

# **Joint Hygiene recommendations for regular operations of day-care facilities in Rhineland-Palatinate starting 1 August 2020 (3rd version) Status: 3 July 2020**

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## Preface

In accordance with § 36 in conjunction with § 33 of the Infection Protection Act, all day-care facilities have a hygiene plan, in which the most important points are regulated in accordance with the Infection Protection Act, in order to contribute to the health of the children and all those involved in day-care facilities through a hygienic environment.

The present recommendation may be used as a supplement to existing hygiene plans, but in no way as a substitute.

Thanks to numerous infection control and hygiene measures, the number of new infections in Rhineland-Palatinate has fallen to a low level. Despite gradual relaxation in almost all areas of society over the past few weeks, it has stabilized at this level. Taking into account the objectives of education, training and care in day-care facilities, regular operation will therefore be resumed from 1 August 2020 or after the facilities' summer break if it should end sometime after 1 August. The changes made to the previous recommendations in this third version provide a framework for regular operation.

It should be noted that hygiene and infection protection measures must be maintained during regular operation. These measures will no longer have a significant influence on the layout of the day-care operation.

## **1. PERSONAL HYGIENE**

### **Key Measures**

- No physical contact such as hugs and shaking hands between adults and, if possible, no touching of the face (eyes, mouth, nose) with the hands;
- Physical distancing: wherever possible, a minimum distance of 1.5 meters should be maintained between adults;
- Thorough hand hygiene – either by thorough hand washing or (for adults) by hand disinfection;
- Compliance with the cough and sneeze etiquette;
- In principle, the wearing of mouth-nose covering is required for all adults in the facilities, especially indoors and where a distance of more than 1.5 meters cannot be ensured, this includes in particular, in addition to staff not involved in educational interactions with children, guardians who bring/pick-up children as well as participants of e.g. parent meetings and delivery personnel.
- For the children in our care, it is important to continue the possible measures in a playful way, appropriate to their age and development, as everyday rituals.

## **2. ROOM HYGIENE: FOOD**

### **Use of Space**

- The regular and correct ventilation is in the foreground here, as the indoor air is exchanged. The more ventilated the rooms (air flow etc.), the lower the risk of infection via droplets and breath ventilation.
- Several times a day, a push ventilation or transverse ventilation through completely open windows must be carried out for several minutes. A minimum routine for four daily airings over a minimum period of 15 minutes is recommended. Tilting ventilation is largely ineffective, since it hardly replaces any air.
- Outdoor activities are encouraged. Fresh air reduces the risk of infection via droplets and breath ventilation.

## **Eating and drinking**

The necessary hygiene measures described (especially personal hygiene) should be observed during the preparation and distribution of food and drinks.

The cleaning of used dishes is to be carried out, if possible, by means of dishwashers with at least 60° C (140° F). For manual washing, special attention should be paid to regularity and frequent replacement of the dishwashing utensils.

## **Cleaning**

Routine surface disinfection in child care facilities is still not recommended. In this case the usual appropriate cleaning is completely sufficient. The use of disinfectants can therefore be limited to the activities provided for in the existing hygiene plans.

If disinfection is considered necessary in individual cases, it should generally be carried out as wipe disinfection with a cold solution. Spray disinfection, i.e. wetting the surface without mechanical action, is less effective and also questionable from the viewpoint of occupational health and safety, as disinfectants can be inhaled (also with warm, possibly steaming disinfectant solution). Also, room fumigations for disinfection are generally not indicated here. The exposure time or wetting time must be observed. Depending on the disinfectant (if dried residues are irritating). A subsequent basic cleaning is necessary – if necessary, contact of smaller children with residues must be prevented for a transitional period.

The following areas should continue to be cleaned daily, particularly thoroughly and in highly frequented areas:

- Door handles and handles (e.g. drawers and windows) and door frames,
- staircase and handrails,
- light switches,
- tables, phones,
- and all other frequently touched areas, such as computer mice and keyboards,
- toys subject to frequent utilization;

otherwise, the already existing hygiene requirements also apply here.

### **3. Hygiene in Sanitary Areas**

In all restrooms, sufficient liquid soap dispensers and disposable towels (textile towel dispensers meet this requirement) for hand and face drying must be provided and replenished regularly.

The appropriate collection containers for disposable towels must be kept available.

Furthermore, the routines provided in the existing hygiene plans for the cleaning of sanitary facilities etc. apply here as well.

### **4. People with Underlying Conditions**

#### **Attended Children**

Currently, the German Society for Child and Youth Medicine (DGKJ) points out the following for children with underlying diseases in connection with corona (as of 4 May 2020): the risk factors known for adults cannot simply be transferred to children. It can be assumed that children/ adolescents with chronic diseases that are well compensated or well treated and

therefore have little or no impact on their quality of life do not have to fear a higher risk of serious COVID-19 disease than the general life risk.

However, it should also be noted that general recommendations do not apply to every single case and an individual medical decision cannot be made on the basis of fundamental considerations. Due to the variety of individual disease patterns with different characteristic, an assessment by the responsible physicians cannot be replaced. A severe disability alone without the presence of a high-risk illness is no reason why the child cannot be cared for in a child-care facility.

### **Personnel**

The return to regular operation of the basis of low infection rates means a return to normal operation for personnel. The current infection situation does not in principle result in any restrictions with regard to the exploitation of personnel. There is no general allocation to a risk group according to the RKI (Robert Koch Institute).

Any particular danger to individual employees must be taken into account. An appropriate risk assessment by the employer is the standard procedure in such cases. Together with the responsible physician, individual possibilities for employment can be discussed.

The individual risk assessment and the resulting measures must be carried out or taken on site by the employer.

### **Pregnant Employees**

Reference is made to the latest information from the Rhineland-Palatinate Structural and Approval Agency (SGD).

## **5. Excluded Persons; Reporting Obligations; Corona-Warning-App**

### **Persons to be excluded from the establishment**

Reference is made to the relevant provisions in the state Corona Control Ordinance, in its current version, (available at <https://corona-rlp.de/de/service/rechtsgrundlagen/>).

In addition, it is recommended to stay at home or leave the facility in case of signs of illness (e.g. standard cold or flu symptoms, fever, sore throat, and diarrhea).

### **Handling of symptoms of illness in children during operating hours**

During operating hours, management is entitled to isolate children with the above mentioned symptoms and inform the parents in order to have the children picked up. A documentation consisting of date, name of the child and the symptoms as well as maintaining for several weeks is recommended. The proof of medical harmlessness is possible. The information from the parents about a medical examination is sufficient.

## **Reporting requirements**

Due to the Corona Virus Compulsory Notification Regulation in connection with § 8 and § 36 of the Infection Protection Law, both the suspicion of a disease and the occurrence of COVID-19 cases in daycare facilities must be reported to Public Health.

The Landesuntersuchungsamt (State Examination Office) Rheinland-Pfalz has provided a registration form for this, which is available for download at <https://lua.rlp.de/de/service/downloads/infektionsschutz/> (see document "Registration form for infections in community institutions").

Pursuant to § 47 S. 1 No. 3 SGB VIII, the carrier of a daycare center has to report a possible or confirmed infection with the corona virus to the State Office for Social Affairs, Youth and Care as the operating permit authority.

## **Corona Warning App**

The Corona Warning app can make an additional contribution to curbing the pandemic by identifying and notifying people who have had an epidemiologically relevant encounter with a corona-positive person faster than with traditional follow-up. It also helps to reduce the delay between a person's positive test and the identification and information of their contacts. The use of the app is voluntary. Its use by adults is expressly recommended.

## **6. GENERAL**

Insofar as the existing hygiene plan is adapted or changed, it must be communicated to the health authorities (see Section 36 Infection Protection Act). However, these recommendations are also made available to the health authorities via the counties, so that it is not necessary to forward these recommendations.

The institutions and their managements should continue to keep themselves informed about updates. Relevant sources of information include the Robert Koch Institute ([https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/nCoV.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/nCoV.html)) and the publications - here in particular the current Corona Ordinance - at <https://www.corona.rlp.de> - t under "Schools & Day Care Centers".

All publications of the State Office for Social Affairs, Youth and Welfare, Department of the State Youth Office can also be found at:

<https://lsjv.rlp.de/de/aktuelles/detail/news/News/detail/informationen-des-landesjugendamtes-coronavirus/>

See also the current publications / information from the Rhineland-Palatinate Accident Insurance Fund at: <https://www.ukrlp.de/covid-19/> and the publication of the DGUV "Coronavirus (SARS-CoV-2) - Recommendations for day care centers and children's day care", available at:

<https://publikationen.dguv.de/widgets/pdf/download/article/3812>.

## **7. ADJUSTMENT OF THE MEASURES TO THE INFECTION**

The corona pandemic requires that the infection process continues to be closely monitored locally, regionally and nationwide. Every new outbreak of the Corona virus is dealt with consistently together with the (local) managers and the (local) health authorities and the necessary measures are taken on the basis of the Infection Protection Act and the level-concept of the state government.

See attachment.

## **Attachment**

From the first case of COVID-19 in the daycare center, it is important to recognize possible infections, to enable early treatment and to break the chain of infection. To this end, the health authority orders event-related tests and necessary quarantines. In any case, this applies to: people with symptoms and close contacts (from 15 minutes "face to face"); other people may also be affected.

Depending on the number, context and prevalence as well as the risk of transmission, if several COVID-19 cases occur - depending on the circumstances on site but also if a case occurs - the primary goal in a daycare center is to contain the infection process, i.e., if necessary, the entire facility can be closed based on the assessment of the responsible health authority.

If it is no longer possible to contain the area of infection (at the latest with an incidence of 50 per 100,000 inhabitants or no longer traceable infection chains), further uncontrolled transmission of the virus must be avoided. In coordination with the highest state health authority, additional measures are taken in addition to the measures described regionally or nationwide - whether this includes nationwide facility closings, a transitional return to emergency care or a restricted regular operation including the spatial separation of care units depend on the circumstances of the individual case.