



RENFREW COUNTY AND DISTRICT HEALTH UNIT

"OPTIMAL HEALTH FOR ALL IN RENFREW COUNTY AND DISTRICT"

A PUBLIC HEALTH GUIDANCE DOCUMENT FOR CHILD CARE CENTRES





RENFREW COUNTY AND DISTRICT HEALTH UNIT

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For inquiries, please contact Renfrew County and District Health Unit
613-732-3629



Introduction

The following guide is intended to provide general information for child care providers about best practice procedures which must be used in child care centres. It is a quick information guide, not a comprehensive source of information nor is it intended to address every possible circumstance. Remember any concerns regarding a child's health and safety should be addressed by a medical practitioner as this guide is not designed to be used in place of medical advice.

Ontario has several pieces of legislation and guiding documents that address child care centres and best practice procedures, such as;

- Health Protection and Promotion Act (HPPA), R.S.O., 1990, c.H.7
- Child Care Early Years Act, 2014
- Ontario Public Health Standards 2018
- Specification of Reportable Diseases, Ontario Regulation 559/91, under the HPPA 1990

Public health professionals are available to assist child care centres in reducing the rate of gastrointestinal, respiratory and other applicable infectious illnesses. Child care centre attendance significantly increases the risk of diarrheal illness and upper respiratory tract infections among preschool children, especially in children less than 18 months of age.



Look for key
messages in the
blue boxes

Indicates a
downloadable
document found
in the appendices



If child care providers or families require additional information please contact the
Renfrew County and District Health Unit at 613-732-3629 or 1-800-267-1097.



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SECTION 1

Preventing Illness



Why are Children Vulnerable?

Children enrolled in child care programs tend to have more infections in early childhood. Some of the common ways children are exposed to illness, infection and infestations in the childcare setting are:

- A child who might be infectious (carrying the germs) interacts with other children who are susceptible hosts (likely to become ill because the germs are new). The more children you have in a group, the more potential contact there is between infectious and susceptible children.
- They have not been exposed to many common germs while their immune systems are still developing.
- Children touch each other often when playing.
- Young children often explore by putting things in their mouths and other children share or touch those objects.
- Babies and toddlers who are crawling or walking have more opportunity to transmit infection than infants who are not yet mobile.
- Young children, especially those under 2 years of age, are just beginning to develop good hygiene. They may or may not be ready for toilet learning, may drool, can't always cover their mouth when coughing or sneezing and may not be able to wash their hands on their own or remember to do so.
- Children who are still in diapers can spread certain infections more readily than those who are toilet trained.
- Young children often require more hands-on care by staff, and staff may inadvertently transmit an infection if they don't wash their hands properly before turning their attention to other children.





Illnesses - When to Stay Home

The Communicable Disease Guidelines for Schools and Child Care Facilities, designed by Renfrew County and District Health Unit, has information on many illnesses including the length of time children are contagious as well as when and how long to stay home.

It is important to know when a sick child should stay home from child care. Keeping your child home allows them to rest and recover as well as protects those around them from becoming ill. As a general rule, children should stay home if they are not well enough to participate in regular activities. Symptoms including diarrhea, vomiting or fever with another symptom (such as rash, cough or sore throat) are signs your child is not feeling well enough to participate. As the parent it is important to:

- Report all symptoms to the child care facility
- Plan ahead and have back up plans for when your child becomes ill
- Encourage hand hygiene and cough etiquette
- Be a role model for proper infection control techniques





Common Childhood Illnesses & Exclusions

Listed below are common illnesses and the recommended exclusion criteria. Please see The Communicable Disease Guidelines for Schools and Child Care Facilities for more information on many childhood illnesses. Remember any concern regarding a child's health and safety should be addressed by a medical practitioner as this is not designed to be used in place of medical advice.

ILLNESS	EXCLUSION
Diarrhea (single case- unknown cause)	Exclude if- stool cannot be contained in diaper OR toilet trained child cannot control bowel movements OR other symptoms present (fever, vomiting etc.).
Diarrhea or Vomiting	Exclude until 48 hours symptom free.
Fifth Disease (Parvovirus B19)	Not required. Non-immune pregnant woman should contact their physician.
Hand, Foot and Mouth (Coxsackie)	Not required.
Head Lice (Pediculosis)	Not required. Child and family should be treated.
Influenza	Exclude until 5 days after onset of symptoms or until symptoms have resolved, whichever is shorter.
Pertussis	Exclude until 5 days of antibiotic treatment has been given.
Pink Eye (conjunctivitis)	Exclude until seen by health care provider. If diagnosed as bacterial- can return 24 hours after the start of antibiotics. If diagnosed as viral- can return immediately if feeling well with no other symptoms.
Pin Worms	Exclude until after appropriate treatment (usually 1 dose of prescribed oral medication).
Streptococcal Infection (Strep Throat, Scarlet Fever)	Exclude until 24 hours after treatment is started, if untreated exclude 21 days.
Varicella (chicken pox)	Not required if able to participate in activities and no fever, REGARDLESS of state of rash. Report illness to public health. Non-immune pregnant woman should contact their physician.





Infections During Pregnancy

Some infectious diseases found in child care settings may be a risk to pregnant women. The best way to protect yourself and/ or staff from acquiring serious infections during pregnancy is through prevention.

- Keep your immunizations up to date. Communicate with your health care provider or public health unit if you are unsure of recommended vaccinations. The right vaccine at the right time can help keep you and your unborn baby healthy during pregnancy. Some vaccines are safe during pregnancy while others are given after delivery.
- Request blood work from your health care provider for rubella, chickenpox, measles, fifth disease and hepatitis B.
- Wash your hands with soap and water or alcohol-based hand rub often throughout the day, especially after using the bathroom, changing diapers, coming into contact with body fluids and touching raw meat or unwashed vegetables.
- Avoid people who have an infection. Chickenpox, measles, mumps and rubella during pregnancy can be passed to your unborn baby and cause birth defects or miscarriage.

You are more likely to get food borne illnesses (food poisoning) during pregnancy because your body's immune system is weaker. Both you and your baby can get sick if you eat foods contaminated by bacteria, viruses or parasites. Ensure meat is well cooked, avoid deli meats and hot dogs. Do not drink unpasteurized milk or eat unpasteurized cheese. The presence of pets in the workplace can also cause difficulty for pregnant women. Avoid changing cat litter, especially in the first trimester, due to toxoplasmosis which is found in cat stool.



Useful Websites

For useful information , please visit:

Motherrisk
www.motherrisk.org/

Society of Obstetricians and
Gynaecologists of Canada
<https://sogc.org/>

Canadian Immunization Guide
<https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>



Human Bites

It is important to develop a policy and procedure on your facility's expectations for handling human bite occurrences. These policies and procedures should be communicated with parents and staff before the biting occurs. Biting in child care centres can be difficult for providers, families as well as the children involved in the incident.

The risk of infection transmission such as HIV, Hepatitis B, Hepatitis C and other skin infections are an area of concern regarding human bites. Though the risk is minimal, the child who does the biting is at an increased risk of illness verses the child who was bitten. For disease transmission to occur there must be broken skin and an exchange of body fluids. Routine practices and standard wound care can decrease the risk of transmission. If the bite has broken the skin, with or without blood, you may contact Clinical Services for further direction. Renfrew County and District Health Unit staff will assess the incident and provide further direction to parents and their physician, if necessary.

The following are steps to consider after a biting incident takes place;

- Provide first aid- wash the bite thoroughly with soap and water. Be careful to wear disposable gloves if there is any indication of a break in the skin.
- Try to rinse the mouth of the biter with water.
- Seek appropriate medical attention as necessary.
- It can be helpful to be aware of the children's immunization status where appropriate.

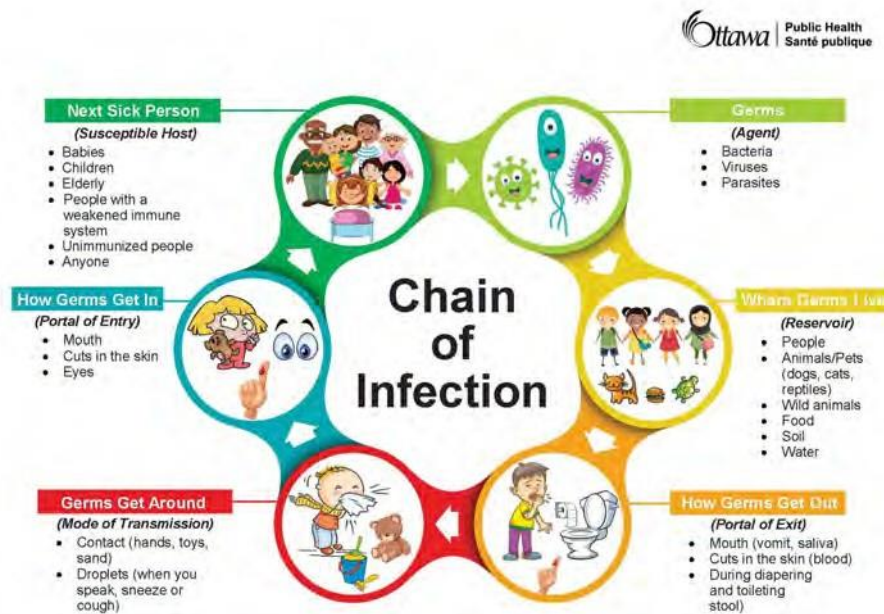
Recommended Readings;

- A bite in the playroom: Managing human bites in child care settings- Canadian Pediatric Society
- Biting in Child Care: What are the risks- Caring for Kids





Chain of Transmission



Germs are viruses, bacteria, parasites or fungi that may produce an illness, infection or infestation. They are only visible under a microscope, except certain parasites such as head lice. Some germs can survive for hours or even days under the right conditions.

Reservoir is the person or object carrying the illness, infection or infestation. This person may or may not show signs of illness.

Route of transmission means the way germs spread from one person or source to another. This can be through direct contact (person to person) or indirect contact (object to person).

Portal of entry is similar to the portal of exit; it refers to point of entry of the germ. This is commonly the nose, eyes, mouth or an open wound.

Susceptible host is somebody who has not been previously exposed to the germs being carried by the reservoir or has a poor immune system. A person's overall health, age, previous exposure and immunization status will affect their likelihood of infection if exposed.

The Chain of Transmission is the way all infectious diseases spread. The goal of infection prevention and control practices are to break a link in the chain which will prevent the transfer of microorganisms.



Policies and Procedures

Policies and procedures assist child care centres in ensuring that staff are aware and trained to protect the health and safety of children. Child care centres can use professional practice guidelines and standards, such as this guidance document, as well as regulatory requirements and standards when developing their policies and procedures.

In general, policies and procedures must be well written and practical to implement. They must be reviewed and updated annually, or as necessary, which will incorporate best practices and encourage compliance. Gathering feedback and requesting staff input may improve the implementation.

Policies set out guidance on a specific matter but do not detail how to perform tasks.

Procedures describe the step-by-step instructions for tasks that should be done in order to fulfill a policy.

Child care providers play a crucial role in protecting children from illness and infection. Ensuring all staff are trained with best practice infection control recommendations is key to the success of all child care centres.

INFECTION PREVENTION & CONTROL GUIDE

This document addresses major components of an infection prevention and control (IPAC) program and is intended to help identify and take action to limit the spread of illness, infection or infestation. Accurate policies and procedures promote an effective approach to infection prevention and control. Public Health requires your child care centre to have policies and procedures in place for:


- communication with parents and staff with respect to IPAC practices
- diapering and toileting
- environmental cleaning and disinfection
- toy cleaning and disinfection schedule
- hand hygiene
- surveillance of children for signs and symptoms of communicable disease
- immunization requirements
- dealing with emergency situations (e.g., power outage, sewage back up, water interruption)
- handling blood and body fluids
- laundering
- pest control
- care and handling of animals
- prevention of occupationally acquired infections
- disease surveillance and management
- exclusion from work or child attendance

SECTION 2

Routine Practices



Routine Practices



Routine practices are based on the premise that everyone is potentially infectious.

Routine practices must be used by everyone within the child care centre to prevent possible exposure to body fluids and excretions. As part of routine practices, child care centre operators and staff must continually assess the risk of exposure to bodily fluids and excretions. Identifying strategies will decrease risk and prevent the transmission of infection.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) includes gloves, gown and facial protection. These items are to be worn to prevent transmission of microorganisms between care providers and children. The selection of PPE is based on the nature of the interaction and/or the likely mode(s) of transmission of infectious agents. PPE should be appropriate for the type of activity according to the risk assessment (e.g., rubber gloves for cleaning and disinfection versus vinyl or latex single use gloves for diaper change). There must be consideration given pertaining to allergic reactions reported with the use of latex gloves. If a child care provider or child has a latex allergy, latex-free gloves must be used. Ensure appropriate PPE is available in several sizes for staff and all staff are knowledgeable about proper use (when, how and why).



Hand Hygiene



Hand hygiene is the most effective way to promote health and protect yourself as well as others from infectious diseases. Even hands that appear clean can be hiding microorganisms. Pre-moistened cleaning towelettes do not effectively clean hands and may spread germs from one hand to another. Everyone should wash their hands more often when there is an illness or infection in the child care centre. Recommendations include monitoring hand hygiene with unannounced and regular direct observation.

Child care centres must have written policies and procedures for an established hand hygiene program. The policies and procedures must include;

- When to perform hand hygiene
- How to perform hand hygiene
- Selection of products used for hand hygiene
- Management of product dispensing containers
- How hand hygiene compliance will be monitored and feedback given.

Child care centres must establish a hand hygiene program consisting of the following minimum elements;

- Children are taught proper hand hygiene by staff/ caregivers
- Hand washing must be carried out when hands are visibly soiled (use of ABHR is not appropriate when hands are visibly soiled)
- If using ABHR, staff/ caregivers should teach and must supervise children under the age of 5
- Staff, visitors, parents and children must clean hands upon arrival and/or entry into any room/ facility

Staff must clean hands;

- Before initial contact with children or handling items in the room
- Before and after glove use
- After toileting
- Before and after preparing, handling or serving food or medication
- Before and after care or cleaning of blood, body fluids, secretions and excretions of children or staff, even if gloves were worn (this includes wiping a child's nose)
- Before and after handling pets
- After coming in from outside
- After using the washroom
- Whenever in doubt



Hand Washing



Antibacterial soap is not necessary for safe and effective hand hygiene.

Hand washing must be carried out when hands are visibly soiled. Children and staff should be taught and encouraged to do proper hand washing by caregivers. Hands must be cleaned by staff, visitors, parents and children upon arrival and/or entry into any room/ facility.

A playful way to encourage proper hand washing is by singing 'Happy Birthday' twice while washing hands and encouraging bubbles. Signage of proper procedure for hand washing is recommended at each hand washing sink to encourage proper technique. The process of hand washing takes between 40-60 seconds to complete.

Six steps to proper hand washing;

1. Wet hands under warm running water.
2. Apply enough liquid soap to cover all areas of your hands.
3. Rub hands together for at least 20 seconds. Rub front and back of hands, between the fingers and wrists creating lather.
4. Rinse off all soap under warm running water with a rubbing motion.
5. Dry hands with a disposable paper towel or a clean single-use towel.
6. Turn off water with towel.

See Appendix B 



Alcohol-Based Hand Rub

Alcohol-based hand rub (ABHR) comes in forms of gel or foam. They are not recommended for use when hands are greasy or visibly soiled. ABHR is easy and useful when a sink with running water and soap is not available. Be sure to choose an alcohol-based product because products which are not alcohol-based will not kill germs.

ABHR must contain at least 70% alcohol to be effective, therefore, check the label. For this reason, hand rubs are a fire hazard and can be harmful if swallowed by children. To reduce the risk, always have child care staff help children use ABHR. Children should not put their hands in their mouths until the alcohol evaporates (about 15 seconds).

- If water is not available and hands are visibly soiled it is best to use a towelette to remove the soil and then use an ABHR.
- Rub your hands together until the product has been fully evaporated.
- Do not rinse or wipe off ABHR before it has time to dry.
- Make sure hands are dry when applying ABHR.
- Check the dispenser on a regular basis to avoid clogging or malfunctioning.
- Store supplies in a locked area away from children.



Wall dispensers and containers of alcohol-based hand rubs should be placed so they cannot be reached by small children.

Proper hand hygiene with ABHR;

1. Use enough alcohol based hand rub to cover all areas of your hands (one to two full pumps or a "loonie" sized amount).
2. Rub hands together for at least 15 seconds or until the product evaporates (rub finger tips, between fingers, backs of hands, base of thumbs and the wrist.).

See Appendix C



Gloves

Gloves are an excellent barrier for reducing the risk of communicable disease and illness. There are different types of gloves that can be used in a child care centre. This depends on the task at hand.

Multi-use gloves can be used for housekeeping, cleaning and disinfecting.

Single use disposable gloves are task specific and are not meant to be washed or reused. They should be used with all diapering/ toileting or if there is any risk of exposure to bodily fluid.

Gloves that touch anything unclean (e.g. surfaces, objects, face, pockets) are contaminated and become a means for spreading microorganisms. Remove contaminated gloves, discard, perform hand hygiene and put on a new pair of gloves to perform task.

Hands must be washed before putting gloves on and after taking gloves off as they may become contaminated when removing. Gloves must be changed between tasks. Follow manufacturer instructions for expiry dates and glove storage.

Gloves should be removed using glove to glove/ skin to skin method.

Procedure: Pinch outside of glove with gloved hand and pull off while turning glove inside out. Hold the glove you just removed in your gloved hand. Peel off the second glove by putting your fingers inside the glove at the top of your wrist. Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second. Dispose of the gloves immediately then perform hand hygiene.



Wearing gloves
is not a
substitute for
hand hygiene

SECTION 3

Environmental Cleaning



Cleaning & Disinfecting

Cleaning and disinfecting can reduce the spread of germs. Some germs can live for hours, days or weeks on toys and other surfaces. All cleaning and disinfecting product(s) must meet WHMIS 2015 requirements (e.g., drug identification number, safety data sheets etc.).

High-touch Surfaces

High-touch surfaces include doorknobs, toys, cribs/cots, light switches, table tops and computer keyboards etc. These are surfaces where bacteria and germs are prone to settling, therefore, require frequent cleaning and disinfection.

Low-touch Surfaces

Low-touch surfaces include walls and window sills etc. that are touched less frequently. These surfaces require cleaning and disinfection as per facility cleaning schedule or as needed.

In order to ensure the safety of children and staff there must be policy and procedures. These must include;

- who is responsible for the cleaning and disinfection
- what products are to be used on various surfaces
- how and when the product is to be used (staff should be able to provide a description of the products used, contact times, proper dispensing and usage, including during an outbreak)
- cleaning and disinfection standards and frequency
- cleaning and disinfection during an outbreak

Storage of Chemicals- By maximizing awareness of the potential hazards of chemicals, child care providers can reduce the risk of harm to staff and children by ensuring chemical products are safely stored. See WHMIS 2015 guidelines for an in depth storage protocol.

- ensure all potentially dangerous products are inaccessible to children at all times.
- dangerous chemicals must be stored in cupboards fitted with childproof locks.
- ensure the phone number for Ontario Poison Centre is posted beside all telephones in the centre and is included on the first aid action plan.



See Appendix D





Cleaning & Disinfecting

CLEANING

Cleaning is the removal of dirt and material from an object or surface. The process of cleaning physically removes microorganisms. Cleaning is accomplished with warm water, detergent(s) and scrubbing. Cleaning must always be done before disinfecting.

Choosing a Cleaner

An important consideration in the choice of product used in your centre is the ease of cleaning. When choosing a cleaner, consider the furnishings and equipment in your facility, Occupational health and safety concerns must follow WHIMS 2015 regulations.

Using a Cleaner

Cleaning must be done as soon as possible after contamination.

DISINFECTION

Disinfection is completed after cleaning. This process kills most disease-causing microorganisms on objects using chemical solutions.

A ready to use disinfectant must include;

- a drug identification number (DIN #)
- a safety data sheet (SDS)
- a predetermined shelf-life
- the recommended contact time
- efficacy statement suitable to your facility
- be fast acting (e.g. disinfectant should have a rapid and realistic contact time)
- be non-toxic or non-irritating
- be easy to use clear written instructions
- have a broad spectrum of antimicrobial effectiveness
- a shorter contact time is preferable due to ease of use
- compatibility with the cleaning substance to avoid a negative reaction between the chemical compounds of cleaner and disinfectant residue.



Chlorine (Bleach) Solution

The main purpose of disinfecting is to reduce the number of germs and microorganisms present on surfaces, toys or objects. An effective and economical disinfecting solution is household bleach (sodium hypochlorite). This solution is effective for all surfaces, objects and toys as well as body fluid contamination (e.g., blood, stool and/or vomit). By mixing a different amount of bleach with water you can make a high, medium or low level disinfectant. Before doing so, remember;

- Different brands can have a different chemical composition (e.g., 3%, 5.25% or 9%). Keep this in mind when determining your chemical/ water ratio. All the solutions in the chart below are 5.25% sodium hypochlorite.
- Cleaning must be done before disinfecting.
- Leave the solution on the surface for the recommended contact time (see chart below).
- A change in disinfectant strength and type may be needed if your centre goes into an outbreak. Please contact RCDHU for guidance if this occurs.

CONCENTRATION	CONTACT TIME	WHEN TO USE	HOW TO MIX
HIGH- LEVEL 1:10 dilution of bleach 5000 ppm	10 mins	<ul style="list-style-type: none">• Cleaning blood or body fluid spill• When directed by public health	62 ml (1/4 cup) : 500 ml (2 cups) water OR 100 ml (1/2 cup) : 1 liter (4 cups) water
INTERMEDIATE LEVEL 1:50 dilution of bleach 1000 ppm	2 mins	<ul style="list-style-type: none">• Washrooms• Change tables	10 ml (2 tsp): 500 ml (2 cups) water OR 20 ml (4 tsp): 1 liter (4 cups) water
INTERMEDIATE LEVEL 1:100 dilution of bleach 500 ppm	5 mins	<ul style="list-style-type: none">• Safe level for toys• Washrooms• Change tables	5 ml (1 tsp): 500 ml (2 cups) water OR 10 ml (2 tsp): 1 liter (4 cups) water
LOW- LEVEL 1:500 dilution of bleach 100 ppm	1 min	<ul style="list-style-type: none">• Safe level for food surfaces, dishes and utensils	1 ml (1/4 tsp) : 500 ml (2 cups) water OR 2.5 ml (1/2 tsp) : 1 liter (4 cups) water



Cleaning of Blood & Body Fluids

Bodily excretions contain microorganisms which may cause illness. Extra care should be taken when cleaning blood, urine, stool or vomit. Ensure the proper PPE is worn such as disposable gloves and eye wear if there is a possibility of splash back.

The following procedure is recommended;

- Wash hands and collect all equipment (e.g., spill kit)
- Put on disposable gloves (vinyl or latex).
- Remove excess blood, vomit, stool or bio-hazard substance with paper towel then discard immediately into plastic water-proof bag.
- Clean the area with soap and water from least to most soiled.
- Disinfect the area with high level disinfectant and let stand for recommended contact time.
- Best practice is to clean the area again with water to dilute any chemical residue.
- Wash equipment (mop/ bucket) with soap and water followed by appropriate disinfectant.
- Remove gloves, discard and promptly clean hands.

Vomit or blood that contaminates a sensory play table requires immediate closure to drain/empty, wash, rinse and disinfect.

It is beneficial to have a spill kit prepared and set aside in preparation for clean up of blood and bodily fluids. The spill kit should include;

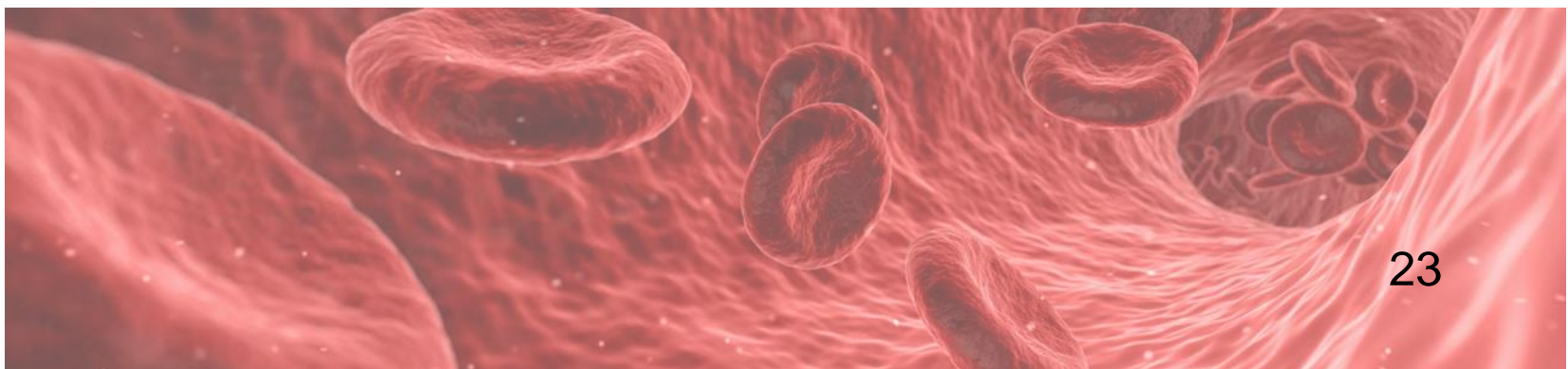
- Disposable gloves
- Eye wear
- Liquid soap
- Disinfectant (high level)
- Paper towel
- Plastic water-proof bag

Useful Websites

For useful information, please visit:

Public Health Ontario
Chlorine Dilution Calculator
<https://www.publichealthontario.ca/en/health-topics/environmental-occupational-health/water-quality/chlorine-dilution-calculator>

Workplace Hazardous Materials
Information System
<http://whmis.org/>





Personal Items

Child care centres often keep children's personal items within their facility. These items are beneficial for hygienic purposes but can be a contributor to germ transmission if not stored or disinfected properly. It is essential that all personal items be labelled with each child's name and must not be shared with other children. The following items are examples of personal items;

- Cubbyholes & Diaper Bags- can be used to store personal belongings. It is important the items in each bin are not in contact with other bins/ items and kept in clean condition with no overflow. All items should be labelled with child's name.
- Cream & Lotion- Child care providers are encouraged to only use products brought in from family members. If a provider uses a communal cream it is important to use an applicator to avoid germs spreading. Pumps or squeeze style bottles can be put directly onto the provider's hand, allowing space between the hand and nozzle.
- Soothers- sharing is not permitted; they must be stored in an area out of reach of other children.
- Hats- children should be discouraged from sharing hats.
- Face cloths- can be used after meals. Cloths must be single use only and never shared between children. It is important to launder all face cloths after each use and thrown out when they become worn.
- Toothbrushes- store separately in a clean and sanitary manner. This means storing them upright in a horizontal line and not in a cup or stacked in multiple rows above one another. Ensure they are rinsed well and air dried.
- Toothpaste- children can bring their own toothpaste but if a shared toothpaste is used, a small amount should be placed on a clean paper towel for each child. Children can then scoop the toothpaste with their toothbrush.
- Combs & Brushes- must be stored separately. If the item happens to be used on the wrong child it must be cleaned and disinfected properly.





Sleep Environment



Children may be scheduled for sleeping periods at child care centres as part of their daily routine. It is important to ensure this activity is carried out with the health and safety of the child in mind. Bed linens that have been used by a child have to be cleaned in the washing machine before they can be used for another child. Store each child's bed linens separate from each other, so that they do not touch, and are protected from getting contaminated for the purpose of infection prevention and control. The space you use for napping can also be used for a play area.

- Sleep equipment must be labelled and assigned to a single child.
- If sleep equipment is not designated to an individual child, cleaning and disinfecting must be done after each use.
- Crib mattresses must be made of a smooth, non-porous and non-absorbent material that is easy to clean and disinfect.
- Crib mattresses must be cleaned and disinfected when contaminated (e.g., soiled or wet).
- Sleeping mats must be stored to avoid contact with the sleeping surface of another mat.
- Bedding (sheets and blankets) must be assigned to each child and laundered weekly or as often as necessary.
- Double-sized beds and bunk beds in a child care facility are not recommended for safety reasons.



Laundry

Bedding, sheets and cot covers can harbour microorganisms that thrive in moist and warm environments but if handled appropriately transmission of infections is rare. The following recommendations are necessary to reduce the risks associated with improper laundering of bedding materials;

- Develop a policy and procedure which includes the collection, handling, transportation, washing and drying of soiled items.
- Gloves and appropriate personal protective equipment must be worn based on risk assessment of body fluid or chemical exposure.
- Children's soiled clothing must be sent home for cleaning (do not rinse, roll and place items in a sealed plastic bag, solid stool shall be disposed of in the toilet prior to bagging clothes).
- Soiled items must be kept separate from clean items in a covered container/bag.
- Clean items must be stored in a clean and dry area off of the floor.
- Bedding (sheets and blankets) must be assigned to each child and laundered weekly or when wet/ soiled.
- Laundry must be done in a separate space from the kitchen. Existing child care centres that launder in a kitchen area must ensure laundry is done at alternate times to food preparation. Surfaces must be cleaned and disinfected immediately after laundry is complete and prior to food preparation.



Improper laundering of materials used in child care centres may increase the risk of communicable disease transmission.



Toy Cleaning & Disinfecting Procedure

It is important that the sequence or steps involved in the cleaning process be done in the correct order.

STEP 1 - INSPECT

Inspect all toys before and after play to ensure there are no loose, sharp or broken edges as well as visible body fluid (stool, vomit, blood) that could be a safety hazard to the children.

STEP 2 - COLLECT

Remove toys from the play area and place them in a collection box.

STEP 3 - CLEAN

Toys should be washed and scrubbed with soap and hot water and then rinsed thoroughly. Use a brush to clean crevices or hard to reach areas.

STEP 4 - DISINFECT

Follow manufacturer labels for recommended application and contact time of disinfectants. Spray bottles with disinfectant are not recommended.

STEP 5 - RINSE


Rinse disinfectant with clean water.

STEP 6 - AIR DRY

Allow time to completely air dry before next use.

STEP 7 - RECORD

Keep a record of when toys were cleaned and disinfected

See Appendix F 





Play- Based Learning

The following recommendations are necessary to reduce the risk of disease transmission when playing with toys and sensory play materials;

- Children must practice hand hygiene before and after playing with toys.
- Playrooms must be provided with both ABHR and designated hand washing stations.
- Toys must be discarded if compromised (cracks, breaks, tears, etc.); and/or exposed to body fluids, blood or illness/disease that cannot be cleaned and disinfected.
- Toys purchased for use in child care centres must be easy to clean and be able to withstand frequent cleaning and disinfection.
- Toys must be maintained in good repair and must be inspected for damage to avoid compromising the cleaning and disinfection process.
- Toys that are mouthed or contaminated by body fluids must be cleaned and then disinfected before being played with by another child.
- Launder fabrics or plush toys in a washing machine with hot water. Dry in a dryer on hot cycle.
- Avoid using disinfectant products on porous surfaces.
- Clean and disinfect other items (e.g., scissors, puzzles, storage bins, etc.) when they are visibly dirty
- Items such as books and some craft equipment may be difficult to clean, so consider discarding them once they are soiled



Play-based learning and toys are an integral part of a child care program. Toys and sensory play are excellent methods to enhance children's sense of touch, sight, taste, smell and hearing. However, toys can be responsible for the spread of infection.



Sensory Play

Within recent years, pedagogy (how learning happens) is becoming an important aspect of child care centre program and planning. Children thrive when space encourages investigation, imagination, creativity and problem solving. Sensory play is a pedagogical approach to children's dexterity and development. The use of sensory materials allow children the opportunity for hands-on and self-directed play. Sensory play can encourage the development of self-esteem, motor skills and cognitive development.

Some examples of sensory play items include play dough, pasta, sand, beads and store bought feathers. There are sensory play materials which are not recommended (due to possible contamination) in a child care setting including meat trays, soiled egg cartons, natural bird feathers and toilet paper rolls.

Similar to environmental cleaning and disinfection, child care centres must implement a comprehensive toy cleaning and disinfection program for sensory play items. Items which are porous, absorbent and unable to be cleaned, disinfected or laundered must be discarded after use according to child care centre policy.

Useful Websites

For useful information, please visit:

Ontario Ministry of Education
<http://www.edu.gov.on.ca/childcare/pedagogy.html>

Canadian Standards Association (CSA)
<http://horizon.parachutecanada.org/en/article/canadian-standards-association-csa-playground-standard/>





Sensory Tables

Best Practice Recommendations

- Always wash hands before and after using a sensory table.
- All tables require special care to ensure they do not become contaminated.
- Use separate/ individual bins for children who are sick.
- Wash, rinse and disinfect the table and individual bins and toys after each use.
- Use discretion with natural products such as pine cones and leaves. All items must be assessed by care provider before being placed in circulation.
- Sensory tables should be visibly inspected on a daily basis.
- Never use any type of sensory table during an outbreak.
- Store-bought play dough should be thrown out weekly, home made play dough discarded daily.



Water Table

It is important to choose a water table that is easy to clean and disinfect. Discard water after every use or after two hours of continuous play, disinfect between uses. All toys used in water play must be disinfected at least once daily. Always ensure table is covered when not in use. Stop children from drinking the water or putting toys in their mouth. Ensure all stagnant water is removed to avoid mosquito breeding.

Food Table

Discard cereal, rice, beans and other food products weekly. If food becomes wet, immediately discard. In the event of a rodent or insect infestation- stop the use of food immediately and discard. Food used in sensory play must be stored in labelled containers with tight fitting lids and should not be stored with food for consumption. .

Sand Table

Sandboxes should consist of pre-packed, sealed, silica- free sand. This sand must be labelled "play sand". Soil from places such as the garden is not permitted. Air dry wet sand thoroughly, as moisture allows for growth of bacteria. When the sand table is emptied the table must be properly cleaned and disinfected before refilling. Keep all pets and food away from sand table.

SECTION 4

Diapering & Toileting



Diapering and Toileting

Diapering and toileting can pose a risk of communicable disease transmission. Many healthy newborns and infants can acquire microorganisms that cause disease. Diapering and toileting procedures must be posted at each change station and toilet to remind staff of the important steps to follow to prevent the spread of communicable diseases.

Many children acquire organisms in childhood from environmental contamination. Studies indicate that hands become heavily contaminated with microorganisms during routine neonatal care which highlights the importance of hand hygiene during and after the diaper change routine.

To minimize infection transmission, staff should gather all supplies (personalized creams, wipes, disposable gloves etc.) prior to the diaper change. Glove use is not required for toileting if you can assist the child without direct hand contact with stool or urine.



Child care centres need to ensure proper prevention and control practices are in place and followed by all staff.





Diapering

The following elements are necessary in order to prevent the spread of diseases while diapering;

- The diaper changing area must only be used for diapering and be separate from food preparation, feeding area and activities.
- Hand wash sinks must be located in the diaper changing area and equipped with liquid soap, running water and paper towels. These sinks must be washed and disinfected daily or as necessary and should only be used for the purpose of hand washing.
- All diapering surfaces must be constructed of a smooth, non-porous, non-absorbent material that is easy to clean (e.g., hard plastic, stainless steel or a washable pad covered by smooth vinyl). These surfaces must be free of cracks. Gluing and/or taping the pad is NOT acceptable.
- Gloves must be single use.
- Diapering surfaces must be cleaned and disinfected after each use (even if a paper liner is used).
- Separate diapers and individual personalized ointments/creams must be labelled with each child's name and stored separately to avoid cross-contamination.
- Personal items must NOT be shared. If a product is shared between children a disposable applicator MUST be used. Double dipping is not permitted.
- The area should be equipped with a garbage container that must have a tight fitting- foot activated lid and a leak proof plastic liner.



See Appendix G





Cloth Diapers



Some families choose to use cloth diapers due to environmental or cost reasons. Child care providers should follow regular diapering procedures and precautions previously listed to minimize the risk of disease transmission. Cloth diapers require more handling than disposable diapers. More handling often leads to a higher chance of spreading germs.

Ensure soiled cloth diapers are put into a leak proof sealed bag. Solid diaper contents should be emptied into the toilet. Careful consideration should be taken to avoid splash back. For infection control purposes cloth diapers must not be rinsed or washed at the child care facility. All soiled cloth diapers should be sent home with the child's family at the end of each day to be laundered.



Toileting

Toilet training is an exciting part of a child's development. Child care providers play a large role in the potty training process.



The following elements are necessary in order to prevent the spread of germs and infections while toileting;


- The designated toileting area must only be used for toileting and be separate from food preparation, feeding area and activities.
- Hand wash sinks must be equipped with liquid soap, running water, and paper towels. These sinks must be washed and disinfected at least daily (or as necessary) and must not be used for food preparation, rinsing soiled clothing or toy washing.
- Gloves must be single use.
- Potties and/or toilet seats must be cleaned and sanitized after each use.
- Empty potty contents into toilet after each use. Careful consideration should be taken to avoid splash back.
- Potty chairs must be stored in the toileting area, never in playrooms or hallways
- Garbage containers must have a leak proof plastic liner and must be equipped with a foot activated lid.

See Appendix H



SECTION 5

Healthy Environments



Children learn important gross motor and social skills while taking part in outside activities.

OUTSIDE PLAY

Child care centres must ensure outside play space is safe for children at all times. A safety policy which indicates the roles and responsibilities of providers regarding safety during outside play is advised. Inspections should be completed before and after every play period to ensure play space, toys, structures and surfacing are in good repair and without hazards. All issues or problems identified in a playground inspection should be addressed and a log maintained including date of inspection, repairs and solutions to identified hazards.

Useful Websites

For useful information, please visit:

Canadian Weather

https://weather.gc.ca/canada_e.html

Government of Canada

<https://www.canada.ca/en/health-canada/services/sun-safety/sunscreens.html>

<https://www.canada.ca/en/health-canada/services/about-pesticides/insect-repellents.html>



Temperature Fluctuations

Renfrew County and district is an area which greatly fluctuates in temperature depending on the season. Cold snaps and heat waves are becoming more frequent. Children struggle to maintain core body temperature, therefore, being aware of the weather is part of a child care providers job. To ensure the health and safety of children, it is important to consider the outdoor environment when determining daily activities.

EXTREME COLD

Many factors play a role in winter temperatures such as wind chill, sun, shelter and snow. The following are tips to staying warm;

- Check the local forecast daily for temperature, storm warnings and wind chill. Be aware of possible weather warnings before leaving the centre.
- Ensure everyone is dressed properly with minimal skin exposure. Face, neck, hands and feet need to be protected.
- Check with children frequently to avoid exposure to the elements.
- Ensure clothing is layered and all snowsuits are waterproof, as well as, windproof to prevent heat loss and protect from frost bite.
- Be prepared to alter daily plans if the weather is too extreme, reschedule outings and stay inside.
- Know the signs of frostbite and hypothermia as well as the treatment should it occur.

EXTREME HEAT

Many factors play a role in summer temperatures such as humidity, UV index, air quality and shade. The following are tips to playing safe while staying cool;

- Check the local forecast daily for temperature, humidity and UV index. Be aware of possible weather warnings before leaving the centre.
- Keep children hydrated. Drink more water than usual- don't wait to be thirsty.
- Check with children frequently to avoid exposure to the elements.
- Ensure outside play areas have an adequate amount of shade.
- Stay inside if the temperature increases or children appear to be uncomfortable.
- Be prepared to alter daily plans, reschedule outings and stay inside.
- Know the signs of heat related illness as well as the treatment should it occur.
- Encourage sunblock and UV protection.



Sun Safety



When applying both sunscreen and insect repellent- first apply sunscreen- allow 20 minutes for absorption before applying the repellent.

Prolonged sun exposure can lead to sun burns, skin damage and cancer. Children are often outside when the sun's ultraviolet (UV) rays are the strongest. See "Useful Websites" on page 37. For this reason, sun safety must be practiced at child care centers. Some tips to remember about sun safety include;

- Limit the time of outside play when the UV index is above 3, even when it's cloudy. This is typically between 11 am and 3 pm.
- Parents who provide their own sunscreen must have a minimum of SPF 30. All sunscreens must be labelled as "broad spectrum" and "water resistant".
- Sunscreen should be stored separately and labeled with the child's name.
- Apply sunscreen 20 minutes prior to going outside. Reapply at least every two hours and after skin has become wet from swimming or sweating etc.
- Keep babies under 1 year of age out of direct sunlight. Children can start using sunscreen at 6 months of age with careful consideration given around the eyes and mouth.
- Children must be dressed appropriately for the weather every day such as light coloured clothing, sunglasses and sun hats during the summer months or when UV index is the highest.
- Find shade under a tree or umbrella whenever possible.
- Be aware harmful UV rays can reflect off sand, water, buildings and snow. Sunscreen is beneficial throughout all seasons for this reason.
- Encourage sunglasses even in the winter due to sun reflection in the snow.



Insect Protection

It is important to protect children from insects. Mosquitoes, ticks and flies may transmit illnesses in Canada such as Lyme disease and West Nile virus. Icaridin and DEET are chemicals found in insect repellents that protect individuals from these insects. Like any chemical, insect repellents should be used safely. Not all products have the same amount of Icaridin or DEET. "Natural" repellents (e.g., eucalyptus, soybean oil and citronella) can be used but may not work as well and their safety remains unclear. Remember natural doesn't always mean safe. Child care providers must take special care to avoid open areas on the skin, eyes, mouth and nose when applying insect repellent. See "Useful Websites" on page 37

INSECT REPELLENT

- Children less than 6 months should not use insect repellents with DEET or Icaridin. Child care providers are encouraged to use a fine mesh net to cover the baby's stroller or playpen when outside.
- Children should not put on their own bug repellent.
- Children 6 months to 2 years should wear no more than 10% DEET and should only be applied once a day
- Children 2-12 years should use no more than 10% DEET but can be safely applied up to 3 times a day.

When applying both sunscreen and insect repellent- first apply sunscreen- allow 20 minutes for absorption before applying the repellent.

TICK BITE PREVENTION



*** Perform tick checks on the entire body after returning indoors ***

- Wear a Health Canada approved insect repellent appropriate for age group.
- Wear light coloured long sleeve pants and shirts, tuck pants into socks.
- Wear closed toe footwear.

If a tick is found attached to a child, contact parent/guardian. Advise the parent to consult a healthcare practitioner and RCDHU to have the tick tested.

MOSQUITO BITE PREVENTION



- Wear a Health Canada approved insect repellent appropriate for age group.
- Eliminate areas where standing water can accumulate.
- Wear long-sleeved shirts, long pants, socks and shoes when outdoors in the early morning and evening.



Gardening

Gardening can give children satisfaction from caring for something while observing the cycle of life. It can be an exciting and a great teaching tool. Involve children in the design of the garden to produce something unique.

Soil quality should always be considered when planning a garden as it can be contaminated with microorganisms, chemicals (pesticides, herbicides, lead and other heavy metals) and physical hazards. People can be exposed to these contaminants in the soil through ingestion, skin exposure and inhalation. Young children may accidentally ingest soil due to hand-to-mouth contact.

When planning a garden it is important to consider land use practices of the child care centre and neighbouring properties. The following gardening practices aim to reduce exposure to soil contaminants:

- Build a raised garden bed or use planters or pots.
- Protect soil from animals (e.g., wire mesh, fencing).
- Wash hands after gardening.
- Wash any produce grown in the garden thoroughly.
- Discard stagnant water to prevent mosquito breeding sites.





Recreational Water

RCDHU regularly tests water quality at public beaches throughout Renfrew County during the summer months. The water is tested for E. coli bacteria. Swimming in water with high levels of bacteria can cause skin rashes, eye, ear, nose and throat infections, and gastrointestinal illness if the water is swallowed. Only use inspected beaches. Do not swim if the beach has been closed due to high bacterial count or within 24 hours of heavy rainfall.

If the level of E.coli in beach water is too high a sign will be posted at the beach warning swimmers that the water is unsafe for bathing.

Sometimes a sign is posted at the beach to warn swimmers about other conditions like algae blooms, chemical contamination, or physical dangers.

The full list of public beaches and test results can be found on the RCDHU website:
<https://www.rcdhu.com/healthy-living/safe-water/>

RCHDU inspects recreational water facilities such as pools and splash pads for compliance with provincial regulations. The results of these inspections can be found on the disclosure website.





Pest Control

The best way to control an infestation is by preventing it from the beginning

Pests such as mice, rats and cockroaches pose a potential health risk as they are known to carry disease and can trigger or worsen asthma symptoms in some individuals. Every child care centre should implement pest prevention through an Integrated Pest Management (IPM) program. Child care centre operators and staff are responsible for ensuring their centre is pest free. Core principles of IPM involve eliminating pests' access to food, water and shelter.

- Have a cleaning schedule to ensure all food debris is eliminated (e.g., under the stove, refrigerator and dry food areas).

- Store garbage in closed pest proof containers.
- All food preparation areas must be cleaned after each use.
- All food must be stored in a clean area and closed off and free of pests.
- Inspect the exterior and interior structure of the building.
- Eliminate pest access into the building by repairing/replacing screens, tight-fitting doors and windows as well as plugging holes and cracks.
- Ensure clutter and accumulation is reduced inside and outside the facility to eliminate places where rodents/vermin can live.
- Ensure sensory play materials (e.g., play dough) are stored in labelled plastic containers with tight fitting lids.
- Child care centre operators must notify/consult their pest control operator if any pest activity is observed on the premises.





Pets and Animals

Interaction with animals can provide a valuable learning experience for children. Infants and children, particularly those less than 5 years of age, have an increased risk of infection due to their developing immune systems and frequent hand-to-mouth activities. There are infection control measures that should be taken to decrease the risks of bacteria transmission when handling pets or visiting animals.

All staff and children should be educated on infection prevention relating to animals in regards to facility pets as well as animals visiting the centre. Contact between children and animals should be supervised at all times. Proper hand washing must be done with staff and children after touching animals. Hand hygiene should be done before and after contact with animal food, toys, bedding and/or general environment. Children should be encouraged to never kiss or put their face close to the animal. Ensure children understand they are to never touch animal stool. Animals are prohibited from sleeping areas as well as entering all food preparation and eating areas .

It is important to have a clear and concise written policy and procedure which identifies infection prevention and control of facility pets as well as visiting animals in child care centres. This will ensure the risk of disease exposure is reduced.

Child care centre operators may choose to house an animal in their centre. Child care centres must develop a resident animal care plan which consists of the following components:

- Daily health screening of the animal for signs of infection/injury.
- Cage/tank cleaning/disinfection schedule and procedure.
- Contact number for the resident animal's veterinarian.

If anyone is injured by an animal
(bite or break in the skin)
immediately contact RCDHU

Useful Website

For useful information , please visit:

Ministry of Health and Long Term Care
Recommendations for the Management of
Animals in Child Care Settings, 2018





Petting Zoo

Petting zoos and fairs are a fun way to interact and learn about animals. Without proper infection control policies, children can be exposed to microorganisms and become very sick.

Tips for a stress-free experience

- Bring hand wipes AND alcohol based hand sanitizer. Hand wipes can't be used alone as they do not disinfect.
- Soiled hands must be washed before applying ABHR.
- Supervise children while they are in contact with animals or in animal areas.
- Discourage all hand to mouth activity
- Ensure proper hand hygiene when exiting and entering the animal area.
- Ensure children as well as staff practice hand hygiene before eating and drinking.

Animals not Recommended for Child Care Centres:

- Animals from shelters or pounds unless they have been in a stable home for at least 6 months,
- Ill animals or animals under medical treatment,
- Live poultry or farm animals,
- Amphibians and reptiles,
- Birthing, pregnant or animals in heat,
- Animals less than one year of age,
- Dangerous, wild or exotic animals



All animals should be healthy with up to date vaccinations. A copy of immunizations must be readily available. Child care centre operators must collect and record the following information for visiting animals (e.g., petting zoos and fairs);

- Name of animal owner(s)
- Owner contact information
- Animal(s) name and species
- Any additional guests in attendance

It is recommended that these records are kept on-site for one year and made available to Public Health Inspectors or parents/guardians who may request them.



Safe Food & Water

Child Care Centres must follow proper food handling practices to provide safe food to children. When food is handled improperly there is the potential for the spread of germs and infections. Children are also more susceptible to disease and illness than the general population.

The Ontario Food Premises Regulation 493/17 sets out the minimum requirements to operate a food premises. It also requires that there is at least one certified food handler on site at the child care facility at all times. Depending on the type of child care facility, a Public Health Inspector from RCDHU will inspect your kitchen 1 to 3 times per year. The results of food inspections are disclosed on the RCDHU website.

- Food and water must be from an approved source.
- Food must be stored, prepared and served at proper temperatures and under sanitary conditions.
- Staff must practice frequent hand washing and good personal hygiene.



All staff who will prepare, handle and serve food at the child care center should be certified in safe food handling.



Water used for drinking and food preparation in a child care centre must be from an approved source. Depending on the type of child care centre the water system may be regulated by the Ministry of Environment and Climate Change or monitored by Renfrew County and District Health Unit.

Renfrew County and District Health Unit may issue a Boil Water Advisory/Order or Drinking Water Advisory if the water is suspected or confirmed to be unsafe to drink.

RCDHU will contact child care centres with further instructions in the event of an advisory/order.



Expressed Breast Milk

Breast milk supports growth and development of infants and is recommended beyond one year. Safe handling, storage and administration reduce the risk of infection to children and staff. These processes ensure the quality of expressed breast milk (EBM) for breastfed infants and children.

Expressed breast milk is a non-sterile bodily fluid and may contain microorganisms. It is important to ensure proper temperature control and handling of EBM. Improper handling of EBM may result in contamination that can cause infections. Feeding the incorrect EBM to an infant or child can lead to disease transmission, so labelling containers is important to avoid unintended consumption.

- Apply Routine Practices when handling EBM.
- Frozen EBM must be thawed in a refrigerator and used within 24 hours. Do not use a microwave to thaw EBM.
- Keep EBM refrigerated at a temperature of 4°C or colder until used.
- Ensure containers are properly labelled (date, name of infant/child and name of mother).
- Clean hands before and after handling EBM.
- Wear gloves while handling EBM (e.g., dispensing into a cup or from a container).
- Supervise children drinking EBM from a cup to prevent unintended consumption by other children.
- Discard any left-over EBM not consumed by the child.
- Contact RCDHU immediately if another child consumes EBM intended for someone else.



SECTION 6

Outbreak Management



The key to identifying an outbreak is the maintenance of good surveillance information.

OUTBREAK MANAGEMENT

Renfrew County and District Health Unit follows the Infectious Diseases Protocols defined by the Ministry of Health in Long-Term Care. A suspected outbreak is defined as 2 or more people with the same symptoms, same room, and same day.

The first step to take toward outbreak management is to consult RCDHU for recommendations at 613-732-3629.

All child care centres must develop, implement and maintain written policies and procedures in preparation for responding to infectious disease outbreaks, including gastroenteritis and respiratory outbreaks.

Useful Websites

For useful information, please visit:

Caring for Kids

<https://www.caringforkids.cps.ca/handouts/illnesses-index>

American Academy of Pediatrics

<https://www.healthychildren.org/english/health-issues/conditions/prevention/Pages/Prevention-In-Child-Care-or-School.aspx>



What to Expect

PUBLIC HEALTH

Identify an Outbreak

Determined by your assessment and the information you provide.

Establishing a Case Definition

A case definition defines who is included in an outbreak investigation.

Line List

A tool that details each symptomatic individual with signs and symptoms which meets case definition.

Sampling

Public health inspectors and nurses will work closely with parents/guardians of children to obtain samples from the children if necessary.

Declaring the Outbreak Over

Established in consultation with the RCDHU staff assigned to your outbreak. Renfrew County and District Health Unit will inform the child care centre when the outbreak has been declared over.

These steps and IPAC recommendations can be discussed further during site visits upon request.

CHILD CARE CENTRE

Management of outbreaks are crucial in reducing illnesses in your child care facility. Surveillance of communicable diseases includes recording attendances and absences, observing children for illness upon arrival and recording signs and symptoms when an illness occurs.

RCDHU has created an Illness Tracking Form, for reference to help monitor the progression of the outbreak in the facility. The Child Care Facility/ School Communicable Disease Reporting Form will need to be used only if an outbreak occurs and must be faxed daily.

Gastrointestinal


2 episodes of vomiting or diarrhea in 24 hours
OR
1 episode each of vomiting and diarrhea in 24 hours

VS

Respiratory

Symptoms may include fever, cough, headache, sore throat, runny nose or sore muscles. Increased respiratory symptoms do not often result in an outbreak declared.

Children with gastrointestinal symptoms should stay home for at least 48 hours after symptoms have resolved.

See Appendix I, J 



What to Do

During an outbreak, the facility has to operate differently than usual, to prevent illness from spreading to other children and staff. If an outbreak is declared, staff will be working closely with a Public Health Inspector or a Public Health Nurse from RCDHU to manage the outbreak. RCDHU staff will assist in case management for gastrointestinal and respiratory illness outbreaks (e.g., review line lists, provide exclusion letters and when to declare the outbreak is over) as well as focus on IPAC recommendations.

Renfrew County and District Health Unit recommends staff are familiar with;

- Contact information for RCDHU
- Communicable Diseases Reporting Form
- Illness Tracking Form
- Parent notification information

Typical IPAC recommendations during outbreaks may include but not limited to;

- Refrain from public activities to decrease the spread of illness.
- Limit activities which involve children from multiple areas/ rooms such as baking activities
- Visits by outside groups (e.g., entertainers, facility tours, etc.) are discouraged.
- Child care centre operators should consider limiting the movement of staff and children from room to room as much as possible.
- Children who become ill while attending the child care centre must be isolated from other children until a parent or guardian can take them home.
- Enhanced cleaning with possible adjustment of disinfectant concentration as per public health recommendations.

At a minimum, children can return to daycare when they
are symptom free for 48 hours
(or until other disease specific criteria have been met).





Recommended Signage

RCDHU recommends posting the following items in an accessible location, such as staff area, or in a binder for staff to reference when needed. All of the recommended signage can be found in the appendices

- Hand washing procedure
- Diapering and Toileting procedure
- Cleaning and Disinfecting Schedule
- Chlorine (Bleach) Solution for Disinfecting
- Common Childhood Illnesses and Exclusions
- Illness Tracking Form
- Communicable Diseases Reporting Form
- Illness Signage
- Outbreak Signage

RCDHU recommends the staff be familiar with the following resource procedures;

- Renfrew County and District Health Unit Public Health Guidance Document for Child Care Centres, 2019 Edition
- Renfrew County and District Health Unit Communicable Disease Guidelines for Schools and Child Care Facilities, 2016 Edition



See Appendix L, M, N, O, P





Occupational Health & Safety

Occupational health and safety is the prevention of work-related illness and injury. The Ministry of Labour (MOL) directly oversees and enforces all regulations related to the Occupational Health and Safety Act, 1990. The MOL applies certain regulations to work settings where IPAC is a key component.

Additionally, the Health Protection and Promotion Act (HPPA), as well as sections of the Ontario Public Health Standards require local public health units to investigate and alert the MOL with respect to occupational health hazards (HPPA, R.S.O. 1990, c. H.7, s. 11 [1]).

In order to comply with occupational health and safety legislation, activities in the child care centre may require the use of PPE (e.g., gloves, mask, eye protection, and safety boots). Examples of activities that may require the use of PPE include handling hazardous chemicals such as those used for making daily disinfection solutions or handling of bio-hazards such as soiled diapers. Ensure that all products are purchased/used/stored according to the Occupational Health and Safety Act. Contact the Ministry of Labour with any questions or concerns specific to employee/employer requirements.

For more information related to your roles and responsibilities listed in the Occupational Health and Safety Act please review the Act in its entirety.



Areas of focus from the Occupational Health and Safety Act may include but is not limited to;

- Control of Exposure to Biological or Chemical Agents
- Workplace Hazardous Information System (WHMIS).

It is important to ensure chemicals are stored out of reach from children and separate from food preparation and storage areas.

SECTION 7

Immunization



IMMUNIZATION

Immunization is one of the most important and cost-effective public health interventions. In Canada, immunization has saved more lives than any other health intervention, and has contributed to the reduction in morbidity and mortality in adults and children. Without immunizations, we can expect to see serious outbreaks of many diseases that we are now protected against.

Immunization doesn't just protect the people who get immunized – it protects those around them too. When a majority of the people in a community are immunized against a disease, it greatly reduces the chances of that disease spreading in the community, protecting people such as infants who are too young to be immunized and those who are not able to get immunized due to medical reasons.

Useful Websites

For useful information , please visit:

Government of Ontario

<https://www.ontario.ca/page/vaccines>

Immunization Through the Lifespan

http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_poster_lifespan.pdf



Requirements for Children

The Child Care and Early Years Act, Section 35 (1) of O. Reg. 137/2015 (General) requires that every licensee ensure that before a child is admitted to a child care centre, the child is immunized as recommended by the local medical officer of health (MOH).

All children attending child care require proof of immunization, according to Ontario's Publicly Funded Immunization Schedule, or a valid exemption on file. To facilitate the collection of immunization information, an Immunization Program Questionnaire for Licensed Child Care Centres is available on our website.



Renfrew County and District Health Unit

Immunization Requirements for Children Attending Child Care

Vaccine \ Age at Vaccination	Diphtheria	Pertussis	Tetanus	Polio	Haemophilus B (Hib)	Pneumococcal	Rotavirus	Meningococcal-C	Measles	Mumps	Rubella	Varicella - Chickenpox
2 months	✓	✓	✓	✓	✓	✓	✓					
4 months	✓	✓	✓	✓	✓	✓	✓					
6 months	✓	✓	✓	✓	✓							
1 year ★						✓		✓	✓	✓	✓	
15 months												✓
18 months	✓	✓	✓	✓	✓							
4 – 6 years	✓	✓	✓	✓					✓	✓	✓	✓

Same coloured boxes in a row indicate combination vaccines given as one dose.

★ Vaccines required at 1-year of age should be given on or after the child's first birthday.

MMR - Only valid if given on or after the first birthday, and separated by at least 30 days from any live vaccine.

Varicella - Only valid if given on or after the first birthday, and separated by at least 30 days from any live vaccine (ie. MMR vaccine)

Men-C - One dose must be given on or after the first birthday.



Immunization Exemptions

The Child Care and Early Years Act has updated the requirements for immunization exemptions. Child registrants and child care centre staff may submit an exemption for medical, religious or philosophical reasons. Exemptions must now be documented using approved ministry forms. Completed original forms for children are to be kept on file at RCDHU. A copy is to be placed in the child's file at the child care centre. Completed original forms for staff are to be kept in the employee's file at the child care centre.

- For medical exemptions, a legally qualified medical practitioner must complete the Statement of Medical Exemption form
- Parents who choose not to immunize their child and staff who choose not to be immunized must submit a notarized Statement of Conscience or Religious Belief Affidavit
- In the event of an outbreak or case of a vaccine preventable disease (e.g., measles), children and staff who are not immunized may be excluded from the child care centre. .



Ministry of Education

Statement of Conscience or Religious Belief for Child

Child Care and Early Years Act, 2014

Affidavit

I, _____
(Last Name, First Name)

parent of the following named child:

Last Name	First Name	Date of Birth (yyyy/mm/dd)

Home Address		
Unit Number	Street Number	Street Name

City/Town	Province	Postal Code

Child Care Centre / Home Child Care Agency

1. Immunization conflicts with my sincerely held religious or conscious convictions.
2. I make this affidavit for the purposes of complying with the requirements of subsection 35(2) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*, and for no other or improper purpose.



Requirements for Staff

Under The Child Care and Early Years Act, every licensee of a child care centre shall ensure that before commencing employment, each person employed in each child care centre (e.g., staff) has a health assessment and immunizations as required by the local MOH.

The MOH for Renfrew County requires all child care employees to have up-to-date immunizations as listed below. Students and volunteers are also required to have these immunizations. The operator must collect and maintain the information on file at the facility. To facilitate the collection of immunization information the following form is available on our website, 2019 Immunization Recommendations for Staff Working in Child Care Centres.

Staff, students and volunteers should see their health care provider or contact the health unit to determine their immunization status and to obtain any missing vaccines.

Immunizations required for employment		
Vaccine Name	Diseases	Employees, Students or Volunteers
Td/Tdap	Tetanus Diphtheria Pertussis	1 dose of Tdap in adulthood, then 1 dose of Td every 10 years
MMR	Measles Mumps Rubella	<i>If born in 1970 or later:</i> Minimum of 1 documented dose of MMR vaccine <u>or</u> proof of immunity (blood test) <i>If born before 1970:</i> Assumed to have natural immunity
Var	Varicella	Fulfill one of these three criteria: <ul style="list-style-type: none"> • A history of chickenpox or shingles after 1 year of age (self-reported) • 2 doses of Varicella vaccine • proof of immunity (blood test)
Immunizations that are strongly encouraged (but not required)		
Vaccine Name	Diseases	Employees, Students or Volunteers
Flu	Influenza	Every year in the fall, at the start of flu season. Especially for employees caring for children under 5 years of age.
HB	Hepatitis B	2 or 3 doses depending on age. <ul style="list-style-type: none"> • Workers in childcare centres where there is a child or worker who has acute HB or is a HB carrier should receive HB vaccine followed by immunity testing (blood test) 1 to 6 months after the last dose of HB vaccine. Because the HB status of children in childcare centres is generally unknown, vaccination of all childcare centre workers is strongly encouraged.

SECTION 8

Glossary, Appendices,
References



Glossary

Alcohol-based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

Child care centre: means a premises operated by a person licensed under the Child Care and Early Years Act which provide programs and services that include learning, development, health and well-being of children.

Contamination: The presence of an infectious agent on hands or on a surface such as clothes, gowns, gloves, bedding, toys, dressings or other objects.

Disinfectant: A product that is used on surfaces or medical equipment/devices which results in disinfection of the equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant. Disinfectants rapidly kill or inactivate most infectious agents. Disinfectants are only to be used to disinfect and should not be used as general cleaning agents, unless combined with a cleaning agent as a detergent-disinfectant. Skin antiseptics should never be used as environmental disinfectants (e.g., alcohol-based hand rub, chlorhexidine).

Disinfection: The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. See also, Disinfectant.

Drug Identification Number (DIN): In Canada, disinfectants are regulated as drugs under the Food and Drugs Act and Regulations. Disinfectant manufacturers have to obtain a drug identification number (DIN) from Health Canada prior to marketing, which ensures that labelling and supporting data have been provided and that it has been established by the Therapeutic Products Directorate that the product is effective and safe for its intended use.

Incubation period: The time elapsed from when a person is exposed to a disease-causing microorganism to when symptoms and signs of illness first appear.

Infection: The entry and multiplication of disease-causing microorganism in a host. Infected people may have clinical signs and symptoms of illness or have no symptoms (asymptomatic or sub-clinical infection).

Infection Prevention and Control (IPAC): Evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of infection in clients, patients, care providers and visitors.

Infectious Agent: A microorganism (e.g., a bacterium, fungus, parasite, or virus) which is capable of invading body tissues, multiplying and causing infection.



Glossary

Integrated Pest Management (IPM): A pest control method that incorporates education and awareness, proper waste management, structural maintenance, environmental cleaning and pesticide application when necessary.

Safety Data Sheet (SDS): A document that contains information on the potential hazards (e.g., health, fire, reactivity and environmental) and how to work safely with a chemical product. It also contains information on the use, storage, handling and emergency procedures all related to the hazards of the material. SDSs are prepared by the supplier or manufacturer of the material.

May: Indicates an advisory or optional statement.

Must: Indicates best practice, which are often the minimum standard based on current recommendations in medical literature

Outbreak: For the purposes of this document, Renfrew County and District Health Unit follows the Infectious Diseases Guidelines brought forth by the Ministry of Health in Long-Term Care. A suspected outbreak is defined as 2 cases of an illnesses with similar symptoms within 48 hours in a centre.

RCDHU: Renfrew County and District Health Unit

Respiratory Etiquette: Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g., covering the mouth when coughing, care when disposing of tissues).

Routine Practices: The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/ patients/residents during all care to prevent and control transmission of microorganisms in all health care settings. These are also applicable to child care centre settings

Precautions: Interventions to reduce the risk of transmission of microorganisms (e.g., child-to-child, child-to-staff, staff-to-child, contact with the environment, contact with contaminated equipment).

Shall: Indicates mandatory requirements based on legislated requirements (e.g., Child Care and Early Years Act) or national standards (e.g., Canadian Standards Association)

Zoonotic Diseases: A disease that can spread between animals and humans.

Child Care Infection Prevention and Control

Common Childhood Illnesses and Exclusions

Children can experience many illnesses during childhood. Listed below are common illnesses and the recommended exclusion criteria. Remember any concerns regarding children's health and safety should be addressed by a medical practitioner as this is not designed to be used in place of medical advice.

ILLNESS	EXCLUSION
Diarrhea (single case- unknown cause)	Exclude if- stool cannot be contained in diaper OR toilet trained child cannot control bowel movements OR other symptoms present (fever, vomiting etc.).
Diarrhea or Vomiting	Exclude until 48 hours symptom free.
Fifth Disease (Parvovirus B19)	Not required. Non-immune pregnant woman should contact their physician.
Hand, Foot and Mouth (Coxsackie)	Not required.
Head Lice (Pediculosis)	Not required. Child and family should be treated.
Influenza	Exclude until 5 days after onset of symptoms or until symptoms have resolved, whichever is shorter.
Pertussis	Exclude until 5 days of antibiotic treatment has been given.
Pink Eye (conjunctivitis)	Exclude until seen by health care provider. If diagnosed as bacterial- can return 24 hours after the start of antibiotics. If diagnosed as viral- can return immediately if feeling well with no other symptoms.
Pin Worms	Exclude until after appropriate treatment (usually 1 dose of prescribed oral medication).
Streptococcal Infection (Strep Throat, Scarlet Fever)	Exclude until 24 hours after treatment is started, if untreated exclude 21 days.
Varicella (chicken pox)	Not required if able to participate in activities and no fever, REGARDLESS of state of rash. Report illness to public health. Non-immune pregnant woman should contact their physician.



Renfrew County and District Health Unit

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WASHING YOUR HANDS

1

Wet hands under
warm running water

**2**

Add soap to remove
germs

**3**

Sing happy birthday
twice and make lots of
bubbles (15 seconds)

**4**

Rinse hands well

**5**

Dry hands with paper
towel, use paper
towel to turn off tap



ALCOHOL-BASED HAND RUB

How To

1. Put enough product on hands to cover hands, fingers and wrists
2. Rub hands until they feel completely dry (about 20 seconds)

Useful Tips

- Use antibacterial hand rub (ABHR) when water and soap are not available
- Use an ABHR with at least 70-90% alcohol
- Ensure all wall dispensers and containers are out of reach for children as it can be harmful if swallowed



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Cleaning and Disinfecting Schedule

Cleaning and disinfecting are necessary to maintain infection prevention and control standards as well as ensure the safety of all children and staff. Child care centres must implement a comprehensive environmental cleaning and disinfection schedule.

Important

- Remember cleaning and disinfecting are two separate steps. Cleaning must be done before disinfecting.
- Frequencies listed are **minimum** requirements EXCEPT during an increase in illnesses/ outbreaks or when visibly soiled. Cleaning and disinfecting **must** be increased as per direction made by a health inspector.
- Items contaminated with blood or body fluids are to be removed immediately (e.g., mouthed, drooled, and sneezed or coughed on).
- If sleep surfaces are not designated to individual children, cleaning and disinfecting must be done after each use.

For more information refer to Renfrew County and District Health Unit's *A Public Health Guidance Document for Child Care Centres* as well as *Communicable Disease Guidelines for Schools and Child Care Facilities* or contact Healthy Environments 613-732-3629 x 505 for further recommendations.

Play/ Sleep Areas	What To Do	After Each Use	Daily	Weekly
Mouthed toys	Clean and disinfect	✓		
All toys (except mouthed toys)	Clean and disinfect			✓
Items made from absorbent material (e.g., plush toys and dress up clothes)	Launder			✓
Natural items (e.g., birds nest, pinecones, stones)	Discard			✓
Water play table	Clean and disinfect	✓		
Water play toys	Clean and disinfect	✓		
Play dough- store bought	Discard			✓
Play dough- home made	Discard		✓	
Sensory tables (e.g., rice table)	Clean and disinfect			✓
Dry sensory food used in sensory play	Discard		✓	
Sensory bins and tubs	Clean and disinfect			✓
Sand used in sensory play	Discard			✓
Crib rails	Clean and disinfect		✓	
Crib mattress covers	Clean and disinfect			✓
Cots/ Vinyl mats	Clean and disinfect			✓
Linen/ bedding	Launder			✓
Garbage containers	Clean and disinfect			✓
Activity table tops	Clean and disinfect	✓		
Floor	Clean and disinfect		✓	



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Washrooms	What To Do	After Each Use	Daily	Weekly
Potty chairs	Clean and disinfect	✓		
Toilet seat inserts	Clean and disinfect	✓		
Toilets	Clean and disinfect		✓	
Hand washing sinks	Clean and disinfect		✓	
Garbage containers	Clean and disinfect			✓
Floor	Clean and disinfect		✓	
Diaper change mat	Clean and disinfect	✓		
Diaper change table	Clean and disinfect	✓		
Diaper pails	Clean and disinfect		✓	
Reusable towels	Launder	✓		

Miscellaneous	What To Do	After Each Use	Daily	Weekly
Bibs	Launder/ clean and disinfect	✓		
High chair table tops	Clean and disinfect	✓		
Soothers/ pacifiers	Clean and disinfect	✓		
Carpets	Vacuum		✓	
Floors	Dry sweep & wet mop		✓	
Shared electronic games, video equipment and computers	Cleaned and disinfected		✓	

Miscellaneous	What To Do	When
Carpets	Shampoo/ steam clean	Every 3-6 months
Large natural items (e.g., logs, stump stools)	Remove visible soil	Remove if in outbreak or item is visibly damaged



Child Care Infection Prevention and Control

Chlorine (Bleach) Solution for Disinfecting

The main purpose of disinfecting is to reduce the number of germs present on surfaces, toys or objects. An efficient and economical disinfecting solution is household bleach. This solution is effective for all hard surfaces, objects and toys as well as body fluid contamination (e.g., blood, stool, vomit). These germs do not have to be visible on a surface to result in disease transmission. By mixing a different amount of bleach with water you can make a high, medium or low level disinfectant. Before doing so, please take note of the following points;

- Different brands can have a different chemical composition (e.g., 3% vs 5.25% vs 9%). Keep this in mind when determining your chemical to water ratio. The solutions below are mixed using 5.25% bleach (sodium hypochlorite).
- Cleaning must be done before disinfecting.
- A change in disinfectant strength and type may be needed if your centre goes into respiratory or gastric outbreak. Please contact RCDHU if this occurs for guidance.

CONCENTRATION	CONTACT TIME	WHEN TO USE	HOW TO MIX
HIGH- LEVEL 1:10 dilution of bleach 5000 ppm	10 mins	<ul style="list-style-type: none"> • Cleaning blood or body fluid spill • When directed by public health 	62 ml (1/4 cup) : 500 ml (2 cups) water OR 100 ml (1/2 cup) : 1 liter (4 cups) water
INTERMEDIATE LEVEL 1:50 dilution of bleach 1000 ppm	2 mins	<ul style="list-style-type: none"> • Washrooms • Change tables 	10 ml (2 tsp): 500 ml (2 cups) water OR 20 ml (4 tsp): 1 liter (4 cups) water
INTERMEDIATE LEVEL 1:100 dilution of bleach 500 ppm	5 mins	<ul style="list-style-type: none"> • Safe level for toys • Washrooms • Change tables 	5 ml (1 tsp): 500 ml (2 cups) water OR 10 ml (2 tsp): 1 liter (4 cups) water
LOW- LEVEL 1:500 dilution of bleach 100 ppm	1 min	<ul style="list-style-type: none"> • Safe level for food surfaces, dishes and utensils 	1 ml (1/4 tsp) : 500 ml (2 cups) water OR 2.5 ml (1/2 tsp) : 1 liter (4 cups) water



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Toy Cleaning & Disinfecting Procedure

It is important that the sequence or steps involved in the cleaning process be done in the correct order.

STEP 1 - INSPECT

Inspect all toys before and after play to ensure there are no loose, sharp or broken edges as well as visible body fluids (feces, vomit, blood) that could be a safety hazard to the children.

STEP 2 - CLEAN

Toys should be washed and scrubbed with soap and water and then rinsed thoroughly.

STEP 3 - DRY

Air dry or hand dry toys.

STEP 4 - DISINFECT

Follow recommended contact time for disinfectant according to manufacturer label. Do not spray disinfectant directly on toys.

STEP 5 - RINSE

Rinse disinfectant with clean water.

STEP 6- DRY

Allow time to air dry before next use.



DIAPERING QUICK REFERENCE

1

Prepare

- Gather supplies (clean diaper, wipes, gloves)
- Cover diaper changing surface
- Wash hands
- Put on a pair of disposable vinyl or latex gloves



2

Diaper

- Remove diaper
- Fold closed
- Put out of child's reach



3

Cleanse

- Use disposable wipes to clean child- front to back
- Apply barrier cream or treatment cream (only at parents request)



4

Dispose

- Discard soiled diaper and wipes into garbage
- Remove gloves and discard into garbage
- Clean hands
- Diaper and dress child
- Wash your hands while washing child's hands



5

Clean and Disinfect

- Put child in safe location
- Disinfect diaper changing surface
- Clean hands



TOILETING QUICK REFERENCE

1

Prepare

- Gather supplies (gloves, wipes, toilet paper)
- Prepare toilet/ potty
- Wash hands
- Put on a pair of disposable vinyl or latex gloves

2

Toileting

- Assist child with pulling down
- diaper or training pants
- Help child onto toilet/ potty

3

Cleanse

- Use disposable wipes or toilet paper to clean child- front to back until clean
- Flush toilet

4

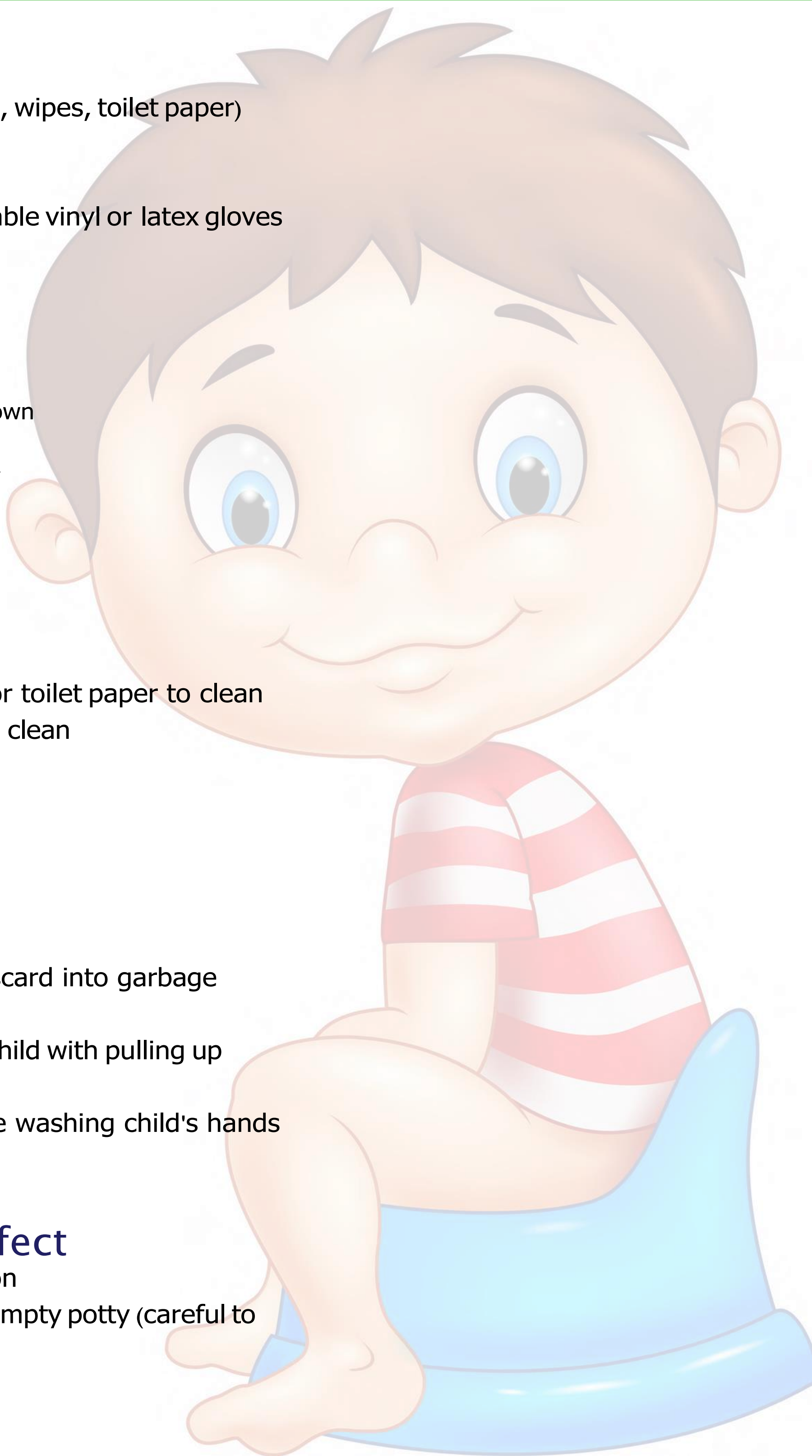
Dispose

- Remove gloves and discard into garbage
- Clean hands
- Dress child and assist child with pulling up diaper or training pants
- Wash your hands while washing child's hands

5

Clean and disinfect

- Put child in safe location
- Put on clean gloves to empty potty (careful to avoid splashback)
- Disinfect toilet/ potty
- Clean hands



OUTBREAK: WHAT TO EXPECT FOR CHILD CARE PROVIDERS

Children enrolled in childcare programs tend to have more infections in early childhood than those children cared for at home. Germs and illnesses spread easily in a group setting. Prevention and management of outbreaks are crucial in reducing illnesses in your childcare facility.

What is an outbreak?

An outbreak occurs when you have greater number than usual of individuals ill with the same symptoms (e.g. fever, diarrhea, vomiting, cough, rash).

Respiratory Outbreak

Symptoms may include fever, cough, headache, sore throat, runny nose or sore muscles.

Increased respiratory symptoms do not often result in an outbreak declared.

Gastrointestinal Outbreak

Symptoms may include fever and diarrhea. An outbreak occurs when a location has 2 or more symptomatic individuals.

Environmental Cleaning

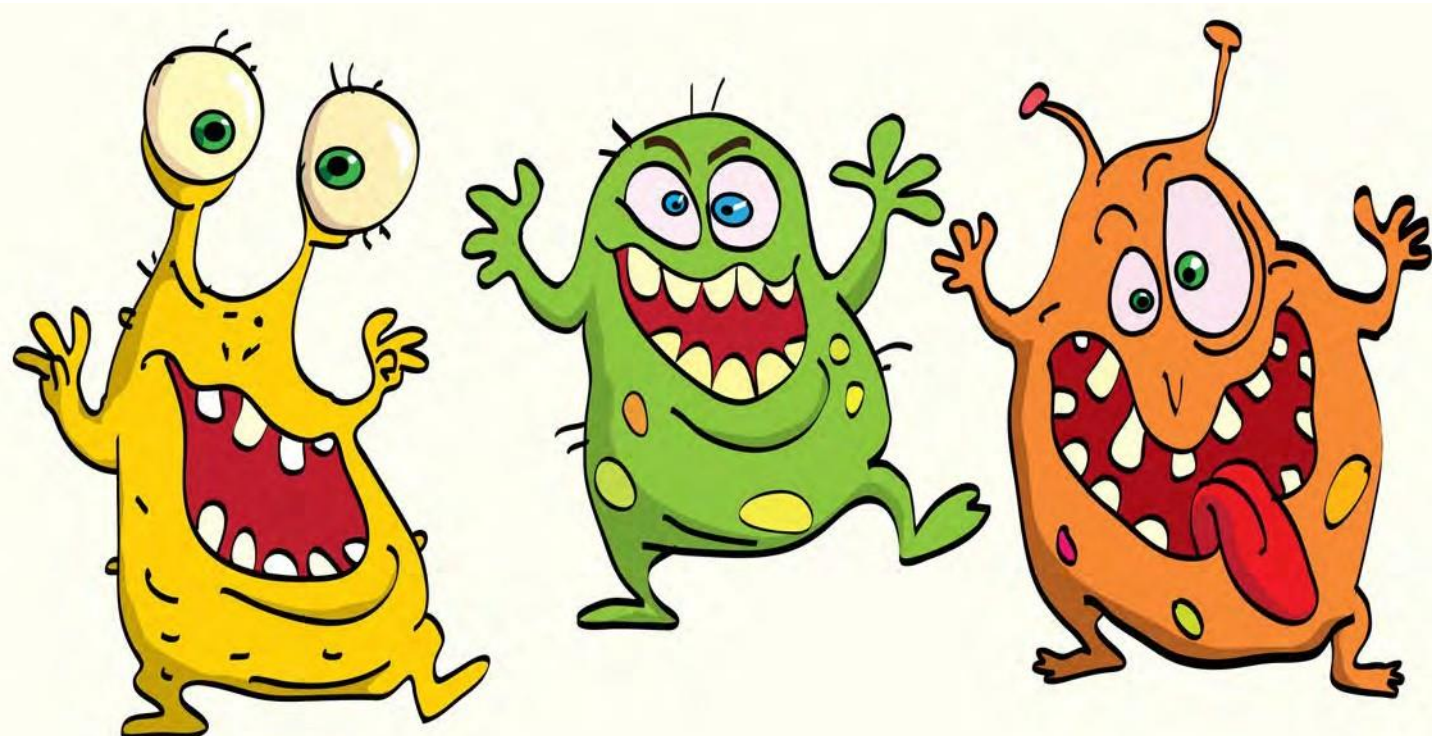
Review disinfection procedure. Be sure to check concentrations and contact times. Depending on the virus, disinfectant may need to be changed.

What can you expect to be asked?

- When did the first child become ill?
- When did the ill children last attend daycare?
- What symptoms are the individuals experiencing?
- What are the total number of staff and children?
- Have there been any special visitor or events?
- Isolate sick children and staff until they can be taken home.

Outbreak Action Plan

- Notify parent or support person to pick-up ill child as soon as possible
- Start a line list with information regarding the ill individuals. Please note – children and staff need separate line listings.
- Start infection control measures immediately such as cleaning and disinfecting with proper chemicals following product monograph. Reinforce hand hygiene with staff, children and visitors.



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ILLNESSES: WHEN TO STAY HOME

It is important to know when a sick child should stay home from child care. Keeping your child home allows them to rest and recover as well as protects those around them from becoming ill.

As a general rule, children should stay home if they are not well enough to participate in regular activities. Symptoms including diarrhea, vomiting or fever with another symptom (such as rash, cough or sore throat) are signs your child is not feeling well enough to participate.

The Communicable Disease Guidelines for Schools and Child Care Facilities has information on many illnesses including the length of time children are contagious as well as when and how long to stay home.



As the parent it is important to:

- Report all symptoms to the child care facility.
- Plan ahead and have back up plans for when your child becomes ill.
- Encourage hand hygiene and cough etiquette.
- Be a role model for proper technique.



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CHILD CARE FACILITY/SCHOOL COMMUNICABLE DISEASE REPORTING FORM

Please complete all applicable areas and fax to the **Infectious Disease Program: FAX: 613-735-3067**

PHONE: 613-732-3629 or 1-800-267-1097 (Office Hours) | 613-735-9926 (After Hours)

Please Note: Regular office hours are:
Monday-Friday
8:00-4:00

FOR HEALTH UNIT USE ONLY

iPHIS Client ID:

iPHIS Case ID:

STUDENT INFORMATION

Last Name:

First Name:

DOB (y/m/d):

HIN#:

Gender: ☐ Male ☐ Female

Address:

City:

Postal Code:

FAMILY PHYSICIAN:

Phone #:

Fax #:

COMMUNICABLE DISEASE

Disease:

Date of Onset (y/m/d):

PARENT/GUARDIAN INFORMATION

Last Name:

First Name:

Phone #:

DAY CARE/SCHOOL REPORTING

Name of Facility:

Address:

Phone #:

Name of Person Reporting:

Date (y/m/d):

Illness Tracking Form

This form is for preventing and managing illnesses in child care centers. This is for your records only as a means of organization of illnesses.

Child Care Centre: _____

Room: _____

☐ Staff List

OR

☐ Attendee List

Date: _____

Facility Contact: _____

Case Identification			Symptoms (new onset)															Treatment	Outcome			
Date	Name	Onset of Symptoms	Abdominal Cramps	Blood in Faeces	Chills	Coughing	Diarrhea	Eye Irritations/ Discharge	Sore Throat	Looks Flushed	Tiredness (Malaise)	Muscle Aches (Myalgia)	Vomiting	Headache	Skin Rash	Time Temperature Taken	Fever Temperature (°C)	Other (please specify)	Treatment Measure Taken	Date Sent Home	Date of Return	Staff Initials

Adapted from Recommendations for, “The Control of Respiratory Infection Outbreaks in Long-Term Care Homes, March 2018.”

Personal information on this form is collected under the authority of the Health Protection Act, S.O. 1983, C. 10 as amended and in accordance with MFIPPA and will be used for assessment, management, treatment and reporting purposes.

Questions about this collection should be addressed to the Renfrew County and District Health Unit, 141 Lake St. Pembroke, ON K8A 5L8, 613-732-3629 or 1-800-267-1097.



BE AWARE

**WE ARE SEEING AN INCREASE
IN RESPIRATORY ILLNESS**



Please...

- Report your child's symptoms of illness.
- Keep sick children home.
- Wash your child's hands when they arrive.



Renfrew County and District Health Unit
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BE AWARE

**WE ARE SEEING AN INCREASE
IN GASTROINTESTINAL ILLNESS**



Please...

- Report your child's symptoms of illness.
- Keep sick children home.
- Wash your child's hands when they arrive.



WE ARE IN RESPIRATORY OUTBREAK



Please...

- Check in with staff to find out more information.
- Report your child's symptoms of illness.
- Keep sick children home.
- Wash your child's hands when they arrive.



WE ARE IN GASTROINTESTINAL OUTBREAK



Please...

- Check in with staff to find out more information.
- Report your child's symptoms of illness.
- Keep sick children home.
- Wash your child's hands when they arrive.





Immunizations for all employees working in child care centres (2018)

Dear child care centre employee,

According to the Child Care and Early Years Act (CCEYA), "Every licensee of a child care center shall ensure that each person employed, has a health assessment and record of immunization as recommended by the local Medical Officer of Health".

The Medical Officer of Health for Renfrew County requires all child care employees to have up-to-date immunization as listed below. Students and volunteers are also required to receive these immunizations.

Immunizations required for employment		
Vaccine Name	Diseases	Employees, Students or Volunteers
Td/Tdap	Tetanus Diphtheria Pertussis	1 dose of Tdap in adulthood, then 1 dose of Td every 10 years
MMR	Measles Mumps Rubella	<i>If born in 1970 or later:</i> Minimum of 1 documented dose of MMR vaccine <u>or</u> proof of immunity (blood test) <i>If born before 1970:</i> Assumed to have natural immunity
Var	Varicella	Fulfill one of these three criteria: <ul style="list-style-type: none"> • A history of chickenpox or shingles after 1 year of age (self-reported) • 2 doses of Varicella vaccine • proof of immunity (blood test)
Immunizations that are strongly encouraged (but not required)		
Vaccine Name	Diseases	Employees, Students or Volunteers
Flu	Influenza	Every year in the fall, at the start of flu season. Especially for employees caring for children under 5 years of age.
HB	Hepatitis B	2 or 3 doses depending on age. <ul style="list-style-type: none"> • Workers in childcare centres where there is a child or worker who has acute HB or is a HB carrier should receive HB vaccine followed by immunity testing (blood test) 1 to 6 months after the last dose of HB vaccine. Because the HB status of children in childcare centres is generally unknown, vaccination of all childcare centre workers is strongly encouraged.

An employee who objects to immunization due to medical or non-medical reasons must complete a standardized approved exemption form from the Ministry of Education and provide it to the child care licensee.

In the event of an outbreak related to a vaccine preventable disease, Renfrew County Public Health Unit may order the exclusion of persons who have an incomplete immunization record from presence at a childcare centre until the risk related to the outbreak has ended. This is to minimize the risk of spreading the disease and to protect unvaccinated staff and children.

To contact us or for more information:



613-732-3629
or
1-800-267-1097



www.rcdhu.com



141 Lake St.
Pembroke, ON
K8A 5L8

**Child Care Employee**

Please have your health care provider complete the immunization requirements below and attach a complete immunization record. Return this form and the immunization record to the child care centre supervisor before commencing employment.

Employee Information			
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (YYYY/MM/DD)
HOME ADDRESS (NUMBER) (UNIT #) (STREET NAME)		CITY	POSTAL CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELLPHONE NUMBER	
Emergency Contact Information			
LAST NAME	FIRST NAME	HOME PHONE NUMBER	ALT. PHONE NUMEBR

Most Recent Dates for Required Immunizations			
VACCINE	DATE	DATE	DATE
Tdap			
Td			
MMR			
Varicella			
Hepatitis B			
Influenza			

Immunization Exemptions			
VACCINE	MEDICAL REASON	RELIGIOUS REASON	PHILOSOPHICAL REASON
Tdap			
Td			
MMR			
Varicella			
Hepatitis B			
Influenza			

To contact us or for more information:			
	613-732-3629 or 1-800-267-1097		www.rcdhu.com
			141 Lake St. Pembroke, ON K8A 5L8



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