



Health and
Wellness

Prince Edward Island Guidelines for Respiratory Illness In Schools and Child Care

March 31, 2023

Department of Health and Wellness
Chief Public Health Office

Respiratory Illness Schools and Child Care Centre Guidance

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Background

Respiratory infections are often spread when droplets, generated by coughing and sneezing of infected people, come into contact with the mucous membranes of the eyes, mouth, nose, or airway of another person. Because microorganisms in droplets can often survive on surfaces, infections can also be spread indirectly when people touch contaminated hands, surfaces and objects and then infect themselves by touching their mucous membranes. Influenza, COVID-19 and other viruses such as parainfluenza virus, respiratory syncytial virus (RSV), coronavirus, rhinovirus, human metapneumovirus and adenovirus are all examples of illnesses spread by droplet and contact transmission.

Schools and child care centres are at an elevated risk for spread of respiratory illnesses due to the large number of children sharing rooms, toys, activities, eating spaces and bathrooms.

Purpose

These guidelines describe the infection prevention and control practices for management of Respiratory Illness (RI) that are primarily droplet and contact spread in the school and child care setting.

Source Control

Respiratory hygiene should be encouraged for children, staff and visitors who have signs and symptoms of a RI.

Respiratory hygiene includes coughing into one's sleeve and using tissues when coughing, sneezing, or for controlling nasal secretions.

Children should be taught to perform hand hygiene and how to perform respiratory hygiene. Tissues should be provided for respiratory hygiene, as well as instructions on the importance of performing hand hygiene after performing respiratory hygiene.

Signs and Symptoms

Acute onset of RI with fever and cough, and with one or more of the following: sore throat, joint pain, muscle pain, or extreme weakness or exhaustion.

- In children under 5 years, gastrointestinal symptoms may also be present.
- In children under 5 years fever may not be prominent.

Transmission

Infected individuals generate respiratory droplets and aerosols, which can be transmitted to others. The droplets vary in size from large droplets that may fall to the ground relatively quickly near the person who is infected, to small droplets called aerosols which may remain suspended in the air and travel on ambient air currents. The risk of transmission via respiratory aerosols is greater in poorly ventilated indoor environments where there is a high density of people and extended duration of contact. The relative infectiousness of droplets of different sizes, and the amount of virus in respiratory droplets needed to cause infection (i.e., infectious dose), is not always clear.

Infectious droplets or aerosols may come into direct contact with the mucous membranes of another person's nose, mouth, or eyes, or they may be inhaled into the nose, mouth, and airways, with smaller aerosols

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penetrating deeper into the lungs. The virus may also spread when a person touches another person (e.g., a handshake) or an object (referred to as fomites) that has the virus on it, and then touches their mouth, nose, or eyes with unwashed hands.

Environmental factors, settings, and specific activities can contribute to the risk of viral transmission, including enclosed spaces, especially those with poor ventilation, crowded settings, and close interactions. Settings where these factors overlap or involve activities such as singing, shouting or heavy breathing are considered higher risk.

Ventilation

Respiratory illnesses are primarily transmitted by aerosols and respiratory droplets during close contact especially in poorly ventilated indoor areas. Well-ventilated indoor spaces, as well as other protective measures, help decrease the risk and the spread of RI. Risk of transmission of respiratory illnesses is reduced in outdoor settings.

Ventilation measures in schools and child care facilities:

- Good indoor air quality in schools reduces the risk of virus transmission.
- Outdoor activities should be encouraged where feasible.
- A variety of methods and technologies may be employed to improve indoor air quality that are influenced by existing infrastructure. Examples are natural ventilation by opening windows, mechanical ventilation systems, and/or standalone HEPA filtration units.
- More information about ventilation can be found at <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/covid-19-improving-indoor-ventilation.html>

Vaccination

Age appropriate vaccines are strongly recommended for children and staff. More information on the Prince Edward Island Immunization program can be found here:

<https://www.princeedwardisland.ca/en/topic/immunization>

More information on vaccines authorized for use in Canada can be found here:

<https://www.canada.ca/en/public-health/services/immunization-vaccines.html>

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines.html>

Infection Prevention and Control Preparedness

Each school and child care facility should be prepared to identify and manage children or staff who present with symptoms consistent with RI.

Routine Practices

Routine practices are based on the premise that all individuals may be ill and infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely to prevent the spread of microorganisms.

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Routine Practices (Appendix A) apply to all children, staff and visitors and include, but are not limited to:

- Hand hygiene
- Adhering to respiratory hygiene
- Personal protective equipment (PPE)
- Environmental Cleaning and Disinfection

Exclusion Policy

- Observations of each child should occur at the beginning of each day to detect possible symptoms of illness.
- Isolate children with a fever and/or are unwell and unable to participate in routine activities. Arrange for prompt pick-up.
- Discretion should be used when excluding children for chronic RI. Focus on other infection prevention and control methods including respiratory hygiene and environmental cleaning.

Additional Precautions for Child Care Centres

- Children displaying symptoms of RI should be restricted from participating in group sensory play including water play.
- At minimum, all children should practice proper hand washing before and after sensory play.
- Discontinue toothbrush programs when children are displaying symptoms of RI.
- Only dedicated food handlers should have routine access to the kitchen and food storage areas.
- Dedicated food handlers should not be responsible for other tasks (e.g. direct care of children, cleaning, etc.).

Early Recognition and Source Control

Policies and procedures should be in place to prevent the introduction of RI and to prevent and control the spread of infection if identified. Policies and procedures include:

- A hand hygiene program
- Environmental cleaning and disinfection policies and procedures
- Exclusion policies

Linen and Soft Toy Management

Routine Practices should be used.

Waste Management

Routine Practices should be used.

Reporting Requirements

The Notifiable Diseases and Conditions and Communicable Disease (NDCCD) Regulations, pursuant to the [Prince Edward Island Public Health Act](#), are intended to strengthen the surveillance and public health response to over 70 diseases and conditions, including communicable diseases like COVID-19 and influenza, as well as outbreaks of gastrointestinal illness or influenza/COVID-19-like illness.

Administrators in schools, directors in child care facilities or the person in charge has responsibility for reporting if there is or may be an outbreak of a communicable disease in the facility in accordance with

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the *Public Health Act* (Sections 34 and 36) and the NDCCD Regulations (Sections 8 and 9.1). For influenza or COVID-19-like illness (or other RI or gastrointestinal illness), educational institutions are to report to the Chief Public Health Office when absenteeism exceeds 10% which is most likely due to influenza or COVID-19, other respiratory or gastrointestinal illness.

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References

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. 3rd edition. Toronto, ON: Queen's Printer for Ontario; November 2012.

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Toronto Public Health. Infection Prevention & Control Measures for Child Care Centres. [Online] City of Toronto.
<https://www.toronto.ca/community-people/community-partners/early-learning-child-care-partners/infection-prevention-control-for-child-care-centre-operators/infection-prevention-control-measures-for-child-care-centres/>

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Appendix A: Routine Practices

Routine practices are based on the premise that all individuals may be ill and infectious even when asymptomatic, and that the same safe standards of practice should be used routinely to prevent the spread of microorganisms.

Routine Practices reduce the risk of exposure to blood, body fluids and broken skin and when used correctly will protect you and others from germs and diseases that can spread from person to person.

Hand Hygiene

Clean hands stop the spread of germs and prevent infection. Children need to be taught when and how to wash their hands.

Having an adequate number of hand washing sinks in convenient locations is important to promote proper hand hygiene.

Ensure to have properly stocked hand washing sinks in the following areas:

- kitchen or food preparation/handling areas (required)
- washrooms (required) and laundry areas
- diaper changing areas (required)
- activity areas
- close to the entrance of the facility

Proper hand hygiene is very important. It is essential that children and staff properly wash their hands: when they first arrive at the center for the day;

- before preparing and/or serving food;
- before eating;
- before and after feeding a child;
- before and after sensory play;
- after using the washroom;
- after a diaper change;
- after assisting a child who has used the washroom;
- after wiping or blowing your nose or a child's nose;
- after sneezing or coughing into your hands;
- before giving medication to a child;
- after caring for an ill child;
- after playing outside; and
- after any activity which may contaminate the hands.

Hand Washing Procedure

- Rinse visible dirt from hands with warm water.
- Lather hands with liquid soap and warm water; vigorously rub for at least 20 seconds. Pay particular attention to under nails, between fingers, tops of hands and wrists.
- Rinse with running warm water.
- Dry with a single use paper towel in a dispenser, air dryer or hand towel (single use before laundered).

Hand Sanitizing

- Alcohol-based hand sanitizers are useful when soap and water are not available. If hands are not visibly dirty, a 70-90% alcohol-based hand sanitizer can be used.

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- Supervise children if permitted to use alcohol-based hand sanitizers and keep out of reach of children when not in used.

Individuals involved in food preparation, handling and serving must not use hand sanitizers, but instead must wash their hands with soap and water.

Hand Sanitizing Procedure:

- Apply hand sanitizer
- Rub hands together
- Work sanitizer between fingers, back of hands, fingertips, under nails
- Rub hands until dry

Personal Protective Equipment (PPE)

Ensure there is an adequate, accessible supply of PPE for staff to use as needed and that staff receive training and education regarding performing a risk assessment and the proper use of PPE.

Medical Grade Gloves

- Wear gloves when it is anticipated hands will be in contact with mucous membranes, body fluids, or contaminated surfaces or objects.
- Practice hand hygiene before putting on and after taking off gloves.
- Gloves must be single-use and changed between tasks.

Gowns

- Wear gowns if there is a risk of clothing or uncovered skin becoming exposed to splashes or sprays of body fluids.

Masks

- Wear a mask if there is a risk of becoming exposed to a cough, sneeze, spray, or splash.

Eye Protection

- Wear eye protection if there is a risk of becoming exposed to splashes or sprays of body fluids.

Environmental Cleaning and Disinfection

Cleaning and disinfection of high-touch surfaces, toys and food contact surfaces is important for controlling the spread of microorganisms. Each school and child care facility should have a detailed sanitation plan (Appendix B: Sample Sanitation Plan for Child Care Facilities) which outlines the frequency and method of cleaning and disinfection. Provide staff with training that includes the safe and proper use of cleaning and disinfection agents.

To be effective, cleaning must be completed before disinfection.

Clean

- Clean from the least soiled area to the heaviest soiled area and from high surfaces to low surfaces.
- After cleaning a surface or object, rinse with clean water to remove the cleaning detergent.
- Clean when children are not present in the area.

Disinfect

- Apply a disinfectant to a surface or object after it has been cleaned first.
- A disinfectant must have a Drug Identification Number (DIN). Household chlorine may not have a DIN but is

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considered an effective disinfectant.

- Safety Data Sheets (SDS) should be available for disinfectants used.
- Follow the manufacturer's instructions when preparing and using a disinfectant solution.
- Allow for adequate contact time. When choosing a disinfectant, choose a product with a short contact time (e.g. 1-2 minutes).
- Wear PPE as recommended by the manufacturer.
- Ensure the disinfectant is appropriate for use on specific surfaces.
- Disinfect when children are not present in the area.

High-touch surfaces included, but are not limited to light switches, door handles, railings, faucet taps, gate locks, phone and buttons.

Steps for Environmental Cleaning and Disinfection

- Gather equipment, perform hand hygiene and put on appropriate PPE.
- Clean the surface or object, using warm water, soap, and friction. Clean from top to bottom. Cleaning removes dirt and debris.
- Rinse the surface or object, using clean, warm water. Rinsing removes soap residue.
- Disinfect the surface or object.
- Allow to dry.
- Remove PPE and perform hand hygiene.

A food safe, no rinse sanitizer capable of being tested to confirm concentration must be used on food contact surfaces and toys. Approved food safe, no rinse sanitizers include household bleach and quaternary ammonia. See Appendix C.

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Appendix B: Sample Sanitation Plan for Child Care Facilities

This is a recommended sanitation plan only. It is expected each room in a child care facility will have a specific, written sanitation plan.

Play/Sleep Areas	What to Do	After Each Use	Daily	Weekly	Monthly
Sensory play (water – table & toys)	Clean and sanitize	X			
Toys (includes large toys/shelving)	Clean and sanitize	X (mouthed)	X (infant room)	X (toddler/pre-school)	X (school age program)
Carpets	Vacuum (steam clean 2x/year)		X		
Floors	Dry sweep & wet mop		X		
Absorbent Materials (dress-up clothes, plush toys, puzzles, etc.)	Laundry with heat dry/clean/discard			X	
Fabric Upholstered Furniture	Vacuum (steam clean 2x/year)			X	
Floors Beneath Area Rugs	Sweep			X	
Linen/Bedding	Laundry with heat dry			X	
Play-dough, other moist sensory products	Discard			X	
Sensory Play (food/sand – table and toys)	Clean and sanitize			X	
Sensory Play (materials – food)	Discard			X	
Vinyl Mats	Clean		X (infant room)	X (remainder of facility)	
Natural Items	Discard/ clean and sanitize			X	
Cots, Sleep Mats, Cribs, Playpens	Clean and sanitize			X	
Hand Sinks	Clean and sanitize			X	
Sensory play (materials – sand)	Discard				X

Washrooms/Diaper Change Areas	What to Do	After Each Use	Daily	Weekly	Monthly
Cloth towels	Laundry with heat dry	X			
Potty chairs	Clean and disinfect	X			
Diaper Change Mat	Clean and disinfect	X			
Sinks and Toilets	Clean and disinfect		X		
Diaper Change Table (under	Clean and disinfect		X		

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the mat)					
Floors	Clean		X		
Garbage Containers	Empty/ Clean and Disinfect		X (empty)	X (clean and disinfect)	
Toothbrush Storage	Clean and Disinfect			X	

Eating Areas	What to Do	After Each Use	Daily	Weekly	Monthly
Cloth/Plastic Bibs	Launder with heat dry/ clean and disinfect	X			
High Chair Trays	Clean and sanitize	X			
Table Tops	Clean and sanitize	X			
High Chair Seat and Frame	Clean and disinfect			X	
Chairs	Clean and sanitize			X	

General Facility	What to Do	After Each Use	Daily	Weekly	Monthly
Humidifiers	Drained/ Cleaned and Sanitized		X (drained)	X (cleaned and sanitized)	
Common Touch Surfaces (door knobs, handles, light switches, etc.)	Clean and Disinfect		X		
Couches and Chairs (upholstered)	Vacuum		X		
Drapes/Curtains	Vacuum or launder				X
Cubbies	Clean				X
Windows	Clean				X
Air Vents	Clean				X

Appendix C: Sanitizers for Food Contact Surfaces

SANITIZERS FOR FOOD CONTACT SURFACES



A food contact surface is any surface food may come in contact with (cutting boards, counters, etc.).

Use a spray bottle or small bucket for the sanitizer solution. The container must be clearly labeled. Ensure there are enough buckets/bottles of sanitizer for each work station.

QUATERNARY AMMONIUM COMPOUNDS (QUATS)

200 ppm (parts per million) - Mix according to no-rinse directions on concentrate bottle. Allow solution to air dry on surfaces.

- QUAT products can break down over time and with use. If you are using sanitizer that was prepared the day before, verify with test strips that the concentration is still 200 ppm. If it is not, discard and prepare a fresh solution.

HOUSEHOLD BLEACH (5.25% CHLORINE)

2 mL of 5.25% bleach in 1L water = **100ppm**

Allow solution to air dry on surfaces.

- Chlorine will break down over time, with use, and when exposed to sunlight. If using sanitizer from the day before, verify with test strips that the concentration is still 100ppm. If it is not, discard and prepare a fresh solution. **It is strongly recommended to mix a fresh solution daily.**

Other approved sanitizers include iodine and accelerated hydrogen peroxide. Approval from an Environmental Health Officer is required before these products can be used as a sanitizer for food contact surfaces. To have an alternative sanitizer approved for use on food contact surfaces, the product must:

- have a drug identification number (DIN);
- have test strips available to verify concentration;
- have a short contact time; and
- be classified as a no rinse sanitizer.

PLEASE NOTE:

- Surfaces must be cleaned with soap and water first. Sanitizer will not be as effective if the surface is soiled.
- Sanitizer that is mixed stronger than the concentration listed is no longer safe to use on food contact surfaces.
- Sanitizers requiring a potable water rinse cannot be used on food contact surfaces.
- Test strips must be used to verify sanitizer concentration. They can be purchased through chemical suppliers, restaurant supply stores or online.
- For safety reasons, Safety Data Sheets (SDS) must be available on site for staff members to reference.
- Products such as tea tree oil, baking soda, vinegar, electrolyzed water, microfiber cloths, ozone, and silver compounds are not approved sanitizers for food contact surfaces.
- Avoid mixing or using multiple sanitizers at once.
- If using a bucket for the sanitizer solution, it will need to be changed frequently, such as every few hours, or if the solution becomes soiled.
- Reusable cloths must be stored in a sanitary manner (such as in the bucket of food-grade sanitizer) and laundered/changed daily.

Contact Environmental Health with questions or concerns.

(902) 368-4970 envhealth@ihis.org