

# CDC Cleaning and Disinfection Considerations for Childcare settings during COVID-19



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# Overview

## **Review of CDC Guidance – Childcare and Community Settings**

- Cleaning vs. Disinfection
- Routine cleaning and disinfection
- Best practices for toys, bedding and outdoor play areas

## **Tools for Explaining Preventive Practices to Children**

- Hand hygiene, Cough/Sneeze etiquette, Masks

# Cleaning vs. Disinfection

## Cleaning



- Removal of dirt or impurities including germs from surfaces
- Does not kill germs but decreases the risk of spreading infection by physical removal

## Disinfection

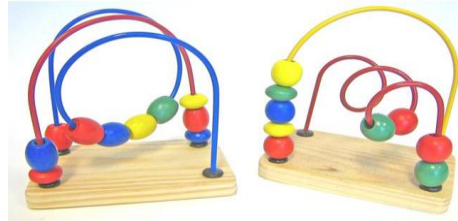


- Uses chemicals e.g. EPA registered disinfectants to kill germs on surfaces
- Kills germs remaining on a surface *after* cleaning to reduce risk of spreading infection

# Intensify cleaning and disinfection efforts

- Routinely clean and disinfect frequently touched surfaces and objects
- Consider objects/surfaces not usually cleaned on daily basis – doorknobs, light switches, classroom sink handles, countertops, nap pads, desks, chairs, and cubbies
- If surfaces are dirty – should be cleaned with a detergent or soap and water prior to disinfection
- Guidance for selecting appropriate disinfectants for child care settings: [Appendix J Caring for Our Children: National Health and Safety Performance Standards](https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf)  
<https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>

# Toys



- Toys that can not be cleaned and sanitized should not be used
- Consider limiting number of toys to minimize time required for cleaning and disinfection
- Toys placed in children's mouths or otherwise contaminated by body secretions should be set aside until cleaned by hand by person wearing gloves
- Clean with water and detergent, rinse, sanitize with childcare approved [EPA disinfectant](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>, rinse again and air dry

# Toys

- **Cloth toys** – Discourage use; Should be used by one child at a time and laundered before being used by another child
- **Children's Books** – Paper based books not considered a high risk for transmission; Do not require additional cleaning or disinfection
- Do not share toys between groups of infants/toddlers unless washed and sanitized before being moved
- Set aside toys needing cleaning in a separate container marked "Soiled Toys" or similar label. For hard non-porous surfaces, washing with soapy water is recommended for cleaning

# Bedding



- Use only bedding that can be washed
- Keep each child's bedding separate – consider storing in individually labeled bins, cubbies or bags
- Cots and mats should be labeled for each child
- CDC indicates bedding that touches child's skin should be cleaned weekly

# ▶ Outdoor play areas



- Maintain existing cleaning and hygiene practices for outdoor areas
- If practical, frequently touched surfaces of plastic or metal like grab bars or railings should be cleaned routinely
- Per CDC - Cleaning/disinfection of wooden surfaces (benches, tables or play structures) and groundcovers (mulch or sand) is not recommended



# Cleaning of other surfaces

- Soft, Porous surfaces such as carpeted floors, rugs and drapes
  - Remove any visible contamination and clean with appropriate cleaners indicated for use on these surfaces
  - After cleaning – if items can be laundered do so according to manufacturer instructions using warmest appropriate water and then dry completely
- Consider removing smaller rugs or carpets from an area completely to lessen the number of items needing cleaned
- Is it safe to vacuum in a school or daycare after someone with suspected or confirmed COVID-19 has been present?
  - Follow CDC recommendations for Cleaning and Disinfection of Community Facilities including a wait time of 24 hours, or as long as is practical
  - Use a vacuum equipped with HEPA (high-efficiency air particulate) filter if available

# Emphasize Preventive Practices for Children/Staff



**Practice strict hand hygiene** - Frequent handwashing with soap and water for 20 seconds (Happy Birthday twice or ABC's)

Handwashing recommended after:

- ◦Arrival to the facility and after breaks
- ◦Before and after preparing food or drinks
- ◦Before and after eating or handling food, or feeding children
- ◦Before and after administering medication or medical ointment
- ◦Before and after diapering
- ◦After using the toilet or helping a child use the bathroom
- ◦After coming in contact with bodily fluid
- ◦After handling animals or cleaning up animal waste
- ◦After playing outdoors or in sand
- ◦After handling garbage

# ▶ Handwashing

- Assist children with handwashing, including infants
- After assisting with handwashing, staff should also wash their hands
- [Posters](https://www.cdc.gov/handwashing/posters.html#posters-children)  
<https://www.cdc.gov/handwashing/posters.html#posters-children> describing handwashing steps near sinks
- [CDC Handwashing Video](https://www.youtube.com/watch?v=qJG72sycQB8&feature=youtu.be)  
<https://www.youtube.com/watch?v=qJG72sycQB8&feature=youtu.be>
- [CDC Happy Handwashing Song](https://www.youtube.com/watch?v=kHPQrYthn6M)  
<https://www.youtube.com/watch?v=kHPQrYthn6M>



# Emphasize Preventive Practices with Children

- [CDC Cough Sneeze](https://www.youtube.com/watch?v=mQINuSTP1jI)  
<https://www.youtube.com/watch?v=mQINuSTP1jI>
- [Sesame Street sneeze etiquette](https://www.youtube.com/watch?v=QW1yodZJpG8&feature=youtu.be)  
<https://www.youtube.com/watch?v=QW1yodZJpG8&feature=youtu.be>
- [Playkids Cover Your Cough](https://www.youtube.com/watch?v=DG4n0r8-UPA&feature=youtu.be&t=4)  
<https://www.youtube.com/watch?v=DG4n0r8-UPA&feature=youtu.be&t=4>
- [CDC Lesson plans and posters for teaching children about flu](https://www.cdc.gov/flu/pdf/freeresources/updated/teachingchildrenflu.pdf)  
<https://www.cdc.gov/flu/pdf/freeresources/updated/teachingchildrenflu.pdf>

## Cough/Sneeze Resources



# CDC Mask Guidance

- For Childcare – when feasible, recommended for use in facility by older children and staff
- Should **not** be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance

Resources to help explain cloth masks to children:

- [Elmo talks to Dr. Sanjay Gupta about Face Masks](https://www.cnn.com/videos/health/2020/04/25/entire-cnn-sesame-street-coronavirus-town-hall-part-2-vpx.cnn)  
<https://www.cnn.com/videos/health/2020/04/25/entire-cnn-sesame-street-coronavirus-town-hall-part-2-vpx.cnn>



# References

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. 4th ed. Itasca, IL: American Academy of Pediatrics; 2019

CDC Guidance for Childcare Programs

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

CDC Coronavirus Disease (COVID-19) Frequently Asked Questions – Cleaning and Disinfection

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Cleaning-and-Disinfection>

# Considerations for Open Child Care Programs During the COVID-19 Pandemic

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# CDC Child Care Decision Tree (May 15<sup>th</sup>)

## CHILD CARE PROGRAMS DURING THE COVID-19 PANDEMIC



The purpose of this tool is to assist directors and administrators in making (re)opening decisions regarding child care programs during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

### Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Are you ready to protect children and employees at higher risk for severe illness?
- ✓ Are you able to screen children and employees upon arrival for symptoms and history of exposure?

**ALL YES**



### Are recommended health and safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- ✓ Intensify cleaning, sanitization, disinfection, and ventilation
- ✓ Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible. For family child care, monitor distance between children not playing together and maintain distance between children during nap time
- ✓ Adjust activities and procedures to limit sharing of items such as toys, belongings, supplies, and equipment
- ✓ Train all employees on health and safety protocols

**ALL YES**



### Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for signs and symptoms of children and employees daily upon arrival, as feasible
- ✓ If feasible, implement enhanced screening for children and employees who have recently been present in areas of high transmission, including temperature checks and symptom monitoring
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if children or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures.
- ✓ Monitor child and employee absences and have a pool of trained substitutes and flexible leave policies and practices. For family child care, if feasible, have a plan for a substitute caregiver if provider or a family member in the home gets sick
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

**ALL YES**



**OPEN AND MONITOR**

**ANY NO**



**DO NOT OPEN**

**ANY NO**



**MEET SAFEGUARDS FIRST**

**ANY NO**



**MEET SAFEGUARDS FIRST**



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



# PA Key Webcasts: Implementing CDC Guidance

## PA Keys Coronavirus Resources:

<https://www.pakeys.org/ece-coronavirus-resources/>

## CDC Guidance for Child Care Programs that Remain Open:

[www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html)

# Are You Ready to Implement The CDC Guidance?

Self-assess your readiness to protect children and employees at higher risk for severe illness

- **People Who Need to Take Extra Precautions:**

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

# High Risk Groups

- 65 years and older
- People of all ages with underlying medical conditions
  - Chronic lung disease or moderate to severe asthma
  - Serious heart conditions
  - Immunocompromised
  - Severe obesity (BMI  $\geq$  40 or higher)
  - Diabetes
  - Chronic kidney disease undergoing dialysis
  - Liver disease

# Screening Children and Employees

Assess ability to screen children and employees upon arrival for symptoms and history of exposure.

- Use screening methods in *The CDC Guidance for Child Care Programs*
- Develop step-by-step procedures for screening everyone prior to entry into the facility
- Practice and identify what can be consistently done
- Inform parents about new policies and procedures

# Symptoms of COVID-19

- **Fever ( $\geq 100.4$  degrees Fahrenheit)**
- **Cough**
- **Shortness of breath or difficulty breathing**
- Diarrhea
- Chills and/or repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

# Child becomes sick during the day

- Plan to set up an isolation room or area (cot in a corner of classroom)
- If sick child has been isolated in your facility, clean and disinfect surfaces in the isolation room or area after the sick child leaves
- Close off areas used by the person who is sick
- Increase ventilation in those areas
- Clean and disinfect all areas used, i.e. office, bathroom, common area

# What About a Fever?

## For a child or staff not tested for COVID-19

- Refer to the PA Code for the existing licensing regulations on exclusion and return to care criteria
- PA Code suggests exclusion for fever:  
[pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter27/s27.76.html](http://pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/028/chapter27/s27.76.html)
- PA Code is non-specific as to when to return to care, except for infants under four months (when fever is resolved or judged to be noninfective)

# Best Practices

- PA Code is non-specific about return to care for fever, see *Caring for Our Children (CFOC, 4<sup>th</sup> edition)*: [nrckids.org/cfoc](http://nrckids.org/cfoc)
- *Caring for Our Children* has guidance for fever under influenza management: [nrckids.org/CFOC/Database/7.3.3.2](http://nrckids.org/CFOC/Database/7.3.3.2)
- Allow children and staff who have been excluded for fever, or respiratory symptoms AND fever to return once fever has resolved for 24 hours with no fever reducing medications.



# What About a Cough?

- Very commonly, a child might arrive with a cough and/or runny nose (mild respiratory symptoms)
- Child is behaving normally - no fever
- Testing or exclusion is not recommended
  - Consistent with PA Code and *Caring for Our Children (CFOC, 4<sup>th</sup> Ed.)*

# Potential Exposures

- A potential exposure means being a household contact or having close contact within six feet of an individual with confirmed or suspected COVID-19 for at least 10 minutes.
- The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

# Testing for COVID-19

- **Now children with fever will likely be tested**
- **Check with person's healthcare provider**
- Testing capacity/supplies improving but still varies
- Many people with COVID-19 have no symptoms
- People will go undiagnosed, so important to follow CDC Guidance for masks/cloth face coverings, physical distancing, hygiene

# Recommended Health and Safety Actions

- **Cloth face coverings** slow the spread of COVID-19:  
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- Encourage **social (physical) distancing** - increased spacing, smaller groups, limit mixing between groups
- Promote **healthy hygiene** practices
- **Intensify** cleaning, sanitization, disinfection, and ventilation



Person-to-person spread of COVID-19 appears to be mainly by respiratory droplets generated when an infected person coughs or sneezes.

# COVID-19 Basics

You cannot get COVID-19 if you protect your:

1. Eyes
2. Nose
3. Mouth

Don't touch your eyes, nose, or mouth!

# Cloth Face Coverings or Masks

- *Adults and children over two years should wear a cloth face covering or mask that covers nose and mouth*
- *When feasible, staff and older children should wear face coverings within the facility*
- Children over age two may not be able to feasibly keep a mask on without frequently touching or removing it
  - Provider and parent decide if feasible for child
  - For children with a developmental disability, the parents decide if wearing a mask is feasible for their child

# If a Child or Staff has COVID-19

CDC provides step-by-step guidance for returning if a person has COVID-19:

[www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)



# How to Discontinue Home Isolation

**If not tested** to determine if still contagious, person can leave home after these three things have happened:

1. **No fever for at least 72 hours** (that is three full days of no fever **without** the use of medicine that reduces fevers)  
**AND**
2. Other **symptoms have improved** (for example, when cough or shortness of breath have improved)  
**AND**
3. At least **10 days** have passed since symptoms first appeared

# CDC Guidance for People who are Tested

**If tested** to determine if person is still contagious, can leave home after these three things have happened:

1. No longer have a fever (**without** the use of medicine that reduces fevers)  
**AND**
2. Other symptoms have improved (for example, when cough or shortness of breath have improved)  
**AND**
3. Person received **two negative tests in a row, at least 24 hours apart**. Doctor will follow [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

# Must Report COVID-19

If there is a positive case of COVID-19 in a child or adult who has been present in child care facility:

- Call **Pennsylvania Department of Health** at 1-877-724-3258
- Inform OCDEL by contacting the appropriate **Regional Office of Certification**

# **Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with COVID-19**

Symptoms of MIS-C vary from case to case

- Fever
- Rash
- Conjunctivitis (redness of the white part of the eye)
- Stomachache, vomiting and/or diarrhea
- Tongue is redder than usual and looks like a strawberry
- Swollen hands and/or feet, lymph nodes
- Irritability and/or unusual sleepiness or weakness

# Communication is Key

Communicate with families frequently:

- Update emergency contact information
- Inform them about your new policies and procedures
- Offer ways to communicate virtually

Check-in with families about their wellbeing:

- Share community resources
- Encourage to keep child's well-visits on schedule
- Children need routine well-visits, screenings and immunizations -- healthy and ready to learn

WISDOM FROM  
*The World According  
to  
Mister Rogers*  
*Important Things to Remember*



**Thank you!**

When I was a boy and I would see scary things in the news, my mother would say to me, "Look for the helpers. You will always find people who are helping." To this day, especially in times of "disaster," I remember my mother's words, and I am always comforted by realizing that there are still so many helpers—so many caring people in this world.