



## **Health and Safety Guidance for New Mexico**

### **Child Care Centers and Early Childhood Professionals**

On March 11, 2020, Governor Lujan Grisham declared a public health emergency in order to maximize the resources available to fight the spread of the novel coronavirus 2019 (COVID-19) and minimize public health risks for New Mexicans. This guidance is designed to help providers and early childhood professionals maintain social distancing practices and health and safety standards. Please know that the situation is fluid; as we learn more, we will share updated guidance.

For more information on COVID-19, please visit

World Health Organization: <https://www.who.int/>

Centers for Disease Control: <https://www.cdc.gov/>

NM Department of Health (NMDOH) website: <https://cv.nmhealth.org/>

or call the NMDOH COVID-19 Hotline: 1-855-600-3453.

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## **How Does COVID-19 Spread?**

The virus is believed to be transmitted through person-to-person contact through respiratory droplets from an infected person (generated through coughing and sneezing).

Novel coronavirus can also remain viable for hours to days on surfaces. Regular cleaning of surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses.

## **Our Guidance Is Clear**

If possible, parents should keep their children at home. However, this is not always possible. Child care arrangements are particularly important for our medical workers, first responders, and other essential personnel - as well as families with young children who are involved with protective services, behavioral health and/or juvenile justice services.

## **Exclude Children, Staff, Parents And Guardians From Your Sites If ANY Of The Following Are True:**

- 1) They have experienced symptoms of a respiratory illness in the last 14 days.
- 2) They have been in contact with someone confirmed to have COVID-19 in the last 14 days.
- 3) They have traveled to an area with widespread community transmission of COVID-19 (New York City, Seattle, etc.)
- 4) They are at elevated risk due to underlying health conditions.

## **In Addition, Apply These Core Principles:**

- 1) Limit the number of people who enter your child care facility and practice safe social distancing measures.
- 2) Ban visitors and volunteers.
- 3) Develop a plan to hand off children to families outside, at the door, or in the foyer.
- 4) If parents are ill, the child should not be admitted to the program and should return home with the parent.

## **People Who Should Exercise Caution When Providing Child Care Or Visiting Child Care Facilities**

Persons who are older, pregnant, or who have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma, are at higher risk to develop complications from this virus.

Children at high risk for severe complications from COVID-19, such as those with compromised immune systems or respiratory conditions like severe asthma, should stay home.

## **Social Distancing**

Within child care settings, there are many important ways to reduce the risk and prevent spread:

- Reduce group sizes to no larger than 10 people, including children and adults (e.g., two adults and eight children).
- Avoid getting close to babies' and toddlers' faces when holding them.
- Keep groups together throughout the day. Do not combine groups (e.g., at opening and closing), and maintain the same groups from day to day. This will help reduce potential exposures. Outside time and lunch should be taken in small groups (again, no large gatherings or combining groups.)
- Incorporate additional outside time and open windows frequently.
  - Offer outdoor play in staggered shifts.
  - To maximize space between people, limit rooms to 10 people total.
  - Limit the number of children in each program space.
  - Incorporate social distancing within groups - at least six feet between children.
  - Increase the distance between children during table work.
  - Minimize the time children stand in line.
  - Avoid gathering in larger groups for any reason.
  - Plan activities that do not require close physical contact between children.
  - Eliminate the use of water or sand/sensory tables.
  - Limit item sharing. If items are being shared, remind children not to touch their faces and wash their hands after using these items.
  - Require handwashing upon entering the classroom, before meals or snacks, after bathroom visits, after time outside, and prior to leaving for home.
  - Adjust the HVAC system to allow for more fresh air to enter the program space.

## **Meals**

- Meals and snacks should be provided in the classroom to avoid congregating in large groups.
- If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups, and clean tables between lunch shifts.
- Eliminate family-style meals; have employees (not children) handle utensils and serve food to reduce the spread of germs.

## **Drop-Off And Pick-Up**

- Do not combine groups in the morning or afternoon.
- Stagger drop-off and pick-up times for each small group to avoid a large number of people congregating outside the facility or in front of the facility.
- Wash hands or use hand sanitizer before and after signing in and out. Do not share pens or pencils. (Parents should use their own pen or pencil when signing in.)
- If check-in is electronic, provide alcohol wipes and frequently clean the screens or keyboards.

- Child care facilities may want to consider implementing different drop-off and pick-up procedures. These could include meeting families at the door with their children to prevent family members from walking through the facility, having families call when they are near the facility pick up spot to have children waiting near the front door when parents arrive, or other methods that work for individual programs.

## Hand-Washing

- Practice frequent hand washing with soap and water for at least 20 seconds, and require handwashing upon arriving at the center, when entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home.
- Help young children to ensure they are washing their hands effectively. If soap and water are not readily available, using an alcohol-based hand sanitizer with at least 60% alcohol.
- Advise children, families, and staff to avoid touching their eyes, nose and mouth with unwashed hands.

## Other Hygiene Practices

- Discontinue toothbrushing.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available).
- Provide adequate hygiene supplies, including clean and functional handwashing stations, soap, paper towels and alcohol-based hand sanitizer.

## Communication

- **Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19 and your facility's preparedness plans. Communicate your expectations for modeling respiratory etiquette, staying home when sick, and supporting employees who need to take care of a sick family member.
- **Communicate about COVID-19 with children and families. Provide updates about changes to your policies or operations.** As much as possible, rely on indirect communication channels - letters, email, your facility's website or social media pages - and only communicate in-person when absolutely necessary (and then maintain a six-foot distance). Make sure to plan ahead for language needs, including providing interpreters and translating materials.
- **Post signs.** Signs should be prominently displayed, and they should remind staff, visitors, and students to perform hand hygiene, sneeze/cough into their elbow, put used tissues in a waste receptacle, and wash hands immediately after using tissues.
- **Be clear: everyone should avoid close greetings like hugs or handshakes.**
- **Intentionally and persistently combat stigma.** Misinformation about coronavirus and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We're stronger as a community when we stand together.

## **Steps To Take If A Child, Staff Member, Or Parent Develops COVID-19 Or Symptoms**

- Staff or children with fever (100 F or higher), cough, or shortness of breath should be excluded from child care facilities and stay away from others.
- Children with household members who are known to have COVID-19 should also be excluded from child care facilities.
- If a child or staff member develops symptoms of COVID-19 (fever of 100 or higher, cough or shortness of breath) while at the facility, immediately separate the person from the well people until the ill person can leave the facility. Call the DOH Coronavirus Hotline at 1-855-600-3453.
- If symptoms persist or worsen, they should call their health care provider for further guidance. Advise the employee or child's parent or caregiver to inform the facility immediately if the person is diagnosed with COVID-19.
- If a child or employee tests positive for COVID-19, contact the local health jurisdiction to identify the close contacts who will need to quarantine. It is likely that all members of the infected person's group would be considered close contacts.
- Facilities with a confirmed case of COVID-19 will be closed. The duration of closure will depend on multiple factors, including the most up-to-date information about COVID-19 and the specific cases in the impacted community.
- Symptom-free children and staff should not attend or work at another facility; doing so could expose others.

## **Review, Update, And Implement Emergency Preparedness Plans**

Focus on the components of your plans that address infectious disease outbreaks.

- Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). Effective strategies build on everyday child care policies and practices.
- Ensure the plan emphasizes common-sense preventive actions for children, staff and families (e.g, staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often).

## **Health Screening At Entry**

- 1) Take the temperature and check symptoms for staff and children upon entry each day.
- 2) Ask if medications were used to lower the child's temperature and if there are any household members with COVID-19.
- 3) If forehead or disposable thermometers are not available, ask the caregiver to fill out and sign a form that reports their child's temperature as taken at home (or affirming the child does not have a fever) and any symptoms.

## **Daily Health Checks**

Every day, a trained staff member should conduct a health check of each child. This health check should be conducted as soon as possible after the child enters the child care facility and whenever a change in the child's behavior or appearance is noted.

The caregiver/teacher should gain information necessary to complete the daily health check by direct observation of the child, by querying the parent/guardian, and, where applicable, by conversation with the child.

Daily health checks seek to identify potential concerns about a child's health including recent illness or injury in the child and the family. Health checks may serve to reduce the transmission of infectious diseases in child care settings by identifying children who should be excluded, and enable the caregivers/teachers to plan for necessary care while the child is in care at the facility.

### **Follow The Centers For Disease Control's Prevention Principles:**

- Wash your hands often with soap and water for at least 20 seconds
- Use hand sanitizer that contains at least 60 percent alcohol.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

### **Clean And Sanitize Your Child Care Setting**

- Increase the frequency with which you clean toys, equipment, and surfaces, especially doorknobs, check-in counters, and restrooms.
- Disinfect surfaces and objects that are touched often, including bathrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys.
- Use alcohol wipes to clean keyboards and electronics and wash hands after use.
- Minimize the potential for the spread of germs in the program space by temporarily removing toys that are not easily cleanable (such as stuffed animals and pillows) and rotate the toys that are in use at any one time so that they can be adequately cleaned and sanitized.
- If groups of children are moving from one area to another in shifts, cleaning measures must be completed prior to the new group entering this area.
- If available, janitors should disinfect, as they are trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills – blood, vomit, feces, and urine. Surfaces must be thoroughly cleaned to remove all organic matter before a disinfectant is applied.
- Disinfection of outside playgrounds is not necessary or recommended except for cleaning up blood, urine, feces, or vomit.
- In the context of infection control, "deep" cleaning means cleaning surfaces with soap and water and then appropriately using disinfectants on high-touch surfaces. It is especially important to use proper gloves and personal protective equipment (PPE), good ventilation,

and thoroughly air out the facility before children and other staff return. (Please see below for more on PPE.)

### **Cleaning and Disinfecting Surfaces**

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Prepare a bleach solution by mixing:

- 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water
- Products with the EPA-approved emerging viral pathogens icon are expected to be effective against COVID-19 based on data for harder-to-kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, contact time, etc.).
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
- If the items can be laundered, launder items in accordance with the manufacturer's instructions. Use the warmest appropriate water setting for the items and then dry items completely.
- Otherwise, use products with the EPA-approved emerging viral pathogens icon that are suitable for porous surfaces

### **Recommendations For Cleaning Staff**

Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional Personal Protective Equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.

- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
- Additional key times to clean hands include:
  - After blowing one's nose, coughing, or sneezing
  - After using the restroom
  - Before eating or preparing food
  - After contact with animals or pets
  - Before and after providing routine care for another person who needs assistance (e.g., a child)

**Facilities experiencing a shortage of PPE should email the DOH Emergency Operations Center at [Section.DOC-Logistics@state.nm.us](mailto:Section.DOC-Logistics@state.nm.us).** (If you run out of gowns, coveralls with appropriate laundry services can also be used.)

If you have questions, you also can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm. DOH has received some supplies from the national stockpile and is diligently working to get more.

If you have additional questions about disinfection and cleaning in response to COVID-19, please call the New Mexico Department of Health's COVID-19 hotline at 1-833-551-0518.

### **Changes In Business Operations And Practices**

Contact your designated Children, Youth & Families Department (CYFD) point of contact (licensing staff) before making any changes to your business practices. Examples of changes in business practices include, but are not limited to:

- Suspending services at a service location (such as temporarily closing a program).
- Relocating staff and children to another facility.
- Restricting individuals' abilities to receive services.

### **Documentation**

Providers should document any changes to their operations as a result of COVID-19 and maintain evidence to support why the changes were made. Doing so will help demonstrate the basis for an action if the appropriateness of the action is questioned after COVID-19 is contained and operations return to normal.

