



Infection Prevention & Control Manual for Child Care Providers

Produced by Elgin St. Thomas Public Health

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Introduction

We know that children in child care centres get more respiratory and gastrointestinal infections than children who are cared for at home¹. In fact, 9 of 10 children who are away from child care because of sickness are home with an infectious illness². Children in child care are at higher risk of infection because they are close to one another, spend a lot of time with one another, and they are not always careful about their hygiene.

Child care centres must have infection prevention and control policies and practices in place that protect the health and well-being of both children and staff. Children and staff are at less risk of getting an infectious illness and spreading it to others when these policies and practices are followed by everyone^{3, 4}.

The purpose of this manual is to:

- Provide information and resources for Infection Prevention and Control Programs in child care centres
- Outline best practices for Infection Prevention and Control in child care centres

This manual contains information about:

- Preparing for and managing illnesses
- Preventing illnesses
- Dealing with outbreaks
- Developing illness and outbreak policies
- Environmental cleaning

Please note that this manual is for information purposes only and is not intended to provide legal advice and should not be relied upon as such. For statutory and legislative information, please refer to:

Day Nurseries Act R.R.O., 1990, regulation 262

Health Protection and Promotion Act, R.S.O., 1990, c. H.7, s. 5, and s. 22

Ontario Public Health Standards 2008

Ontario Regulation 559/91

References: Lu, Samuels, Shi, Baker, Glover, Sanders. Child day care risks of common infectious diseases revisited. Child: Care, Health & Development, 2004; 30(4): 361-368

Hedin, Peterson, Cars, Beckman, Hakansson. Infection prevention at day-care centres: Feasibility and possible effects of intervention. Scandinavian Journal of Primary Health Care, 2006; 24: 44-49

Lee, Greig. A review of enteric outbreaks in child care centres: effective infection control recommendations. Journal of Environmental Health, 2008; 71(3): 24-32

Mann, Buffett, Campbell, Lee, O'Donnell. Effectiveness of day care infection control interventions. Effective Public Health Practice Project, 1999, 1-105

Toronto Public Health. (2012). Guidance document: Infection prevention and control in day nurseries, p.4-5

Wellington-Dufferin-Guelph Public Health. (2010). Healthy Faces, Healthy Places, p. 3

vulnerable to all of them because their immune systems are not well-developed. The good news is that children who attend child care get sick less often once they go to school⁵.

Some germs can survive outside the body for hours or even days under the right conditions. For example, the influenza virus can survive for 5 minutes on the skin and up to 2 days on a hard surface such as a countertop or toy.

How Infections Spread?

Children in child care centres are around more children and more germs. They are likely to infect others because they:

- touch each other often when playing;
- explore objects by putting them in their mouths;
- may drool (especially if they are younger and teething), can't always cover their mouth and nose when they cough and sneeze, and may not be able to wash their own hands or remember to do so;
- may be wearing diapers that leak;
- often require a lot of hands on care by staff, who may unknowingly spread an infection if they don't wash their hands properly before caring for another child.



References: Zutavern, Rzehak, Brockow, Schaaf, Bollrath, von Berg, Link, Kraemer, Borte, Herbarth, Wichmann, Heinrich. Day care in relation to respiratory-tract and gastrointestinal infections in a German birth cohort study. *Acta Paediatrica*, 2007; 96: 1494-1499
Canadian Pediatric Society. (2008). *Well beings: A guide to health in child care 3rd Ed.*, p.142-145

Table: How Infectious Diseases Spread?

Type of Contact	How Germs Spread?	Where the Germs are Usually Found	Examples of Infections
Direct	A person is touched, coughed on, or kissed by an infected person. Also spread when blood from the infected person enters the blood stream of another person. The infected blood can enter through a small cut, bite, or break in the skin.	Body fluids, skin, and hair. Body fluids include: <ul style="list-style-type: none"> • Saliva • Eye discharge • Nose and mouth secretions • Blood • Oozing sores 	Pink eye, impetigo, ringworm, head lice, scabies, pinworms, HIV/AIDS, hepatitis B and C.
In-Direct	A person touches a surface or object that has germs on it.	Toys, tables, doorknobs, light switches.	Cold virus, influenza, ringworm and pinworms (through bed linens).
Fecal-Oral	A person swallows germs that were in the stool of another person (or animal).	Toilet handles, toys, doorknobs, swimming pools, water parks.	Rotavirus, norovirus, salmonella, giardia, hepatitis A, shigella.
Route			
Droplet	A person comes into contact with droplets from the nose or mouth of an infected person. Droplets are spread when the infected person talks, coughs, or sneezes. The droplets can travel up to 2 metres and enter another person's eyes, mouth, and nose. Droplets can also fall onto surfaces and live for hours. If someone touches the surface and then their face, they may become sick.	Tables, toys, mats.	Cold virus, influenza, fifth disease, meningitis, mumps, whooping cough, strep throat.
Airborne	A person inhales the airborne droplets from the cough or sneeze of an infected person. Airborne particles can stay in the air for several hours. Another person who inhales these particles can become sick.	In the air.	Chickenpox, measles, tuberculosis.
Vector	A person is bitten by an animal or insect that carries an infection.	Bats, mosquitoes.	Rabies, West Nile virus.

REMEMBER: An infected person may not get sick or feel sick while they spread their germs. Stop the spread of infection by cleaning and disinfecting frequently touched surfaces and objects at work once a day or more often; staying home when you are sick; ensuring your immunizations are up-to-date and seeking health care appropriately when you have an infection.

Preparing for Illness

Developing Illness and Outbreak Policies

Policies are an important part of Infection Prevention and Control Programs in child care centres. Policies help your staff and parents make decisions about what to do when a child becomes sick.

Child care centres must have policies for:

- I. Managing “reportable, communicable diseases”
- II. Excluding or keeping out ill children and staff
- III. Collecting information about signs of illness every day (called surveillance data) and reporting as needed
- IV. Controlling outbreaks

Policies should be written in clear, simple language. They should cover what is expected of staff and parents when children are ill. Policies should also provide staff with guidance about what to do when parents do not meet these expectations i.e. they drop off an obviously sick child.

Policies should be reviewed and updated annually. When developing policies, information from the Health Unit, child care literature, infectious diseases guidelines and standards, and legal requirements and statutory standards should be reviewed and taken into consideration.

Policies should:

- be practical to implement
- be reviewed regularly to make sure they still apply
- follow a standard format i.e. have the same headings in the same order
- be linked to staff education and training so that users understand and follow the policy
- be written to serve as a resource for providers responsible for their implementation

Child care staff are expected to:

- read and understand the policies
- understand the importance of preventing illness in their daily practice
- provide parents with information about the policies to ensure they understand why children will not be able to attend when they are ill



Monitoring Children for Infection (Surveillance)

Every day, as children arrive, observe each of them for signs of illness. Some of the things to look for include coughing; runny nose; flushed face; red, watery eyes, and changes in behavior and energy level. And don't forget to ask parents about their child's well being at the time of drop off; for example, "How did they sleep last night?" or "Did they have a good breakfast this morning?" Continue to monitor for signs of infection throughout the day.

Why is it important to track illnesses? By tracking illness in your centre, you will be able to:

- See what is normal for your centre, for each child, and for the season
- Detect the start of an outbreak in time to prevent it from spreading
- Know when a child needs to be sent home

What information should be collected and tracked? The surveillance record should include:

- Child's name – so we know who is sick
- Room/class the child attends – so we know where illness is spreading
- List of symptoms – helps us to figure out what germ might be involved
- Date the symptoms started – helps us to figure out more about germ
- Last date the child attended care – so we know if children are getting sick at the centre
- Actions taken by staff i.e. called the child's parents, separated child from the other children and other important notes – supports the fact that centre took action to limit spread
- Name of person collecting data
- Date the information was collected



Sample Surveillance Form

Child's name	Child's class/ room #	When did the symptoms start? (list dates)	Type of Symptoms (describe)					Date child was last at the centre	Actions/ notes	Staff signature and date
			Respiratory (e.g. cough, runny nose)	Gastroenteric (e.g. diarrhea, vomiting)	Skin/Scalp (e.g. rashes)	Fever	Other			

Symptoms of Infection

Fever – armpit (axilla) temperature of 38°C (100.4°F) or higher or ear* (tympanic) temperature of 37.4°C (99.1°F) or higher

Respiratory Symptoms – coughing; wheezing; sneezing; runny nose and eyes; earache (child may pull on or rub ear); sore throat or trouble swallowing (child may drool or avoid drinking/eating)

Skin and Scalp – undiagnosed rashes, itchiness; tiny white bumps on shafts of hair

Enteric Symptoms – unexplained diarrhea; nausea; vomiting; stomach cramps (child may curl up)

General Symptoms – poor appetite; unusual behavior (child may want to be left alone or may be clingy); sleepiness/lethargy; irritability

*tympanic thermometers/ear temperature should not be used for children less than 2 years old. CPS, 2013

Managing Infections

Be prepared to deal with illness when it occurs. Follow these simple steps:

- Identify symptoms promptly
- Separate the child with symptoms from other children
- Contact the parent or guardian
- Make a note in the child's file
- Provide the child with appropriate care while he or she is in your care



Reportable Diseases

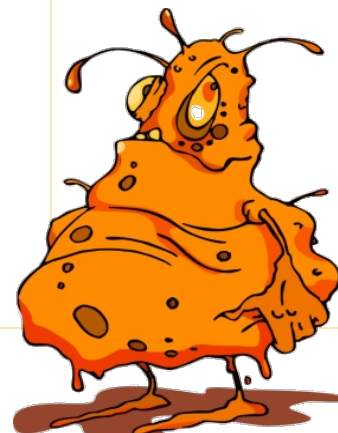
There is a regulation in Ontario (Regulation 559/91 under the Health Protection and Promotion Act) that requires child care centres and other institutions to report certain infectious illnesses – called reportable diseases – to Health Units. These illnesses should be reported as soon as they are suspected; don't wait for the child to see his/her health care provider.

(For a complete list of Reportable Diseases, refer to page 40)

IMMEDIATE REPORTING is needed for:

Disease	How it is spread?	Symptoms	When is it contagious?	Exclusion Requirements
INFLUENZA Virus, most serious for babies under age 2 and adults over age 65 * Vaccine preventable	Droplet: from cough and sneeze of an infected person; can spread to a distance of < 2 meters. Contact: direct contact with respiratory secretions. Indirect contact with toys, other objects or surfaces with germs on them.	Headache, fever, body aches, cough, sore throat, nasal congestion. Nausea, vomiting and diarrhea are more common in children than adults.	Usually from 1 day before to 5 days after symptoms develop (up to 7 days after symptoms develop in young children).	<u>Exclusion:</u> Child may attend child care if they feel well enough to participate in activities.
MEASLES Virus, very infectious * Vaccine preventable	Airborne: person to person by breathing in germ particles in the air that got there when an infected person sneezed or coughed. Contact: direct contact with nose and throat secretions and less commonly indirect contact with items that are freshly soiled with nose and throat secretions (i.e. tissues).	Fever; cough; red, watery eyes; runny nose; small spots inside the cheeks with bluish-white centres on a red base (Koplik spots). The rash begins on the face as small red spots which get bigger and clump together. Spots then spread over the entire body. Rash appears 3 to 7 days after the respiratory symptoms and lasts for 4 to 7 days.	4 days before to 4 days after the onset of rash.	<u>Exclusion:</u> Keep child out of child care for 4 days after the date rash first appears.

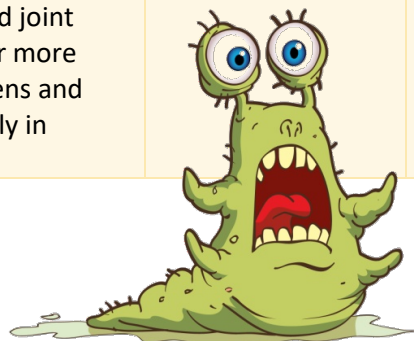
Reference: Durham Region Public Health. (2011). Guidelines for infectious disease reporting and exclusion.



Disease	How it is spread?	Symptoms	When is it contagious?	Exclusion Requirements
MENINGITIS Bacteria, very serious infection Some cases are vaccine preventable	Droplet: person to person by breathing in droplets in the air that got there when an infected person sneezed or coughed. Contact: direct and indirect contact with nose and throat secretions.	Sudden fever; intense headache; chills; nausea; vomiting; lack of energy; neck stiffness (child holds head in one place and cries when chin is placed on chest); eyes sensitive to light. Might have a red blotchy, pinpoint or bruise like rash. Infants may be irritable, feed poorly, vomit, and be less active.	Nose and throat secretions are infectious for up to 7 days before symptoms start. Child remains infectious for another 24 hours after prescribed treatment is started.	<u>Exclusion:</u> Child may return 24 hours after starting antibiotics if a doctor says they are well enough to attend.
MUMPS Virus *Vaccine preventable	Droplet: person to person through sneezing, coughing, droplet spread. Contact: direct contact with the saliva of an infected person.	Fever, swelling and tenderness of the salivary gland(s) (usually the parotid glands, located within the cheek, near the jaw line). Children often have respiratory symptoms.	Up to 7 days before swelling begins to 9 days after the onset. Most infectious 2 days before to 4 days after the onset of swelling.	<u>Exclusion:</u> Keep child out of child care for 5 days from onset of swelling.
PERTUSSIS (Whooping Cough) Bacteria, very infectious *Vaccine preventable	Droplet: person to person by breathing in droplets in the air that got there when a sick person sneezed or coughed.	Begins with mild respiratory symptoms such as runny nose and cough; the cough progresses and gradually gets worse after 1-2 weeks. Typically, episodes of repeated coughing until vomiting, gagging and/or a “whoop” sound are heard. It is a serious infection for infants less than 1 year of age, who often do not have the typical whoop.	Up to 3 weeks after the onset of cough if not treated with antibiotics. If correct antibiotics are taken the infected person is infectious for up to 5 days after they start.	<u>Exclusion:</u> Keep child out of child care for 5 days if appropriate antibiotics are started or for a 3 week period after onset of coughing spells if no antibiotics started.
RABIES EXPOSURE (suspected) Virus, rare but very serious infection	Vector: through the bite or scratch of a warm blooded mammal, including dogs, cats, skunks, raccoons and bats. Found in the saliva of the rabies infected animal.	Early symptoms in humans are similar to other infections including fever, headache, and feeling unwell. As the disease progresses, symptoms of brain infection appear including confusion, restlessness, drooling, and irritability. In majority of cases, infection is fatal.	For dogs and cats: 3 to 7 days before the onset of symptoms and throughout the course of disease. Longer for other animal species.	<u>Exclusion:</u> Children who were bitten or scratched do not need to be excluded from child care. Immediately report all animal bites or animal contact that could result in rabies to the Health Unit.

Reference: Durham Region Public Health. (2011). Guidelines for infectious disease reporting and exclusion.

Disease	How it is spread?	Symptoms	When is it contagious?	Exclusion Requirements
RUBELLA (German Measles) Virus, very infectious *Vaccine preventable	Droplet: person to person through sneezing, coughing Contact: direct and indirect contact with nose and throat secretions of an infected person.	Mild in children. Low fever, rash with small red spots, swollen glands in the neck and behind the ears. Muscle and joint discomfort occur more commonly in teens and adults, very rarely in children.	1 week before to 1 week after the onset of rash.	<u>Exclusion:</u> Keep child out of child care for 7 days after the onset of rash.



ROUTINE MONTHLY REPORTING is needed for:

Disease	How it is spread?	Symptoms	When is it contagious?	Exclusion Requirements
CHICKENPOX (Varicella-zoster) Virus, very infectious *Vaccine preventable	Airborne: person to person by breathing in germ particles in the air that got there when an infected person sneezed or coughed. Contact: direct and indirect contact with the fluid in blisters.	Fever, itchy rash. Lesions appear on chest, back, stomach and spread to other parts of the body. Rash first appears as tiny red dots, quickly filling with clear fluid (blisters). Eventually crusts over and becomes itchy.	1-2 days before the rash appears and until all the lesions have crusted over (usually about 5 days).	<u>Exclusion:</u> Children can usually attend child care if they feel well enough to play. Refer to page 41 for report form.

How to Report?

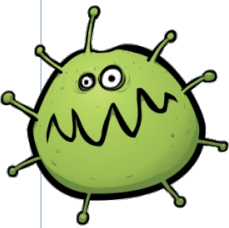
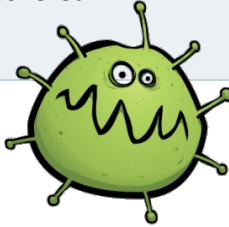
Call Elgin St. Thomas Public Health at **519-631-9900** or **1-800-922-0096** as soon as you notice a **problem**. Your quick response will help to prevent more children and staff from getting sick. Don't worry about making a mistake...we would rather hear from you than not.

Please be prepared to give the following information:

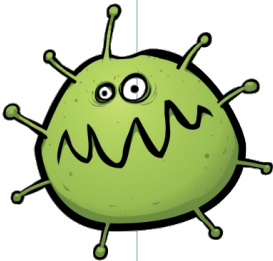
- Name of child care program
- Name of person reporting
- Child's first and last name
- Child's date of birth
- Child's phone number and address
- Name of the disease
- Symptoms
- Date of symptom onset

Common Childhood Infections and Conditions (Non-Reportable)

These are ones you don't need to call us about; but call if you need help.

Disease	How it is spread?	Symptoms	When is it contagious?	Exclusion Requirements
COMMON COLD (Rhinovirus) 	Droplet: from cough and sneeze of an infected person; can spread to a distance of < 2 meters. Contact: direct contact with respiratory secretions. Indirect contact with toys, other objects or surfaces with germs on them.	Runny nose, sneezing, sore throat, cough, fever, headache, decreased appetite and lack of energy. Most colds last for 7 to 10 days.	Most infectious for the first 2 to 3 days of symptoms. Continues to be infectious for 7 to 10 days after symptoms appear.	<u>Exclusion:</u> Child can attend child care if feels well enough to play.
FIFTH DISEASE Also known as "Slapped Cheek" erythema infectiosum (Parvovirus B19)	Contact: direct contact with respiratory secretions.	A very red rash on child's cheeks. A red, lace-like rash develops on chest, back and arms, then over the rest of the body. Rash may itch occasionally. Child may have low-grade fever, feel unwell, or have a mild cold before rash starts. Rash may last 1 to 3 weeks.	Several days before the appearance of the rash. Not infectious once rash appears. In consultation with the health unit, notify pregnant teachers and parents who may have had an exposure.	<u>Exclusion:</u> Child can attend child care if feels well enough to play.
HAND, FOOT & MOUTH DISEASE (Coxsackie virus)	Contact: direct contact with stool, saliva, nose and throat secretions or fluid from the blisters of an infected person. Indirect contact with contaminated toys, objects or surfaces.	Fever; loss of appetite; feeling unwell; sore throat (child may drool or refuse food and fluids); small painful mouth ulcers; a rash (small red spots or blisters on hands, feet and in mouth), and headache. May last 7 to 10 days.	As long as child is unwell and up to several weeks after illness started.	<u>Exclusion:</u> Child can attend child care if feels well enough to play.
IMPETIGO (Streptococcus pyogenes or Staphylococcus aureus) Bacteria	Contact: direct contact with sores on skin. Indirect contact with bed linens or clothing with germs on them.	Cluster of red bumps or fluid-filled blisters, which may ooze a clear fluid or become covered by an itchy honey-coloured crust. Usually appears around a child's mouth, nose or on exposed skin of the face, arms or legs.	From day rash first appears until 1 day after treatment started.	<u>Exclusion:</u> Child may return 24 hours after starting antibiotics. Sores on exposed skin should be covered. 

Reference: Toronto Public Health. (2012). Guidelines for Common Communicable Diseases - Day Nursery Resources

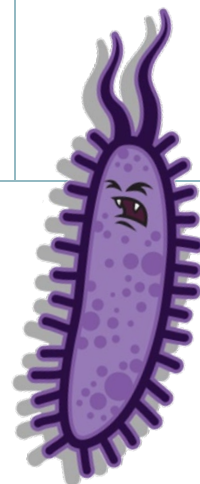
Disease	How it is spread?	Symptoms	When is it contagious?	Exclusion Requirements
NOROVIRUS	Contact: direct contact: with an infected person's stool or vomit. Indirect contact with toys, other objects or surfaces with germs on them. Consuming food or drink prepared by an infected person.	Nausea, vomiting, diarrhea, abdominal cramping, mild fever, headache, muscle aches, fatigue.	From the onset of symptoms until at least 48 hours after diarrhea stops.	<u>Exclusion:</u> Child should not attend child care until at least 2 days after diarrhea stops.
PINK EYE Also known as Conjunctivitis Bacteria, viral	Droplet: from coughs and sneezes of an infected person; can spread to a distance of < 2 meters. Contact: direct contact with germs in eye secretions. Indirect contact through contaminated clothing and other articles.	Purulent (pus present): pink or red eyeballs; white or yellow discharge; sticky or red eyelids and eye pain. Usually caused by a bacterial infection. Non-Purulent (no pus present): pink or red eyeball; clear and watery discharge; mild or no pain. May be caused by virus or non-infectious condition.	Bacterial: Infectious until 24 hours of appropriate antibiotic treatment taken. Viral: Infectious as long as there is eye discharge.	<u>Exclusion:</u> Child should be kept out of child care until assessed by a health care provider. For bacterial conjunctivitis, keep out for 24 hours after an appropriate antibiotic has started.
RINGWORM Also known as Tinea Corporis Fungus	Contact: direct contact involving skin of infected person touching skin of uninfected person. Indirect contact: sharing combs, unwashed clothes. Using shower or pool where surfaces have fungus on them and under fingernails from scratching. Can also be acquired from pets.	Itchy, flaky ring-shaped rash, on face, chest and back, legs, arms, scalp, groin or feet. 	As long as rash is untreated or uncovered.	<u>Exclusion:</u> Child should be kept out until the appropriate treatment has been started.
ROTAVIRUS	Direct contact: with an infected person's stool or vomit. Indirect contact with toys, other objects or surfaces with germs on them.	Fever, vomiting, watery diarrhea (12-24 hours after vomiting), abdominal pain.	From the onset of illness until the diarrhea stops.	<u>Exclusion:</u> Child should not attend until at least 2 days after diarrhea stops.

Reference: Toronto Public Health. (2012). Guidelines for Common Communicable Diseases - Day Nursery Resources

Disease	How it is spread?	Symptoms	When is it contagious?	Exclusion Requirements
SCARLET FEVER (Streptococcus pyogenes) Bacteria	Droplet: from coughs and sneezes of an infected person; can spread to a distance of < 2 meters. Contact: direct contact with saliva of infected person.	Sore throat; fever; swollen tender neck glands (feel like bumps that may be sore to touch), with widespread bright red rash covering the entire body. Rash commonly seen on neck, chest, underarms, elbow, groin and inner thigh, tongue (tongue looks like a strawberry). Typically rash does not involve face, but cheeks may be flushed. Rash feels like sandpaper.	Until 24 hours after appropriate antibiotic treatment started. In untreated cases, for 10 to 21 days.	<u>Exclusion:</u> Keep child out until 24 hours after treatment has started and the child is able to participate in activities.
STREP THROAT (Streptococcus pyogenes) Bacteria		Sore throat, fever and swollen tender neck glands.		



Condition	How it is spread?	Symptoms	When is it contagious?	Exclusion Requirements
HEAD LICE Also known as Pediculosis capitis Insects	Contact: direct contact head-to-head (live lice). Indirect contact by sharing hats, hair brushes, headphones, bike helmets, etc. Head lice cannot fly or hop, but they do crawl very quickly. Head lice that live on people do not live on pets, such as cats and dogs.	Itchy scalp, nits (whitish-grey egg shells) attached to hair shafts, live lice (look like pieces of grayish rice).	While live nits or lice are present.	<u>Exclusion:</u> Child does not need to be excluded from child care. Provide parents with information on checking for head lice and treatment options. Discourage close head-to-head contact or sharing items that have been around their hair.
PINWORMS Also known as Enterobius vermicularis Parasite/worm	Contact: direct contact with someone's fingers that have pinworms on them from scratching. Indirect contact from bed linens, clothing, toys, etc. with pinworms on them.	Itching around the anus (bum opening), disturbed sleep and irritability.	Until treatment is completed.	<u>Exclusion:</u> Re-infection from contaminated hands is common; therefore make sure child is washing hands often.
SCABIES Mites	Contact: direct contact from prolonged, close and intimate skin-to-skin contact . Often spreads between people who sleep in the same bed or from an affected person to his/her caretaker. Mites are almost invisible to the naked eye.	Red, very itchy rash which usually appears between fingers, on palms of hands, underarms, along wrists, on soles of feet, in creases of elbows, on head and neck. Itchiness is usually worse at night.	Until treated, usually after 1 or 2 episodes of treatment, a week apart.	<u>Exclusion:</u> Keep child out of care until after 24 hours of the first treatment given.



Managing and Reporting Bites

According to the Canadian Paediatric Society, 2008, bites occur frequently in the child care setting. Most often the bites do not break the skin. Nevertheless, parents and child care providers may be concerned about infection, especially with blood borne viruses.

Preventing Bites

These measures may help decrease biting incidents:

- ✓ Try to avoid stressful and frustrating situations and conflicts
- ✓ Have children participate in age-appropriate group activities
- ✓ Observe how and why children bite, to help guide management
- ✓ Firmly tell the biter that this is not acceptable behavior
- ✓ Re-direct the biter to appropriate activities
- ✓ Positively reinforce good behavior
- ✓ Work with the biter's family to develop consistent expectations of child in and out of child care

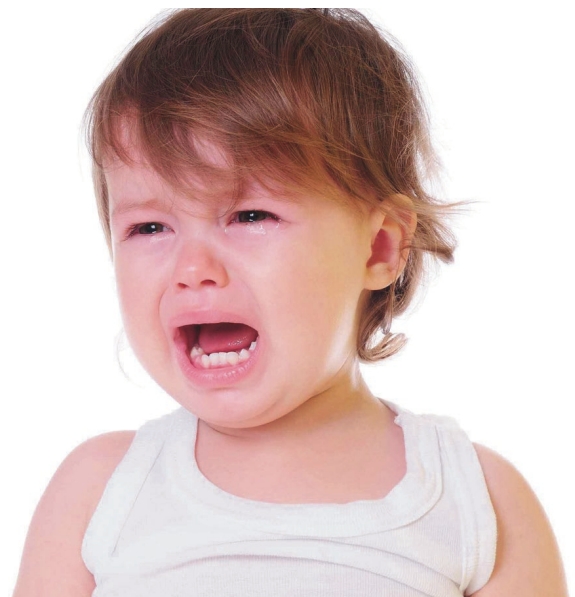
What to do When a Bite Occurs?

If the skin is not broken:

1. Clean the wound with soap and water
2. Apply a cold compress to the area
3. Gently soothe the child

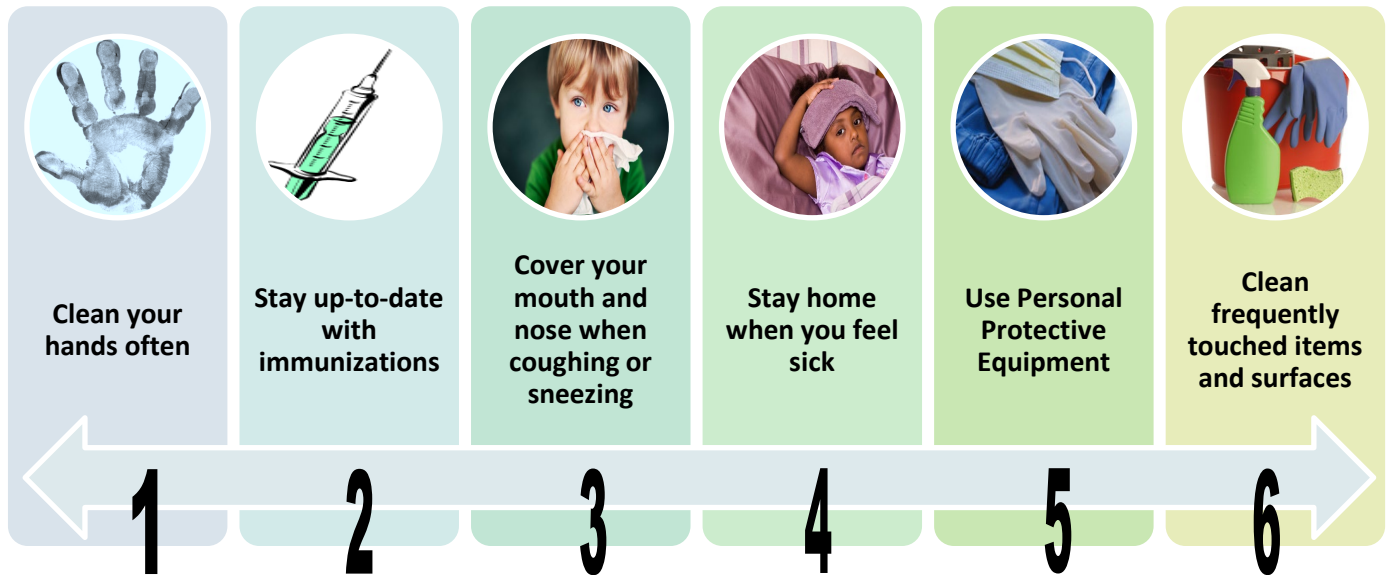
If the skin is broken:

1. Allow the wound to bleed gently, without squeezing
2. Clean the wound carefully with soap and water
3. Apply a mild antiseptic
4. Complete and file an official report
5. Contact the parents of the biter and bitten child within 2 hours of the incident
6. **Report the bite to the Health Unit** at 519-631-9900 or 1-800-922-0096



Preventing the Spread of Infection (Routine Practices)

Prevent the spread of infection by following these simple steps/routine practices:



Hand Hygiene

Did you know...? Hands spread about 80% of infections like the common cold and influenza.

Hand hygiene is the #1 way to prevent the spread of infections. Make hand hygiene a part of your daily routine:

- ✓ Clean your hands often using soap and water or an alcohol-based hand sanitizer.
- ✓ Always clean hands:
 - Before eating or handling food
 - After using the washroom or changing diapers
 - After coughing, sneezing or blowing your nose or helping child to do the same
 - After shaking hands
 - After touching animals or animal waste
 - Before touching your face
 - After handling garbage
 - Before and after caring for a sick person
- ✓ Place hand sanitizers in easily accessible locations, out of reach of children (i.e. outside of each classroom, near tissue boxes, above garbage cans)
- ✓ Supervise children when they wash their hands or use hand sanitizer.



How to clean your hands



With Soap and Water

- Remove jewellery. Wet hands with warm water. Use liquid soap if possible. Apply a small amount about the size of a nickel or quarter. Antibacterial soap isn't necessary.
- Rub your hands together until the soap forms a lather and then rub all over your hands, between your fingers and under the finger nails.
- Continue rubbing for 15 seconds. Encourage children to wash their hands for as long as it takes to sing the *ABCs* or *Happy Birthday*.
- Rinse your hands well under running water.
- Dry your hands using paper towel. Use the paper towel to turn off the faucet and open the door if needed.
- Important points:
 - Always use soap and water:
 - When your hands look dirty.
 - Before you eat or prepare food.
 - After using the washroom or changing a diaper.



With an Alcohol-Based Hand Sanitizer

- Remove jewellery. Apply a small amount, about the size of a quarter, to your hands.
- Use a rubbing motion to spread the sanitizer all over your hands, between the fingers, the finger tips, back of hands and under the fingernails.
- Rub until your hands feel dry, about 15 - 30 seconds.
- Important points:
 - Use alcohol-based hand sanitizer when hands aren't visibly dirty.
 - Alcohol-hand sanitizer should contain at least 70% alcohol or isopropanol.
 - Alcohol-based hand sanitizer is safe to use with children, as directed, but ingestion could be dangerous. Use only with supervision.
 - Keep products in a secure location, away from open flame and high temperatures.

Immunization

Ensure immunizations are up-to-date. For the immunization schedule we use in Ontario, visit:
<http://www.health.gov.on.ca/en/public/programs/immunization/resources.aspx>

- ✓ Vaccines are a safe and effective way to give people immunity against a number of serious diseases. Staff and children should be up-to-date with their required immunizations prior to starting work or enrolling in child care.
- ✓ Public health reviews the immunization records of each child from each child care centre annually. Be sure to collect immunization updates from parents when their child is 12, 15, and 18 months old. Forward copies to the health unit.

Did you know...? Research shows that children are the main carriers of flu in the community. Young children can spread the flu virus for up to 7 days after they get sick.

- ✓ Be sure to get your flu shot every year.



Cough and Sneeze Etiquette

Teach children and staff to cover their mouths and noses with a tissue when they cough or sneeze. If a tissue isn't available, encourage children to cough or sneeze into their upper sleeve or elbow, not in their hands.

- ✓ Have plenty of tissues available for nose wiping.
- ✓ Tissues should be available in all rooms including nurseries and common areas.
- ✓ All soiled tissues should be disposed of in covered wastebaskets.
- ✓ Don't forget to clean your hands and assist children with hand hygiene after using a tissue.



Stay Home When you Feel Sick

Staff and children should not be at the child care centre when they feel sick.



- ✓ For common colds and other typical illnesses, staff and children should be advised to stay home until they feel well for one full day
- ✓ If you are aware that a reportable disease has been diagnosed (i.e. someone has a Salmonella infection), consult with the Health Unit about length of time to exclude ill children and staff.

Refer to pages 11-17 for specific exclusion requirements for common childhood infections.

Use Personal Protective Equipment

Protective barriers like disposable gloves reduce the risk of picking up germs. Protective barriers should always be worn when there is chance that you will come into contact with blood, bodily fluids and/or open sores; for example if you have to touch a child's open sore or if you have a wound on your hand and you need to have direct contact with the child (refer to page 24 for more information on use of gloves and masks). Gloves are not a substitute for hand hygiene. Hands should be washed before and after putting them on.



Cleaning and Disinfection

Cleaning Guidelines

Proper cleaning and disinfection in a child care centre will help stop germs from spreading and making people sick. Cleaning is just as important as disinfecting. (DNA, 1990, Reg. 262 S. 32)

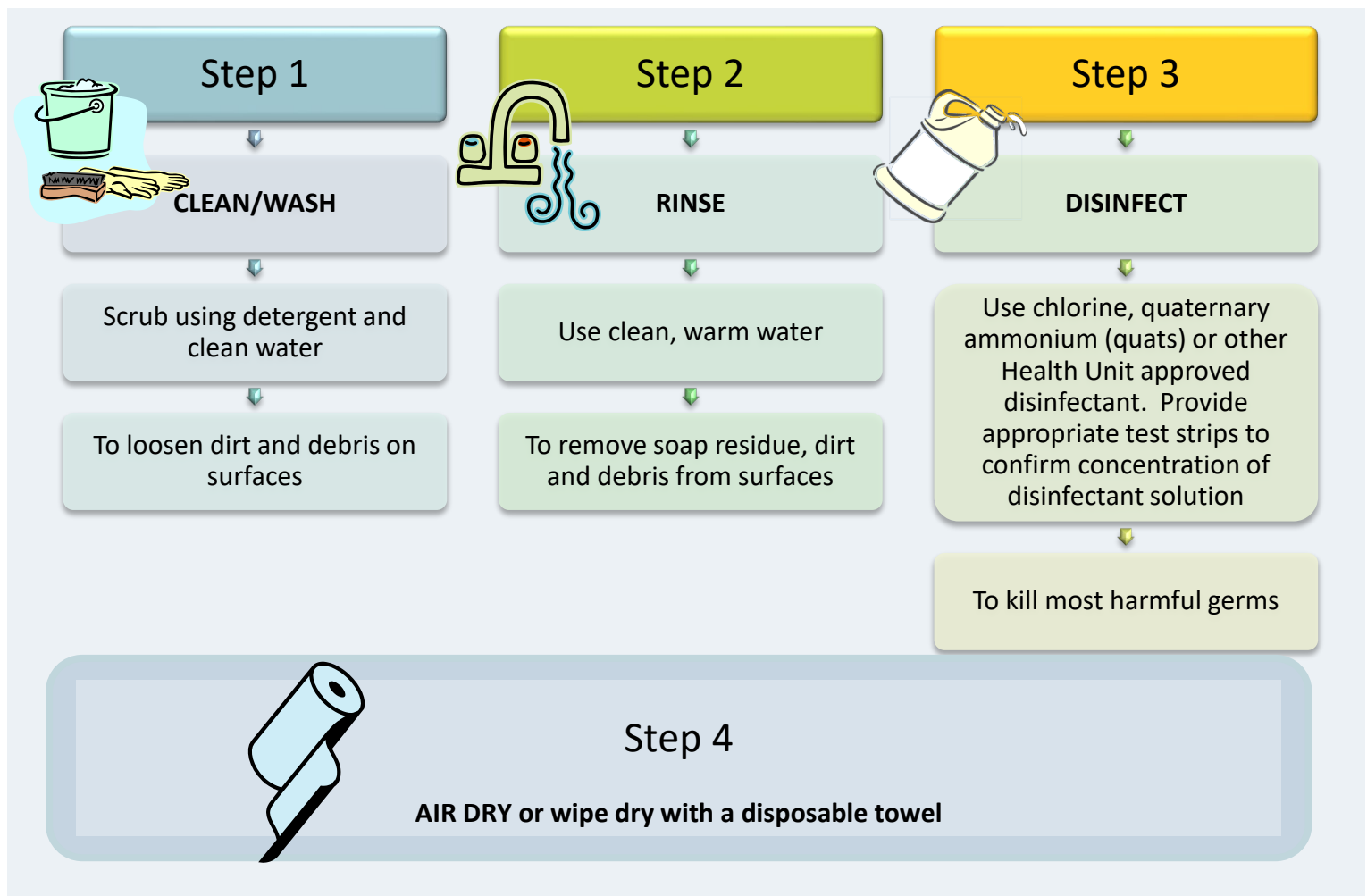
Clean

To remove dirt and germs from a surface by using friction, soap or detergent, and water.

Disinfect

To kill germs by using a chemical solution such as chlorine bleach, quaternary ammonium compounds (QUATs), or accelerated hydrogen peroxide.

Steps to Cleaning and Disinfecting Toys and Surfaces



How to Disinfect?

Choose one of these four methods:

After cleaning the surface:

1. Spray the surface using a squirt bottle filled with an approved disinfectant; **or**
2. Immerse the object in a container of disinfecting solution. You then remove the object and allow it to air dry; **or**
3. Wash and disinfect objects in a commercial dishwasher; **or**
4. Wipe the surface of large toys or objects that may be harmed by saturation (i.e. book covers, puzzles) with a clean cloth moistened with disinfectant.

What area's to focus on?

- | | |
|--|----------------------|
| ✓ Diapering and toileting areas | ✓ Outdoor play areas |
| ✓ Cots, cribs, linens | ✓ Wading pools |
| ✓ Play mats | ✓ Common areas |
| ✓ Toys, crafts and sensory play tables | ✓ Washrooms |

Instructions for Mixing Bleach and Water

Intermediate-High Level Disinfectant (1:50)

1000 parts per million

For use in washrooms and diaper changing areas etc., during outbreaks of vomiting & diarrhea.

- ✓ Slowly add 4 teaspoons (20 ml) of bleach to 1000 ml (4 cups) of water when preparing solution
- ✓ Leave on surface for 10 minutes

Intermediate-Level Disinfectant (1:100)

500 parts per million

For routine use on floors, walls, washrooms, countertops, tables, toys and diaper change areas.

- ✓ Slowly add 2 teaspoons (10 ml) of bleach to 1000 ml (4 cups) of water when preparing solution
- ✓ Leave on surface for 2 minutes

For a more precise calculation of how to mix bleach and water to achieve the desired concentration, calculated in parts per million (PPM), use the bleach dilution tool at:

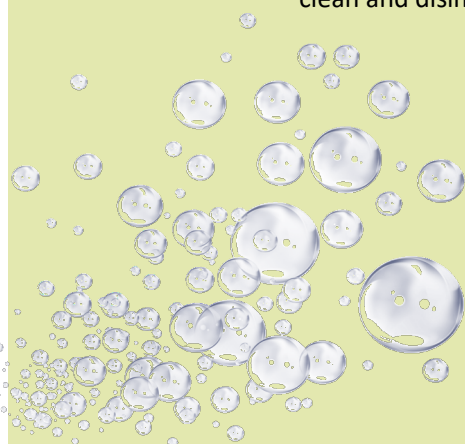
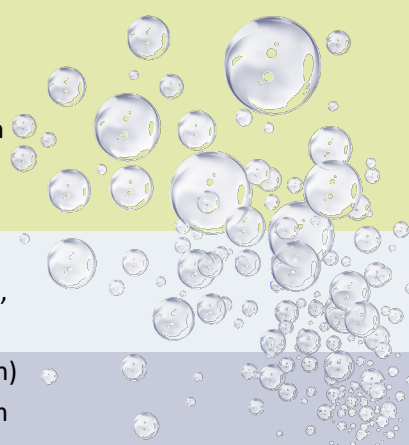
<http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Dilution-Calculator.aspx>

Cleanup of Blood and Body Fluids

Cleaning blood and body fluids may require the use of personal protective equipment. Follow the recommendations in the chart below to properly clean and disinfect surfaces and laundry soiled by blood and body fluids.

Body Fluid	Mask	Gloves	Surface Cleaning and Disinfecting	Child Care Laundry	Child's Personal Laundry
Blood – can spread Hepatitis B Hepatitis C HIV	No	Yes	Use disposable paper towels to soak up excess blood or body fluids before cleaning. Discard in a plastic lined garbage container.	Wash soiled laundry in hot water and detergent.	Bag and send home with parents.
Vomit/Stool – can spread Hepatitis A Norovirus Salmonella E. coli	Yes (vomit only - masks should be used because some germs can go into the air during cleaning and be swallowed)	Yes Discard single use disposable gloves in a plastic lined garbage container. Wash hands immediately after removing gloves.	Wash area with hot water and detergent, then rinse. Disinfect the area with a fresh chlorine bleach solution (use 1:10 dilution with 1 cup bleach to 9 cups water and leave on surface for 10 minutes).	Launder heavily soiled articles separately.	
Respiratory Secretions Colds Influenza	No	Not necessary. Only if there is visible blood.			
Broken Skin/Mucous Membrane Contact Conjunctivitis Herpes Simplex Virus (cold-sores) Impetigo	No	Yes. If directly touching open sores or mucous membranes (i.e. lips, inside of mouth). Discard single use disposable gloves in a plastic lined garbage container. Wash hands immediately after removing gloves.			

Cleaning and Disinfecting Schedule

Frequency	Washrooms	Play/Sleep Area	Infant/Toddler Rooms
After each use	<ul style="list-style-type: none"> • Cloth towels - launder • Combs and brushes – clean and disinfect • Potty chairs – clean and disinfect 	<ul style="list-style-type: none"> • Water play toys – clean and disinfect • Water play table – clean and disinfect 	<ul style="list-style-type: none"> • Cloth / plastic bibs – launder/clean and disinfect • High chair trays / tables tops – clean and disinfect • Mouthed toys – clean and disinfect • Diaper change mat – clean and disinfect
Daily	<ul style="list-style-type: none"> • Floors – clean and disinfect • Garbage containers – empty • Hand wash sinks – clean and disinfect • Toilets – clean and disinfect 	<ul style="list-style-type: none"> • Carpets – vacuum • Floors – dry sweep and wet mop 	<ul style="list-style-type: none"> • Diaper change table – clean and disinfect • Hand wash sink – clean and disinfect • Vinyl mats – clean and disinfect
Weekly	<ul style="list-style-type: none"> • Garbage containers – clean • Toothbrush storage – clean and disinfect 	<ul style="list-style-type: none"> • Absorbent materials (dress-up clothes, plush toys) – launder • Fabric upholstered furniture – vacuum • Floors under area rugs – sweep • Linen/bedding/slip covers – launder • Sensory play – dry food/play dough/other – throw out • Sensory play table – clean and disinfect • Shelving – clean and disinfect • Toys (includes large toys) – clean and disinfect • Vinyl mats – clean and disinfect 	<ul style="list-style-type: none"> • Cribs and cots – clean and disinfect • High chair seat and frame – clean and disinfect • Toys (includes large toys) – clean and disinfect 
Every 2 Weeks		<ul style="list-style-type: none"> • Cots – clean and disinfect • Toys (used by part- time children, <3days/wk) 	
Monthly		<ul style="list-style-type: none"> • Toys (used by school-age children) • Sensory play table – Sand – clean and disinfect 	

Diapering

When you change diapers, there is a high risk of spreading gastrointestinal illness. Make sure to:

- ✓ Clean your hands and surfaces well.
- ✓ Clean and disinfect the change table after each use.
- ✓ Designate an area for changing diapers. Avoid changing them in other locations.
- ✓ Follow proper diapering procedures.

Diapering Area

A fully equipped, separate area is required for diapering. Clean diapers must be stored away from waste containers that hold dirty ones. Other items used for diapering must be out of children's reach.

Changing Surface

The covering on a changing surface should be smooth, resistant to moisture and easy to clean. It should not have large pores or openings that can hold germs. For extra protection, use single-use covers for each child.

Hand-Washing Sink and Towels

The best hand-washing sink is one that comes with both hot and cold running water, mixed through one faucet. Hot water temperatures should not exceed 49°C (120°F). The hand-washing sink should be right beside the diaper changing table so it is easy for staff to wash hands. Liquid soap and paper towels in a dispenser must be located at the sink.

Cloth Diapers

Cloth diapers require more handling than disposable diapers. Remember, the more handling, the greater the chances of spreading germs. When cloth diapers are used, carefully store the soiled diapers in a separate area to prevent contact with any other items and with children. Send them home with parents to be laundered.

Skin Care Items

Supplies should be stored in a cupboard where children cannot reach them, but where caregivers can easily get to them. All cloths used for cleaning the child's skin should be disposable. Note: skin care products should only be used if requested by a parent and only for the designated child. Be sure that the skin care products are labeled with the child's name to avoid confusion. Report changes in skin and/or stool (i.e. rashes, unusual stool consistency, colour, odour, or frequency) to the parents.

Waste Container

A tightly covered container with a foot-operated lid is recommended. Line the container with a disposable garbage bag. Store the container in an area where it is easy for caregivers to use but not in children's reach.

Diapering Procedure - Post a copy of the diapering procedure in the diapering area.



Clean Your Hands & Organize Supplies

- Clean your hands and gather the needed supplies:
 - Disposable covering (e.g. paper towel) for the change table
 - Fresh diaper
 - Plastic bag for soiled items
 - Disposable wipes
 - Gloves
 - Diaper cream, removed from container and placed on a disposable tissue
- Put on disposable gloves



Bring Baby to Diapering Area

- Hold the baby away from your clothes and place him/her on the change table.
- Always keep a hand on the baby.
- Remove clothes as needed.
- Place soiled clothes in a plastic bag, without washing or rinsing to send home with parents for cleaning.



Clean the Baby

- Remove stool and urine from the baby with a pre-moistened disposable wipe or a single use towel.
- Discard soiled wipes/towels in soiled diaper or a plastic-lined garbage container with lid (foot pedal preferred).
- Use a fresh wipe with each front to back cleaning.



Remove the Soiled Diaper

- Remove the soiled diaper and discard in the garbage container.
- Remove disposable covering from beneath baby and discard into the garbage container.
- Remove gloves and dispose of them now in the garbage container.
- Wash your hands at the designated hand sink.



Diaper and Dress the Baby

- Slide a fresh diaper under the baby.
- Use skin care products only if requested by the parent, and only for the designated baby. Ensure that skin care products are labeled with each baby's name and dispensed using a disposable applicator. Apply the product using a tissue. Discard the tissue in the garbage container.
- Adjust and fasten diaper.
- Finish clothing the baby.



Wash the Baby's Hands

- Take baby to the designated hand sink and wash child's hands with liquid soap and warm water. Use paper towels to dry.



Clean and Disinfect the Diapering Area

- Clean the change surface with soap and water. Rinse and wipe dry. Apply a disinfectant and follow manufacturer's directions for contact time. Allow to air dry or wipe with paper towel and discard. Put away cleaning supplies.



Wash Your Hands

- Wash your hands thoroughly with liquid soap and warm water at the designated hand sink. Dry with a paper towel.

Potty Chairs

Where possible, use toilet seat inserts to eliminate the need to handle potty contents. If potty chairs are used:

- ✓ Choose potty chairs that are made of smooth, non-absorbent, easy-to-clean material and that have a removable waste container.
- ✓ Keep potty chairs in the washroom, not in playrooms or hallways.
- ✓ Use potty chairs in a location where children cannot reach toilets, or other potty chairs and other potentially contaminated surfaces.
- ✓ After use, empty potty contents into toilet.
- ✓ Rinse the potty in a **sink reserved only for this use**.
- ✓ Wash and disinfect the potty chair and sink.
- ✓ Wash your hands.

Cots, Cribs and Linens

Sleeping areas can be a source of spreading illness. It is important to:

- ✓ Assign a crib or cot and linen to each child. Use labels with the child's name.
- ✓ Launder all linen at least weekly. If the cot is shared, change linen between each child's use.
- ✓ Launder linen, and clean and disinfect cots and cribs that have stool, urine or other body fluids on them.
- ✓ Store linen and cots in a separate area to prevent contamination.
- ✓ Alternate children head-to-foot and space them at least three feet apart. Germs from an infected person can travel short distances through the air before settling.

Play mats

- ✓ Clean and disinfect mats weekly or when visibly dirty.
- ✓ Ensure mats are smooth and in good repair. Replace them if they're ripped or cracked as these openings can hold germs.

Toys and Crafts

Hazardous arts and crafts materials can enter the body through:

- ✓ Inhalation – the child breathes in the product through vapours, dust etc.
- ✓ Skin absorption – the product enters the body through cuts or scrapes. Some products can also penetrate the skin's natural protective coating.
- ✓ Ingestion – the child puts a paint brush, markers, hands etc. into his or her mouth and unknowingly drinks or eats the product.

General Guidelines for Craft Areas:

- ✓ Keep food and drink away from the craft area.
- ✓ Wash hands before and after crafts.
- ✓ Clean craft areas carefully by damp wiping and damp mopping. This prevents toxic dust from accumulating.

Craft Materials to Avoid

Craft Material to Avoid	Rationale	Alternatives
Playdough with fruit-flavoured gelatin or fruit-scented dye	Children may be more likely to eat the playdough. They could get sick.	Non-fruit scented playdough. Replace playdough (store-bought or home-made) at least weekly or more often if used frequently. Discard playdough when there is an outbreak of illness in the program.
Wood chips	Often made from plywood and particle board. May contain formaldehyde which is poisonous through ingestion or skin adsorption if swallowed or absorbed through skin.	None.
Styrofoam chips, foam, peanut shells, etc.	Could become a choking hazard. Children in the program could have peanut allergies.	None.
Used egg cartons, toilet paper rolls and meat trays	Cannot be cleaned and disinfected thoroughly. Can harbor bacteria such as Salmonella and E. coli. Easily inhaled.	Paper towel rolls or gift-wrap rolls.
Powdered clay	May contain silica and asbestos. Do not sand-dry clay pieces or engage in other dust-producing activities.	Talc-free, premixed clay. After using clay, wet mop or sponge surfaces thoroughly.
Ceramic glazes or copper enamels	May emit toxic fumes.	Water based paints instead of glazes.
Cold-water, fibre reactive dyes or other chemical-based commercial dyes	May contain lead. May contain toxic pigments.	Vegetable and plant dyes (such as onion skins or tea) as well as food dyes.

Craft Material to Avoid	Rationale	Alternatives
Instant paper mâché	Can create dust that is breathed in; may contain lead or asbestos.	Paper mâché made from black and white newspapers and white paste.
Powdered tempera paints	Can create dust that is breathed in; may contain toxic pigments.	Liquid tempera paints.
Pastels, chalks, or dry markers	Can create dust that is breathed in.	Oil pastels, crayons, or dust-less chalk.
Solvents: Turpentine, toluene rubber-cement thinner, solvent-based inks, alkyd paints, aerosol sprays	Give off toxic fumes that can be inhaled.	Use water-based products only.
Glues and adhesives: Epoxy, instant glue, airplane glue, rubber cement glue	Give off toxic fumes that can be inhaled.	Use water-based white glue.
Permanent felt tip markers	May contain toxic solvents.	Use water-based markers only.

Sensory Play Areas

Sand

- ✓ Purchase silica-free “Play Sand” from a supplier such as a garden centre or toy store.
- ✓ Soil from places such as the garden is not permitted.
- ✓ Food and water must be kept away from the sand table.
- ✓ Wet play sand should be removed and allowed to air dry overnight.
- ✓ Sand play toys should be constructed of a material that is easy to clean, rustproof and non-breakable.
- ✓ Sand should be replaced monthly or more often if required.

Food

- ✓ Use only dry food materials in sensory play tables. If the food material becomes wet, it must be thrown out right away and replaced with new material.
- ✓ In the event of a rodent or insect infestation, stop the use of food in sensory play tables immediately.
- ✓ Make sure that the dry food items used in the sensory play table are kept no longer than a week and then discarded.
- ✓ Homemade play dough should be treated as a food item and thrown out after one week. It should also be refrigerated between uses.

Water

- ✓ Fill water play table with clean tap water prior to each use. Do not add bleach or other disinfectant to the water.
- ✓ Throw out water and wash, rinse, disinfect and air dry the play table and toys after each play session or after 2 hours of continuous play.
- ✓ Use only non-absorbent toys in the water play table.
- ✓ Stop children from drinking the water or placing toys in their mouth.
- ✓ Individual containers are recommended for diapered children.

General Guidelines for Sensory Play Areas

- ✓ **Immediately stop the use of sensory play tables when there is an outbreak of illness** as it may be a source for disease transmission.
- ✓ Make sure that children and staff thoroughly **wash** their **hands before and after using a sensory play table**.
- ✓ Throw out and replace sand, water or food immediately if they get vomit or stool on them.
- ✓ Clean area beneath the play table daily. Throw out any material that is spilled on the floor – do not collect it and return it to the sensory play table.
- ✓ Check that sensory play tables are properly covered when not in use.
- ✓ Clean and disinfect sensory play tables on a weekly basis or more often as required.
- ✓ Check that all toys used in the sensory play tables are cleaned and disinfected at least weekly or more often if required. All toys used in the water play tables must be cleaned and disinfected after each use.

Outdoor Play

Sandboxes:

- ✓ Check frequently for animal droppings. If you find droppings in the sand, remove them and the surrounding sand and throw it out.
- ✓ Cover sandboxes to prevent animals from pooping in the sand. Check that the cover fits tightly and that a child cannot be trapped under it.
- ✓ Bring sandbox toys inside when not in use. Clean and disinfect them every week.
- ✓ You don't need to replace, clean, or disinfect the sand unless you have sand flies or if a child is ill while playing in it.

Wading Pools

- ✓ It is best to allow only toilet-trained children to use the pool. If you allow children who are not toilet trained, make sure they wear fresh diapers designed for swimming.
- ✓ Check that the pool is free of sharp or pointy edges.
- ✓ Fill the pool with fresh water from an approved source, before each use. You don't need to add bleach to the water.
- ✓ Empty the water from the pool if someone poops in it.
- ✓ Once done in the pool, empty the water immediately. This stops mosquitoes from breeding in the standing water.
- ✓ Clean and disinfect the pool after each use.

Common Areas

Carpets

- ✓ Clean carpets regularly. If they look dirty, use a steam cleaner. This helps make sure that germs and dirt are effectively removed without leaving a residue that attracts more dirt.
- ✓ Arrange for carpet cleaning to be done on the weekend. This allows enough time for carpets to dry.
- ✓ Vacuum all carpets at least once a day. It prevents the spread of germs, reduces dust, and helps lessen allergy symptoms.
- ✓ Repair any rips or tears as soon as possible as they can trap dirt and germs.

Vinyl or Tile Floors

- ✓ Clean all uncarpeted floors daily with a household detergent.
- ✓ Clean and disinfect all floors that are soiled by body fluids, such as stool, urine, blood or vomit.
- ✓ Minimize dirt by removing outside shoes and boots at entrance, especially in the infant and toddler areas.
- ✓ Repair cracked or damaged flooring as soon as possible as it can trap dirt and germs.

Vinyl flooring is recommended for:

- | | |
|--|---|
| ✓ Kitchens and food preparation and eating areas | ✓ Arts, crafts, water play, science areas |
| ✓ Washrooms | ✓ Laundry rooms |
| ✓ Diaper changing areas | |

Washrooms

Proper cleaning and disinfecting of the washrooms is critical. When cleaning, remember to:

- ✓ Wear gloves.
- ✓ Clean and disinfect the faucets, sinks and toilet seats at least once each day or more often if necessary i.e. when you have an outbreak of vomiting and diarrhea.
- ✓ Start cleaning from the highest area and work to the lowest area. This leaves the most soiled areas for last.
- ✓ Keep an adequate supply of toilet paper, soap and paper towels available throughout the day.



Reference: Wellington-Dufferin-Guelph Public Health. (2010). Healthy Faces, Healthy Places, p.19-27

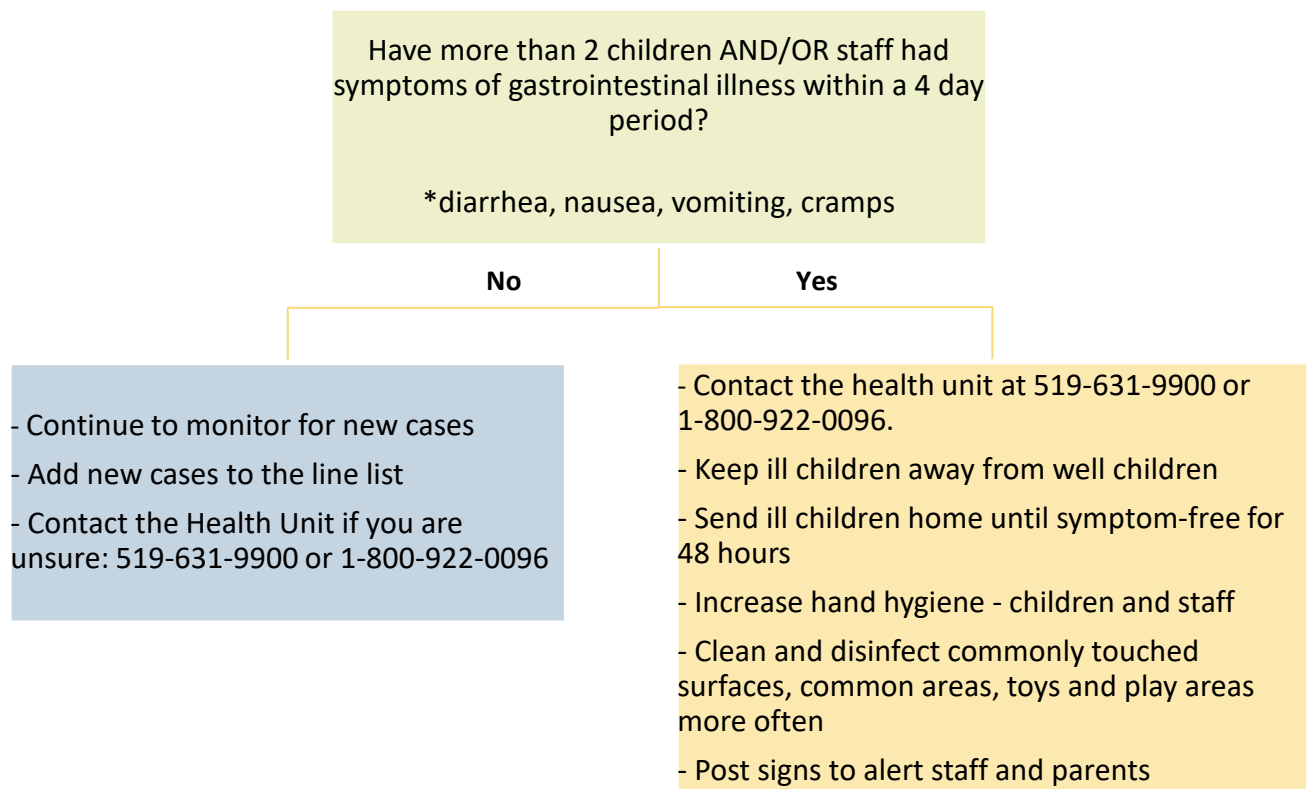
Dealing with an Outbreak

What is an Outbreak?

An **outbreak** is a rise (>15%) in the number of children or staff absent due to infectious illness above what you would normally expect. It is important for parents to report their child's illness to you so that you can recognize an outbreak as early as possible. Generally, more than 2 cases (staff or child) of gastrointestinal illness within a 4-day period is considered an outbreak in a child care centre.

Detecting an Outbreak

To help you decide when you have an outbreak; identify who is a *case, and who should be sent home and kept out of care, follow the algorithm below:



*A **case** of gastrointestinal illness is defined as someone with vomiting and/or diarrhea (usually more than one episode) or someone whose stool was tested and found to have germs in it.

Reporting an Outbreak

By law, you must report an outbreak to the health unit (HPPA, R.S.O 1990, C.H 7). Call as soon as you suspect an outbreak; when you have more than 2 people with gastrointestinal illness (diarrhea and/or vomiting) or when you see an increase in absent/ill children with respiratory symptoms. Call Elgin St. Thomas Public Health at 519-631-9900 or 1-800-922-0096.

Managing an Outbreak

Keeping Track of Ill Children/Staff (Line Lists)

A line list is a list of sick people and their symptoms. It should be started as soon as an outbreak is suspected. The list should be used throughout the outbreak to provide documentation of the extent and nature of the outbreak.



CHILD CARE CENTRE ENTERIC OUTBREAK LINE LISTING FORM

29 Edward Street
St. Thomas, ON N5P 1Y5
Phone: 519-631-9900 Fax: 519-633-0468

Outbreak # 2231-_____ - _____

Date Line List Started: _____

FAX DAILY to: 519-633-0468

Name of Centre: _____ Affected Area: _____ Population: _____ children/staff

Check appropriate box: ☐ Children Line List ☐ Staff Line List

Case Definition: Any child or staff with one episode of vomiting or diarrhea

Case Classification			Symptoms								Specimens		Complications		Status			
Case Number (sequential)	Name/DOB	Room or Age Group	Onset Date (mm/dd)	diarrhea (w/watery, b-bloody) / Episodes	vomiting, Episodes	fever	nausea	poor appetite	abdominal cramps	lethargy	other - please specify	stool (mm/dd)	result (mm/dd)	Hospitalization (mm/dd)	other	Resolved date (mm/dd)	Date child returned to centre (mm/dd)	Notes (e.g. special diet, antibiotic use etc.)

Outbreak Control Measures Checklist

Outbreak control measures are steps that can be taken to 1) control the source of infection; 2) stop the spread of infection, and 3) protect children and staff who are at risk. Note: These steps may be different from outbreak to outbreak based on the circumstances and/or the germ identified.

Keep a List of Ill Children and Staff - Surveillance (see page 42 for sample line list)

- ☒ Complete a line list daily (one for children and one for staff).
- ☒ Do not record the same child or staff more than once.
- ☒ Include those who may have been part of the outbreak and are not present at the centre.
- ☒ Record those who may have been part of the outbreak and have been admitted to hospital.

- ☑ Do not include children or staff who are experiencing symptoms that are different from those that others have i.e. do not put a child with a runny nose on the line list for children with vomiting and diarrhea.
- ☑ Update the line list daily.
- ☑ The health unit will contact you daily to get an update on new cases and provide assistance with managing the outbreak.

Keep Ill Children and Staff Out of the Centre

- ☑ Place children who become ill at the centre in a room by themselves until parents can pick them up. Children with similar symptoms can be kept in the same room.
- ☑ Send children and staff, who become ill at the centre, home immediately or as soon as possible.
- ☑ Ill children and staff must remain home until they have been well (symptom-free) for:
 - 48 hours during an outbreak
 - 24 hours when there is no outbreak.
- ☑ If dietary staff become ill while working, discard all ready-to-eat food they prepared while on shift.

Hand Hygiene

- ☑ Increase frequency of hand hygiene.
- ☑ Wash children's hands when they come to the centre, after they use the washroom and before they eat.
- ☑ Staff should always wash their hands after diaper changes, after helping with toileting, after removing gloves, after using the washroom, before handling food and frequently throughout the day.
- ☑ Liquid hand soap, paper towels, and alcohol-based hand sanitizer should be available.
- ☑ Hand sanitizer should be provided for all people to use upon entering and exiting the centre.

Environmental Cleaning

- ☑ Increased cleaning of the centre should begin as soon as an outbreak is suspected.
- ☑ Make sure all commonly touched surfaces (i.e. door knobs, counter tops, phones, toys) and high risk areas (i.e. bathrooms, playrooms) are cleaned and disinfected at least daily.

- ☑ Staff must wear disposable gloves when they are likely to be in contact with blood or body fluids (i.e. diarrhea, vomit). A mask should be worn when cleaning up vomit to stop germ particles from being swallowed. Hands must always be cleaned after glove removal.
- ☑ Diaper change surfaces should be cleaned and disinfected with an intermediate high level disinfectant after each diaper change (see page 22-27 for more information).
- ☑ Always check the concentration and contact time of the disinfectant – switch to bleach or accelerated hydrogen peroxide for the duration of an enteric outbreak. Make a new bleach solution daily.
- ☑ Remove bedding from cribs and cots of children who become ill and launder immediately.

Group Activities

- ☑ Keep children from classrooms where there is illness separate from children in classrooms where there is no illness until the outbreak is over, if possible.
- ☑ Stop sensory play activities (i.e. macaroni, play dough) and use of water tables.
- ☑ Do not move children to other rooms during an outbreak if only a few classes are affected.
- ☑ Consult with Public Health about new enrollments during an outbreak.

Notify Parents, Visitors and Staff

- ☑ Post a sign at the entrances and exits to notify parents, caregivers and visitors of the outbreak.
- ☑ Discourage unnecessary visitors or limit where they can go.
- ☑ Notify all agencies that provide services to your program of the outbreak.
- ☑ Advise parents and caregivers that if their child becomes ill, they must not return to the centre until they have been completely well for 48 hours.

Specimen Collection

- ☑ Give a specimen collection kit to the parent of an ill child or to any ill staff member being sent home. Tell parents and staff that it is important to collect a specimen as it allows the health unit to identify what is causing the illness – a bacteria, parasite or virus – and recommend the appropriate treatment. Some germs can cause long-standing health problems for vulnerable people.
- ☑ Collect specimens according to the directions on the “Specimen Collection Instructions” sheet.
- ☑ Keep specimen(s) refrigerated. Call the health unit to arrange for pick up of the specimen from the centre or the ill person’s home.

Outbreak Signage

The health unit will provide outbreak signs for posting when an outbreak is declared.

A graphic for outbreak signage. At the top is a yellow banner with the word "ATTENTION" in bold red letters. Below this is a blue background featuring a red octagonal stop sign with the word "STOP" in white. To the right of the stop sign, the text "The centre is in an OUTBREAK!" is displayed, with "OUTBREAK!" in large yellow letters. At the bottom is a red rounded rectangle containing the text "Play a Role in Outbreak Control" in white, followed by a list of four instructions, each preceded by a checkmark. In the bottom right corner of the red rectangle is a logo for "ELGIN ST. THOMAS PUBLIC HEALTH" with the website "www.elginhealth.com" below it. The logo depicts three stylized figures with their arms raised.

ATTENTION

STOP

The centre is in an **OUTBREAK!**

Play a Role in Outbreak Control

- ✓ Do **NOT** enter if you are ill
- ✓ Do **NOT** return to the centre until you have been symptom-free for 48 hours
- ✓ Clean your hands with hand sanitizer when entering and leaving the centre
- ✓ Call the centre promptly to report illness

ELGIN ST. THOMAS PUBLIC HEALTH
www.elginhealth.com

Declaring an Outbreak Over

Outbreak Resolution Criteria

The health unit, in collaboration with the child care centre, may declare the outbreak over 4 days after the last episode of illness at the centre.

Additional Resources

Forms and Posters

Reportable Diseases List



Report Diseases to Elgin St. Thomas Public Health at:

Phone: 519-631-9900 (24 hrs/day, 7 days/wk) OR Fax: 519-633-0468 (8:30 am - 4:30 pm, Mon - Fri)

Timely reporting of communicable diseases is essential for their control. If you suspect or have confirmation of the following "Reportable Communicable Diseases" or their "etiologic agents", (as per Ontario Reg 559/91 and amendments under the Health Protection and Promotion Act) please report them to the local Medical Officer of Health.

Report Immediately	Report by the Next Working Day
<ul style="list-style-type: none">• Anthrax• Botulism• Brucellosis• Clostridium difficile associated disease (CDAD) outbreaks in Public Hospitals• Diphtheria• Food poisoning, all causes• Gastroenteritis, institutional outbreaks• Haemophilus influenza b disease, invasive• Hantavirus Pulmonary Syndrome• Hemorrhagic Fevers, including<ol style="list-style-type: none">1. Ebola virus disease2. Marburg virus disease3. Other viral causes• Hepatitis, viral<ol style="list-style-type: none">1. Hepatitis A• Influenza (In Institutions Note: all others must be reported by the next business day)• Lassa fever• Legionellosis• Listeriosis• Measles• Meningococcal disease, invasive• Mumps• Paratyphoid fever• Pertussis (Whooping Cough)• Plague• Poliomyelitis, acute• Rabies• Respiratory infection, institutional outbreaks• Rubella and Congenital Rubella Syndrome• Salmonellosis• Severe Acute Respiratory Syndrome (SARS)• Shigellosis• Smallpox• Streptococcal infections, Group A invasive• Tuberculosis• Tularemia• Typhoid Fever• Verotoxin-Producing E. coli Infection indicator conditions, including Hemolytic Uremic Syndrome• West Nile Virus• Yersiniosis	<ul style="list-style-type: none">• Acquired Immunodeficiency Syndrome (AIDS)• Amebiasis• Campylobacter• Chancroid• Chickenpox (Varicella)• Chlamydia trachomatis infections• Cholera• Cryptosporidiosis• Cyclosporiasis• Cytomegalovirus infection, congenital• Encephalitis, including<ol style="list-style-type: none">1. Primary, viral2. Post-infectious3. Vaccine related4. Sub-acute sclerosing panencephalitis5. Unspecified• Giardiasis, except asymptomatic cases• Gonorrhea• Hepatitis, viral<ol style="list-style-type: none">1. Hepatitis B2. Hepatitis C3. Hepatitis D (Delta hepatitis)• Herpes, neonatal• Leprosy• Lyme Disease• Malaria• Meningitis, acute<ol style="list-style-type: none">1. Bacterial2. Viral3. Other• Ophthalmia neonatorum• Psittacosis/Ornithosis• Q Fever• Streptococcal infections, Group B neonatal• Streptococcus pneumoniae, invasive• Syphilis• Tetanus• Transmissible Spongiform Encephalopathy, including<ol style="list-style-type: none">1. Creutzfeldt-Jakob Disease, all types2. Gerstmann-Sträussler-Scheinker Syndrome3. Fatal Familial Insomnia4. Kuru• Trichinosis• Yellow Fever



Chickenpox Report Form



CHICKENPOX REPORT FORM

99 Edward Street
St. Thomas, ON N5P 1Y8
Phone: (519) 631-9900
Toll Free: 1-800-922-0096
Fax: (519) 633-0468
www.elginhealth.on.ca

School/Daycare _____ Month: _____ Year: _____

Name/Initials: _____

Date of Birth ____/____/____ Age: _____
 year mo day

Gender _____

Confirmed by doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received chickenpox vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required hospitalization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it within the last 6 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name/Initials: _____

Date of Birth ____/____/____ Age: _____
 year mo day

Gender _____

Confirmed by doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received chickenpox vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required hospitalization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it within the last 6 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name/Initials: _____

Date of Birth ____/____/____ Age: _____
 year mo day

Gender _____

Confirmed by doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received chickenpox vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required hospitalization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it within the last 6 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name/Initials: _____

Date of Birth ____/____/____ Age: _____
 year mo day

Gender _____

Confirmed by doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received chickenpox vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required hospitalization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it within the last 6 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fax completed forms to the Elgin St. Thomas Health Unit at (519) 633-0468 by the
end of each month

Illness Surveillance Sheet

[illegible]

This information is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, Ch.7.5 for the purpose of preventing the spread of communicable disease. Any questions should be directed to the Communicable Disease Team at Elgin St. Thomas Public Health.

EHU 592 C (Dec/10)

[illegible]

Stool Sample Collection Instructions

Collecting stool samples helps identify what is causing the outbreak of diarrhea and vomiting at the child care centre. If your child is having diarrhea, please follow these instructions to obtain a specimen:

1. Clean your hands and put on gloves.
2. Before collecting the samples, place the child's name and date of collection on each of the containers in the outbreak kit and on the label of the plastic bag.
3. If the child is in diapers, the sample can be collected directly from the diaper. If the child is toilet trained, collect stool in a clean container or a disposable plate, or place plastic wrap or newspaper between the toilet bowl and seat so that there is a slight indentation to catch the stool. Avoid contact with urine or water.
4. Using the spoons in the containers, fill each of the containers with stool to the line marked on the bottle. Try to include mucus and/or bloody portions.
5. Tightly close the lid on each of the containers. Place the containers back in the plastic bag. Do not remove the blue adhesive strip on the bag.
6. Place the plastic bag with the filled containers in the refrigerator. Do not freeze.
7. Remove gloves and thoroughly wash your hands with soap and running water.

Contact the Health Unit at 631-9900 to arrange pick-up of the specimens.

NOTE: One bowel movement may be used to fill all the containers in the outbreak kit.

Websites

Canadian Pediatric Society

www.cps.ca

National association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research and support of its membership.

Ministry of Health and Long-Term Care

<http://www.health.gov.on.ca/en/public/programs/immunization/>

Everything you need to know about immunizations in Ontario.

Ministry of Education

<http://www.edu.gov.on.ca/childcare/licensingstandards.html>

Licensing: Standards, legislation, and inspections.

Provincial Infectious Disease Advisory Committee (PIDAC)

<http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC.aspxA>

A standing source of expert advice on infectious diseases in Ontario, PIDAC has created best practice documents, reports and recommendations on matters related to communicable diseases, immunization, infection prevention and control and surveillance.

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