Hygiene

Hand hygiene is the single-most important way to prevent the spread of germs and infection in child care facilities and schools. Ongoing hand hygiene education, encouragement, and supervision are important to stop the spread of germs. Staff, children, and students must perform hand hygiene as often as is necessary to keep clean.

There are two methods of performing hand hygiene:

- handwashing with soap and warm running water
- using alcohol-based hand sanitizer

Handwashing with soap and water is the preferred method of hand hygiene. If soap and water are not available, or if there is not enough time to complete a handwashing procedure, alcohol-based hand sanitizer can be used under the following conditions:

- young children must be supervised when using alcohol-based sanitizers
- alcohol-based sanitizers should be stored away from young children
- the alcohol strength should be at least 60 percent
- alcohol-based sanitizers should always be used as per manufacturer's instructions
- if used, rub hands together until they are completely dry
- do not put any amount of hand sanitizer into mouths
- do not rub eyes when hands are wet with hand sanitizer
- do not use hand sanitizer after diapering, toileting, or during food preparation, handling and service

Hand sanitizer is dangerous when ingested. Ingesting only a small amount of hand sanitizer can cause alcohol poisoning. If you suspect a child has ingested hand sanitizer, call Manitoba Poison Centre toll-free at 1-855-7POISON (776-4766) immediately. Do not wait for symptoms to develop.

## Hand Hygiene Supplies

- Monitor all hand hygiene supplies (e.g., soap, single-use towels, paper towels, alcohol-based sanitizer) and areas (e.g., handwashing sinks) to ensure they are well stocked at all times.
- The use of paper towels for drying hands is preferred; however, single-use cloth towels may be used in a child care facility but must be laundered after each use.
- Hot-air hand dryers are not recommended. Hand dryers can release germs remaining on your hands into the air.
- Hand hygiene product dispensers can become contaminated with germs if they are reused without proper cleaning procedures in place. The following practices will help to prevent contamination:
  - It is preferred to dispense liquid hand soap and alcohol-based hand sanitizers from a disposable pump/squirt container rather than a reusable dispenser.
  - If reusable dispensers/containers are used, do not add product to a partially empty dispenser (topping up), as they can become contaminated.
  - If there is a decision to reuse, the dispensers/containers must be emptied, washed, and completely air-dried prior to refilling.

## When to Perform Hand Hygiene

Children/students should perform hand hygiene

- upon arrival at the child care facility or school
- after using the toilet, after having a diaper change, and after blowing/wiping nose or coughing/sneezing
- immediately before and after eating meals and snacks
- after outdoor play
- before and after shared sensory play (e.g., water and sand tables)
- before and after caring for or playing with animals
- whenever hands are considered contaminated or visibly dirty
- before leaving the child care facility or school, or upon arrival at home

Staff should perform hand hygiene

- immediately upon arrival at the child care facility or school
- after using the toilet, after performing a diaper change, and after assisting a child/student with toileting or diapering
- immediately before preparing, handling, or serving food (including setting tables)
- before and after eating food
- after touching/wiping nose (a child's/student's or your own), handling dirty tissues, coughing, or sneezing
- before and after shared sensory play (e.g., water and sand tables)
- before applying sunscreen (to a child/student or themselves)
- after cleaning/sanitizing/disinfecting tasks
- after handling garbage, unclean equipment/work surfaces, or soiled laundry
- before and after using PPE (e.g., disposable gloves)
- after contact with blood or other body fluids (e.g., nose or mouth secretions)
- before and after treating a cut or wound
- before and after caring for a sick student/child
- before preparing, dispensing, or applying medication or ointment
- whenever hands are considered contaminated or visibly dirty, or after cleaning up a child/student or items considered contaminated (e.g., bathroom items)
- after coming in from outdoors
- before leaving the child care facility or school, or upon arrival at home

## Hand Hygiene Posters

The following printable posters are free to be used in appropriate areas to promote hand hygiene.

- Adult Handwashing Procedure
- Child Handwashing Procedure
- Use of Alcohol-Based Hand Sanitizer

They are available at www.edu.gov.mb.ca/k12/routine_practices/index.html.

# Appendix D: Guidance on Personal Protective Equipment (PPE) Use

Personal protective equipment (PPE) provides a physical barrier between individuals and/or contaminated items. The use of PPE is the most visible infection prevention measure but is the last in the hierarchy of controls, and should not be relied on as stand-alone primary prevention measures.

Improper use of PPE (e.g., putting on and removing inappropriately) exposes the user to contamination. It is very important to adhere to proper technique for putting on (donning) and taking off (doffing) PPE (refer to procedures at the end of Appendix D).

PPE includes the following:

- gloves
- facial protection:
  - masks (medical)
  - eye protection (safety glasses, lenses/frames, or face shields)
- gowns

Not all types of PPE are needed for every situation. Refer to Appendix B for more information.

Child care facilities, schools, and school divisions must ensure the availability of appropriate PPE for use by children, students, staff, and visitors to prevent exposure to an infectious disease.

The following are the principles for the use and management of PPE, if needed, according to Routine Practices.

# Gloves

- Gloves are single-use.
- Gloves are not a substitute for hand hygiene.
- Gloves are needed when in contact with broken or open skin.

Wear gloves as determined by the PCRA

- for anticipated contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds, or non-intact skin
- for handling items or touching surfaces that are visibly or potentially soiled with blood, body fluids, secretions (e.g., drainage from nose and mouth), or excretions (e.g., urine, feces)
- when staff have an open cut or abrasion on their hand while providing direct medical care to children/students

## Appropriate Glove Use

- Perform hand hygiene prior to putting on gloves for tasks requiring clean, aseptic, or sterile technique. Refer to aseptic technique section on page 15.
- Put on gloves directly before contact with the individual, or just before the task or procedure requiring gloves.
- Wear gloves with good fit and durability that are appropriate to the task. Use of powder-free gloves is preferred.
- Wear disposable gloves or reusable utility gloves for cleaning the environment or equipment and according to manufacturer recommendations. If reusable utility gloves are used, they must be cleaned and disinfected after use and allowed to air-dry completely before re-use.
- Remove disposable gloves and dispose in the garbage following use.
- Do not reuse or clean (with soap and water, disinfectant, or alcohol-based hand sanitizer) single-use disposable gloves.
- Perform hand hygiene following the removal of gloves.
- Do not use the same pair of gloves for the care or contact of more than one individual.

To reduce hand irritation related to gloves, make sure to

- wear gloves for as short a time as possible
- clean and dry hands before putting on gloves
- check to see that gloves are intact, clean, and dry inside

# Facial Protection

Wear facial protection (e.g., masks and eye protection, face shields, or lenses and frames) as determined by the PCRA. Educate staff to avoid touching their face while wearing facial protection (e.g., self-inoculation if the eyes are touched with contaminated fingers). Eye protection is rarely needed in a child care facility or school due to the type of risk exposures.

## Medical Masks

Wear medical masks as determined by the PCRA

- to protect from sprays or splashes to your mouth and nose
  - Assess if procedures or activities are likely to generate splashes or sprays of blood, body fluids, secretions (e.g., drainage from nose of mouth), or excretions (e.g., urine, feces).
- as a barrier when in contact with a coughing or sneezing individual who is suspected of having a respiratory infection
- as a barrier when performing aseptic/sterile procedures (See aseptic technique section on page 15.)

## Eye Protection

Eyes may be protected through use of

- safety glasses
- face shields
- lenses and frames

**Note:** Prescription eyeglasses are not protective and not considered to be eye protection.

Wear eye protection as determined by the PCRA

- to protect from sprays or splashes to your eyes
  - Assess if procedures or activities are likely to generate splashes or sprays of blood, body fluids, secretions (e.g., drainage from nose or mouth), or excretions (e.g., urine, feces).
- as a barrier when in contact with a coughing or sneezing individual who is suspected of having a respiratory infection

## Appropriate Use of Facial Protection

- Wear facial protection as instructed by the manufacturer.
- Do not position facial protection on the head or around the neck for later use.
- Remove eye protection immediately after use; remove gloves, and then perform hand hygiene.
- If eye protection or face shields are reusable, clean and disinfect them as per organizational policy and procedure before reuse.
- Prescription glasses by themselves are not adequate eye protection. When eye protection is required, wear it over prescription glasses.
- Perform hand hygiene prior to putting on facial protection.
- Avoid self-contamination by not touching facial protection during use and disposal.
- Remove facial protection carefully by the straps or ties.
- Discard facial protection immediately after use and perform hand hygiene.
- Ensure your nose, mouth, and chin are covered when wearing a mask.
- Do not dangle a mask around the neck when not in use.
- Change a mask if it becomes wet or soiled (from the wearer's breathing or due to an external splash).
- Change the mask if breathing becomes difficult.

# Long-Sleeved Gowns

Wear long-sleeved, cuffed gowns as determined by the PCRA

- to protect uncovered skin and to prevent soiling of clothing during procedures or activities likely to soil clothing or generate splashes or sprays of blood, body fluids, secretions (e.g., drainage from nose or mouth), or excretions (e.g., urine, feces)

## Appropriate Gown Use

- Put on the gown with the opening at the back and with edges overlapping, thereby covering as much clothing as possible.
- Ensure the cuffs of the gown are covered by gloves.
- Remove the gown, as outlined, immediately after use and discard in the garbage. Perform hand hygiene after removal of the gown.
- Remove wet gowns immediately to prevent a wicking action that facilitates the passage of germs through the fabric.
- Do not reuse gowns once removed, even for repeated contact with the same child/student.
- Do not wear the same gown with different children/students.

Follow Shared Health's procedures for donning (putting on) and doffing (removing) of PPE:

- Donning (English): https://sharedhealthmb.ca/files/covid-19-donning-ppe-poster.pdf
- Donning (French): https://sharedhealthmb.ca/files/covid-19-donning-ppe-poster-fr.pdf
- Doffing (English): https://sharedhealthmb.ca/files/covid-19-doffing-ppe-poster.pdf
- Doffing (French): https://sharedhealthmb.ca/files/covid-19-doffing-ppe-poster-fr.pdf

# Appendix E: Cleaning, Sanitizing, and Disinfecting Equipment and Environment

## Know the Differences among Cleaning, Sanitizing, and Disinfecting

**Cleaning** physically removes visible dirt, dust, crumbs, and germs from surfaces or objects. When cleaning is required as a separate step, use soap (or detergent) and water to physically clean off the surfaces and objects. This will not necessarily kill the germs but, with appropriate technique, will remove some, thereby leaving fewer germs on the surface/object.

**Sanitizing** is the lowering of the number of germs to a safe level. What is considered a safe level depends on public health standards or requirements at a workplace, child care facility, school, etc.

**Disinfecting** uses chemicals (disinfectants) to kill germs on surfaces and objects. Some common disinfectants are chlorine bleach and alcohol solutions. Disinfectants usually need to be left on surfaces and objects for a certain period of time (wet contact time) to reduce the germs to an acceptable level. Some disinfectants are cleaners/disinfectants and can be used to clean and disinfect at the same time.

## Cleaning, Sanitizing, and Disinfecting Procedure

Following the appropriate steps to clean, sanitize, or disinfect will help reduce the number of germs within the child care facility or school. The use of disposable products, such as paper towels or wipes, is preferred in decreasing the transmission of disease-causing germs to children, students, and staff.

The following are general principles for cleaning, sanitizing, and disinfecting:

- Dispensers/containers: Dispensers/containers can become contaminated with germs if they are reused without proper cleaning procedures in place. The following are tips to prevent their contamination:
  - It is preferred to dispense the sanitization/disinfection product in a disposable pump/squirt/spray dispenser/container rather than a reusable one.
  - If reusable dispensers/containers are used, do not add product to a partially empty dispenser (topping up).
  - If there is a decision to reuse, the dispensers/containers must be emptied, washed, and completely air-dried prior to refilling. (See page 143 of Public Health Ontario's guidelines for environmental cleaning (April 2018) at www.publichealthontario.ca/-/media/Documents/B/2018/bp-environmental-cleaning.pdf.)
- The physical action of scrubbing removes large numbers of germs from surfaces.
- For sanitizers and disinfectants to work well, first remove dirt, grease, soap, and organic materials such as blood and body fluids, as these materials shield germs from the action of the disinfectant and can neutralize it.
- Cleaners, sanitizers, and disinfectants must be selected on the basis of effectiveness, acceptability, safety, and cost. Not all of these products are effective at destroying certain germs that are spread in child care facilities or schools, nor are they safe for all populations. Do not use solution near children.
- There are a number of commercial disinfectant products available (e.g., quaternary ammonium [quats], accelerated hydrogen peroxide) that have cleaning and disinfection agents included; therefore, these products do both cleaning and disinfection. Provided that the visible dirt has been removed, the initial step of cleaning may not be required. Follow manufacturer's instructions when using these products.
- Disinfectants must bear a Drug Identification Number (DIN) issued by Health Canada. The DIN lets the user know that the product has undergone and passed a review of its formulation, labelling, and instructions for use. More information on the DIN can be found at https://health-products.canada.ca/dpd-bdpp/ (Health Canada).
- Cleaners, sanitizers, and disinfectants must be stored and used safely. Those using chemicals need to be knowledgeable and follow safe storage and handling (e.g., mixing chlorine and toilet bowl cleaner produces a toxic gas).
- PPE (e.g., gloves) should be available and used appropriately, as outlined in the product manufacturer's instructions.

- Cleaning equipment, such as brooms and mops, should be maintained in a clean, dry state after use. Mops that are visibly dirty (e.g., from blood or vomit) should be laundered after use.
- Cleaning should proceed from least to most soiled. To help prevent cross-contamination, it is recommended that reusable cleaning cloths, cleaning utensils, and protective clothing such as rubber gloves be colour-coded.
- Spills involving blood or body fluids must first be wiped up with disposable towels/cloths, which should be placed in a plastic bag for disposal in the regular garbage. The area should then be appropriately cleaned and treated using a disinfectant.
- Having clearly defined schedules that establish routines for frequent cleaning will help to ensure that these tasks are carried out as required. Cleaning schedules can also be used as a helpful reference on the type of cleaner, sanitizer, or disinfectant to use and the procedure to be followed for a specific task. Cleaning schedules should be established according to the type of surface to be cleaned and the type of soiling that occurs.
    - Toys that are mouthed by young children (e.g., hard surface, plush toys) should not be shared. Once used, mouthed toys should be set aside in a bin to be washed, rinsed, and sanitized in accordance with the procedure required for food contact surfaces (or, in the case of soft/plush toys, laundered). Refer to Appendix G: Laundering Procedures and Appendix I: Safe Food Handling for more information.

### Step 1: Clean surfaces/item.

- Wear disposable gloves or rubber gloves to protect hands from irritation. Perform hand hygiene prior to putting on gloves.
- Fill the clean/sanitized sink or pail with fresh hot water and dish soap.
- Use a clean cloth to clean surfaces.

### Step 2: Rinse area or item well with clean water or according to manufacturer's instructions.

### Step 3: Sanitize or disinfect.

All approved disinfectants must have a DIN issued by Health Canada (except for household chlorine bleach). These approved disinfectants include chlorine bleach, isopropyl alcohol, quaternary ammonium, and accelerated hydrogen peroxide, and it is required they be used as per the manufacturer's instructions. Chlorine bleach and quaternary ammonium are approved for use as sanitizers for food contact surfaces.

- Apply the sanitizer/disinfectant to the entire surface or item by either a spray (not a fine mist), prepared sanitizer/disinfectant cloth, or disposable wipe. Use only one type of chemical at a time.
- Follow manufacturer's instructions for sanitization or disinfection wet contact time.
- For surfaces that are not visibly dirty, a disinfectant solution can be sprayed/applied directly on the surface, or use a prepared single-use disinfectant wipe to wet the surface. Allow the surface to remain wet for the time allotment, as per the manufacturer's instructions.
- To disinfect surfaces, the treated surfaces must remain wet for the period allocated, as per the manufacturer's instructions, or be allowed to air-dry.
- To sanitize food contact surfaces (e.g., dishes and utensils), see Appendix F: Dishwashing Procedures.

### Step 4: Remove gloves and perform hand hygiene.

Cleaning and Disinfection of Blood and Body Fluid Spills

- Disposable gloves must be worn to protect your hands from body fluids. Perform hand hygiene prior to putting on gloves.
- Wipe up the majority of the spill with paper towels and discard into covered, plastic-lined garbage.
- Clean contaminated area with water and a detergent (e.g., dish soap, liquid soap, cleaners), using disposable paper towels. Use additional paper towels to rinse and then another to dry the area.
- Disinfect the area using disinfecting products suitable for the type of surface being disinfected, and follow manufacturer's instructions.
- Discard gloves and all contaminated items used to wipe, clean, and disinfect the spill into a covered, plastic-lined garbage. If reusable rubber gloves were used, they must be washed, disinfected, and air-dried.
- If a mop was used, launder the mop head or rinse it in a disinfecting solution and air-dry. To air-dry the mop head, hang up the mop handle with the mop head pointed down into a janitor's sink or pail.
- Change staff's or child's clothes if soiled with blood or body fluids. Place child's clothes in a plastic bag to send home with their parents. Do not rinse out the clothes at the child care facility or school.

**Note:** This guidance chart shows the frequency of cleaning, sanitizing, and disinfecting of various surfaces depending on use and how clean or visually dirty the items are. More frequent cleaning, sanitizing, and disinfecting of surfaces may be required during an outbreak.

## Cleaning, Sanitizing, and Disinfecting Schedule

| | Cleaned (C) Sanitized (S) Disinfected (D) | Other cleaning methods and notes |
|---|---|---|
| **BEFORE and AFTER each use** | | |
| **Kitchen** | | |
| Food preparation surfaces | C/S | Before and after contact with food activity and between preparation of raw food and ready-to-eat foods. |
| Eating surfaces (tables, desks, highchair, booster trays) | C/S | Clean and sanitize multi-use tables before using for eating and before non-food-related activities. |
| **AFTER each use** | | |
| Mouthed toys and manipulatives | C/S | Use manual or machine dishwashing process (not at the same time as dishes or cutlery). Plush toys should be laundered at the hottest temperature allowable, as per Appendix F. |
| Diaper-changing surfaces/ tables, potty inserts, and potties | C/D | |
| **DAILY and when dirty** | | |
| **Bathroom** | | |
| Handwashing sinks, faucets/taps, surrounding counters, soap/paper towel dispensers, and door/ cubical handles | C/D | |
| Toilet seats, toilet handles, and towel bowls | C/D | |
| Floors | C/D | |
| Countertops and fixtures | C/D | |

## Cleaning, Sanitizing, and Disinfecting Schedule

| | Cleaned (C) Sanitized (S) Disinfected (D) | Other cleaning methods and notes |
|---|---|---|
| **DAILY and when dirty** | | |
| **Kitchen** | | |
| Floors | C | |
| Stovetops and tabletops | C/S<br>C/D | Sanitize if used as a food contact surface.<br>If tabletop is used for non-food-related activities, disinfect prior to use. |
| Kitchen equipment, microwave | C/S | |
| Countertops and sinks | C/S | Countertops used as food contact surfaces need to be sanitized prior to use. |
| **All areas** | | |
| Frequently touched items (e.g., entry/cupboard door handles, desks, tables, children's chairs, doorknobs, door handles, light switches) | C/D | |
| Water table with toys | C/D | Twice daily (midday and end of day).<br>Water is changed. Water table and toys are cleaned and disinfected between uses. |
| Sand/sensory media table with toys | C/D | Toys are removed and cleaned and disinfected between uses.<br>Sensory media remain dry and replaced every three months or more frequently. |
| Throw rugs and carpets | C* | Vacuum daily, clean as needed, and shampoo every three months. Avoid using carpet where there are young children and a high risk of spills.<br>*When there is a blood or bodily fluid spill, steam cleaning and disinfection is required. If they cannot be properly cleaned, they must be discarded. |
| Floors | C | |
| **Cleaning items** | | |
| Dusting/cleaning cloths | C | Use disposable cleaning items when possible. If disposable is unavailable, launder. |

## Cleaning, Sanitizing, and Disinfecting Schedule

| | Cleaned (C) Sanitized (S) Disinfected (D) | Other cleaning methods and notes |
|---|---|---|
| **WEEKLY and when dirty** | | |
| **All areas** | | |
| Sleeping mats, cots, cribs (railings and mattress), and/or playpens | C/D | Weekly, before use by a different child, and whenever wet or soiled. |
| Bed linens | C | Launder weekly, before use by a different child, and whenever wet or soiled. |
| Outside of garbage containers with foot pedal | C/D | |
| Diaper pails (for cloth diapers) | C/D | Weekly and whenever plastic bag has leaked. Allow to air-dry before replacing plastic bag or closing lid. |
| Windows and ledges at child level | C/D | Damp-wipe. |
| Shared plastic manipulatives and toys | C/D | Manual or machine dishwashing process (not at the same time as dishes or cutlery). |
| Infant/toddler toy shelves and cupboards | C/D | Damp-wipe. |
| Play/gym mats, larger toys and equipment, riding toys, dry play tables, etc. | C/D | Damp-wipe. |
| Gym or sporting equipment | C/D | |
| Musical instruments | C/D | |

## Cleaning, Sanitizing, and Disinfecting Schedule

| | Cleaned (C) Sanitized (S) Disinfected (D) | Other cleaning methods and notes |
|---|---|---|
| **WEEKLY and when dirty** | | |
| **Manipulatives/toys** | | |
| Plastic puzzles, board books | D | Use a disinfectant wipe. Do not spray or immerse in water. |
| Computer keyboards and accessories (video games, mice, controllers, etc.) | D | Use a disinfectant wipe. Do not spray or immerse in water. |
| Chairs | C/D | |
| Upholstered sofas and chairs | C | Vacuum. |
| Pillows and cushion covers used in activity areas | C | Launder. |
| Soft washable toys | C | Launder. Plush toys should be laundered at the hottest temperature allowable, as per Appendix F. Where possible, reserve for use by one child. If there is an outbreak, remove soft toys and launder before putting them back out. |
| Dress-up clothes | C | Launder. If there is an outbreak, remove dress-up clothes and launder before putting them back out. |
| Pet areas | C/D | |
| **Cleaning items** | | |
| Mops | C | Launder. Use with a disinfectant when cleaning up bodily fluids, then launder at high temperature. |
| **MONTHLY and when soiled** | | |
| **Kitchen** | | |
| Refrigerators | C/S | Clean out the freezer every six months. |
| Ovens | C | |
| **All areas** | | |
| Cubbies and lockers | C/D | Damp-wipe. |
| Garbage containers (outside) | C | Keep containers covered and emptied weekly. |
| Drapes and curtains | C | |
| Air vents | C | Vacuum. |
| Windows | C | Wash inside and out at least twice a year. |

## Guidance for Sanitizing and Disinfecting Solutions

| Chemical and Concentration | Contact Time | Examples of When to Use |
|---|---|---|
| **Sanitization** | | |
| **Quats (Quaternary Ammonium)**<br>Surface sanitizing and dishware sanitizing<br>▪ **Use at 200 ppm of quats.** | Follow manufacturer's instructions<br>When used at 200 ppm, no rinse required | ▪ manual dishwashing<br>▪ food contact surfaces<br>- eating tables<br>- kitchen areas<br>- in-place equipment and surfaces (e.g., food preparation and service areas, countertops, large cooking equipment, etc.)<br>▪ anything that children may put in their mouth (e.g., infant/toddler toys) |
| **Household Bleach (5.25 % chlorine)**<br>Dishwashing<br>▪ **Use 50 ppm (parts per million) of chlorine bleach** (approximately 4 ml of chlorine bleach and 4 litres of water). | One minute | ▪ manual dishwashing<br>▪ anything that children may put in their mouth (e.g. infant/toddler toys) |
| **Household Bleach (5.25 % chlorine)**<br>Surface sanitizing<br>▪ **Use 100 ppm of chlorine bleach.** Approximately:<br>- 1 ml chlorine bleach and 500 ml water, or<br>- 8 ml chlorine bleach and 4 litres water | One minute | Food contact surfaces<br>▪ eating tables<br>▪ kitchen areas<br>▪ in-place equipment and surfaces (e.g., food preparation and service areas, countertops, large cooking equipment, etc.) |

## Guidance for Sanitizing and Disinfecting Solutions

| Chemical and Concentration | Contact Time | Examples of When to Use |
|---|---|---|
| **Low-Level Disinfection** | | |
| **Quats (quaternary ammonium)**<br>▪ generally used at 400 ppm of quats | Follow manufacturer's instructions | ▪ environmental surfaces: floors, walls, play tables, door handles, light switches, chairs<br>▪ non-mouthed toys<br>▪ diaper change pad and area<br>▪ potty chairs<br>▪ washroom area<br>▪ blood spills, vomit, body fluids, fecal contamination |
| **70 to 95% Isopropyl Alcohol** | 10 minutes<br>Follow manufacturer's instructions | |
| **0.5% Accelerated Hydrogen Peroxide** | Follow manufacturer's instructions | |
| **Household Bleach (5.25 % chlorine)**<br>Surface disinfecting<br>▪ **Use 500 ppm of chlorine bleach** (approximately 5 ml of chlorine bleach and 500 ml of water or 40 ml of chlorine bleach and 4 litres of water). | Two minutes | |

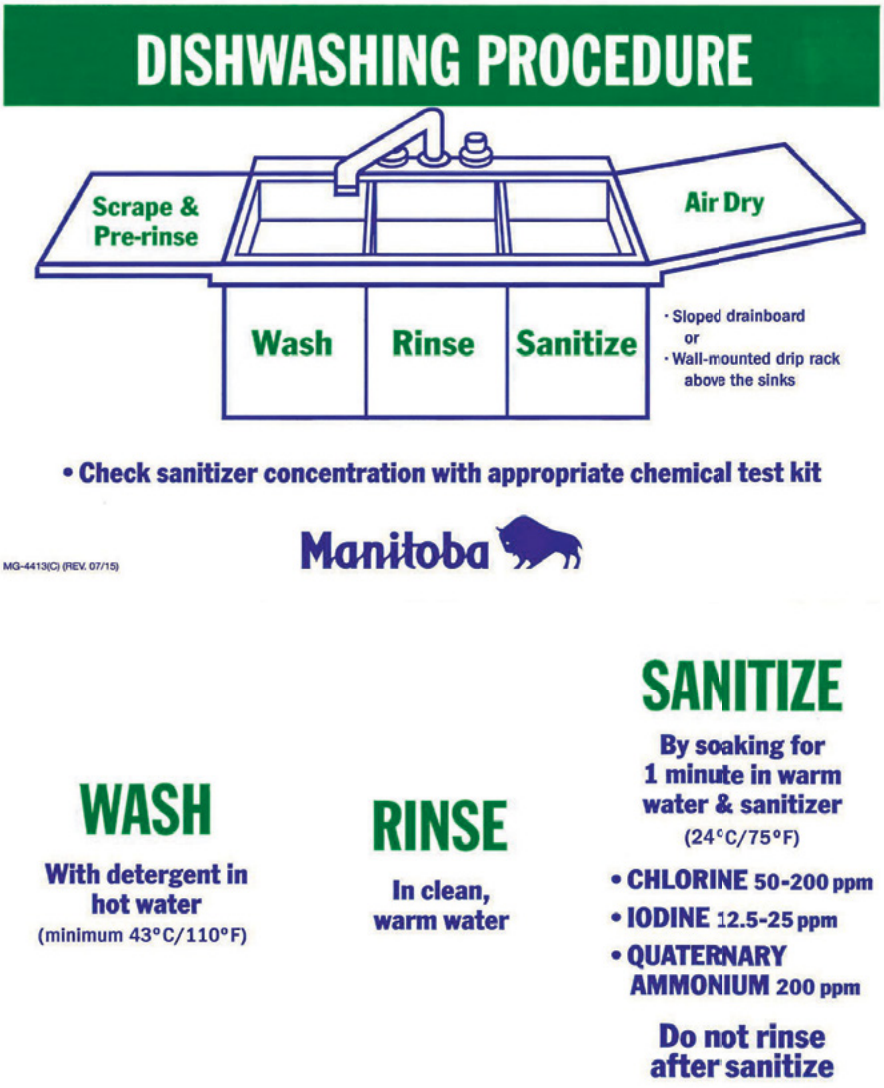
### REMEMBER when using sanitizers and disinfectants:

- All approved disinfectants must have a DIN issued by Health Canada (except for household chlorine bleach).
- Use the correct product for the intended use, and follow manufacturer's instructions.
  - Wet contact times outline the minimum required time an item or surface must remain wet for the disinfectant to work. For example, 70 to 90 percent isopropyl alcohol requires at least 10 minutes wet contact time. The product must be continuously reapplied to the surface so it remains wet for the outlined time period.
- A chlorine calculator can be used to determine how much bleach product to dilute with water to get your desired concentration (ppm) of chlorine solution (see https://www.publichealthontario.ca/en/Health-Topics/Environmental-Occupational-Health/Water-Quality/Chlorine-Dilution-Calculator [Public Health Ontario, 2023] and www.foodsafe.ca/dilution-calculator.html [BC FoodSafe, n.d.]).
- If surfaces are visibly dirty, they must first be cleaned prior to sanitizing or disinfecting. Disinfectant and/or sanitizer solutions can be used directly on surfaces that are already clean.
- Use the appropriate PPE, as per manufacturer's instructions.
- Test strips are used to verify the strength of the sanitizing solutions after they have been mixed. Use test kits in accordance with the label instructions. Test kits can be purchased from any restaurant or chemical supply store.
- Ensure that the chemical product has not expired.
- Label bottles or pails with contents.
- Do not mix different chemicals.
- Follow these instructions when using chlorine bleach:
  - Mix chlorine bleach and water; do not mix chlorine bleach with any other chemicals.
  - Make a fresh solution daily, as solution strength can decrease overtime.
  - Do not use scent-added chlorine bleach or chlorine bleach with fabric guard added. These products are for laundry use only.
  - Check the concentration of chlorine bleach solution with the chlorine test kits/papers every time a new bottle is prepared. Chlorine bleach product strengths may vary, depending on the brand used.
- Keep solutions out of reach of children.
- Do NOT spray solution near children.

# Appendix F: Dishwashing Procedures

Following proper dishwashing steps for washing and sanitizing reusable dishes, such as dishware, utensils, cutting boards, and pots and pans, is important in the prevention of food-borne illness.

- There are two main methods that can be used to clean and sanitize dishware:
  - manual dishwashing in a properly sized three-compartment sink (wash, rinse, sanitize), or
  - mechanical/machine dishwashing
- Water from the kitchen tap shall be sufficiently hot—at least 50°C (120°F)—to ensure the three-sink manual dishwashing method can adequately clean and sanitize.
- After proper washing, rinsing, and sanitizing dishes, ensure dishware are properly air-dried before placing them away for storage or for use.
- Drying racks should be self-draining into the sink, easily cleanable, and clean to prevent recontamination of the dishes.
- Do not use cloth towels to dry dishes, as this may re-contaminate sanitized dishware.
- Use sanitizer test strips/papers to verify the strength of the sanitizer level in the third sink. Test strips can be purchased from restaurant supply stores or where you buy your chemicals.




https://www.gov.mb.ca/health/publichealth/environmentalhealth/protection/docs/dishwashing-procedure.pdf

## Alternative Manual Dishwashing Methods

The three-compartment sink method provides the best practice for manual dishwashing; however, in family child care homes or schools where limited food menus are provided, using a two-compartment sink dishwashing method may provide adequate results for achieving the same level of sanitization.

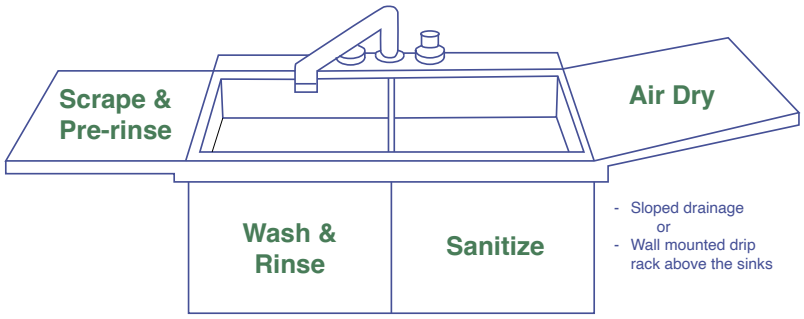
Steps for manual dishwashing two-compartment sink method:

1. Scrape and/or pre-rinse food debris off the dishes.
2. In the first sink, wash with hot soapy/detergent water and rinse with warm clean running water.
3. In the second sink, sanitize by immersing the dishes in the sink for a minimum of one minute in an approved food-grade sanitizer or as per manufacturer's instructions.
4. Air-dry on drying or draining racks.

- When only a two-compartment sink is available, child care facilities and schools may consider using a designated dish bin to create a third compartment. Washing would then be done in the first sink, rinsing in the second sink, and sanitizing in the designated dish bin.
- Some kitchenettes, school food labs, or home economics rooms may require physical modifications that require longer-term planning. Before proceeding, it is important to consider whether a space is adequate for the food handling being done.

# TWO SINK DISHWASHING METHOD

for limited food menus in child care facilities and schools




*Check sanitizer concentration with approved chemical test kit

Manitoba

## WASH & RINSE

**Wash with detergent in hot water**
(minimum 43°C/110°F)

**Then rinse with warm running water**
-Rinse water must drain into the wash sink

## SANITIZE

**By soaking for 1 minute in warm water & sanitizer**
(24°C/74°F)

**-CHLORINE** 50-200ppm
**-QUATERNARY AMMONIUM** 200ppm

**Do not rinse after sanitize**

## Mechanical/Machine Dishwashing

- Mechanical dishwashers must be commercial grade and certified to NSF/ANSI standard 3 or equivalent. Domestic dishwashers have long cycle times and cannot meet the demands of a larger kitchen facility.
- There are two types of dishwashers: one that uses an approved chemical sanitizer, and one that uses high-temperature water at 82°C/180°F in the final rinse cycle.
- Water from the kitchen tap shall be sufficiently hot—at least 50°C (120°F)—to ensure that a dishwashing machine will effectively clean and sanitize.
- Ensure the dishwashers are equipped with sufficient dishwashing detergent, rinse agent, and sanitizer, as per the dishwasher manufacturer's instructions.
- Scrape and/or pre-rinse food debris off of the dishes.
- Properly rack dishes according to size and type in the appropriate rack. Overloading the machine can result in dishes that are not adequately cleaned and sanitized.
- Once the dishwasher has completed the wash, rinse, and sanitize cycles, air-dry dishes rather than towel-dry to prevent recontamination of the dishes. The drying towel and hands can harbour disease organisms that can contaminate the clean dishes.
- Use appropriate testing equipment for the type of dishwasher (e.g., sanitizer test strips/papers for the appropriate chemical, or temperature-sensitive tape labels for high-temperature dishwashers.)
- For high-temperature dishwashers, monitor the water temperature by checking the temperature gauges during the wash and sanitizing cycles to ensure that adequate temperatures are reached.
- Use dishwasher according to manufacturer recommendations.
- The dishwashing set-up shall provide adequate space and equipment for dirty dish storage and clean storage to air-drying wares in a manner that will prevent recontamination of cleaned and sanitized dishes, utensils, and equipment.
- Equipment and storage areas shall be clean and in good repair to minimize risk of recontaminating dishes and utensils.
- **Note:** Do not clean and sanitize mouthed toys and dishware together in the dishwasher.

## Alternate Mechanical/Machine Dishwashing Methods

Proper dishwashing in food handling spaces is important in child care facilities or schools that do not provide a full food service menu. A commercial-level mechanical dishwasher provides the best practice for mechanical dishwashing. In some child care facilities or schools where limited food menus are provided, a domestic dishwasher may provide adequate results for achieving sanitization. Limited menus are snacks with ready-to eat foods that require little to no food handling (such as crackers, cheese, pickles, and muffins) and simple reheating of frozen items.

- Domestic dishwashing machines should be operated on the hottest temperature cycle or sanitizing cycle where applicable.
- Certified domestic dishwashers can achieve the same level of sanitization as commercial dishwashers, but they do so at a lower temperature by extending the duration of the rinse cycle (e.g., cycle time for a domestic dishwasher is two hours while the cycle time for a commercial dishwasher is two minutes).
- Sanitizing rinse temperatures measured in domestic dishwashers must meet or exceed 150°F (66°C) to provide continued effectiveness.
- When replacement of dishwasher is necessary, a domestic dishwasher certified to NSF/ANSI standard 184 or equivalent is recommended. This NSF standard provides confirmation that the domestic dishwasher can achieve sanitization when operated on the sanitizing cycle.

## Testing Equipment for Verifying Sanitizing Concentration and Temperature for Mechanical and Manual Dishwashing

Test kits shall be used in accordance with the label instructions and can be purchased from restaurant supply stores and chemical supply companies.

- To verify the concentration of the chemical used for sanitizing, obtain the appropriate sanitizer test kit (e.g., litmus paper specifically designed for testing chlorine levels, if you are using chlorine bleach). Check chemical sanitizer levels a minimum of once daily when in use.
- For high-temperature dishwashers, temperature-sensitive tape labels or observation of the wash and rinse cycle dial temperatures, as per the dishwasher data plate, can be used to measure the final rinse water temperature. Check the dishwasher high-temperature gauge at minimum once daily when in use. Use temperature-sensitive tape labels weekly to verify temperature gauges are working adequately on the mechanical high-temperature dishwasher.

## Test Kits


- Chemical test papers/strips are required to measure the concentration of the sanitizer solution. They indicate the concentration with a comparative colour chart identifying parts per million (ppm).
- Use the correct chemical test papers for the type of sanitizer chemical. There are different test papers for chlorine bleach testing and quaternary sanitizer testing.
- Use test papers/strips to confirm the correct sanitizer concentrations for effectiveness.
- For testing the concentration of the sanitizer, dip the strip in sanitizing solution, agitate the strip, and immediately compare the colour of the strip to the colour chart provided on the label of the kit.
- Follow the manufacturer's instructions on the test papers.

# Appendix G: Laundering Procedures

- Gloves should be worn when handling dirty linens. Perform hand hygiene before applying gloves and immediately after removing.
- Disposable gloves should be discarded after every use.
- Reusable gloves should be dedicated only for cleaning and disinfection and should not be used for any other purpose.
- Do not shake dirty laundry, as shaking may disperse germs through the air.
- Remove and dispose of residue on the laundry into the garbage (e.g., dirt, food) or toilet (e.g., feces). Pre-clean/treat residue stains prior to laundering.
- Do not carry dirty laundry near the body, as this may cause accidental contamination. Dirty laundry should be handled at arm's length.
- Launder in accordance with dirty-to-clean workflow.
- Launder items in accordance with the manufacturer's instructions.
- Launder items using the hottest appropriate water and dryer settings for the items.
- Store clean and dirty linen separately, which includes laundry hampers.
- Clean and disinfect clothes hamper. If possible, use a liner that is either disposable or can be laundered.
- Personal items with fecal matter should not be laundered but sent home in a plastic bag. Store safely and securely, out of reach of young children.

# Appendix H: Diapering Procedures

## The diapering area should be

- conveniently located in an area with hand hygiene and waste management products and facilities
- separated from eating, sleeping, and teaching areas

## To reduce risk of spreading germs, follow the following guidelines:

- Keep the area clean and sanitary at all times.
- Area should be well ventilated (e.g., windows, fans, air vent) to reduce odours and minimize exposure to chemical disinfectants.
- Diaper-changing mats must be smooth, non-absorbent, free of cracks and tears, and must be easily cleaned/disinfected.
- Diaper receptacles must have a lid and be located close to the changing surfaces for the disposal of soiled diapers and wipes. These receptacles should be hands-free (e.g., foot pedal), washable, plastic-lined, and tightly covered. Diaper receptacles should be emptied at least twice a day and be cleaned and disinfected daily.
- Disposable gloves could be worn while changing and cleaning the child, and disposed of in a waste container.
- If available, place disposable paper onto the change table.
- Raised diaper change tables must be equipped with a guardrail.
- Diaper changing mats must be smooth, non-absorbent, free of cracks and tears, and cleaned/disinfected after each use.
- Follow proper hand hygiene procedures. Warm running water, soap, alcohol-based hand sanitizer, and single-use towels must be provided.
- Washcloths and towels may be used only once (e.g., washcloths should be put into the laundry or disposed of after each use). Disposable cloths and towels are recommended.

- Dispose of all single-use soiled diapers immediately in a covered waste container or a sealed plastic bag. Soiled diapers must be removed from the child care facility or school daily.
- Reusable cloth diapers should have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine.
- Do not rinse reusable cloth diapers (solid stool can be disposed of in toilet).
- Soiled reusable diapers should be wrapped in a plastic bag, stored in a location inaccessible to children, and sent home with the child at the end of the day.

# Appendix I: Safe Food Handling

Child care facilities and schools in Manitoba that provide full menu meals for children, students, staff, and visitors in a cafeteria (or service to the classroom) are required to follow all government food regulations.

Most food-related illness can be prevented by following safe food handling practices. Child care facilities that serve a full menu and schools with cafeterias within Winnipeg require staff who have successfully completed the food handler training course recognized by Manitoba Health. Outside the Winnipeg area, food handler training is highly recommended. The Certified Food Handler Training Program is a comprehensive food safety training program designed for the food service industry. The course covers important food safety and worker safety information including food-borne illness, receiving and storing food, preparing food, serving food, cleaning, and sanitizing. The course is available online and offered by many contractors. For more information, see www.gov.mb.ca/health/publichealth/environmentalhealth/protection/foodsafe.html.

## Personal Hygiene

All food handlers must follow good personal hygiene, as outlined below, and not prepare food when ill or experiencing symptoms of fever, cough, vomiting, diarrhea, etc.

To limit the risk of contaminating food, which may lead to a food-borne illness, ensure all food handlers observe good personal hygiene:

- Wash hands thoroughly with soap and water prior to handling foods, when entering the kitchen, and any time hands are contaminated.
- Follow proper handwashing steps when handling food. Hand sanitizer and disposable gloves do not replace the need for handwashing.
- Do not work with food when sick (e.g., vomiting, diarrhea, sore throat, etc.).
- Wear disposable gloves if hands have cuts or sores or artificial nails/nail polish, and to minimize direct contact with food when necessary. Do not handle food if you have an infected cut or sore on your hands.
- Do not wear jewelry.

- Wear clean clothes with a clean apron.
- Restrain hair, such as in a hairnet, cap/hat, or similar hair covering, to effectively control hair.
- Do not wipe hands and utensils on clothing, aprons, or towels.
- Use single-use paper towels and not common towels for drying hands.
- Do not eat while preparing food.
- Cover a cough or sneeze and then immediately wash hands.

Poor personal hygiene habits the food handler must avoid include the following:

- licking fingers for any reason
- biting fingernails
- tasting food with fingers
- touching the nose and mouth
- touching boils, pimples, sores, or cuts
- touching hair
- using cloth handkerchiefs
- double-dipping utensils after taste-testing foods

## Potentially Hazardous Foods

Potentially hazardous foods are those foods that require time/temperature control to keep them safe. Some examples of potentially hazardous foods are eggs, meat, poultry, fish, deli meats, cooked pasta or rice, gravy, soup, milk, ice cream, cheese, yogurt, and cut produce.

Foods that are known to not be "potentially hazardous foods" are dry, acidic, or sweet foods that have been modified and do not easily support the growth of disease organisms or toxins, such as crackers, pickles, jams, cookies, muffins, dry cereals, popcorn, etc.

Time/temperature is the most common cause of bacterial food-borne illness. The "danger zone" is 4°C (40°F) to 60°C (140°F), which is the temperature range where bacteria can multiply quickly. By limiting the time food is within this temperature range, the growth of bacteria is limited and the risk of food-borne illness is reduced. Therefore, potentially hazardous food shall not be kept in the "danger zone" for unnecessary periods.

## Time-Temperature Control Requirements

- Thermometers must be available to verify food and refrigeration temperatures. Refrigerator thermometer is to be verified daily. A metal probe thermometer is to be used to verify internal temperatures of foods.
- Store potentially hazardous food in the refrigerator at 4°C (40°F) or colder.
- Discard potentially hazardous food left unrefrigerated for more than two hours.
- Freezer temperature shall be –18°C (0°F) or colder to keep food frozen.
- Do not thaw potentially hazardous foods at room temperature. It is safe to thaw foods using several different methods. Food shall be thawed either (1) in the refrigerator, (2) as part of the cooking process, (3) under cold running water, or (4) in the microwave to prevent it or portions of it from being in the danger zone.
- Cook potentially hazardous foods to proper internal temperatures to ensure they are safe to eat (e.g., meat and ground meat mixtures to be cooked to 71°C [160°F], poultry to 82°C [182°F]).
- Cooked food shall be held hot at 60°C (140°F) or above, and then kept in a hot holding unit for service.
- For cooling, hot foods shall be cooled from 60°C (140°F) to 4°C (40°F) within six hours. To speed up cooling, divide food into smaller portions, store in shallow containers, and refrigerate immediately.
- Reheat potentially hazardous food to a minimum of 74°C (165°F) within two hours.

## Use of Microwave Ovens and Food Safety Tips

- Always use containers labelled as microwave-safe.
- Cut food into small pieces for uniform cooking, and arrange items in a uniform manner.
- Add a liquid such as water, juice or gravy to solid foods.
- Stop partway through cooking to stir foods or rotate trays or containers.
- Cover food with a microwave-safe lid or with microwave-safe plastic wrap to trap steam.
- Follow directions for “standing times.” This helps ensure that heat is distributed uniformly, even after cooking.
- Use protective oven mitts or pot holders when you remove containers/dishware from the oven.

## Leftovers

Leftover foods that have not yet been served/plated can be served at a later date if safely cooled, refrigerated, and reheated. Ensure all leftovers are time-dated and used within three days. Leftovers should only be reheated and served once. WHEN IN DOUBT, THROW IT OUT!

## Safe Food Sources

Food can be contaminated prior to purchasing. To manage this risk, it is important to follow these food safety rules when purchasing food:

- Only purchase or accept food products from approved sources (e.g., government-inspected facility). When purchasing foods locally, ensure the operator has a health permit to operate.
- Do not use unpasteurized juice, unpasteurized milk and milk products, or ungraded eggs.
- Ensure canned foods are free of large dents or any dent at the seams.
- Check all foods and food bags for signs of contamination (e.g., insects, rodent droppings).
- Clean and sanitize or launder reusable bins and grocery bags, especially if used to carry raw meat, poultry, fish, seafood, or other perishable foods.
- Store raw meats and poultry in bags separate from ready-to-eat foods when purchasing and storing.

**Home-Prepared Foods** (sent by parents for the children/students to share at a child care facility or school for celebrations, birthdays etc.)

- Review the child care facility/school's policy on bringing store-bought or home-prepared foods to share with other children/students.
- Acceptable home-prepared foods are limited to those that are not potentially hazardous, such as crackers, cookies, muffins, and other baked cakes that do not need to be refrigerated.
- Products brought from home should be in their original store-bought container or have an ingredients list with any allergens listed.

## Food Storage Requirements

To ensure the food being prepared is safe to eat, child care facilities and schools must adhere to the following guidelines when receiving and storing all food products:

- Refrigerate (at 4°C/40°F or less) or freeze (at –18°C/0°F or less) potentially hazardous food products as soon as possible.
- Store raw meat, poultry, and fish separately and below cooked or ready-to-eat food products (e.g., fruit and vegetables) to prevent cross-contamination.
- In a refrigerator, store all produce and ready-to-eat foods in bins, crispers, and drawers.
- Keep foods such as raw meats in containers to prevent any raw meat juices from leaking onto other foods.
- Cover foods to protect them from contamination.
- Do not overload the refrigerator (overloading will prevent proper air circulation and cooling abilities).
- Date and label foods before repackaging and storing them.
- Food storage containers and packaging should be made of food-grade materials that will not contaminate the food. Do not use garbage bags, used meat trays, or chemical containers for the storage of food.
- Store food in a location to prevent contamination (e.g., clean, dry, on shelves 6 inches [15 cm] off the floor and away from chemicals and/or poisonous surfaces).
- Check and monitor all foods and storage facilities for evidence of insects or rodents.
- Maintain the food storage facilities in a clean and sanitary matter.
- Rotate food in storage by the "first in, first out" method; check for dates on food labels and discard old and spoiled food.

## Prior to and During Food Preparation

- Wash hands prior to food preparation and when needed/dirty, following proper handwashing procedures.
- Ensure the designated handwashing sink is equipped with hot and cold water.
- Liquid soap and single-use hand-drying towels shall be provided in the kitchen by the designated handwashing sink.
- Sinks are to be cleaned and sanitized prior to being used for food preparation and between different types of food preparation.
- Wash fresh fruits and vegetables before you eat or cook them, even if they are peeled. This helps prevent the spread of any disease organisms that may be present. A clean vegetable scrub brush can be used on carrots, potatoes, melons, squash, and other produce with a firm skin.

## Tableware and Utensils

- Keep dishware and utensils clean and in good condition (e.g., free of chips, cracks, or other damage).
- Polystyrene (Styrofoam) cups are not to be used, as they pose a choking hazard to young children.
- Commercial-grade equipment and utensils are recommended.
- Do not reuse single-use dishes and utensils (e.g., paper plates, plastic forks, foil pans, straws, and wooden chopsticks). These articles cannot be properly cleaned or sanitized, and are not meant for repeated use.

## At the Table

- Prepare and cook foods in the kitchen/designated area as close to the meal/snack time as possible.
- When applicable, clean and sanitize food trays or carts before placing food containers and utensils on them.
- Clean and sanitize the table and trays on high chairs and/or booster seats before children sit down to eat.
- Make sure children, students, and staff wash their hands thoroughly before a meal or snack.
- When serving family-style with shared food containers, use utensils, not fingers, to serve all food items.
- In the serving area, provide a dedicated-use, adult-height food-serving counter/cart, which is located separate from the washrooms and diaper change area.

## Cleaning and Sanitizing Food Contact Surfaces

Most commonly used chemicals approved as sanitizers for food contact surfaces include chlorine bleach (plain, unscented household bleach, which is approximately 5 to 6.5 percent sodium hypochlorite), and quaternary ammonium (quats).

To prevent the spread of germs that can cause food-borne illness, follow these general rules:

- Food contact surfaces shall be cleaned and sanitized after each use.
- Food contact surfaces shall be protected from contamination.
- Food contact surfaces need to be cleaned before being sanitized.
- Equipment and utensils shall be in good repair (e.g., free of chips, cracks, or other damage).
- Clean food spills immediately and develop a routine cleaning schedule.

To use chemical sanitizers safely and effectively, follow these tips:

- Make sure all chemicals are properly labelled.
- Sanitizers MUST be used according to manufacturer's instructions and only for their intended purpose, as directed by the product label.
    - If a sanitizer does not list directions for use on food contact surfaces, it should not be used for this purpose, as it may leave a toxic residue on the surface that contaminates food and food contact surfaces. The one exception to this is plain, unscented household chlorine bleach. (See Appendix E for instructions on how to make a food contact surface sanitizing solution using plain, unscented household chlorine bleach.)
- Mixing or using sanitizer solution at a lower concentration than recommended will result in an inadequate reduction of germs; a concentration that is too high can leave a chemical residue or be corrosive to equipment (e.g., knives).
- For sanitizers to be effective, items must be in contact with the sanitizer for the manufacturer-recommended wet contact time, as specified on the label.
- Sanitizer spray bottles must be changed or tested daily, as the chemical may lose its effectiveness over time.
- Do not mix chemicals such as soap and sanitizer together!
- Products, such as vinegar, baking soda, and tea tree oil, have not been scientifically proven to be effective at sanitization and are not approved for this use.

Cloths used for cleaning and sanitizing can spread disease, causing germs. The following tips will help to prevent this:

- Cloths used for cleaning and sanitizing cutting boards, countertops, and other food contact surfaces must be visibly clean.
- Use cloths for one purpose (e.g., don't use the same cloth for wiping the countertop and the floor).
- Use one cloth for cleaning and another for sanitizing. It is recommended to use a different type or colour of cloth for cleaning and sanitizing, as this may help staff to manage reusable cloths, appropriately reducing the risk of cross-contamination.
- If a sanitizer cloth is used continuously, store it in a clean sanitizing solution pail between uses. Label this pail to identify its sanitizer solution and use.
- Cleaning and sanitizing cloths should be laundered often in the hottest appropriate water and dryer setting for the items.
- A spray bottle of sanitizing solution at proper concentrations can be used along with disposable paper towels to sanitize.
- See Appendix E for sanitizer guidance.

## Bagged Lunch Guidelines for Child Care Facilities

There is a risk to eating lunches and snacks that have not been stored at a proper temperature. To minimize the risk, bagged lunches may be stored at 4°C/40°F. If a refrigerator is not available, consider the following options to share with parents:

- Store lunches in a cooler with ice packs.
- Encourage parents to use an insulated lunch bag with an ice pack or frozen juice box inside, or to freeze their child's lunch the day before.
- Store lunches away from any heat source (e.g., radiators, heat registers, direct sunlight).

When lunches are provided that are eaten warm, consider the following:

- Encourage parents to store hot foods in an insulated container.
- Heat lunches thoroughly to 74°C (165°F).
- Discard all leftover, potentially hazardous foods.

Families are encouraged to pack foods that are ready-to-eat when children are attending field trips or other activities outside of the child care facility or school.

## Dishwashing Procedures

For manual and mechanical dishwashing, see Appendix F.

# Appendix J: Pet and Animal Handling

Many animals carry infectious diseases in their intestines, on their bodies, or in their feces that can be transferred to people. Infectious diseases in animals can be passed through the environment, contaminated food, animal feces, bites, scratches, or simply by touching the animal and not performing hand hygiene afterwards. Animals can also pass on germs to the inside surfaces of their cage, including the contents (e.g., pet foods, bedding, droppings, cage equipment). These germs can then be passed to a person who touches those surfaces or pets and does not properly perform hand hygiene afterwards.

The following guidelines will help minimize health risks:

- Pet allergies should be considered before bringing an animal into the child care facility or school.
- The animal/pet is the responsibility of the staff person bringing the pet into the child care facility or school.
- Staff should receive prior approval from the director/administrator/principal.
- Children must always be supervised by an adult when interacting with animals and pets.
- PROPER HAND HYGIENE IS IMPORTANT. Hand hygiene should be performed
  - before handling any animals
  - after handling any animals
  - after handling animal feed and pet treats
  - after contact with animal environment (e.g., cages, litter boxes, and aquariums)
- Animal and pet health must be assessed by the pet owner and discussed with the child care facility director or school leader prior to visiting the building.
- Deceased pets must be disposed of in a safe manner. For procedures on how to dispose of a deceased bird or small animal, refer to www.gov.mb.ca/health/publichealth/factsheets/disposing.pdf (Manitoba Health, Public Health).
- For guidelines on the operation of petting zoos and open farms, refer to www.gov.mb.ca/health/publichealth/environmentalhealth/protection/docs/petzooopenfarms.pdf (Manitoba Health, Environmental Health, January 2013).

## Allowed Animals in Child Care Facilities and Schools

The following outlines the animals and/or pets that are permitted in child care facilities and schools.

The following animals/pets are permitted, provided risks are managed:

- pocket pets (e.g., gerbils, hamsters, guinea pigs, mice, rats, degus, chinchillas)
- small caged birds (e.g., budgies, canaries, finches, lovebirds)
- psittacine birds (e.g., parrots, parakeets and cockatiels)
- non-venomous or toxin-producing insects and arthropods (e.g., stick bugs, non-biting ants, butterflies, moths, crickets, grasshoppers)
- fish
- cats and dogs
- female rabbits
- ferrets and hedgehogs
- young ruminants and baby poultry
- hermit crabs
- amphibians (e.g., frogs, toads, salamanders, and newts)
- service/companion animals

A person with a service animal has the responsibility to keep the animal under their care and control at all times.

## Habitat

- Pets and animals must not be allowed in food preparation areas and eating areas.
- Outdoor dog waste areas should be separate from the play areas. Waste must be picked up and disposed of daily.
- Birds must be caged and not permitted to fly freely.
- The bottom of birdcages should be enclosed (e.g., birdcage tray) to reduce contamination from waste and to prevent bird feathers from falling out of the cage.
- Aquariums must be covered to prevent children's access to the fish.
- Farm animals must be kept separate from children's outdoor play areas.

## Feeding and Cleaning

- Pet food must be stored out of children's reach and away from food used for human consumption.
- Children can assist with feeding but must be closely supervised and must perform hand hygiene before and after handling food.
- Litter boxes, cages, and aquariums must be cleaned by adults only.
- Pregnant women should not clean litter boxes, as parasites in cat feces can cause problems with pregnancy, including miscarriage.
- Birdcages must be cleaned daily.
- Do not bathe animals or clean aquariums in kitchen sinks, as this will spread germs to sinks or walls. Designate a small plastic tub or bin to bathe animals or clean habitats.
- When changing the water in an aquarium, ensure any spills are cleaned and disinfected.

## Storage of Products for Animals

- Keep litter boxes and pet supplies out of children's reach and away from food used for human consumption.
- Products used for cleaning the cages, litter boxes, and aquariums must be stored in a locked location that is inaccessible to children.
- Pet food must be stored in a manner that does not attract rodents or pests.

## Veterinary Care

- Animals can still carry infectious diseases even if they show no signs of illness. If an animal is showing signs of illness, do not allow contact with children and consult a veterinarian.
- Animals such as cats, dogs, rabbits, birds, pocket pets (e.g., rats, mice, rabbits, gerbils, hamsters, guinea pigs), and farm animals should visit a veterinarian annually.
- Animal and pet health must be assessed by the pet owner and discussed with the child care facility director or school leader prior to visiting the building.
- It is the responsibility of the pet owner to ensure that all cats and dogs visiting the child care facility or school are vaccinated and revaccinated against rabies and other infectious diseases in accordance with the requirement of the municipality and/or recommendations of the veterinarian.

## Animal Bites and Scratches

- Wash wound immediately using warm water and soap, rinse, and apply an antiseptic.
- Contact parents and inform them of the incident.
- Seek medical attention and/or recommend that parents contact the child's doctor.
- Record all details of the incident (e.g., animal description, how the animal was being handled, if it was disturbed, etc.) and follow up on the incident (including contact with parents, public health, and medical professionals).

# Appendix K: Transmission of Infection and Precautions Tables

For guidance regarding common infectious diseases seen in child care facilities and schools, Manitoba public health officials recommend referring to the Canadian Paediatric Society Managing Infections tables. Please refer to the following link for the Managing Infections tables: https://caringforkids.cps.ca/uploads/handout_images/Managing_infections(2019).pdf.

Public health officials may have additional or different requirements/recommendations for an increase in infections, outbreaks, other transmission concerns, or reportable diseases. Public health requirements/recommendations may differ from what is outlined and may also direct other measures over and above the recommendations in this table. For public health recommendations, please refer to www.gov.mb.ca/health/publichealth/cdc/index.html.

There may be a time when the implementation of infection prevention and control measures disrupt a child/student's day. In some cases, temporary removal of a child/student from their typical learning environment is important to reduce the spread of germs.

# Appendix L: Additional Guidance for Child Care Facilities

## No Sharing Policies and Storage of Personal Items

To reduce the spread of germs, personal items should not be shared. It is important to reinforce no food or water-bottle sharing policies with children.

Label all children's personal items (e.g., hats, combs, brushes, toothpaste, toothbrushes, clothing, pacifiers, lip balm, bottles, food, drinks, clothing, etc.).

Personal items must be stored separately and handled in a safe and sanitary manner. For example, after touching the top of one water bottle, staff should perform hand hygiene before touching the top and refilling another child's bottle. Alternately, staff can provide guidance for children to refill their own water bottle in a sanitary manner.

Baby bottles need to be properly cleaned and sanitized between uses.

## Monitoring Illness and Early Identification of Infection

To monitor for illness, child care facilities should observe children for symptoms of illness (e.g., diarrhea, vomiting, cough, fever, rash, or other clusters of unusual symptoms).

Ask parents how children are doing each day and document any symptoms they have observed in their children.

Encourage parents to inform the facility of a diagnosed illness after a visit to the doctor.

Document details of symptoms, diagnosed illnesses, or absences of children and staff due to illness.

Maintain a toileting logbook to help identify children with an increase in diarrheal-associated illness.

## Illness Policies for Child Care Facilities

A critical step in breaking the chain of infection is for children and staff to stay home when they are sick.

Facilities should implement appropriate illness policies.

Children should not attend when

- they are too sick to take part in normal program activities in the facility
- they need more one-on-one care than the facility can provide while caring for other children
- public health requirements indicate they should stay home

## When should we contact public health officials?

Facilities are encouraged to contact their local public health office for advice and direction if

- there are signs of an outbreak in the facility (e.g., higher than expected absenteeism due to similar symptoms or illness)
- there is a reason to believe that someone attending the facility has been exposed to or is sick with a reportable communicable disease as defined in The Public Health Act at https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=37/2009
- if staff or parents bring forth concerns about an increase in infections

Following guidance from public health officials, facilities may be required to inform the families of children attending the facilities of an outbreak.

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