

INFECTION CONTROL POLICY

Routine practices and additional precautions for the prevention of infection

Routine practices are based on the idea that we treat every person as if they are infected with an organism. Simply put, if we treat everyone as if they have an infection, and protect ourselves, then the chances that we will be accidentally exposed to an organism are smaller. These practices reduce the risk of exposing others to infections.

Routine practices are the manners in which all body fluids from any individual should be handled in order to prevent the spread of infection. Routine practices recognize that infection disease does not have to be evident to be present.

Routine practices are based on an understanding of the chain of infection which shows disease causing organisms must first be transmitted in the environment from an infected person, contaminate a new person and enter that person's body.

The single most important method of reducing the spread of infectious disease is frequent and thorough handwashing with soap and water or hand disinfection with an alcohol based hand sanitizer. This activity prevents us from contaminating ourselves or those we care for with the germs picked up on our hands

Barriers

Another way to protect yourselves is by using barriers. Barriers include tissues, disposable impervious gloves and aprons or gowns. When used appropriately barriers reduce risk of transmission of infectious diseases.

Tissues should be used to cover the nose and mouth when sneezing or coughing. Hands should be washed immediately after using a tissue.

Gloves should be used whenever physical contact is expected with any bodily fluid (e.g., saliva, blood, feces). Always remember to wash your hands thoroughly with soap and water prior to putting on gloves and after removing them. Some germs grow extremely well inside gloves. Washing hands before gloves are put on and after they are taken off reduces the number of germs, protecting both you and child. Do not re-use disposable gloves. They should be used one time only and then thrown out.

Remember to be careful when removing barriers that may have been contaminated with body fluids. Make sure you do not splash the fluids around or on yourself when taking the barriers off.

Barriers are not substitute for handwashing. Handwashing with soap and water or hand disinfection with alcohol based hand sanitizer is the easiest and most convenient means available to protect against the acquisition and spread of a majority of diseases.

Hand hygiene

Clean your hands frequently with an alcohol hand sanitizer or soap and water, especially after you cough, sneeze, or blow your nose. A 60 to 90% alcohol based hand sanitizer is the preferred agent for hand hygiene unless your hands are visibly soiled.

If your hands are visibly soiled, you should wash them with soap and water. If you are not able to access running water and soap “wash” your hands with a moist hand-wipe. Hand washing/sanitizing is very important method of infection control.

Handwashing for staff

- Step 1 - Use liquid soap and warm running water.
- Step 2 - Wet your hands and add soap.
- Step 3 - Rub your hands vigorously for 15 seconds.
- Step 4 - Wash all surfaces, including the backs of hands and between the fingers.
- Step 5 - Rinse your hands well under running water.
- Step 6 - Dry your hands well with a single use towel. Turn off the taps with a single-use towel.
- Step 7 - Apply hand lotion, as needed.

Washing your hands is the single most effective way of reducing the spread of infection.

Always wash your hands

1. Before eating lunch or snack.
2. Before and after food preparation. Especially, before and after handling of raw meats, poultry, fish, vegetables.
3. After using the washroom.
4. After sneezing or coughing.
5. After blowing your nose or assisting a child with that function.
6. After handling pets or refuse.
7. After picking ears, nose etc.
8. After touching or scratching the body.
9. Before and after wearing gloves.
10. After changing a diaper.

Dealing with a body fluid spill

1. Make sure that the area where the body fluid spill has occurred is blocked off.
2. Wash hands for at least 15 seconds using soap and water.
3. Put on disposable rubber gloves specific for cleaning.
4. Wipe up the spill using disposable paper towels, then place paper towels in a garbage bag.
5. Clean area using soap and water or a detergent solution. Rinse and dry the area with disposable paper towels.
6. Disinfect the area with a 1:10 bleach solution (1 part bleach to 9 parts water) allowing it to soak the area for 20 minutes
7. Any mops or non-disposable materials should be soaked in the bleach solution and air dried.
8. Remove gloves and place in the garbage bag. Double bag and secure the garbage bag before throwing out.
9. Wash hands for at least 15 seconds using soap and water

Respiratory etiquette

Respiratory etiquette procedures (covering your mouth when coughing or sneezing) should be practiced by staff, children, parents and visitors to reduce opportunity for transmission of illness. This will help stop the spread of germs that can make people sick. Person with respiratory illness should not be at the school.

Cover your cough procedure

- Step 1 - Cover your mouth and nose with a tissue when you cough, sneeze or blow your nose.
- Step 2 - Put used tissues into the waste basket.
- Step 3 - If you do not have a tissue, cough or sneeze into your sleeve, not in your hands.
- Step 4 - Wash your hands with soap and water or hand sanitizer.

Symptoms

It is possible that we have a respiratory germ circulating in our centre, if you notice a higher than normal number of people (staff, volunteers and/or children) with any of the following symptoms:

- sneezing
- watery eyes
- difficulty breathing
- coughing
- wheezing
- fever
- runny nose
- shortness of breath

It is possible that we have a gastrointestinal germ in your facility, if you notice a higher than normal number of people (staff, volunteers and/or children) with any of the following symptoms:

- diarrhea – abnormally frequent semi-solid to fluid feces (poop)
- vomiting
- cramping
- blood in the stool
- fever

Food Safety

It is important that food remain at safe temperatures throughout the food preparation process, serving and storage. Safe food temperatures:

- Keep cold foods below 4°C.
- Keep hot foods above 60°C.
- Food in holding trays must be kept at 60°C or above.

Food that sits in holding trays over a period of time is more likely to cool down and grow dangerous bacteria. It must be kept at 60°C or higher to make sure that the temperature of the food does not fall into the “danger zone” where bacteria grow quickly.

Ill children or staff at the centre

When child or staff member develops symptoms of illness while in the centre, parents should be immediately notified to pick up their ill child and ill staff should immediately go home.

While waiting parental pick-up, the ill child will be separated from others by removing child from the regular care-giving room to an office or a separate area under supervision. Staff should provide the child with tissue to cover his/her mouth and nose when coughing or sneezing.

Daily monitoring

Staff is monitoring all coming children for any signs of infection and records the findings in Infection Control Log Books (enclosed) every morning.

Outbreak Action Plan

We may have an outbreak in our facility anytime that the number of ill children/staff (or children/staff absent due to illness) exceeds what we would normally expect for a certain time of period, age group, program, classroom or geographic area.

If an outbreak is suspected:

1. All ill children to be isolated until they can be taken home and send ill staff home.
2. Notify parents or emergency contacts to pick-up ill children as soon as possible.
3. Exclude ill children/staff for 48 hours symptoms free or time specified by Investigator.
4. Start a **Line List**: record names, date of birth, gender, all symptoms, the date and time children and staff became ill and their room number or type (e.g., infant room or toddler room). Outbreak Notification and Line List forms as well as Outbreak sign enclosed.
5. Start additional control measures:
 - Adequate supplies for Hand Hygiene and cleaning and disinfecting,
 - Appropriate disinfectant to kill circulating organism,
 - Suspend water and sensory play activities, and
 - Reinforce with staff, children and visitors the importance of keeping hands clean.
 - Increase cleaning and disinfection washrooms and high traffic areas.
 - Minimize staff and child movement between rooms as much as possible.
6. Contact staff and the parents of children that are away from your day nursery (before the outbreak was declared) to inform them of the outbreak and to identify if they are cases (e.g., do they have similar signs and symptoms of those currently ill?) If so, add them to the line list.
7. Post **Outbreak Notification Sign** at all entrances to advise that the day nursery is experiencing an outbreak.
8. Food may be a source of illness. **Do not throw food away** until THP lets you know the food is no longer required. Do not serve leftovers from previous meals.
9. **Contact Toronto Public Health** (TPH) to report the outbreak by calling the Communicable Diseases Surveillance Unit (CDSU) at (416) 392-7411.

Have the following information ready when you call TPH:

- Name and address of day nursery (name of school if in TDSB or TCDSB location)
 - Name of DN supervisor or person reporting outbreak
 - List of symptoms
 - Onset date, symptoms and duration of symptoms of the first case of illness
 - Most recent case of illness, date, symptoms, and duration of illness
 - Population at risk per room
 - Number of ill per room
 - Any lab results or medical diagnosis of children off ill
10. Obtain permission from parents to submit stool specimen samples to the Public Health Laboratory.

Pandemic Influenza Plan

A core objective of preparedness plans is to maintain the ability to serve our affected employees and parents. Some key preparedness **planning principles** include:

- expect the worst
- plan simple solutions
- plan for what you can control
- communications systems are essential

Mild to Moderate Pandemic

- Caused by a new influenza virus that has not previously circulated among people and that can be easily spread.
- Because most people will have no immunity to the new virus, it will likely cause illness in high numbers of people and more severe illness and deaths than seasonal influenza.
- Symptoms are similar to seasonal flu, but may be more severe and have more frequent serious complications.
- Healthy adults may be at increased risk for serious complications.
- May cause a moderate impact on society (e.g., some short-term school closings, encouragement of people who are sick to stay home).

Severe Pandemic

- A severe strain causes more severe illness, results in greater loss of life.
- During the peak, **workplace absenteeism could reach up to 40%** due to people being ill themselves or caring for family members.
- Schools and day care/child care facilities may be closed.
- Public and social gatherings will be discouraged.

- The patterns of daily life could be changed for some time with basic services and access to supplies possibly disrupted

The incubation period (the time being exposed to the virus and the point at which one starts to experience symptoms) is **1 to 3 days. Most people recover in 7 to 10 days.** About 30 to 50% of those infected experience no symptoms.

The first symptoms are usually fever, headache, chills, muscle aches, physical exhaustion and dry cough. Later the infected person may have soar throat, stuffy or runny nose and worsening cough.

Children may feel sick to their stomach and may vomit or have diarrhea.

Elderly people and those whose immune system is weak may not develop a fever.

Influenza pandemic occurs usually in 2 or 3 waves. Each wave is likely to last 6 to 8 weeks.

Infection control:

Persons with flu symptoms should:

- Stay at home;
- Cover nose and mouth when coughing or sneezing;
- Wash hands with soap and water or use alcohol-based hand sanitizers frequently; and
- Try to maintain **spatial separation of at least (1 meter) 3 feet** from others if possible.

Hand, Cough and Sneeze Hygiene

- When sneezing or coughing, cover the nose and mouth with a tissue or upper arm if a tissue is not available.
- Dispose of used tissues in a wastebasket and wash hands after coughing, sneezing, or blowing nose.
- Wash frequently hands:
 - before eating or snack
 - before and after food preparation
 - before touching eyes, nose, or mouth
 - after using toilet
 - after sneezing or coughing
 - after wiping child's nose
 - before and after using shared computers, keys, toys etc.
 - upon entering or leaving the school
- Use warm water and soap or alcohol-based hand sanitizers to clean hands.

Activities and toys to avoid

Games using water, play-dough, pasta, sand or other material that cannot be readily disinfected should be discontinued. Plush or stuffed toys should be also avoided, since they cannot be readily cleaned or disinfected.

Cleaning surfaces

Surfaces that are touched frequently by staff, children or parents (such as door knobs, cots and play areas) should be cleaned more often. Special disinfectants are not required for an influenza pandemic.

Food services

During an influenza pandemic, child care centre should reinforce routine food safety and sanitation practices. We should also consider following:

- reinforce regular hand washing by staff members who prepare food
- use disposable cutlery and pre-packed food
- consider stockpiling a 6-8 week supply of non-perishable food, in case deliveries of food are disrupted
- plan for alternative food supplies in the event that regular catering service is interrupted

Communication Strategies

During the influenza pandemic TPH's (Toronto Public Health) two primary communication vehicles will be:

- Telephone hotline that will be staffed 7 days a week from 8:30 a.m. till 11:00 p.m.
- TPH's website, where the information will be posted as soon as possible (www.toronto.ca/health/pandemicflu)

Communications plans must maintain a consistent message with that of other jurisdictions /organizations. By delivering a consistent message the anticipated fears and anxiety caused by rumours and misinformation can be minimized.

During an influenza pandemic key decisions and responsibility for handling arrangements will be made by The Principal. In her absence Casa teacher will take over responsibility.

Strategies to manage staffing shortages include employing staff from staffing agencies and/or recent retirees, students or volunteers.

School closure

Child care center may need to change the services or close during an influenza pandemic for the following reasons:

- Large child care centers or all child care centers may be asked to close by TPH to reduce the spread of the virus.

- Individual child care centers may close if caregiver-to child ratio fall below legislative requirements.

In the event of the school being closed the parents will be informed by telephone using the emergency contact lists.

Parents will be contacted immediately. We will update staff and parents on the current situation at nursery via email, telephone and on the website. The Principal with Casa and Toddler teachers will be responsible for making the telephone calls.

We will change **the telephone message** to reflect any disruptions during the flu pandemic.

Staff

If staff members have the symptoms of flu they should not come to work. They should inform the Principal as soon as possible and follow normal cover procedures.

If staff members develop the symptoms of flu while at work, they must immediately leave the workplace.

The staff should not return to work until 5 days after the onset the symptoms, or when they feel well enough to return to work, whichever is longer.

Children

Children with influenza-like illness should stay at home. When child develops symptoms of influenza-like illness while at the centre, parents should be immediately notified to pick up their ill children. Parents of ill children should advise the school of absences due to respiratory illness.

A child who shows the symptoms of influenza should be kept away from the rest of the children as far as is practicable. One member of staff will look after the child and if necessary should wear a face mask. Staff should provide the child with tissue to cover his/her mouth and nose when coughing or sneezing and should try to keep a distance of at least 1 meter (3 feet) from ill child, if possible.

Consideration could be given to the wearing of masks by ill children, if tolerated.

The child should practice hand hygiene following disposal of tissue. Staff member should also practice frequent hand hygiene.

The ill children may return to school either **after 5 days** after the onset the symptoms (**7 days for young children**), or when they feel well enough to return, whichever is longer.

It is vital to ensure that we maintain high standards of hygiene and infection control. We will continue to use the procedures that are in place. Every opportunity will be taken to raise children's awareness of good hygiene.

Recovery Plan (return to learning)

School recovery from an influenza pandemic will begin when school officials determine that normal supplies, resources and response systems can manage ongoing school activities.

Parents and staff will be informed by telephone when the school opens again. The information will also be placed on the website.

Reportable Diseases in Ontario

The following specified Reportable Diseases are to be reported to the local Medical Officer of Health.

Acquired Immunodeficiency Syndrome (AIDS)	2. *Marburg virus disease	*Shigellosis
Amebiasis	3. *Other viral causes	*Smallpox
*Anthrax	*Hepatitis, viral	*Streptococcal infections, Grp A invasive
*Botulism	1. *Hepatitis A	Streptococcal infections, Grp B neonatal
*Brucellosis	2. Hepatitis B	Streptococcus pneumoniae, invasive
Campylobacter enteritis	3. Hepatitis C	Syphilis
Chancroid	4. Hepatitis D (Delta hepatitis)	Tetanus
Chickenpox (Varicella)	Herpes, neonatal	Transmissible Spongiform Encephalopathy, including:
Chlamydia trachomatis infections	Influenza	i. Creutzfeldt-Jakob Disease, all types
*Cholera	*Lassa Fever	ii. Gerstmann-Straüssler-Scheinker Syndrome
*Cryptosporidiosis	*Legionellosis	iii. Fatal Familial Insomnia
*Cyclosporiasis	Leprosy	iv. Kuru
Cytomegalovirus infection, congenital	*Listeriosis	Trichinosis
*Diphtheria	Lyme Disease	Tuberculosis
*Encephalitis, including:	Malaria	*Tularemia
1. *Primary, viral	*Measles	*Typhoid Fever
2. Post-infectious	*Meningitis, acute	*Verotoxin-producing E. coli infection indicator conditions including Hemolytic Uremic Syndrome
3. Vaccine-related	1. *Bacterial	*West Nile Virus illness, including:
4. Subacute sclerosing panencephalitis	2. Viral	i. West Nile fever
5. Unspecified	3. Other	ii. West Nile neurological manifestations
*Food poisoning, all causes	*Meningococcal disease, invasive	*Yellow Fever
*Gastroenteritis, institutional outbreaks	Mumps	Yersiniosis
*Giardiasis, except asymptomatic cases	Ophthalmia neonatorum	
Gonorrhoea	*Paratyphoid Fever	
*Haemophilus influenzae b disease, invasive	Pertussis (Whooping Cough)	
*Hantavirus Pulmonary Syndrome	*Plague	
*Hemorrhagic fevers, including:	*Poliomyelitis, acute	
1. *Ebola virus disease	Psittacosis/Ornithosis	
	*Q Fever	
	*Rabies	
	*Respiratory infection outbreaks in institutions	
	*Rubella	
	Rubella, congenital syndrome	
	Salmonellosis	
	*Severe Acute Respiratory Syndrome (SARS)	

Note: Diseases marked * (and Influenza in institutions) should be reported **immediately** to the Medical Officer of Health by telephone. Other diseases can be reported by the next working day by fax, phone or mail.

Communicable Disease Reporting contact numbers and address:

CDSU
277 Victoria St., 10th Floor, Toronto, ON M5B 1W2
Phone: **416-392-7411** After hours: **416-690-2142**
Fax: 416-392-0047