

# Appendix A – Early Learning Facility Staff Self Screening Tool (adapted from STC Policy)

1. Self-screening must be completed daily prior to going to work and while working by answering the following questions:

|     |    |   |
|-----|----|---|
| YES | NO | Have you provided care or had close contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat) without consistent / appropriate use of personal protective equipment? |
| YES | NO | Have you had close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)  |

2. Do you have any of the following symptoms?

|     |    |  |
|-----|----|--|
| YES | NO | <ul style="list-style-type: none"> <li>- Severe difficulty breathing (ie. Struggling for each breath, speaking in single words)</li> <li>- Severe chest pain</li> <li>- Having a hard time waking up</li> <li>- Feeling confused</li> <li>- Loss of consciousness</li> </ul> |
| YES | NO | <ul style="list-style-type: none"> <li>- Shortness of breath at rest</li> <li>- Inability to lie down because of difficulty breathing</li> <li>- Difficulty managing chronic health conditions because of respiratory symptoms</li> </ul>                                    |

3. Do you have any symptoms of COVID-19?

|     |    |   |
|-----|----|---|
| YES | NO | <ul style="list-style-type: none"> <li>- temperature greater than 38°C or 100.4°F</li> <li>- cough</li> <li>- shortness of breath</li> <li>- sore throat</li> <li>- chills</li> <li>- headache</li> <li>- muscle or joint pain</li> </ul> |
| YES | NO | - Atypical onset symptoms including chills, aches and pains, headache, loss of sense of smell or taste?   |

4. In the last 14 days, have you:

|     |    |   |
|-----|----|---|
| YES | NO | Lived in or visited a community or facility deemed an area of concern for COVID-19                  |
| YES | NO | Travelled outside Saskatchewan but within Canada  |
| YES | NO | Had non-close contact with a confirmed or probable case of COVID-19                                 |
| YES | NO | Attended a mass gathering >10 (does not apply to a single household or congregate living situation) |

1. If you have severe difficulty breathing, severe chest pain, having a hard time waking up, feeling confused or lost consciousness please call 911 or go directly to the nearest emergency department. Also shortness of breath at rest, inability to lie down because of difficulty breathing & difficulty managing chronic health condition because of respiratory symptoms is advised to go to the nearest emergency department. If your symptoms worsen, call 911.
2. If you answer yes to any of questions 1, 2 & 3, do not go to work, and immediately place yourself in self-isolation.
3. Follow current guidelines for screening and testing of COVID-19. Call the Health Line 811 for help to access services.
4. Follow the directions of your healthcare provider; contact your direct supervisor by phone only (stay self-isolated).
5. Employees answering yes to any of question 4 must self-monitor, and self isolate at the first signs of even mild symptoms.

Initial each day of the month that you complete the self-assessment, indicating "NO" to each question. Submit to your direct supervisor at the end of each month.

Employee Name \_\_\_\_\_

Month of \_\_\_\_\_

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |
|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

All information will be treated confidentially. Supervisors must keep the information collected safely. Any personal information must not be disclosed unless as required by law, or with the employee's express consent.

\*Reference: Alberta Health Services:

\*Reference: Indigenous Services Canada, First Nations and Inuit Health Branch.

# CHILD SCREENING QUESTIONNAIRE

PARENTS/GUARDIANS MUST USE THIS QUESTIONNAIRE DAILY TO DECIDE IF THE CHILD SHOULD ATTEND CHILDCARE OR HEADSTART

| 1. | Do you, or your child attending the program, have any of the below symptoms:   | CIRCLE ONE |    |
|----|--|------------|----|
|    | • Fever  | YES        | NO |
|    | • Cough  | YES        | NO |
|    | • Headache   | YES        | NO |
|    | • Muscle and/or joint aches and pains  | YES        | NO |
|    | • Sore throat  | YES        | NO |
|    | • Chills   | YES        | NO |
|    | • Runny nose   | YES        | NO |
|    | • Nasal congestion   | YES        | NO |
|    | • Conjunctivitis   | YES        | NO |
|    | • Dizziness  | YES        | NO |
|    | • Fatigue  | YES        | NO |
|    | • Nausea/vomiting  | YES        | NO |
|    | • Diarrhea   | YES        | NO |
|    | • Loss of appetite   | YES        | NO |
|    | • Loss of sense of taste or smell  | YES        | NO |
|    | • Shortness of breath or difficulty breathing  | YES        | NO |
| 2. | Has the person attending the activity/facility travelled outside of Canada in the last 14 days?  | YES        | NO |
| 3. | Have you/your child or anyone in your household been in close <u>unprotected</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19? | YES        | NO |

\* "unprotected" means close contact without appropriate personal protective equipment (PPE).

- If you have answered "Yes" to any of the above questions, please **DO NOT** enter the Childcare Center or Headstart facility at this time. Call 811 or contact your Health Center for further direction.
- If you have answered "No" to **ALL** the above questions, your child may attend either their Childcare Center or their Headstart program.



### Six Steps to Proper Handwashing

1. Wet hands with warm running water
2. Apply a small amount of liquid soap, antibacterial soap is not required
3. Rub hands together **for at least 20 seconds** (sing the ABC's), Rub palms, backs of hands, between fingers and under nails and creating a lather.
4. Rinse off all soap with running water.
5. Dry hands with clean disposable towel.
6. Discard the used towel in the waste container.

### Children should wash their hands...

- When they arrive at the Facility and before they go home
- Before eating and drinking
- After a diaper change, using the toilet
- After playing outside or handling pets
- After sneezing or coughing into hands
- Whenever hands are visibly dirty

### Early Learning and Child Care Staff should wash hands....

- When they arrive at the facility and before they go home
- Before handling food, preparing bottles, or feeding children
- Between handling raw and cooked food – cross contamination is a risk
- Before and after giving or applying medication or ointment to a child or self
- After changing diapers, assisting a child to use the toilet, using the toilet
- After contact with bodily fluid (runny noses, spit, vomit, blood)
- After cleaning tasks
- After removing gloves
- After handling garbage
- Whenever hands are visibly dirty

### Maintain cleaning and disinfecting routines

We do not know how long the virus COVID 19 lives on surfaces, but early evidence suggests it can live on objects and surfaces for at least several hours. Regular cleaning and disinfecting of objects and high-touch surfaces is very important to help to prevent the transmission of viruses from contaminated objects and surfaces.

- Make sure you are well-stocked with hand washing supplies at all time (i.e., soap, clean towels, paper towels and if needed, 70% alcohol-based hand sanitizer),
- Increase how often you clean the premises and toys used,
- Clean and disinfect high touch surfaces regularly,
- Stay on top of waste management, empty your garbage containers often,
- Clean high-touch electronic devices (i.e., keyboards, tablets, smartboards) with 70% alcohol
- (i.e. alcohol prep wipes) make sure your wipe contacts the surface for 1 minute for disinfection,
- Use water, household detergents and common disinfectant products – these are sufficient for cleaning and disinfection in Early-Learning facilities. Ensure this solution contacts surfaces for 2 minutes to fully disinfect.

## APPENDIX D Cleaning and Sanitizing Guidelines

### Four steps are needed to clean and sanitize items

#### Wash

- Cleaning is done to remove dirt. Soap bubbles surround dirt particles to lift them from the surface to be cleaned. Friction, from the physical scrubbing, along with warm water will decrease the amount of time needed for the soap to lift the dirt.

#### Rinse

- Rinsing in warm water removes soap, excess oil and any leftover soil, leaving the item clean and clear. This step is necessary to prepare the surface for the sanitizer.

#### Sanitize

- Sanitizing greatly reduces the number of germs on an object's surface. Contact time between the sanitizing solution and the item being sanitized is important. The sanitizer needs time to kill the germs. To be effective, sanitizers must remain in contact with the surface for at least 2 minutes.

#### Air Dry

- Air drying is important for two reasons. First, it extends the sanitizing time between the sanitizer and the item. Second, drying cloths may not always be clean (i.e. sometimes they are used to wipe up spills) and this can spread germs back to the items.

### HOW TO MAKE A SIMPLE, EFFECTIVE SANITIZING SOLUTION

Mix solution according to one of the following:

1. 5 ml bleach to 250 ml of water; or
2. 20 ml of regular unscented household bleach in 1 litre of water; or
3. 60ml of regular unscented household bleach in 4 litres of water;

This solution can be made in a clearly labeled spray bottle. Solution will have to be made daily to maintain effectiveness if in a spray bottle.

Note: Sanitizing solution must be kept out of reach of children.