



Preventing exposure to COVID-19

Child Care

June 17, 2020

Introduction:

As the global pandemic of COVID-19 persists, CUPE wants to ensure that employers and members continue to implement leading practices to prevent workplace exposure to the virus which causes COVID-19.

The guidance in this document is specific to addressing the hazard related to COVID-19. It is intended to assist CUPE health and safety activists in their efforts to ensure that adequate protections are in place for members. In the case of those workplaces that have suspended operations, the guidance is intended to assist in implementing effective controls prior to the resumption of normal operations.

The information linked below helps highlight some of hazards that increase the likelihood of exposure. Find CUPE's COVID-19 resources here:

- [General Occupational Guidelines for COVID-19](#)
- [COVID-19 Fact Sheet](#)
- [COVID-19 and the Right to Refuse Unsafe Work](#)
- [COVID-19 Cleaning and Disinfecting](#)
- [COVID-19 Personal Protective Equipment](#)
- [COVID-19 and the Use of Masks and Respirators](#)
- [COVID-19 Masks and Face Coverings](#)
- [Good Hygiene Practices and the Respiratory \(Cough\) Etiquette](#)

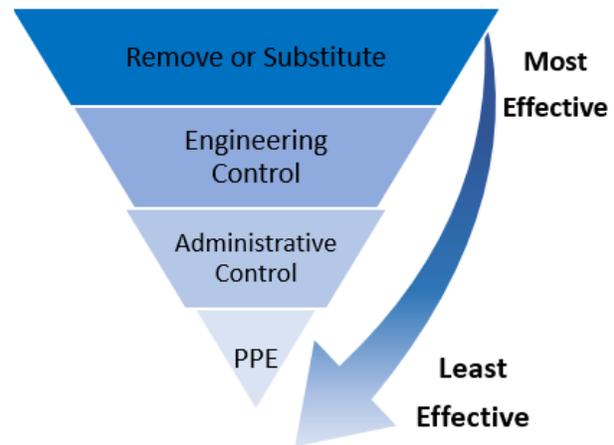
It remains vital that employers continue to work with their (joint) health and safety committee about the best way to control sector-specific hazards during this pandemic.

This document provides specific guidance to CUPE members working in the child care sector. General guidance can be found [HERE](#) and should be reviewed in conjunction with this document.

CUPE represents early childhood educators, assistants, cooks, and cleaners in the child care sector in both stand-alone and multi-sector locals. Workers work at stand alone centers, but also as part of schools and universities.

Hierarchy of controls

Occupational Health and Safety (OH&S) is concerned with identifying workplace hazards and implementing control measures that reduce the risk of hazards leading to illness or injury. In the field of OH&S there is a concept called the “hierarchy of controls”. This is the broad category of controls that can be used to address hazards found in the workplace. They range from the strongest controls (eliminating the hazard) to the weakest controls (personal protective equipment (PPE)).



PPE is not the most effective hazard control. It is a last resort when the hazard cannot be adequately addressed using more effective controls “up” the hierarchy. Due to pervasive media coverage of PPE shortages across the world, and due to PPE’s vital role as one of many control measures that workplaces utilize, there is a common misconception that PPE is the best (or only) hazard control that can protect workers from COVID-19. This is a potentially dangerous assumption. It limits the discussion to, and consideration for, stronger control measures. CUPE members, locals and health and safety activists should be pushing for the best protections for their members.

When choosing controls, don’t forget other hazards and how they might be affected by new controls (for example, the hazard of working alone while practicing physical distancing and reduced number of people in the workplace or the PPE needed for cleaning).

All of the following sample hazard controls should be considered in addition to any other legislative and regulatory requirement such as policies and procedures for working alone, preventing violence, and so on.

Child care workers have a unique and important perspective in evaluating the effectiveness of controls proposed by the employer as they understand best how these tasks are performed in practice and what impediments there may be to implement administrative controls.

Remember: the control of hazards related to COVID-19 are just one part of a much larger employer health and safety program. **All of the following hazard controls must be continuously monitored, evaluated, updated and revised in conjunction with your health and safety committee or representative.**

Hazard Controls for the child care sector:

Elimination

All child care facilities must take every precaution reasonable to eliminate the potential of a worker's exposure to COVID-19. As we've seen in other workplace sectors, the virus can be easily spread among staff or clients where adequate controls are not in place. Due to the nature of a child care setting, close contact with children and staff is inevitable. As such, child care facilities must eliminate the possibility of a person, including workers, children, parents, or guardians with a suspected or confirmed case of COVID-19 from accessing the workplace.

In child care workplaces, consider some of these elimination controls:

- Remote work arrangements remain among the strongest protections available and should be explored fully before other hazard controls are contemplated.
 - A thorough analysis of tasks should be performed to identify those which would be suitable for remote work.
 - If contemplating remote work, attention should be placed on ensuring that workers have the appropriate resources and support to perform those tasks. (e.g. they should have the appropriate telecommunication equipment, tech support or the name of their supervisor.)
- Workers who are sick must remain home. Employers should have clear rules around paid self-isolation and quarantine for those who are sick, or those who have been exposed to someone who has COVID-19. These plans should include how to handle situations with infected family members.
- Cancel all in-person non-critical programs until further notice.
- Conduct programs and meetings using a shared communications program (Facetime/Skype/Zoom). See further guidance on meetings below.
- Reduce the use of paper that will be handled by multiple workers through the use of electronic documents.
- The public should be pre-screened by phone or computer before appointments are scheduled using the most recent medical definitions for COVID-19 from provincial health officers, Ministry of Health and / or Centers for Disease Control and Prevention.

Engineering Controls

This category of controls involves using barriers or separations to prevent employees from being exposed to hazards. For example, plexiglass barriers and other hard or soft material (including vinyl) surfaces have become a common application during the COVID-19 pandemic, installed at points of contact with clients or other staff or when two metres (six feet) of distance cannot be maintained in all directions.

Wherever possible, it is better to create permanent or semi-permanent barriers before utilizing administrative controls or personal protective equipment. For example, many of us have become accustomed to seeing plexiglass barriers for cashiers at the grocery store that separates them from the customers.

In child care workplaces, consider some of these engineering controls:

- Install barriers so that communication between staff and parents is made behind plexiglass.
- Ventilation systems can play an important role in preventing the spread of infections though the utilization of filters that catch the majority of particles and adjusting the system to mix in more fresh air into a system. Ensure that ventilation systems are operating as designed.
- The furniture layout of workplaces should be used to promote physical distancing such as removing chairs around tables to promote a minimum of two metres (six feet) distance between others for seating.
- Visual markers (such as tape on ground and signage) should be used to help promote physical distancing throughout the facility.
- Reduce shared offices to one-person offices and create additional office workspaces, properly spaced in all directions, within the facility.
- Distribute disinfecting and sanitization materials so that they are available to workers at point of use for all work sites.
- Provide tissues and lined garbage bins for use by clients and workers. “No touch” garbage cans with a foot pedal (for example) should be used.
- Determine new limits for the number of people permitted to enter each building and room to ensure people are able to maintain a distance of two metres (six feet) in all directions.
- **Screening** (engineering considerations)
 - Implementing a process for effective and mandatory screening protocols by trained workers when entering the facility will help ensure people with COVID-19 symptoms are identified and not allowed to access the building.
 - Screening must apply to all who enter the building (staff, children, essential visitors, external agencies and contractors etc.).
 - Information should be provided to parents as to restrictions in place to limit the access to the workplace to essential visitors only.
 - Ensure people can only enter a building through an entrance where screening takes place.
 - Where possible, in person screening should be done through engineered barriers (such as Plexiglas) or appropriate PPE must be supplied to the persons doing the screening (see below).
 - Screening processes may include self-assessment, on-site screening (from two metres (six feet) and with appropriate controls) with daily logs kept for all visitors and staff entering the building, and phone calls to members/contractors.

Vehicle use

- If it is safe (consider working alone hazards) travel for work should be in separate vehicles.
- If it is practical, workers should use the same vehicle each day.
- Where single vehicle use is not possible, follow these measures:
 - use appropriate respiratory PPE [see fact sheets above];
 - reduce the number of workers per trip and increase the overall number of trips needed to transport workers to a worksite, if necessary; and
 - provide disinfection and sanitization products to clean vehicles between driver and passenger changes.

Administrative Controls

Administrative controls are workplace rules that control or alter the way the work is done. These may include things like the timing of work, policies, and work practices such as standards and operating procedures.

In the child care sector consider some of these additional administrative controls:

General

- Employers must develop a comprehensive Exposure Control Plan, including ongoing hazard assessments (more than one may be required as circumstances, hazards and risks change) when anyone is confirmed or in contact with cases of COVID-19 or after having travelled internationally.
- If in person meetings must happen, limit meetings and hold meetings outside or in a large space to allow for physical distancing of at least two metres (six feet) between people.
- As much as possible, practice physical distancing between co-workers, parents, the children in care and essential external visitors.
- Employers must have written COVID-19 policies, standard operating procedures and training programs for all classifications as part of their overall occupational health and safety information programs.
- Develop a method of clear and effective communication to workers because of how quickly information is changing. Workers need to *know what to do* in response to the changing working conditions.
- Update the Pandemic Plan, in consultation with the Health and Safety Committee as often as necessary to protect workers.

Limiting movement of staff, children and equipment

- Employers will need to consider the ratio of care providers to children in relation to physical distancing requirements, and the need to maintain adequate safety ratios while tending to potential ill children.
- Group sizes should be capped to ensure appropriate physical distancing expectations can be met.
- Keep the same children in the same group, same space, and with the same caregiver throughout the day and every day.
- Reduce staff movements between rooms and sections of the workplace.
- Avoid sharing equipment between rooms and with other staff. If equipment sharing is unavoidable, ensure the equipment is disinfected before use.
- Limit items children bring into the workplace from home. Coats, backpack and other belonging brought from home should be stored separately from others (place in bags and put in separate cubbies) or, if possible, left outside and only brought in if needed.
- Reduce travel between service locations and limit itinerant workers and cleaning staff to one site, if possible.

Screening (administrative considerations)

- Employers need to provide appropriate training for the people staffing the screening areas (see screening in engineering controls above).
- Designated employees should be selected and trained to screen people who would enter the building (this job should not be rotated).
- Employers must develop a response plan for how child care workers direct visitors to not come into the workplace and maintain disinfection for when child care workers or visitors have been identified as suspected or confirmed or have symptoms of COVID-19.
- Staff should *self-assess* for symptoms prior to entering the location, mid-shift and at the end of the shift.
- Drop off and pick up should done outside and at intervals, if possible. Avoid close greetings with children and parents, like hugs, handshakes and high fives.
- Employers need to determine all the processes involved in screening including, what screening will be done, how screening areas will be stocked, how screening areas will be cleaned and sanitized and how waste management at these areas will be handled.
- Employers must develop a memo to parents/guardians providing information and instruction about how to screen children for symptoms of COVID-19 and to keep them home if they are suspected of having the illness. Information should emphasize that sending sick children to the child care facility endangers other children, staff, and overall public health and burdens the public health system.
- Employers must set out the process for a child who is identified with a potential illness at home or at the child care facility.
- Employers should have a policy about whether employees can work, or children can attend another child care centre.

Management of children with possible COVID-19.

- Children often don't present with symptoms of illnesses the same way as adults. Atypical symptoms may include rash, foot lesions, bloodshot eyes or redness in the eyes, increased heart rate, chills, lethargy and headaches. Consult the latest guidance from public health on how to properly assess a child for symptoms of COVID-19.
- A designated room must be identified where children, who develop symptoms during the day, can wait until they are picked up while maintaining appropriate staff ratios. Waiting in the main office, hallways or areas in close proximity to other staff and children is not acceptable.
 - Consideration of which room should be used as a sick room should include whether ventilation is available within and around that space.
 - The room should be equipped with a sink if possible, be stocked with hand sanitizer, tissues, a waste basket (foot pedal with lid) and hand sanitizer. Ensure tissues are properly disposed of and that hand hygiene practices, and respiratory etiquette are observed.
 - Designate a single staff member(s) to stay with the child until picked up.
 - When possible, physical distancing should be maintained, otherwise appropriate PPE must be provided (see below).
 - Contact the local public health unit to notify them of a potential case and seek input regarding the information that should be shared with other parents of children in the childcare centre.
 - Children with symptoms must be excluded from the workplace for at least 10 days after the onset of symptoms and until they have been cleared to return by the relevant public health agency.
 - Children or staff who have been exposed to a confirmed case of COVID-19 or symptomatic person(s), should be excluded from the workplace for at least 14 days and until they have been cleared to return by the relevant public health agency.

Physical Distancing

- Stagger break times to reduce numbers of staff in close proximity in break rooms.
- If physical barriers aren't possible, communication should be done at distances greater than two metres (six feet).
- Take children outside more often, while staggering outdoor activities.
- Isolate children and staff to the same play zones to reduce intermingling.
- Incorporate more individual activities or activities that encourage more space between children.
- Employers should designate and affix signage indicating single direction travel paths for worksites and stairwells for workers and children.
- If workers must work in close proximity, keep workers on the same team from day to day and avoid mixing to reduce the potential of exposure between work teams.

- Eliminate use of cash for all transactions. Forms of payments will only be done by credit, debit and or online.
- Some washrooms should be designated exclusively for workers.

Cleaning and Disinfecting

- Employers should have a procedure and supplies for hand hygiene (and other exposed areas) for workers and children that provide people the ability to wash for at least 20 seconds with soap.
- When washing with soap is not possible, workers should be supplied with a sanitizing liquid (at least 60% ethanol or 70% isopropanol disinfectant).
- Children and staff should wash their hands as soon as they enter the building. Handwashing or sanitizing stations should be made available in the entrance of the building.
- Keep a bucket or laundry basket close by for items to be deposited when they need to be cleaned.
- The employer should ensure enhanced disinfecting of surfaces, particularly “high touch” surfaces in all workplaces, vehicles and equipment or any other work duty related surface.
- There should be a particular disinfection program to deal with any confirmed cases of COVID-19 including what surfaces are to be cleaned, when, how often, with what disinfectants and by whom. This should include personal protective equipment as required by the Exposure Control Program and Hazard Assessment (see PPE section below).
- The employer must establish a tracking system of when cleaning and disinfection were completed, and by who.
- While working, cleaning staff should close off the area to other people.
- Place posters that encourage hand hygiene and respiratory etiquette at the entrance to the workplace and in other areas where they will be seen. Graphics will be more useful than words.
- Soft surfaces that cannot be cleaned and properly disinfected need to be removed (e.g., stuffed toys or non-wipeable floor coverings). All toys and equipment for the children should be easy to clean.
- Use only bedding (sheets, pillows, blankets, sleeping bags) that can be machine washed.
- Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets (fomites) into the air.
- It is important that when employers require workers to use hazardous products, that workers are trained ([See CUPE’s WHMIS Sheet](#)).

Waste Management

- Have an appropriate waste management system to handle potential and contaminated waste (like used PPE) and ensure that workers know what those processes are.

- Contaminated items used by a person diagnosed or suspected to have COVID-19 should be placed in a plastic bag before disposing of it with other waste (double bagged).
- Clothing and linens belonging to a child diagnosed with COVID-19 or a symptomatic child suspected of having COVID-19 can be washed using regular laundry soap and hot water (60-90°C). Laundry should be thoroughly dried.
- Wash hands appropriately with soap and water after handling contaminated laundry (even if gloves were used).
- Contaminated disposable cleaning items such as mop heads, cloths, etc. should be placed in a lined garbage bin before disposing of these items with regular waste via double bagging the items within a main garbage bag. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C).

Personal Protective Equipment

PPE is worn by individuals to reduce exposure when in close contact to suspected or confirmed cases of COVID-19. PPE is a last resort and the lowest level of hazard control. If it is required to be worn, workers should be mindful of the following:

- If physical distancing cannot be maintained, workers should be provided, at a minimum, a disposable surgical mask. A fit-tested N-95 respirator (or greater) is preferable.
- If not all staff are fit tested for respirator protection, at least some designated staff should be properly fitted, including respirator fit testing, prior to interacting with children who begin to show symptoms of COVID-19 while at the centre until parents can pick them up (see dealing with symptomatic children below).
- Provide disposable gloves if an employee is not able to frequently wash or sanitize their hands and must contact people or surfaces that have not been recently sanitized.
- The Employer must provide appropriate training about when PPE must be worn, how it must be put on and taken off and disposed of, and what its limitations are.
- Determine usage rates of PPE and ensure that there are enough PPE supplies, so workers are not required to share (this applies to either COVID-19-related PPE or regular PPE required to perform duties safely).
- If appropriate PPE cannot be worn or is not available, the worker should be reassigned to another work area. Workers have the right to refuse unsafe work [see fact sheet above].
- All PPE should be assessed for worker allergies or reactions to the PPE materials. If the worker is unable to wear the personal protective equipment, and hypoallergenic alternatives are not available, the worker should be reassigned to another work area without loss of pay or benefits as a result.
- All PPE should be regularly inspected for defects or damage.
- Eye protection such as goggles are an important protection for workers in direct contact with suspected or confirmed cases of COVID-19. A full-face shield has the added benefit

of protecting the mask underneath and can extend the useful life of a disposable mask by preventing it from coming into contact with contaminants.

- Gowns/Body Coverings prevent clothing from becoming contaminated. Gowns should be considered if there is a potential for clothing to become contaminated by another person's respiratory droplets.
- Ensure staff vehicles are supplied with:
 - Hand sanitizers – with a concentration of at least 60% ethanol or 70% isopropanol disinfectant;
 - Tissues to catch coughs and sneezes; and
 - Wipes appropriate to ensure clean and disinfected surfaces, especially commonly touched vehicle surfaces and equipment (for example, steering wheel, door handles, dashboard, delivery carts).

Infection control for children

Though not occupational safety directly related to workers, preventing children from being exposed will help keep everyone safe. To that end, the following practices are recommended:

- Where possible, assign siblings to the same group.
- If the center has several infants, you may want to care for infants as a separate group in a separate room.
- Supervised hand hygiene for children should occur at designated times (e.g. before meals).
- Food (meals and snacks) should be “pre-plated” and served onto children's plates while maintaining physical distancing.
- Stagger meals and snacks to limit the number of children eating all at once.
- Reinforce “no food sharing” policies.
- Educate the children by reinforcing the importance of hand hygiene, the respiratory etiquette and social distancing.
- When possible, children should be assigned to a particular toilet stall (so three kids use toilet A, another 3 kids are assigned to toilet B. etc.) and then it is disinfected after each child uses it.
- When possible during nap time stagger children so feet are next to heads and not head next to head.
- Children should remain two metres (six feet) apart during nap time.
- Children should eat two metres (six feet) apart. When that is not possible, plexiglass/plastic shields can be placed on top of the table to surround each child.
- Individual or small group of children (max 3) chooses a set of toys to play with for the day. Those toys cannot be shared with other children in the room. At the end of the day, all of those toys are disinfected and then it can be used by a different group of children the following day.

- Keep each child’s bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child’s skin should be cleaned daily or before use by another child.
- **Cleaning and Sanitizing or Disinfecting Toys**
 - Toys that cannot be cleaned and sanitized or disinfected should not be used.
 - Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing the appropriate PPE. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.
 - Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child. Follow the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting and dry items completely.
 - Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized or disinfected before being moved from one group to the other.
 - Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.