



Health Department
 Health Protection Division
 101 Consumers Dr., 2nd floor, Whitby ON L1N 1C4
 (905) 723-3818, 1888-777-9613, Fax (905) 666-1833

OUTBREAK No.: 2230-_____-_____

OUTBREAK CONTROL PACKAGE FOR CHILD CARE CENTRES

Updated March 4, 2021

*The information in this package reflects guidance current as of March 4, 2021. With the ever-changing guidance for child care settings, please consult with the Ministry of Health/Education or a Public Health Inspector for current direction.

PART I – CONSULTATION

Facility: _____

Address: _____

Phone #: _____ Fax #: _____

Facility contact: _____ Position: _____

Outbreak Consultation

Consultation date: _____ Time: _____ am/pm

Reported by: _____ Position: _____

Notification received by: _____ DHCL Date: _____

Investigating ID PHI: _____ Area PHI notified: ___ yes ___ no ___ N/A

Population at Risk

	Number of ill children	Total children at risk	Number of ill staff	Total staff at risk
Total				

Note: Staff includes part-time staff, volunteers, etc.

Outbreak Assessment

Contact the health department immediately when there are 2 or more children/staff who are linked cases and experiencing symptoms of illness. A respiratory or enteric outbreak is suspected when there are 2 linked cases and an outbreak may be declared when additional cases occur. A public health inspector (PHI) will be assigned to manage the outbreak (or suspect outbreak).

COVID-19 outbreak: May be declared when: within a 14-day period, there are 2 or more laboratory-confirmed COVID-19 cases in children, staff/providers or other visitors with an epidemiological link (e.g., cases in the same room, cases that are part of the same before/after school care cohort) where at least one case could have reasonably acquired their infection in the child care setting. The assigned inspector will determine whether epidemiological links exist between cases and whether transmission may have occurred in the child care setting. e.g. at least one of the cases attended the centre during their period of infectivity (48 hours prior to symptom onset)

Date of first case: _____ Time: _____ am/pm

Date of most recent case: _____ Time: ____ am/pm
 Children/residents hospitalized: ____ yes ____ no ____ unknown
 Staff hospitalized: ____ yes ____ no ____ unknown
 Laboratory results: ____ yes ____ no ____ unknown/pending
 If yes, results: _____ Date specimen(s) submitted: _____

Case Definition

List of symptoms from the most to the least prevalent

1: _____ 4: _____
 2: _____ 5: _____
 3: _____ 6: _____

Based upon the above symptoms, the **case definition** is:

Any person who attends or works at the facility and develops **or** is experiencing one or more of the following symptoms starting from _____ (onset date):

Note: The case definition may change as new information is gathered.

Type of illness: Respiratory Enteric Non-reportable

Respiratory/COVID-19 outbreak declared Date: _____

Symptomatic children/staff are to follow direction for exclusion and assessment as per the [Children's Services Division screening tool](#). Exclusion times may be longer than those set out in the screening tool depending on the symptoms present and/or if the centre is in outbreak.

Enteric outbreak declared Date: _____

Children/staff with any enteric symptoms must remain home until at least **48 hours symptom free**. Your assigned inspector will assess whether exceptions apply.

Assessing food-borne illness:

- Is food suspected as being the cause of illness? Yes No Not sure
- Referral made to area PHI for kitchen inspection/follow-up if food is suspected.
- Food samples or leftovers served 72hrs prior to onset are available

Note: If food is available it must be kept on hold under refrigeration until you are advised they are no longer required. **DO NOT SERVE LEFTOVERS.**

Food samples collected: _____ Date: _____ Time: _____

Food Item	Date Prepared	Date Served	Person Preparing

Enteric Outbreak Kits (if applicable)

You may be provided with enteric outbreak kits to collect a stool sample from an ill child/staff if recommended by the inspector. Contact your assigned inspector as soon as kits are ready for pick up. Arrangements can be made to have kits delivered and picked up from a staff's/child's home upon request.

Each kit contains 2 vials/bottles. Please check expiry dates on all vials/bottles and do not use if expired. If expired notify your inspector immediately for replacement.

Instructions for collecting stool samples

1. Indicate the following information on the label for **each** vial.
 - Case's name
 - Date of birth
 - Date stool was collected

2. Complete the requisition form that comes with the outbreak kit and place in outer pouch of specimen bag (do not store directly with vials):
 - Case's name
 - Date of birth
 - Date stool was collected

- Onset date (Date that child/staff first started experiencing symptoms of illness)
- Outbreak number (Your inspector will give this to you) **2230** - _____ - _____
- Health Card Number is not needed.

Fill both vials with stool (feces), up to the line indicated on the side of the vial.

Scraping feces from a diaper, clothing or even off the floor is acceptable. If there is not enough stool to fill both vials then fill the white one first, or if food poisoning is suspected then fill the green vial first.

Enteric Outbreak Kit		
Vial (Cap Colour)	Test	Directions
White	Viral and Toxin e.g. Norovirus	Add stool to line indicated. Replace cap tightly.
Green	Bacterial e.g. Salmonella	Using the spoon provided, collect 2-3 spoonfuls of stool, touching areas of blood, mucus and pus. Mix well into transport media. Replace cap tightly to prevent leaks.

Note: Small amounts of specimen can be collected for each vial when 2-3 spoonfuls are not available.

Return vials to specimen bag, refrigerate immediately and store away from food. DO NOT FREEZE. Wash your hands after collecting stool and handling stool kit.

3. Contact your inspector for pick-up. They will notify you of the lab results when received.



PART 2 – RESPONSIBILITIES AND OUTBREAK CONTROL MEASURES

Responsibilities of Supervisor / Person in Charge

- General coordination of the outbreak management process with the Health Department and staff
- Review all [Routine Illness Surveillance Form\(s\)](#) and transfer the outbreak cases to the [Outbreak Line Listing Form](#) which will now be used daily to track the outbreak
- Send the line listing form to the assigned inspector
- Audit staff to ensure that outbreak control measures are implemented properly
- Communication to staff and parents/guardians

How to Use the Outbreak Line Listing Form

The outbreak line listing form is a tool that allows the Health Department to evaluate the progress of the outbreak, including the number of new cases that occur each day.

- List ill staff and children on separate line lists that satisfy the case definition.
- List all cases chronologically according to onset date.
- Do not record a case more than once.
- Record those that may be linked to the outbreak but are not present (e.g. sick child/staff at home or hospitalized).
- Record those that have an alternative diagnosis by a healthcare provider (diagnosis to be added to comments section)
- Send the line list form as soon as outbreak is declared or as directed by your inspector
Date received: _____
- Update the line list(s) daily and send to the inspector assigned to manage your outbreak by 11 am daily:
 - a) Email: ensure all personal/confidential information is removed (e.g. full names not required - use initials only)

Note: The **Outbreak Line Listing Form** can be found in the Wee Care Manual and online at durham.ca/childcare.

Outbreak Management Meeting(s)

1. Date: _____ Time: _____ Location: _____
2. Date: _____ Time: _____ Location: _____
3. Date: _____ Time: _____ Location: _____

Note: Ensure all appropriate child care staff are notified and attend the outbreak management meetings.

Outbreak Control Measures

The following infection prevention and control (IPAC) measures are to be posted and implemented immediately (as applicable) and until the outbreak is declared over. Note that certain measures are required during non-outbreak situations and would continue after the outbreak is declared over.

Communication/documentation

- Advise all staff and parents/guardians of the outbreak. The facility must post a sign at all entrances advising of the outbreak.
- Maintain daily records of anyone entering the centre. (e.g., staff, co-op students, cleaners, maintenance workers, special needs resource staff, those delivering food). Records and contact info must be kept on site and include approximate arrival/departure times for each individual.

Screening

- All individuals entering the centre must self-screen every day before arrival. Those who fail screening are not permitted into the centre. If screened at the centre, screeners should take appropriate precautions when screening and escorting children to the program, e.g. 2m physical distancing, or separated by a physical barrier (e.g. plexiglass).
- Staff/providers and children with **any new or worsening symptom** of COVID-19, as indicated in the school and child care screening tool, even those with only one symptom, must stay home until:
 - They receive a negative COVID-19 test result
 - They receive an alternative diagnosis by a health care professional, or
 - It has been 10 days since their symptom onset, and they are feeling better.
- Staff/providers, students and visitors are required to provide daily confirmation/proof of having self-screen prior to or upon their arrival. Anyone that does not pass this on-site screening procedure will be asked to return home and self-isolate until they meet the criteria for return (see below).
- During drop-off and pick-up, parents/guardians should not enter the centre.
- No volunteers or non-essential visitors are allowed at the centre.

Symptomatic individuals

Symptomatic children must be immediately separated from others in a supervised area until they can go home. Where possible, staff providing care to the child should maintain a distance of at least 2 m. The child should wear a mask/face covering (if tolerated). Staff, in addition to facial protection (medical mask and face shield or safety goggles), must wear other PPE as appropriate (i.e. gown, gloves).

- When a child(ren) becomes ill **while at home**, advise parent/guardian to use the [Children's Services Division screening tool](#) and follow the exclusion instructions specific to Durham Region.
- When a child(ren) becomes ill **while in care**, staff should use the [Children's Services Division screening tool](#). The instructions can be given to the parent/guardian regarding exclusion specific to Durham Region and further instructions about seeking medical advice or COVID-19 testing
- When a staff member becomes ill, they should use the [Children's Services Division screening tool](#). Follow the exclusion instructions specific to Durham Region which will provide further instructions about seeking medical advice or COVID-19 testing.
- If the ill child(ren)/staff have been assessed and **do not** require testing and have been provided with an alternative diagnosis, they must be excluded until they do not have a fever (without using medication) and are **48 hours symptom-free** or as directed by the health department.
- If the ill child(ren)/staff have been assessed and **do** require testing, they must be excluded until test results are received:
 - **Negative COVID-19 test result:** exclude ill child(ren)/staff until they no do have a fever (without using medication), are 48 hours symptom free, were not in close physical contact with someone who currently has COVID-19 or as directed by the health department.
 - **Positive COVID-19 test result:** exclude until clearance has been provided by public health.
 - ✓ If a child(ren)/staff tests positive for COVID-19, follow guidance from the health department, health care provider and related direction for isolation and returning to the centre. Positive cases may not return to the centre until cleared by the health department.

- If the ill child or staff **decline testing or assessment**, they must be excluded for **10 days from symptom onset** and must not have a fever (without using medication) and be symptom-free for 48 hours prior to returning to the centre.
- Isolation of household contacts: children, staff/providers and students must stay home from child care if anyone in their household has new or worsening symptoms of COVID-19 and has been recommended for isolation and testing. This includes well siblings of an ill child.
 - All asymptomatic household contacts of symptomatic individuals are required to stay home until the symptomatic house member:
 - ✓ Receives a negative COVID-19 test result, or
 - ✓ Receives an alternate diagnosis by a healthcare provider

Masks/PPE

- All child care staff, including home child care providers, home child care visitors and co-op students are required to wear medical masks and eye protection (i.e., face shield or goggles) while **inside** a child care setting, including in hallways and staff rooms (unless eating). Time with masks off should be limited and physical distance should be maintained. Staff are required to wear medical masks **outdoors** when a distance of 2m cannot be maintained. All other adults (i.e. parents/guardians, and visitors) are required to wear a face covering or non-medical mask while inside the premises.
- All children in grades 1 and above are required to wear a non-medical mask or face covering while **inside** a child care setting, including in hallways as well as **outdoors** when a distance of 2m from others cannot be maintained.. All younger children (age 2 to SK) are encouraged but not required to wear a non-medical mask or face covering. Masks are not recommended for children under 2.
- Masks should be replaced when they become damp or visibly soiled.
- Refer to Public Health Ontario's video on how to properly **put on** and **take off** masks and eye protection.
- Secure and maintain an amount of PPE (including but not limited to face shields or goggles, medical masks, gloves, etc.) and cleaning supplies that can support current and ongoing operations.
- Wear gloves when contact with blood and/or body substances (e.g. diarrhea, vomitus) is likely.

Equipment/toy usage and restrictions

- Remove plush items and items that cannot be cleaned and disinfected (e.g. play dough, natural items).
- Group sensory activities are not permitted.
- Mouthed toys should be cleaned and disinfected immediately after the child is finished using them.
- Provide designated toys and equipment (e.g., balls, loose equipment) for each room or group of children where possible.
- Sunscreen should not be shared. Staff may apply sunscreen and should practice hand hygiene (e.g., washing hands before and after application).
- Label soothers, bottles, sippy cups, etc. with the child's name to discourage accidental sharing.

Food provision

- No self-serve or sharing of food at mealtimes.
- Utensils should be used to serve food.
- Meals should be served in individual portions to the children.
- No shared items at table (i.e. serving spoon or saltshaker).
- No food provided by families/outside of the regular meal provision of the program (with exceptions).
- Children should not prepare or provide food that will be shared with others.

Cleaning and disinfection

- Clean and disinfect the space and equipment used by a sick child as soon as possible after the child has left the area/been picked up. Items that cannot be cleaned (e.g. paper, books, puzzles) must be removed and stored in a sealed container for at least 7 days. Use disposable cleaning equipment, such as disposable wipes, where possible.
- Where toys and equipment are shared, they should be cleaned and disinfected prior to being shared between groups.
- Ensure proper diapering procedures are being followed (refer to the [Diapering Procedure poster](#)) and cleaners/disinfectants are specifically designated for the diaper table only.

- Contaminated items belonging to an ill child (including soiled clothing) must be sent home in a securely tied plastic bag for cleaning/laundry. Soiled items must not be rinsed or washed at the centre.
- Increase the frequency of environmental cleaning and disinfection, especially high-touch surfaces, a minimum of twice daily (e.g. diaper change surfaces, toilet fixtures, sinks, faucets, countertops, toys, floor mats, tables, doorknobs, phones, keyboards, touch screens, computers, etc.)
- Shared spaces or equipment (i.e., washrooms or shared items) should be cleaned and disinfected between each use and only one group at a time should access the shared space/equipment.
- Surfaces must be cleaned (detergent, warm water, applying friction) and rinsed **prior** to disinfection. Refer to the information sheet on [Cleaning and Disinfection in Child Care Centres](#) (DUHEV-198).
- Reusable cloths used to clean and disinfect surfaces shall be used once, then laundered prior to reuse.
- Ensure manufacturer's instructions for cleaners and disinfectants are followed (e.g. dilution, contact time) and check expiry dates.
- If using bleach solutions, prepare daily as per the [Cleaning and Disinfection in Child Care Centres](#) poster (DUHEV-198). During outbreaks, use a higher-level solution (5000ppm=10mL bleach+90mL water, with 10-minute contact time).
- Sleeping equipment (e.g. cots, mats, cribs) and linen (e.g. cot/crib sheets, blankets) must be cleaned and disinfected/laundered daily and immediately when visibly soiled or contaminated.
- Shared spaces and structures that cannot be cleaned and disinfected between groups should not be used.
- Personal belongings should be labeled and kept in the child's cubby/designated area. (e.g. backpack, hats and mittens, etc.). Non-essential personal items (e.g. toys) should be minimized. Designate a space outside the centre to securely store strollers so that parents do not need to enter the centre.

Space set-up and physical distancing

- Assign each group of children designated indoor space separated from all other groups by a physical barrier. The barrier must begin at the floor and

reach a minimum height of 8' to ensure that it will always be 12" taller than the tallest person in the facility and as wide as the space/room will allow.

- Co-op students and essential special needs resources staff should only attend one child care setting and be assigned to one group of children.
- When in the same common space (e.g. foyer, hallway), physical distancing of at least 2 m must be maintained between different groups and encouraged, as much as possible, between children within the same group.
- In shared outdoor space, a 2 m distance must be maintained between different groups. Play structures can only be used by one group at a time.
- Increase the distance between cribs/cots/resting mats/playpens or place the children head to toe or toe to toe if the space is limited.
- As physical distancing is difficult with small children and infants, plan activities that do not involve shared objects/toys.

Hand hygiene

- Increase the frequency of hand hygiene among children and staff making sure that proper steps are followed (refer to [Handwashing poster](#) and [Hand Sanitizers poster](#)). Hand hygiene is handwashing or the use of hand sanitizer depending upon the situation.
- Hand sanitizer is permitted as long as hands are not visibly soiled.
- Handwashing is required for the following:
 - after toilet use
 - after diaper changing (staff and children)
 - after contact with blood or body substances (e.g. mucous, vomit, feces)
 - before preparing and serving food
 - before eating snacks and meals
 - before feeding children
 - whenever hands are visibly soiled
- Ensure hand hygiene is practiced before and after touching a mask or eye protection (e.g. putting on, taking off, adjusting)
- Provide 60-90% alcohol-based hand rub (ABHR), or other [Health Canada approved](#) hand sanitizer, in each room and screening station, stored out of children's reach. 70-90% solution is preferred and recommended during enteric outbreaks.

- Handwashing is recommended over hand sanitizing for children.

Staff training

- Ensure staff are trained on IPAC policies and procedures, including: instructions on how to properly use PPE, how to properly clean and disinfect the space and equipment, how to ensure daily screening is completed, how to keep daily attendance records, and what to do in the case that someone becomes sick, including how and when to report.

