

TLC Active Kids Preschool: Health and Safety Guidelines

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Screening and Preventing Spread

1.1 Sign In and Out Procedures

Upon arriving to your classroom, line up according to the tape lines placed at a 2m distance, moving forward only when the next tape line is available. A staff will call individual families to the preschool door to have them sign their child in. Staff will then confirm if the child's prescreening form (including temperature) was completed. If the online screening questionnaire was not completed ahead of time, a paper copy will be provided to complete. After the forms are reviewed and approved by staff, the guardian will be asked to sign the child in with a signature and time of arrival.

At time of pick up, please again line up according to the tape lines placed at a 2m distance, moving forward only when the next tape line is available. A staff will call guardians to the preschool door to sign their child out with a signature and time of departure.

To prevent transmission, we ask that:

- Guardians completing drop off and pick up must be from the child's immediate household or within a designated family cohort.
- The same guardian completes both drop off and pick up, as much as is reasonably possible.
- Guardians refrain from entering the preschool room unless absolutely necessary.
- Families do not linger at pick up/drop off location.
- Families remain a 2m distance from other participants at all times.
- Guardians complete prescreening forms online prior to arriving.
- Guardians practice hand hygiene by applying hand sanitizer before and after visits. Hand sanitizer will be provided at the classroom entrance.

1.2 Program Forms

Each child attending will need a completed registration package on file for the year. Guardians will be asked to complete all questions, leaving no lines or boxes blank.

Each day, every child needs to be assessed by their guardian using Alberta Health Services Screening Questionnaire. Families will be provided a QR code/link that will connect you to the questionnaire. This questionnaire is to be completed prior to leaving the house. We will print off a spreadsheet with all the electronically submitted answers before class starts. Staff will then review your answers at pick up. If the online screening questionnaire was not completed ahead of time, a paper copy will be provided to you at the classroom.

If a guardian has answered “Yes” to any of the screening questions, the child will not be permitted to enter the program (See Appendix A).

1.3 Denied Participant Entry

Children **MUST NOT ATTEND** the program if they are sick, even if symptoms resemble a mild cold. Staff will be actively screening the child for symptoms such as fever, cough, shortness of breath, sore throat, runny nose, nasal congestion, headache, and a general sign of being unwell. Non-contact infrared thermometer will be used by staff to check child’s temperature if staff feel it is necessary.

Normal Temperatures are:

- Mouth: 35.5-37.5°C (95.9-99.5°F)
- Underarm: 36.5-37.5°C (97.7-99.5°)
- Ear (not recommended in infants): 35.8-38.0°C (96.4-100.4°F)

1.4 Preschool Cohorts

Preschool cohorts are defined by Alberta Health Services as “a group of children and staff members assigned to them who stay together throughout the day.” Preschool cohorts will be recognized by individual classes (Five TLC classes total) functioning at a maximum of 22 people (20 children plus 2 staff. Classes will never mix or be within the same room/space at the same time. Since we have two classrooms that occupy more than one class cohort throughout a week, we will be cleaning and disinfecting the entire space, toys, and surfaces between classes.

Each classroom will have individual drop off/pick up location, gymnasium space, washroom, and equipment that is cleaned daily. See 2.0 Facility Management and 3.0 Cleaning and Disinfecting for more details.

1.5 Personal Protective Equipment Plan (PPE)

We do not require or recommend children wear PPE such as masks or gloves while attending preschool. AHS advises against masks in the case that young children are unlikely to be able to wear a mask properly and not touch it.

Since our teachers are in contact with multiple classes per week, they will be wearing a masks at all times. Extra PPE will be worn while conducting first aid procedures.

Staff or children wearing PPE will be required to follow AHS proper usage guidance. (See Appendix B and C).

1.6 Promoting Student Health

Staff will monitor student’s health while in the program. Age appropriate signage will be posted in the program space promoting proper handwashing, hand sanitizing, cough etiquette, and physical distancing. Staff will also be verbally encouraging these practices. See 3.0 Cleaning and Disinfecting for

more information on how we will prevent the spread of germs between students.

1.7 Symptomatic Students

If a child develops any symptoms while at the program, the child will be isolated away from other children and their guardian will be notified to come and pick up the child immediately. If close contact and care is required while isolating, staff will care for the child until the guardian is able to pick them up. Staff will wear a mask during all interactions with the child. Staff will wash their hands before and after touching any items used by the child.

All items used by the child while isolated will be cleaned and disinfected as soon as the child has been picked up. Items that cannot be cleaned and disinfected (e.g. paper, books, cardboard puzzles) will be removed from the program and stored in a sealed container for a minimum of 7 days.

We recommend anyone experiencing symptoms follow Alberta Health Services COVID-19 guidelines and resources.

1.8 Contact Tracing / Record Keeping

Our programs will take daily records of students, parents, and staff entering the program each day through our sign in and our procedures. All participant forms and daily records will be kept on file for two weeks and available to AHS to facilitate contact tracing in the event of an outbreak.

1.9 Outbreak

If any of our programs are connected to a confirmed or probable case of COVID-19, we will close for a minimum of 72 hours. This time will allow for proper contact tracing, cleaning, and disinfecting. We will then consult with AHS for any further recommendations.

Facility Management

2.1 Program Locations

Our classrooms will be occupied by more than one cohort throughout the week. To prevent the mixing of cohorts, each classroom will be cleaned before and after each class.

The gymnasium will be reserved every morning for preschool use only. The gymnasium will be separated by a floor to ceiling curtain, dedicating half of the gym to each classroom. The classrooms will never use the gymnasium simultaneously. When the gymnasium is used for other user groups in the evening or weekends, it will be cleaned and disinfected prior to the next preschool morning.

2.2 Washrooms

Each classroom has a designated washroom with at least 1 washroom stall, soap and water handwashing station, and paper towel. Each washroom will only be used by 1 cohort at a time, with a full cleaning between classes.

Washrooms will be cleaned and disinfected before and after program times by custodial staff. Preschool staff will maintain washroom cleanliness throughout the day as needed.

2.3 Equipment and Storage

At the beginning of each day, Preschool staff will choose their gym equipment for the day. Whatever equipment is chosen will be disinfected and brought to their class gym space.

Equipment will be cleaned and disinfected before and after program times by preschool staff.

Cleaning and Disinfecting

3.1 Cleaning Solutions

Preschool staff will use Virex® II 256 One-Step Disinfectant Cleaner. Certified by Alberta child care licensing, this solution is safe and prevents cross-contamination. Cleans and disinfects high-touch surfaces in ten minutes. Custodial staff will use Buckeye ECO Neutral E23 disinfectant.

3.2 Hand Washing

Children will be asked to wash their hands:

- When entering the program space
- Before and after snack
- After using the washroom
- Before and after using an outdoor or activity space
- Before and after activities with shared equipment or supplies
- Before leaving the program space

Staff will be asked to wash their hands:

- Before and after sign in and out procedures
- Before and after using masks and/or gloves
- After using the washroom
- Before and after using outdoor or activity spaces
- After cleaning and/or disinfecting
- After any close contacts with children or other staff
- Before and after first aids

Proper hand washing with soap and water for 20 seconds will be encouraged. (See Appendix D).

3.3 Hand Sanitizer

Alcohol-based hand rub (with at least 60% alcohol) will be placed in all entrances to the program area for use by staff and guardians. Staff will use

hand sanitizer as a support when hand washing is not suitable. Children will only be given hand sanitizer when hand washing is not available, for example outside or in the gymnasium. Children will be closely supervised when using alcohol based hand sanitizer to avoid ingestion.

Thorough sanitizing etiquette will be encouraged. (See Appendix E).

3.4 Program Spaces and Toys

Program spaces and toys will be cleaned and disinfected daily before and after program times. This includes but is not limited to washrooms, table top toys, play bins, tables, benches, hooks, and doors. High touch equipment will be disinfected more frequently throughout the day as necessary. Any furniture or toys that cannot be properly cleaned will be removed from the classroom or isolated to be used by only one class at a time (example: carpets).

3.5 High Touch Points

Places of frequent contacts such as benches, washroom, doors, toys, sinks, will be disinfected more frequently by staff to prevent the spread of germs. When possible, high touch points will be removed.

3.6 Cleaning Tracking

Cleaning logs will be posted to ensure proper and frequent cleaning and disinfecting is completed by both preschool staff and custodial.

Staffing

4.1 Staffing

Staff will be trained in AHS COVID-19 guidelines, cleaning and disinfecting, proper masks and glove usage, as well as how to plan and prepare for physically distanced activities.

If staff develop illnesses while at work, they will be asked to immediately remove themselves from the program, and notify their supervisor.

4.2 Volunteers and Special Guests

We will not be allowing any volunteers or special guests to attend preschool. Only hired TLC preschool staff, registered participants, and guardians (only when necessary) will be allowed in the program premises.

Activities

5.1 Physical distancing

Our experienced preschool staff will be planning each class to allow physical distancing between the children. We will focus our efforts in removing activities where the children use their hands to contact each other or where a shared item is the main focus in a game (ex. throwing back and forth). In understanding the importance of play, social interactions, and physical activity for a child's long term brain development, we will not be enforcing a 2m distance at all times. Staff will ask themselves if there are ways to increase physical distancing, or decrease commonly touched surfaces, in whatever ways possible without compromising the benefits of being in the classroom.

Staff will be doing everything possible to remain physically distanced from the children. If staff are needed to facilitate an activity, situation or first aid, they will do so wearing masks, with proper hand washing before and after close contacts.

Preschool cohorts will not be mixing or sharing any spaces, keeping a large physical distance at all times.

5.2 Equipment (Shared and Individual)

At the beginning of each day preschool staff will choose their equipment. This equipment will be cleaned and disinfected daily and stored in their classroom. The equipment will, however, be shared amongst the class freely or as used in planned activities. Between activities where equipment is shared, the children will be asked to wash their hands before the next activity. When possible staff will assign individual pieces of equipment to the preschool students (ex. crafts and sensory activities).

5.3 Snack Breaks

Any time children are eating, everyone is expected to wash their hands with soap and water for 20 seconds and keep a physical distance of 2m. We have a No Food Sharing Policy and expect each student to bring their own food and water bottle. TLC staff will not provide the kids with any food items.

To prevent transmission, we ask that:

- Guardians pack each child their own snack and water bottle with no siblings sharing.
- Snack and water bottles are labelled
- Snacks are ready to eat as there will be no fridge or microwave available.

5.4 Outdoor and Gym Space

TLC is fortunate to have access to many outdoor and activity spaces in close proximity to our facility. Preschool staff will be encouraged to use these spaces. Staff and students will wash their hands before and after using an outdoor or activity space. Staff will complete site checks before entering a location. Staff will take first aid kits and PPE along with them in the case of an emergency.

If any outside location is further than the Alberta Child Care Licensing's approved proximity, we will get parent consent before the outing.

5.5 Swimming and Skating

At this time TLC Active Kids Preschool will not be permitted to use the swimming or skating facilities due to the requirement to keep children within designated cohorts.

Registration

6.1 Cancellation Policy

A full refund will be given if cancellation is 10 days prior to the program starting (except the \$30 non-refundable payment plan fee).

Once the program has started, cancellations require one month written notice, due by the first of the previous month. Program withdrawals are subject to a withdrawal fee of 15% on 1 month of the program cost.

Given the COVID-19 circumstances, families may run into many unique situations. If your child or family has medical or program concerns, please email skuzio@trileisure.com. Consideration for exceptions to this policy will be made on an individual case basis. If the TLC is required to close the facility for unforeseen circumstances, refunds will be given for all missed classes.

6.2 Guardian Communications

The TLC's main form of communication with guardians will be through Seesaw. If you would like to contact TLC preschool staff or Supervisors, we ask that you use seesaw, email or phone to limit in-person contact. Staff will not be able to address concerns during drop off and pick up times due to the AHS guidelines required for us to maintain the safety of both staff and participants. Please stay up to date on Seesaw postings and emails.

How to Prepare

7.1 What to Pack Each Day

Come prepared with:

- Moveable clothing
- Change of clothes
- Clean running shoes
- Water bottle
- A snack

DO NOT PACK:

- Cellphones
- Personal toys or belongings
- Food that needs refrigerating or microwaving.

Have everything labeled and in one backpack. We encourage each sibling bringing their own belongings. We are unable to store any items at the TLC and are not responsible for any lost items.

Frequently Asked Questions

8.1 Does my child need to be potty trained?

Yes, we ask that any children attending preschool be mostly or fully potty trained. We understand accidents happen and encourage families to pack extra clothing each day in case. If your child requires washroom assistance, please indicate that in your registration package.

8.2 What if my child has pre-existing conditions that are listed as COVID-19 symptoms?

Children's pre-existing conditions and allergies, as listed in their registration package, will be made into a classroom list for teachers to reference.

8.3 Who do I contact if my child is experiencing symptoms?

Please contact Samantha Kuzio, Children and Youth Program Coordinator with any symptoms or concerns at skuzio@trileisure.com. Do not attend preschool if you or your child is experiencing symptoms. We also encourage you to utilize the AHS Assessment tool and follow any recommended actions.

8.4 Can my child attend if they are almost three years old?

The TLC Preschool staffing ratios only allow for children 3 years and older to attend preschool as per Alberta Childcare Licensing. You can register beforehand to save your spot in a class but cannot enter the classroom until their third birthday.

8.5 Will my child be swimming or skating?

At this time TLC Active Kids Preschool will not be permitted to use the swimming or skating facilities due to the requirement to keep children within designated cohorts. We will update families should these requirements change.

8.6 What will happen if a teacher is experiencing symptoms?

All TLC staff members are required to complete a screening questionnaire before reporting to work. If they are experiencing any symptoms they are not permitted to report that day. In this case, to reduce disruptions to our classrooms, we will have another certified staff fill in for the teacher's time away. If there are no available staff that day we will cancel classes. Refunds will be provided if we are required to cancel class for this situation.

Screening Questionnaire

GUARDIANS / STAFF / VOLUNTEERS AND VISITORS MUST FILL OUT THIS QUESTIONNAIRE TO DECIDE IF YOU CAN ENTER THE PROGRAM TODAY.

1.	<p>Do you, or your child attending the program, have any of the below symptoms.:</p> <ul style="list-style-type: none"> - Fever - Cough - Shortness of Breath / Difficulty Breathing - Sore Throat - Chills - Painful Swallowing - Runny Nose / Nasal Congestion - Feeling Unwell / Fatigued - Nausea / Vomiting / Diarrhea - Unexplained loss of appetite - Loss of sense of taste or smell - Muscle / Joint Aches - Headache - Pink Eye (Conjunctivitis) 	YES	NO
2.	Has your child travelled outside of Canada in the last 14 days or has someone in the household travelled outside of Canada in the last 14 days and is ill?	YES	NO
3.	Have you or your children attending the program had close unprotected* contact (face-to-face contact within 2 metres/6 feet) in the last 14 days with someone who is ill with cough and/or fever?	YES	NO
4.	Have you or anyone in your household been in close unprotected 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 protection equipment (PPE)

If you have answered “Yes” to any of the above questions, please DO NOT enter at this time.

If you have answered “No” to all the above questions, please sign in and practice hand hygiene (use hand sanitizer) before and after your visit.

Our goal is to minimize the risk of infection to our staff and children, thank you for your understanding and cooperation.

Assumption of Risk and Consent

The TLC cannot be certain that a person (of any age) will not contract COVID-19 while in our facility and/or while participating in a TLC program. The TLC has taken the required steps mandated by the Government of Alberta Preschool and Recreation Facility Guidelines, as referenced in the TLC Active Kids Preschool Health and Safety Guidelines. To review these plans please visit www.trileisure.com. Despite any precautions taken by the TLC, there will inevitably remain a risk that you or your child could contract COVID-19 as a result of visiting the facility or participating in a TLC program.

It is vital that any person who believes that they may have become ill within 14 days of visiting the facility or participating in a TLC program report this immediately to the TLC after seeking the appropriate medical attention by contacting the Children and Youth Program Coordinator: skuzio@trileisure.com, 780-948-3214.

I knowingly and willingly consent to have my child participant in TLC Active Kids Preschool despite the potential risk of COVID-19 transmission.	Initial:
I verify the information I have provided on this form is truthful and accurate.	Initial:
I consent to allow my child's personal information to be collected and stored for up to 2 weeks for the purpose of COVID-19 contact tracing. In the event of a confirmed case, collected forms will only be shared with Alberta Health Services upon request.	Initial:
Guardian Name	
Guardian Signature	
Today's Date	

GUIDANCE FOR WEARING OF NON-MEDICAL FACE MASKS FOR THE GENERAL PUBLIC

Overview

COVID-19 can be spread by infected individuals who have not yet, or who may never develop symptoms.

Masks, including homemade cloth masks or non-medical face masks, are another way to reduce the risk of spreading COVID-19 in areas where physical distancing (2 metres distance between individuals) may be challenging or not possible.

COVID-19 Risk Mitigation

Why use a mask	<ul style="list-style-type: none"> Masks are another tool that complement – not replace other measures that have proven to be effective in slowing the spread of COVID-19 between people Wearing a mask in public settings has not been proven to protect the person wearing it, however, it can be an additional measure you can take to protect others around you by preventing your respiratory droplets from contaminating people, surfaces and/or objects If you use a mask incorrectly, you could accidentally spread infection, despite your good intentions. Therefore, it is critical you use and dispose of a mask properly Wearing a mask should be used in combination with other measures such as: <ul style="list-style-type: none"> stay home when you're sick - immediately isolate if you have COVID-19 symptoms: cough, fever, shortness of breath, runny nose or sore throat practice physical distancing download and use the ABTraceTogether mobile contact tracing app while out in public wash hands often with soap and water for at least 20 seconds cover coughs and sneezes with a tissue or your elbow avoid touching your face with unwashed hands
When to use a mask	<p>Areas where it may be difficult to maintain the 2 metre distance from other people not in your household (for prolonged period of times e.g. 15 minutes or longer). For example:</p> <ul style="list-style-type: none"> public transit grocery stores pharmacies hair salon and/or barbershop airplanes some retail stores
When a mask should not be worn	<ul style="list-style-type: none"> When it is dirty, ripped/torn or damaged in any way For children under 2 years of age Anyone that has trouble breathing
How to wear a mask with ear loops or ties	<ul style="list-style-type: none"> Before putting on the mask, wash hands with soap and water for at least 20 seconds or alcohol-based hand sanitizer with a minimum of 60% alcohol. Ensure your hair is away from your face. <ul style="list-style-type: none"> A non-medical facemask can be safely worn by someone with facial hair Check the mask for damage; if damaged, discard. Open mask fully to cover from nose to below the chin. Place over nose and mouth and secure to your head with ties or ears with ear loops (depending on the style of mask). If the mask has a nose bar, pinch around your nose to reduce gaps between your face and the mask. Adjust if needed to make sure your nose and mouth are fully covered.

GUIDANCE FOR WEARING OF NON-MEDICAL FACE MASKS FOR THE GENERAL PUBLIC

	<ul style="list-style-type: none"> • Avoid touching the mask while wearing it; if you need to adjust your mask, clean your hands with alcohol-based hand sanitizer or soap and water before and after you touch it. • Keep your nose, mouth and chin covered at all times, until you are ready to remove the mask.
How to remove a mask with ear loops or ties	<ul style="list-style-type: none"> • Remove your mask if it becomes wet, torn, dirty or the ear loops/ties become damaged. • Wash hands with soap and water for at least 20 seconds or alcohol-based hand sanitizer with a minimum of 60% alcohol before you remove the mask. • Do not touch the front of the mask. Remove using the ties or ear loops. • Dispose of your mask in a lined garbage bin and wash your hands with soap and water for at least 20 seconds or alcohol-based hand sanitizer with a minimum of 60% alcohol.
What <i>not</i> to do with your mask	<ul style="list-style-type: none"> • Do not touch your face under the mask • Do not use a ripped, visibly soiled or wet mask or if the ear loops/ties are damaged • Don't wear the same mask for a long period of time; it must be changed when it gets damp • Don't share masks with another person • Don't wear the mask below your nose or chin • Don't let the mask give you a false sense of security; masks are meant to be used to as an addition to other measures such as physical distancing wherever possible, and hand washing
How to take care of your mask	<ul style="list-style-type: none"> • Always store, use, re-use and/or discard your mask in accordance with the directions of the manufacturer, if they are available • Store your masks in a way that protects them from getting dirty or damaged (for example in a sealed and clean storage bag) • Place in a dry area in your home • Identify or label mask storage bags so masks are not used by others, accidentally
What to consider before making or buying a cloth mask	<ul style="list-style-type: none"> • Type of fabric or cloth <ul style="list-style-type: none"> ◦ Use multiple layers of tight woven fabric – 4 layers is optimal. ◦ Use a combination of fabrics such as a high thread count cotton (e.g. 600-thread count pillowcases and cotton sheets) with spunbond polypropylene or polyester. ◦ If possible, use different fabrics or colours for each side of the mask. This helps you to know which side faces your mouth and which side faces out. ◦ Choose a fabric or cloth that can withstand frequent cycles through washing and drying machines • Laundering <ul style="list-style-type: none"> ◦ Place the cloth mask directly into the washing machine or a bag that can be emptied into the washing machine. Throw out the bag after you have used it to store used masks. ◦ Launder with other items using a hot cycle, and then dried thoroughly. ◦ Inspect the mask prior to reuse to ensure it has maintained its shape after washing and drying. ◦ Perform hand hygiene immediately after handling a used mask. • Making your own mask <ul style="list-style-type: none"> ◦ There are many different ways to make a cloth mask. Health Canada provides instructions with sew and no-sew options and includes types of materials you can use. Visit Health Canada for more information • Buying a cloth mask <ul style="list-style-type: none"> ◦ The Government of Alberta does not endorse any particular vendor of non-medical cloth masks. ◦ Keep in mind that you should verify that the mask should have multiple layers of fabric, fit securely against your face, allow for clear breathing and have the ability to be laundered.

Infection Prevention & Control (IPC) Best Practices Guideline

TITLE: GLOVE USE AND SELECTION	
NUMBER: 1 ST EDITION	DATE: JUNE 30, 2016

If you have any questions or comments regarding the information in this Best Practices Guideline, please contact Infection Prevention & Control at infectionpreventioncontrol@albertahealthservices.ca.

PURPOSE

- To outline the selection and use of non-sterile and sterile gloves
- To minimize the risk of contamination of health care worker's hands and the transmission of microorganisms to clients*, the environment, surfaces, or staff

Note: If specific program protocols, e.g. pharmacy, Nutrition and Food Services (NFS) recommendations vary from the general recommendations provided in this guideline, refer to, and follow department specific guidance. NFS staff working in food services areas comply with Occupational Health and Safety and Public Health Food Regulations enforced by Environmental Public Health.

APPLICATION

This guideline applies to all Alberta Health Services (AHS) staff, medical staff, students and other persons acting on behalf of AHS.

IPC PRACTICES

1. General IPC Principles – When to use gloves

The decision on whether or not to wear gloves is based on Routine Practices point of care risk assessment. Gloves are one type of personal protective equipment.

- 1.1 [Routine Practices](#) are to be used in the care of all clients at all times to reduce the risk of disease transmission. Routine Practices include:

- [point of care risk assessment](#) (PCRA)
- [hand hygiene](#)
- [personal protective equipment](#) (PPE)

- 1.2 Gloves are not required for routine client care activities when contact is limited to intact skin unless the client is on [Contact Precautions](#) or during an [outbreak](#).

2. General IPC Principles – Why to use gloves

Select gloves appropriate to the proposed task and the materials being handled. (For more information refer to resource link: [Glove Selection Algorithm](#))

- 2.1 Gloves are worn to:

- reduce the risk of staff exposure to blood, body fluids, secretions and excretions
- reduce the transmission of microorganisms
- prevent injury e.g. when handling chemicals, disinfectant wipes, waste

*Client refers to patients, residents or individuals receiving care

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- 2.2 Clean, non-sterile examination gloves are required for contact with mucous membranes, non-intact skin and when there is risk, or potential risk, of exposure to blood and body fluids.
- 2.3 Sterile gloves are used for invasive procedures and contact with sterile sites.
- Sterile gloves, available in both latex and nitrile, are worn to protect patients from contamination during an invasive procedure and to provide protection for the wearer. Sterile gloves have specific characteristics such as thickness, elasticity and strength that affect performance and use.
 - Clients with known or suspected latex allergy must not be exposed to latex.
- 2.4 Use non-powdered gloves.
- 2.5 Double gloving (wearing of inner and outer gloves) is not recommended for routine use. Double gloving may be indicated for:
- some surgical procedures (e.g. orthopaedics, maxillofacial surgery)
 - double gloving is recommended during surgery at high risk of glove perforations as it minimizes the risk of exposure to blood during surgery. If the outer glove becomes contaminated or tears, the inner glove offers protection until the gloves can be removed and replaced.
 - chemotherapy and biotherapy administration, safe handling and disposal
 - protocols for specific diseases e.g. [Viral Hemorrhagic Fever](#).
 - environments where gloves may be damaged or grossly contaminated during critical client care events (e.g. motor vehicle accident).
- 2.6 Protective gloves may be required to prevent injury due to other identified risks (e.g. contact with chemicals, sharps, broken glass, client aggression). (For more information refer to resource link: Protective Gloves)

3. General IPC Principles – How to use gloves

Glove use is not a substitute for hand hygiene. Hand hygiene is the single most important practice to reduce the transmission of microorganisms.

- 3.1 In alignment with the AHS 4 Moments for [Hand Hygiene](#), hand hygiene is performed:
- before gloves are removed from the glove box (non-sterile) or package (sterile) to prevent contamination of the box or package and to ensure hands are clean under the gloves. If possible, leave gloves in their original box or package until they are donned. In some settings, e.g. Emergency Medical Services, it may not be practical to carry a box of gloves; however, gloves must be kept clean until use. For example, the staff member performs hand hygiene prior to accessing gloves and places them into a cleaned and disinfected pouch; new disposable bag; freshly laundered coat; or clean uniform pocket.
 - after doffing gloves to remove contamination on hands that may have occurred during use due to natural glove micro-tears or during glove removal.
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- 3.2 Gloves that touch anything unclean (e.g. surfaces, objects, face, pockets) are contaminated and become a means for spreading micro-organisms. Remove contaminated gloves, discard and perform hand hygiene:
- between patients
 - between different procedures on the same patient, when moving from a dirty task to a clean task (e.g. between catheter care and intravenous care)
 - immediately after completing a task prior to touching the environment
 - during lengthy procedures or when holes or tears are noticed
 - before leaving a client room/environment unless handling grossly contaminated equipment (e.g. bedpan). If gloves must be worn in a hallway avoid touching anything with gloved hands, especially environmental surfaces.
- 3.3 Use only AHS approved hand hygiene products [e.g. Alcohol-Based Hand Rub (ABHR), soap and hand lotion] for hand hygiene.
- 3.4 Hands must be completely dry before donning gloves.
- 3.5 Never reuse, wash, or apply ABHR to single-use disposable gloves.
- 3.6 Contact AHS Workplace Health and Safety (WHS) for guidance regarding staff unable to perform hand hygiene in accordance with the AHS Hand Hygiene Policy e.g. staff wearing casts, dressings or cotton gloves, skin integrity issues.

GUIDELINES

1. Glove handling, management and procurement

Glove handling, management and procurement support proper glove use.

- 1.1 Gloves are available in various sizes (e.g. small, medium or large and extended cuff), at point of care.
- 1.2 Follow manufacturers' instructions for expiry dates and glove storage.
- 1.3 Train staff to correctly don and doff gloves. For further information refer to:
- [Appendix A: Donning and Doffing Non-Sterile and Sterile Gloves](#)
 - Resource Links on donning and doffing gloves
 - IPC External Website [personal protective equipment](#)
 - [Guideline for Asepsis for Invasive Surgical Procedures Conducted in Community-based Health Care Settings](#) regarding surgical hand antisepsis and open and closed gloving techniques, pages 6-13
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DEFINITIONS

Closed-gloving technique means a gloving technique in which the hands are not extended from the sleeves and cuffs when the gown is put on. Instead the hands are pushed through the cuff openings as the gloves are pulled into place.

Disposable means use once and discard.

Donning means to put on (an article of clothing or to wear).

Doffing means to remove (an article of clothing or to wear).

Double Gloving means wearing two pairs of gloves (inner and outer layer) to provide increased protection from needle penetration and the transmission of body fluids or chemical exposure.

Invasive procedure means a procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments or hands into the body. Examples include, but are not limited to: surgical procedures; insertion of central venous catheters, chest tubes, and percutaneous drains, and vaginal exams during labour.

Open-gloving technique means a gloving technique in which the hands slide all the way through the sleeves and cuffs when a sterile gown is put on prior to donning sterile gloves.

Point of care means the area or space where client care is being provided.

Point of care risk assessment (PCRA) means the health care worker evaluation of the likelihood of exposure to an infectious agent, for a specific interaction with a specific client in a specific environment. The health care worker makes decisions such as client room placement and choice of personal protective equipment based on the PCRA.

Procedure or examination gloves means disposable sterile or non-sterile gloves with a Class II Medical Device License from Health Canada

- **Non-sterile** means clean gloves for medical use worn to protect the wearer from sources of contamination.
- **Sterile** means gloves that are free of all viable microorganisms. Sterile procedure/exam gloves may be used during non-surgical procedures that access sterile sites (e.g. urinary catheterization, acute wounds). Sterile gloves protect both the wearer and the client from contamination.

Puncture resistant gloves means gloves that resist laceration made in a variety of materials, e.g. steel mesh, Kevlar™, leather, knitted cut-resistant yarn, worn under latex, vinyl, or nitrile gloves.

Routine Practices means the infection prevention and control measures used in the care of all clients at all times to minimize or prevent health care associated infections in the healthcare setting.

Staff means employees; independent service providers or contracted service providers; midwifery staff or other health professionals; students or volunteers; or other persons acting on behalf of Alberta Health Services.

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RESOURCES

[Donning and Doffing Non-Sterile Gloves](#)

[Donning and Doffing of Sterile Gloves When a Sterile Gown is Not Worn](#)

[Glove Box Placement](#)

[Glove Selection Algorithm](#)

[Glove Use – Practice Scenarios](#)

[Protective Gloves](#)

REFERENCES (complete list of references is available on request)

- [Appendix A: Donning and Doffing Non-Sterile and Sterile Gloves](#)
- Alberta Health Services. 2015. Care Guidelines for Patients on Cytotoxic Drugs. Alberta Health Services Insite. Alberta Kidney Care. Renal Website, Admin Practice Direction Documents: Cytotoxic Drugs – Care Guidelines for Health Care Providers.
- Alberta Health Services. 2012. Provincial Cancer Care Nursing Council. Chemotherapy and Biotherapy Agents: Administration, Safe Handling And Disposal. Alberta Health Services Insite, Chemotherapy and Biotherapy Agents: Administration.
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- Association of PeriOperative Registered Nurses. 2010. Perioperative Standards and Recommended Practices. Denver CO. Page 279.
- CDC. 2014. Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings. Retrieved from <http://www.google.ca/url?url=http://www.cdc.gov/HAI/ppt/ppe/PPEslides6-29-04.ppt&rct=j&frm=1&q=&esrc=s&sa=U&ei=PqRoVdviD5bVoASnvlHgDw&ved=0CCAQFjAC&usq=AFQjCNHIKAdNBpAmuK0vDslru9TOEuYBQ>.
- Health Canada. 2002. Infection Control Guidelines. Preventing the Transmission of Bloodborne Pathogens in Health Care and Public Service Settings. Division of Nosocomial and Occupational Infections. Bureau of Infectious Diseases. Ottawa, Ontario. Retrieved from http://www.ipac-canada.org/pdf/PHAC_2007_OccHealth_28s1e.pdf.
- Institute for Healthcare Improvement (IHI). 2014. How-to Guide: Improving Hand Hygiene A Guide for Improving Practices among Health Care Workers. Retrieved from http://www.shea-online.org/Assets/files/IHI_Hand_Hygiene.pdf.
- Mischke C., Verbeek JH., Saarto A., Lavoie MC., Pahwa M., Ijaz S. 2014. Gloves, Extra Gloves or Special Types of Gloves for Preventing Percutaneous Exposure Injuries in Healthcare Personnel (Review). The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.
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Position Statements for Perioperative Registered Nursing Practice. 10th Edition. Page 118.

- Public Health Agency of Canada. Infectious Disease Prevention and Control. 2013. Hand Hygiene Practices in Healthcare Settings. Retrieved from http://www.ipac-canada.org/pdf/2013_PHAC_Hand%20Hygiene-EN.pdf.
 - Public Health Agency of Canada. Infectious Disease Prevention and Control. 2012. Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Retrieved from http://www.ipac-canada.org/pdf/2013_PHAC_RPAP-EN.pdf.
 - World Health Organization. 2009. Glove Use Information Leaflet. [Leaflet] Retrieved from http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf.
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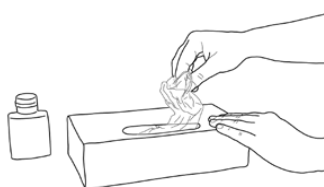
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Appendix A: Donning and Doffing Non-Sterile and Sterile Gloves

- Part 1: Donning and Doffing Non-Sterile Gloves from World Health Organization. 2009. Glove Use Information Leaflet. [Leaflet] Retrieved from http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf.

Perform Hand Hygiene with alcohol-based hand rub (ABHR) before touching the glove box and accessing gloves

I. HOW TO DON GLOVES:



1. Take out a glove from its original box



2. Touch only a restricted surface of the glove corresponding to the wrist (at the top edge of the cuff)



3. Don the first glove



4. Take the second glove with the bare hand and touch only a restricted surface of glove corresponding to the wrist

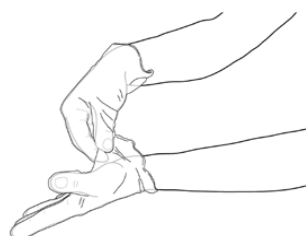


5. To avoid touching the skin of the forearm with the gloved hand, turn the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand

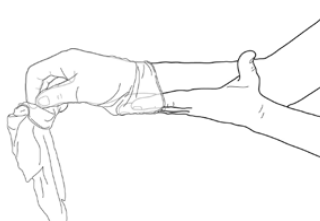


6. Once gloved, hands should not touch anything else that is not defined by indications and conditions for glove use

II. HOW TO REMOVE GLOVES:



1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out



2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist. Remove the second glove by rolling it down the hand and fold into the first glove



3. Discard the removed gloves

4. Then, perform hand hygiene by rubbing with an alcohol-based handrub or by washing with soap and water

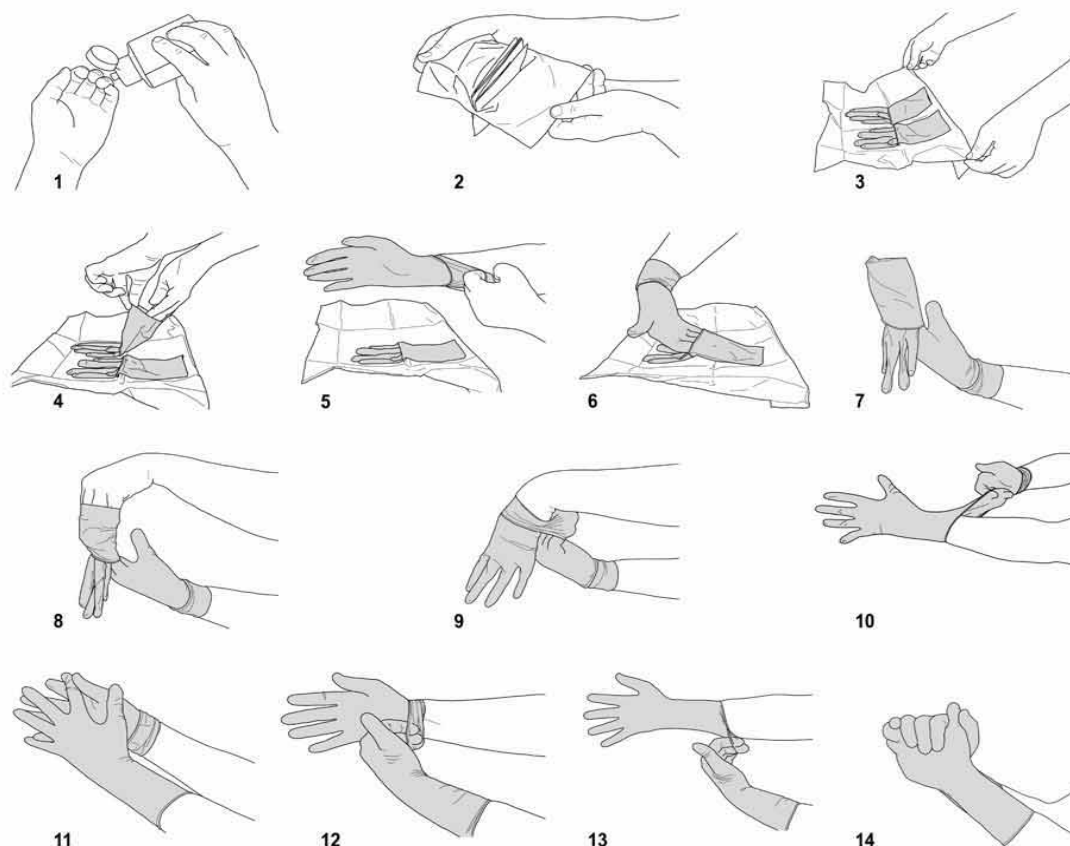
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- Part 2: Donning Sterile Gloves from World Health Organization. 2009. Glove Use Information Leaflet. [Leaflet] Retrieved from http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf.

The purpose of this technique is to ensure maximum asepsis for the patient and to protect the health-care worker from the patient's body fluid(s). To achieve this goal, the skin of the health-care worker remains exclusively in contact with the inner surface of the glove and has no contact with the outer surface. Any error in the performance of this technique leads to a lack of asepsis requiring a change of gloves.

I. HOW TO DON STERILE GLOVES



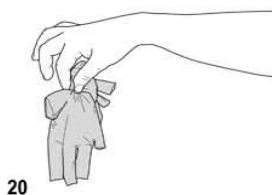
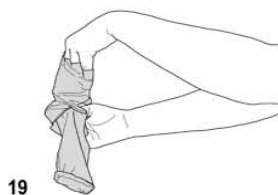
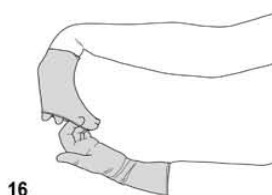
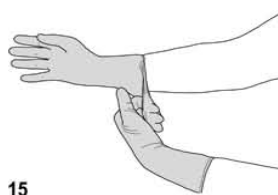
1. Perform hand hygiene before an "aseptic procedure" by handrubbing or hand washing.
2. Check the package for integrity. Open the first non-sterile packaging by peeling it completely off the heat seal to expose the second sterile wrapper, but without touching it.
3. Place the second sterile package on a clean, dry surface without touching the surface. Open the package and fold it towards the bottom so as to unfold the paper and keep it open.
4. Using the thumb and index finger of one hand, carefully grasp the folded cuff edge of the glove.
5. Slip the other hand into the glove in a single movement, keeping the folded cuff at the wrist level.
- 6-7. Pick up the second glove by sliding the fingers of the gloved hand underneath the cuff of the glove.
- 8-10. In a single movement, slip the second glove on to the ungloved hand while avoiding any contact/resting of the gloved hand on surfaces other than the glove to be donned (contact/resting constitutes a lack of asepsis and requires a change of glove).
11. If necessary, after donning both gloves, adjust the fingers and interdigital spaces until the gloves fit comfortably.
- 12-13. Unfold the cuff of the first gloved hand by gently slipping the fingers of the other hand inside the fold, making sure to avoid any contact with a surface other than the outer surface of the glove (lack of asepsis requiring a change of gloves).
14. The hands are gloved and must touch exclusively sterile devices or the previously-disinfected patient's body area.

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- Part 3: Doffing Sterile Gloves from World Health Organization. 2009. Glove Use Information Leaflet. [Leaflet] Retrieved from http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf.

II. HOW TO REMOVE STERILE GLOVES



- 15-17. Remove the first glove by peeling it back with the fingers of the opposite hand. Remove the glove by rolling it inside out to the second finger joints (do not remove completely).
18. Remove the other glove by turning its outer edge on the fingers of the partially ungloved hand.
19. Remove the glove by turning it inside out entirely to ensure that the skin of the health-care worker is always and exclusively in contact with the inner surface of the glove.
20. Discard gloves.
21. Perform hand hygiene after glove removal according to the recommended indication.

NB: Donning surgical sterile gloves at the time of a surgical intervention follows the same sequences except that:

- it is preceded by a surgical hand preparation;
- donning gloves is performed after putting on the sterile surgical gown;
- the opening of the first packaging (non-sterile) is done by an assistant;
- the second packaging (sterile) is placed on a sterile surface other than that used for the intervention;
- gloves should cover the wrists of the sterile gown.

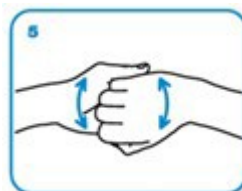
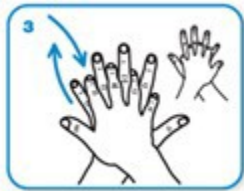
How to Hand Wash

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If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at: Hand.Hygiene@ahs.ca



- Roll up long sleeves and push up any wrist accessories
- Wet hands with warm water
- Apply enough soap to cover surfaces of the hands



- Vigorously rub soap over palms, backs of hands and wrists
- Include space between fingers, fingertips and thumbs
- Procedure should take 15 to 30 seconds



- Rinse under warm, running water
- Pat hands dry with disposable towel
- Turn tap off with the disposable towel

Periodically apply AHS-provided hand lotion for skin integrity.

Adapted with permission from The World Health Organization

Original date: May 2017
Revised date: June 2019

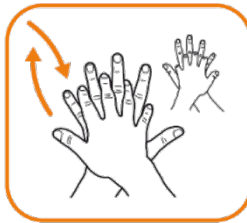
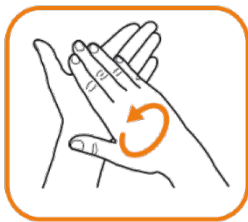
How to Use Alcohol-based Hand Rub

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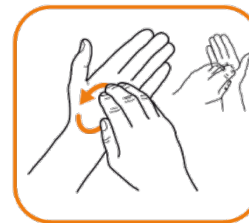
If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at: Hand.Hygiene@ahs.ca



- Roll up long sleeves and push up wrist accessories
- Apply a palmful of AHS-provided ABHR to hands
- Rub all surfaces of your hands and wrists



- Include palms, fingers, fingertips and thumbs
- Rub until hands are completely dry



Periodically apply AHS-provided hand lotion for skin integrity.

Adapted with permission from The World Health Organization

Original date: May 2017
Revised date: April 2019