

**Coronavirus (COVID-19) Early Learning and Child Care
Practice Guidance
March 15, 2022**

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Updates

[September 23, 2020]

[May 26, 2021]

[October 15, 2021]

[January 25, 2022]

[March 15, 2022]

The Manitoba government is committed to providing updated information. Early learning and child care facilities should refer to www.manitoba.ca/covid19 for the most up to date general information and public health direction.

We are gradually returning to normal and this begins with the removal of public health orders. While requirements are going away, public health continues to provide guidance and recommendations, similar to other communicable diseases.

The following updates have been integrated into this practice guide.

March 15, 2022

Updates to Public Health Measures section including:

- Removal of proof of vaccination requirements
- Removal of indoor mask requirement
- Removal of physical distancing and cohort requirements
- Return to regular practices and policies for parental pick-ups and drop offs, visitors, volunteers and in-person gatherings with the continuation of symptom screening and good hygiene practices

Updates to Hygiene Practices section including:

- Return to regular practices for safe food handling and service
- Return to regular practices for environmental cleaning with a continued focus on high-touch surfaces and common areas, including washrooms
- Additional resources for hygiene practices

Updates to Isolation and Testing section including:

- Changes to isolation recommendations
- Changes to case notification and close contacts
- Changes to managing increased transmission in a facility
- Changes to communication with families
- Removal of requirements for notification to the Early Learning and Child Care Program using COVID-19 reporting forms
- Removal of Appendix B: Isolation Overview Chart
- Changes to Appendix B: Resources for Parents and Caregivers (formerly Appendix C)

Public Health Resources

The COVID-19 situation continues to evolve in Manitoba. The provincial website at www.manitoba.ca/covid19 will continue to provide up-to-date information.

Manitoba is shifting from public health orders to public health recommendations. While the measures that were implemented during the pandemic helped slowed the spread of COVID-19 and helped to maintain capacity in our health care system, these measures also had other significant impacts on our society, including in child care and schools. Some of these impacts have been positive, but many have caused disruption and negative impacts to our lives and communities.

Balancing the risk of COVID-19, which continues to circulate, and resuming activities and standard practices for our overall mental, spiritual, and physical well-being is needed, including in licensed early learning and child care facilities.

Cases of COVID-19 are anticipated to continue, and the impact of COVID-19 in Manitoba continues to be monitored by public health. Public health is shifting to standard processes used for all reportable communicable diseases, including guidelines for COVID-19. The success of the vaccination program and availability of treatment for those at higher risk of severe disease allows us to cautiously begin resuming normal activities.

It is important to remember that risk tolerance and comfort level is not the same for everyone. We need to be respectful and supportive of additional measures that some individuals may continue taking as they seek to reduce their risk, and protect others, and at the same time remember that cautiously resuming normal activities is important for our overall individual and community well-being.

Public Health Measures

Public health orders are shifting to standard processes used for all reportable communicable diseases, which for COVID-19, include guidelines for isolation.

Maintaining some public health measures can continue to help reduce the risk of transmission and developing severe disease from COVID-19, such as:

- Getting fully vaccinated and boosted remains effective at preventing severe disease.
- Continue practicing good hand hygiene.
- Covering your cough/sneeze.
- Staying home when you are sick.
- Assessing your risk and know if you are eligible for treatment.
- Making decisions about additional measures based on personal risk and preference.

Public health officials will continue to monitor and will adjust guidance as needed. Child care facilities need to be prepared for future scenarios that may require additional preventive measures.

Visit the Canadian Paediatric Society's [Resources for Child Care Providers | Caring for kids \(cps.ca\)](https://cps.ca/resources-for-child-care-providers) website. The [Managing Infections chart](#) shows common - and uncommon - illnesses in child care, including signs and symptoms, how they spread, and when to report to public health authorities or ensure a sick child stays at home.

Vaccination

Vaccination is the best protection against COVID-19. Being immunized reduces the risk of becoming infected with the virus and if you do become infected, reduces the risk of becoming seriously ill, being hospitalized or admitted to intensive care and dying.

Reliable information for people with questions or concerns about the vaccines is available at protectmb.ca and Canada.ca/covid-vaccine. Those who still have questions or concerns are encouraged to speak with a health care provider.

Any facilities planning to develop their own policies related to vaccination should ensure that the policies are consistent with human rights. For information on Human Rights and COVID-19 Vaccination Requirements, see: <http://www.manitobahumanrights.ca/v1/education-resources/resources/pubs/guidelines/guidelinecovidvaccine.pdf>.

Masks and other Personal Protective Equipment

Recommendations on mask use and other types of personal protective equipment may change over time based on respiratory disease activity. Public health will continue to monitor closely and will adjust guidance as needed. For more information please review Mask Guidance for Manitobans: <https://www.gov.mb.ca/covid19/resources/masks.html>.

Effective March 15, 2022, masks are no longer required in child care facilities and schools, including on school buses. Child care facilities should follow the same recommendations for mask use as the general public.

As mask requirements are removed, it is important to note that anyone can continue to wear masks, based on their individual risk or preference. Individuals should assess their own risk and make their own choices on preventive strategies. It is important to respect personal choices.

You may choose to wear a mask in any setting based on your personal level of risk or preference. A well-fitting good quality mask can reduce the emission of virus-laden droplets and aerosols by the wearer (“source control”), and can also help reduce inhalation of these droplets and aerosols by the wearer (“filtration for wearer protection”).

Public health continues to recommend masks in specific situations:

- For those who are at higher risk of severe disease.
- For **individuals at higher risk of severe illness** attending a crowded indoor setting, or if in a setting where many people are at higher risk for severe disease. For example, healthcare facilities and personal care homes continue to require mask use.
- For **individuals who are sick**, or have tested positive for COVID-19. When they leave isolation and have contact with others, they should wear a mask for 10 days after their symptoms developed.
- For **individuals caring for someone who is sick** or has tested positive for COVID-19.

Child care facilities should have medical-grade masks available if a child gets sick while they are at facility and waiting to be picked up. Staff providing care for a sick child should wear a medical grade mask. If possible, a medical mask should be provided to and worn by the sick child (> 2 years of age only).

For more information please review Mask Guidance for Manitobans:
<https://www.gov.mb.ca/covid19/resources/masks.html>.

You can also visit the Public Health Agency of Canada (PHAC) website for more information, including posters, on [how to choose, use, and care for a mask](#) as well as [how to make your mask fit properly](#).

For more information see: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html>.

Physical (social) distancing and Cohorting (Grouping)

Physical distancing is no longer required in licensed child care centres and homes.

The use of cohorts is no longer required in child care centres (including nursery schools). Centres should follow child care regulations for ratios and group sizes.

Child care facilities should:

- Where possible, arrange spaces to encourage physical distancing for overall prevention of respiratory illness. For example, spacing children to limit close contact during play and meal times.
- Staff and children should remain with the same group to the greatest extent possible each day.

Screening for Illness

Facilities should continue communication strategies (including [signage](#)) about when to stay home. Attendance of children and staff at the facility should be based on symptom screening. Facilities should maintain records of staff and child absenteeism.

All staff and children should monitor for symptoms daily. Individuals should refer to the COVID-19 screening checklist:

https://www.gov.mb.ca/asset_library/en/coronavirus/covid19_screening_checklist.pdf.

If the screening checklist has advised you not to enter the child care facility, please self-isolate and call Health Links or go to the online screening tool located at:

<https://sharedhealthmb.ca/covid19/screening-tool/>.

Child care facilities are not required to screen children for specific symptoms or take temperatures of children upon arrival. Routine screening or monitoring of temperatures with a thermometer or other device to assess for fever is not recommended. Normal temperatures can be variable throughout the day and can be different between individuals.

A chronic stable cough, sneeze, runny nose, or nasal congestion that is unchanged and clearly linked to a known medical condition such as asthma or allergies is not an absolute requirement for exclusion. As well, children who are crying or teething can exhibit a runny nose. Child care providers should exercise judgment related to symptoms but if there is any concern, encourage the parent/guardian to use the online screening tool.

Ventilation

Child care facilities are encouraged to maximize indoor space and avoid crowded rooms and hallways as operationally feasible, as well as open windows when possible and weather permits. Working with the facility's landlord when applicable, child care facilities are encouraged to continue to maximize ventilation and increase air exchanges by adjusting the HVAC system, and ensure that the ventilation system is operating properly. When space and weather permits, outdoor activities are encouraged.

Other Preventative Measures

All facilities providing child care must continue to follow applicable health and safety legislation to ensure the safety, health and well-being of children. This includes all standards within The Community Child Care Standards Act and Child Care Regulation, and guidelines within the [Best Practices Licensing Manual for Early Learning and Child Care Centres](#) and the [Best Practices Licensing Manual for Family and Group Child Care Homes](#).

Drop off and Pick up, Visitors, Volunteers and In-person meetings/gatherings

Parental pick-ups and drop offs, visitors, volunteers, in-person gatherings may return to regular policies and practices, but with continued symptom screening and good hygiene practices.

Hygiene Practices

Children gathered together provides an opportunity for the spread of a number of common childhood diseases that can be passed on from one child to the next. Although it is not possible to prevent the spread of all infections and illnesses within child care facilities, evidence shows that infection rates can be reduced within the facility and the community by implementing good hygiene practices.

As part of these routine hygiene measures, signage should be posted and highly visible. Print the [Healthy Practices Poster Series](#) – in particular, the hand hygiene and sneezing posters – and place them around your child care facility. These visual cues remind staff and children to perform hand or respiratory hygiene (e.g., sneezing or coughing into their elbow, putting used tissues in a waste receptacle and performing hand hygiene immediately after using tissues).

Hand Hygiene

Good hand hygiene provides significant protection from many infections, including COVID-19. Staff should avoid touching their mouth, nose or eyes, and encourage children to do the same.

Thorough, proper hand washing with soap and warm, running water is one of the most effective ways to prevent the spread of disease-causing bacteria and viruses in child care facilities. Child care staff should guide and help young children to ensure they wash their hands thoroughly. Following good hand washing practices is everyone's responsibility. Ongoing hand washing education, encouragement and supervision is important in maintaining good hand hygiene to stop the spread of germs.

Specifically, staff, volunteers and children must engage in frequent hand hygiene often, including but not limited to the following times:

- at the start of the day and before going home

- after going to the washroom and helping children with washroom routines, and after a diaper change (both children and staff)
- after outdoor play
- before and after shared sensory play (e.g., water and sand tables)
- before and after preparing food, and eating/drinking
- after getting hands dirty or you feel they have become contaminated
- after wiping nose, handling dirty tissues, coughing, or sneezing
- after cleaning tasks (staff)

For additional information on handwashing procedures and when staff should wash their hands, see: [Infection Control Guidelines for Early Learning and Child Care and Infection Control Guidelines for Community Shelters and Group Homes \(gov.mb.ca\)](#).

Alcohol-based hand sanitizer may be used in child care facilities but the use of soap and water is preferred whenever possible. If hands are visibly soiled, they should be washed with soap and water rather than an alcohol-based hand sanitizer. Note: Alcohol-based hand sanitizer should be kept out of reach of children, and contain with a minimum alcohol concentration of 60 per cent.

Young children must be directly supervised while using alcohol-based hand sanitizer because it can be harmful to the child if ingested. After children rub their hands together, allow hands to dry completely before touching anything, especially hand-to-mouth contact. Visit the [Canadian Paediatric Society's Caring for kids \(cps.ca\)](#) website for further information on [Hand sanitizers: Promoting safe use by children](#).

Hand Hygiene Supplies

Monitor hand cleaning supplies to ensure all sinks in washrooms, kitchens and laundry areas are well-stocked with hand hygiene supplies at all times (i.e., soap, alcohol based hand sanitizer and single-use towels). This may also include hand lotion to prevent dermatitis (i.e. dryness, irritation, itchy, cracked hands) and maintain a good skin barrier for healthy hands (including fingernails) and skin.

Respiratory Etiquette

Respiratory etiquette should be modeled, taught and reinforced regularly. This includes coughing and sneezing into a tissue or sleeve, as well as proper and prompt disposal of any used tissues followed by hand hygiene.

"No sharing" Policies

As outlined in the child care regulations, personal items (e.g. hats, hair accessories, lip balm, food/drinks) should not be shared. It is important to reinforce no food or water bottle sharing policies for children. These policies reduce virus transmission between staff and children as well as reduce potential exposures to allergens.

Food Handling and Service

Snacks and meals may return to normal practices as per standard public health requirements. Follow general guidance for safe food handling and service and implement other measures if directed by local public health. Ensure that food handling staff:

- practice meticulous hand hygiene and
- are excluded from work if they are symptomatic.

Environmental Cleaning

Routine cleaning and disinfection can return to normal practices, but with a continued focus on high-touch surfaces and common areas, including washrooms.

As per standard procedures, it is recommended that facilities have toys that are easily cleaned and disinfected. Toys are usually shared between children, and for this reason are a health concern and must be cleaned and sanitized or disinfected regularly to prevent the spread of microorganisms.

It may be prudent to increase the frequency of the cleaning schedule for toys and equipment, especially when illness is circulating in the facility or the local community, or if symptomatic staff and children have been touching the toys.

Resources for Hygiene Practices

For information and guidelines about infection control, safe food handling and service and environmental cleaning that are pertinent to child care facilities, please refer to:

- Appendix A: ELCC Facilities - Sanitizing and Disinfecting for COVID-19 (Health Protection Unit, Environmental Health, Manitoba Health and Seniors Care)
- [Infection Control Guidelines for Early Learning and Child Care](#)
- [Infection Control Guidelines for Community Shelters and Group Homes \(gov.mb.ca\)](#) (Health Protection Unit, Environmental Health, Manitoba Health and Seniors Care)
- [Cleaning and Sanitizing Schedule](#) for suggested methods and frequencies for cleaning and sanitizing within any child care environment (Canadian Paediatric Society's [Resources for Child Care Providers | Caring for kids \(cps.ca\)](#))

Health Canada has a list of disinfectants shown to be effective against COVID-19 available at <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>.

Public Health Recommendations for Isolation and Testing

The public health orders for isolation of individuals who have tested positive for COVID-19 are being removed. The orders are being transitioned to public health guidelines, similar to how other communicable diseases are managed.

Individuals with Symptoms

- If a child or staff member was symptomatic and tests negative, and they no longer have a fever and their symptoms have been improving for 24 hours, they can return to the child care facility.
- If rapid antigen tests (RATs) are used, two negative tests 24 hours apart are recommended.
 - The guidance in https://www.manitoba.ca/asset_library/en/covid/factsheet_rat.pdf should be followed.
- RATs may be used for children. Most of the RATs authorized for use by Health Canada are for use on individuals two years and older. However, doing a swab on a young child or a child who is unable to stay still can be challenging and caution should be taken.
 - For children, RATs should always be done by an adult.

- See the instructions provided with the test for any safety instructions to follow if using the test on a child.
- If a child or staff member is symptomatic and tests positive on a RAT, they should follow the recommendations for isolation before returning to the child care facility.
- If a child is symptomatic and not tested, they are assumed to have COVID-19 and should follow recommendations for isolation.
- If a staff member is symptomatic and not tested, they should assume they have COVID-19 and should isolate and be excluded from work for the appropriate isolation period outlined below.
- For more information on isolation visit the COVID-19 fact sheet: <https://gov.mb.ca/covid19/resources/fact-sheets.html>.

Isolation Recommendations

Please note that isolation periods are no longer based on immunization status. Facilities should not require or request proof of negative test results for children or staff returning to the facility.

- Isolation is recommended when you test positive on a laboratory based (e.g. PCR) test, on a rapid antigen test, or if you have symptoms without testing: People with symptoms should stay home and isolate for five days after symptoms start, until they have no fever and other symptoms have improved over the past 24 hours.
- Individuals who have tested positive but do not develop symptoms should isolate for five days from the date of the test.
- Individuals should wear a well-fitted, well-made mask if they have contact with other people for 10 days after the onset of their symptoms, or test date if asymptomatic.
- People who have symptoms or test positive should avoid non-essential visits with higher-risk people or at higher-risk settings for 10 days after the onset of their symptoms, or test date if asymptomatic.

Families and staff members should be encouraged to continue to report positive cases and symptoms to the child care facility to monitor for overall respiratory illness in the facility. Individuals who test positive for COVID-19 should follow public health recommendations for isolation.

Case Notification by Public Health

Public health is no longer contacting cases and performing case investigation, since the majority of cases are being self-managed in the community. This is similar to management of influenza in the community. Cases will continue to be notified of positive test results by testing providers, and should refer to the COVID-19 website for further guidance, including isolation recommendations.

If there are additional questions or concerns, their health care provider can be consulted, or they can call Health Links – Info Santé at 204-788-8200 or 1-888-315-9257.

Close Contacts

Close contacts are not required to self-isolate. Children or staff exposed to COVID-19 in any setting may continue to attend child care if they are asymptomatic.

Household close contacts should self-monitor for symptoms for 14 days following exposure, isolate if any develop and check the [online screening tool](#) to determine if testing is recommended for them. Household contacts need to be very cautious while the symptomatic person is isolating, and avoid any non-essential visits to high-risk settings or non-essential contact with individuals at high risk for severe disease from COVID-19.

Child care centres are not required to identify close contacts, and attendance of children and staff at the facility should be based on symptom screening.

Managing Increased Transmission in a Child Care Facility

Child care facilities should monitor absenteeism and keep track of absences of staff and children due to self-reported COVID-19 cases and respiratory illness.

Cases are expected to continue to occur in child care facilities. Children are at overall lower risk of severe outcomes from COVID-19, and vaccine programs and treatments are available to protect individuals at higher risk. Public health is continuing to monitor COVID-19 and may make additional recommendations if the situation changes. Public health will continue to provide guidance on COVID-19 to child care facilities as required.

Child care centres should continue to monitor absenteeism of staff and children due to self-reported COVID-19 cases and respiratory illness to look for unusually high absenteeism due to COVID-19 activity or concerning patterns or trends. In the event that there is unusually high absenteeism due to COVID-19 activity identified in a facility within 14 days, facilities can contact [local public health offices](#), to obtain additional guidance.

Public health actions and directions are based on the specific circumstances and may include, but are not limited to:

- Reviewing the number of cases and absenteeism in the group/facility.
- Recommendations for the facility, including additional preventive measures such as masks, and reducing higher risk activities.
- Further surveillance testing if new patterns of disease presentation or transmission are emerging.
- Having the facility send a notification letter to families to recommend self-monitoring for symptoms, and to avoid non-essential contact, especially with individuals at risk of severe disease.

Facility closures or exclusion of groups is done as a measure of last resort, and would only be recommended in exceptional circumstances.

Health Concerns and how to address them

What happens if a child exhibits symptoms at the child care facility?

If a child develops symptoms while at the facility, the child should be isolated in a separate room. If a separate room is not available, the child needs to be kept at least two metres/six feet away from other children and staff. If possible, a medical mask should be provided to and worn by the sick child (> 2 years of age only).

The parent should be notified to come and pick up the child immediately. Ask the parent or guardian to complete the [online screening tool](#) and follow the requirements for isolation and testing.

If the child is young and requires close contact and care while isolated, caregivers can continue to care for the child until the parent is able to pick-up the child. Caregivers should be mindful of hand hygiene and avoid contact with the respiratory secretions of the child. A medical mask should be worn by the staff person caring for the child.

Additional environmental cleaning should occur. Focus should be in high-touch areas and areas where the child spent time. All items (e.g., bedding and toys) used by the child while isolated, should be cleaned and disinfected as soon as the child has been picked up.

What happens if a staff member exhibits symptoms?

Staff should be directed to stay home if they are feeling unwell. If a staff member or volunteer in a child care facility becomes symptomatic, they should notify their supervisor immediately, isolate themselves from other staff and children, and go home to isolate.

They should complete the [online screening tool](#) and follow the recommendations for isolation and testing.

Communication with Families

Centres (including nursery schools): Centres can communicate with families about absenteeism and the number of cases in the past 14 days known to be associated with their facility. While facilities may give information about the groups affected, they must not identify any individual or personal information about a case.

Family and group child care homes: Although individuals no longer need to notify their close contacts if they test positive for COVID-19, it is recommended that child care home providers notify the families attending the child care home if the provider or a resident in their home has symptoms or has tested positive so families can self-monitor for symptoms.

Home-based child care facilities are required to temporarily close if the provider has tested positive for COVID-19, and/or is symptomatic. To limit risk of exposure to the children attending the child care facility, it is **strongly recommended** that home-based child care facilities close for a period of time if a resident in the home has tested positive for COVID-19, and/or is symptomatic and cannot reliably isolate from other household members and the children attending the child care home.

A home-based child care facility does not need to close if a child attending the program or the child's parent/household reports being symptomatic or has tested positive for COVID-19. Symptomatic individuals should not attend child care until the isolation requirement is completed or they test negative, but the child care facility can remain open. The home-based provider should self-monitor for symptoms; should symptoms develop, they would be required to temporarily close, follow testing guidance and follow public health isolation requirements as a presumed case.

Documentation and Notification to the ELCC Program

Effective March 15, 2022:

- Centres (including nursery schools) do not need to notify the Early Learning and Child Care Program of facility closures or reductions in services using the January 2022 *COVID-19 Closure or Reduction of Services Reporting Form for Centres*.

- Family and group child care homes do not need to notify the Early Learning and Child Care Program of positive COVID-19 cases associated with their facility, closures or reductions in services using the January 2022 *COVID-19 Incident and Closure Reporting Form for Homes*. **As per usual practice, family and group child care homes are to notify their Child Care Coordinator of planned or emergency closures.**

Additional Resources

The following resources may support you in talking to children about COVID-19, as appropriate. These resources should not be viewed as, or used in the place of, public health advice.

Resources on Talking to Children about COVID-19

Canadian Paediatric Society

<https://www.cps.ca/en/blog-blogue/how-can-we-talk-to-kids-about-covid-19>

National Association for the Education of Young Children (NAEYC)

<https://www.naeyc.org/resources/blog/conversations-that-matter>

Caring for Kids, Canadian Paediatric Society

<https://www.caringforkids.cps.ca/handouts/health-conditions-and-treatments/the-2019-novel-coronavirus-covid-19> (This page is updated as new resources are developed.)

School Mental Health Ontario

<https://smho-smso.ca/wp-content/uploads/2020/04/TipSheet-Personal-Resiliency-During-Covid19-ENG.pdf>

<https://smho-smso.ca/wp-content/uploads/2020/08/Info-sheet-noticing-concerns.pdf>

Child Trends

https://www.childtrends.org/publications/resources-for-supporting-childrens-emotional-well-being-during-the-covid-19-pandemic?utm_source=mailchimp&utm_campaign=030096d2e1f0&utm_medium=page

UNICEF

<https://www.unicef.org/coronavirus/how-teachers-can-talk-children-about-coronavirus-disease-covid-19>

Appendix A: ELCC Facilities - Sanitizing and Disinfecting for COVID-19

(Provided by Health Protection Unit, Manitoba Health and Seniors Care)

Level of Sanitization or Disinfection	Chemical and Concentration	Contact Time	Examples of when to use
Sanitize	Household Bleach (5.25 % chlorine) <ul style="list-style-type: none"> • 1:1000 solution (100 ppm, can verify with test strips) • 5 ml chlorine + 4 Litres of water (1 tsp chlorine + 1 Gallon water) 	One minute or follow manufacturer's instructions	<ul style="list-style-type: none"> • Food contact surface • During manual dishwashing • Anything that will be mouthed by children (e.g. mouthed toys) • Dining tables • Kitchen areas
	Quats (quaternary ammonium) <ul style="list-style-type: none"> • Generally 200 ppm 	Follow manufacturer's instructions	
	Iodine <ul style="list-style-type: none"> • Generally 12.5 ppm (dishwashing) and • 25 ppm (surface sanitizing) 	Follow manufacturer's instructions	
Intermediate Level Disinfection	Household Bleach (5.25 % chlorine) <ul style="list-style-type: none"> • 1:100 solution (500 ppm) • 5 ml chlorine + 500 ml of water (1 tsp bleach + 2 cups water) 	Two minutes or follow manufacturer's instructions	<ul style="list-style-type: none"> • Environmental surfaces: floors, walls, play tables, door handles, light switches, chairs • Toys • Diaper change area • Potty chairs • Washroom area
	Quats (quaternary ammonium)	Follow manufacturer's instructions	
	0.5% Accelerated Hydrogen Peroxide	Follow manufacturer's instructions	
	70% Isopropyl Alcohol	1 minute	
High Level Disinfection	Household Bleach (5.25% chlorine) <ul style="list-style-type: none"> • 1:10 solution (5000 ppm) • 60 ml bleach + 540 ml water (¼ cup bleach + 2¼ cups water) 	1 minute or follow the manufacturer's instructions	<ul style="list-style-type: none"> • During an outbreak of illness • Recommended for any confirmed case of viral or bacterial infection • Blood spills, vomit, body fluids, fecal contamination
	7% Accelerated Hydrogen Peroxide	Follow manufacturer's instructions	

REMEMBER:

- If surfaces are dirty, they must first be cleaned with soap and rinsed water prior to disinfecting. Can disinfect/sanitize surfaces if already clean.
- If using chlorine, mix a fresh solution daily as solution strength can decrease overtime.
- Do not use scent added chlorine or chlorine with fabric guard added.
- Check the % of chlorine every time a new bottle is purchased. Strengths may vary, sometimes as high as 8.25% chlorine.
- Use test strips to verify strength of solutions after mixed.

- Follow contact times.
- Ensure that chemical product is not expired.
- Commercial chemical disinfectant must have a DIN #.
- Label spray bottles or pails with contents.
- Do not mix chemicals.

LIST OF FREQUENTLY TOUCHED SURFACES

SANITIZE

- Countertops
- Fridge doors handles
- Freezer handles
- All equipment handles
- Food cart handles
- Food preparation areas and equipment
- Counter tops
- Fridge handles
- Microwaves
- Coffee pots/kettles

DISINFECTION

General areas:

- Door knobs/frames/handles/other frequently touched areas on the door
- Locker doors/cubbies/coat hooks
- Storage bins for children
- Desks
- Chairs
- Hand railings
- Light switches
- Elevator buttons
- Handicap accessible push buttons
- Entrance fob/visitor buttons
- Shared items (such as toys, sports equipment, computer keyboard and mouse, etc.)
- Telephones
- Photocopies/Printers
- Intercoms
- Play area surfaces
- Toy storage surfaces
- Floors (especially where children play on them)
- Outside of hand sanitizer bottle/dispenser
- Door handles, in and out (Facility entrance, office, kitchen, staff room, washroom)
- Tape dispenser/stapler
- Office mouse and keyboards at computer
- Children's attendance clipboard
- Office chair arms
- Pens/Markers

- Phone chargers
- Cell phones
- Garbage lids

Child and staff washrooms:

- Stall door edges and locks
- Paper towel dispensers
- Soap dispensers
- Taps/faucets
- Flush handles
- Toilet seats
- Toilet bowls and urinals
- Light switches in washrooms
- Handicap rails in washrooms

Appendix B: Resources for Parents and Caregivers of Children Attending Child Care and/or School

All staff, students, child care attendees and family members should be self-monitoring for symptoms of COVID-19 every day. The following resources are available to help families manage exposures and cases of COVID-19. Child care facilities and schools will communicate with families during times when increased transmission of COVID-19 is occurring.

Daily Screening:

Monitor for symptoms of COVID-19 every day. If your child develops symptoms, they should isolate (stay at home) and not attend child care or school.

- Online screening tool: <https://sharedhealthmb.ca/covid19/screening-tool/>
- COVID-19 Screening Checklist: https://manitoba.ca/asset_library/en/coronavirus/covid19_screening_checklist.pdf

If your child has symptoms:

- They should isolate (stay home) and notify your child care facility and/or school.
 - For more information on isolation, see the COVID-19 factsheet: [Province of Manitoba | Public Health Fact Sheets \(gov.mb.ca\)](https://www.gov.mb.ca/health/publichealth/factsheets/covid19/)
- Testing for COVID-19 is recommended when a positive or negative result will inform decisions about your treatment or care, or for certain workplace settings. Refer to the online screening tool (<https://sharedhealthmb.ca/covid19/screening-tool/>) to check if testing is recommended for your specific situation. To determine if you are eligible for testing, please visit Province of Manitoba | Testing Eligibility ([gov.mb.ca](https://www.gov.mb.ca/health/publichealth/testing/)).
 - If applicable: Rapid Antigen Test Factsheet: [COVID-19 rapid antigen tests \(RATs\) \(gov.mb.ca\)](https://www.gov.mb.ca/health/publichealth/testing/rapid-antigen-test-factsheet/)
 - You can register to view your laboratory-based test results online: <https://sharedhealthmb.ca/covid19/test-results/>
- If they test positive, notify the child care facility and do not attend child care or school.

If your child is notified of being a close contact:

- For exposures that occur in any setting, your child can continue to attend as long as they remain asymptomatic.

If you have questions or need advice:

- The online screening tool provides guidance for many different scenarios and may answer your questions: <https://sharedhealthmb.ca/covid19/screening-tool/>

If you have further questions, please call Health Links – Info Santé at 204-788-8200 or toll-free at 1-888-315-9257.