Child Care Health Resource
Part I: Immunization, Healthy Environments
And Communicable Diseases

May 2019
## Table of Contents

Introduction ........................................................................................................................................ 1
Immunization Requirements .......................................................................................................... 2
Emergency Preparedness .............................................................................................................. 8
Watching for and Managing Childhood Illness ........................................................................ 10
  Period of Exclusion for Common Communicable Diseases ..................................................... 12
  Reporting Diseases to the Health Department ........................................................................ 14
  Designated Diseases ................................................................................................................. 15
Enteric / Gastrointestinal Outbreaks ..................................................................................... 17
Respiratory Outbreaks ................................................................................................................ 19
Infection Prevention and Control ................................................................................................. 21
  Hand Hygiene ............................................................................................................................ 24
  Cleaning and Disinfecting ......................................................................................................... 27
  Diapering .................................................................................................................................. 34
Food Safety .................................................................................................................................. 36
  Food Allergies ............................................................................................................................ 42
  Breastmilk and Infant formula .................................................................................................. 43
  HACCP .................................................................................................................................... 45
Insects and Rodents ......................................................................................................................... 47
Lyme Disease and Ticks .................................................................................................................. 50
Bites ................................................................................................................................................. 52
Drinking Water Quality ................................................................................................................ 54
The Smoke-Free Ontario Act ....................................................................................................... 55
Services and Agencies .................................................................................................................. 56
Publications .................................................................................................................................... 58
Appendices ..................................................................................................................................... 59
Introduction

This manual is a resource for people who care for children in licensed child care centres and home child providers with a licensed home child care agency. It includes recommendations and general guidelines to maintain a safe and healthy environment for young children as well as various legal requirements. Relevant legislation that applies to licensed child care centres and homes are listed below.

We recognize that some of you who will be using this resource will be familiar with some of the information. However, in order to maintain the comprehensiveness of the resource, we have maintained the overall scope of this resource. We have opted for 'user friendly' language where possible. This resource is periodically reviewed and updated; and is as current as the date of publication.

Please note that this manual is divided into two sections:

**Part I: Child Care Health Resource: Immunization, Healthy Environments and Communicable Diseases**

**Part II: Child Care Health Resource: Healthy Child**

The reference section that follows includes telephone numbers & websites, if available, of the agencies, groups and websites mentioned in this resource.

**Relevant Legislation**

There are a number of pieces of legislation that pertain to certain aspects of operations of child care settings. Legislation includes:

- *The Child Care and Early Years Act and Regulations*
- *The Hazardous Products Act*
- *The Health Protection and Promotion Act and Regulations*
- *The Ontario Building Code and Regulations*
- *The Ontario Fire Code*
- *Smoke-Free Ontario Act*
- *The Safe Drinking Water Act*
- *The Ontario Food Premises Regulation*
- *Halton Region Dinewise By-Law No. 90-09*
- *Halton Region Mandatory Food Handler Certification By-Law No. 163-11*

**Acknowledgements**

This Halton Region: Child Care Health Resource is a joint project of the departments of Social and Community Services (Children’s Services Division) and Health Department at Halton Region. It was originally published in 1996 and has undergone regular revision. Portions of this resource were adapted from materials included in the *Thunder Bay District Health Unit Day Care Manual* and the *Regional Niagara Health Services Department Guidelines for Child Care Centres*. We thank these health units for generously sharing their resources.
# Immunization Requirements

**Halton Region Health Department**

Requirements for Children Attending Licensed Child Care programs

*Note: Throughout the body of this document, the term “Licensed Child Care” refers to “Licensed Child Care Centres and Licensed Home Child Care” where applicable.*

Parents and/or legal guardians are responsible for keeping children’s records of immunization up to date. They are also responsible for keeping an immunization record and for producing the record as needed.

In Halton Region, the Medical Officer of Health requires that all children attending licensed child care (both centre based and home based) be adequately immunized against, and/or be immune to certain vaccine preventable diseases as recommended by the local Medical Officer of Health.

The Licensee of licensed child care centres must maintain up-to-date health and immunization records for all children enrolled in the centre and make those records available upon request.

## The Child Care and Early Years Act

<table>
<thead>
<tr>
<th>1) Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. (1) Every licensee shall ensure that before a child who is not in attendance at a school, or private school, within the meaning of the Education Act, is admitted to a child care centre it operates or to a premises where it oversees the provision of home child care, and from time to time thereafter, the child is immunized as recommended by the local medical officer of health.</td>
</tr>
</tbody>
</table>

| 2) |
| (2) Subsection (1) does not apply where a parent of the child objects in writing to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the parent’s religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the licensee as to why the child should not be immunized. |

| 3) |
| (3) Objections and medical reasons under subsection (2) shall be submitted in a form approved by the Minister. O. Reg. 126/16, s. 24 (3). |

| 4) |
| (4) An exemption under subsection (2) that was made before August 29, 2016 shall expire on September 1, 2017 unless a new objection or medical reasons are submitted in a form approved by the Minister before that date. O. Reg. 126/16, s. 24 (3). |

There is more information on the Halton Region website about [Vaccine Exemptions](#). The page outlines the process for obtaining an exemption and provides the links to the necessary forms mentioned in section 4. These forms must be signed by a Commissioner of Oaths or a medical practitioner.
Publicly-Funded Routine Childhood Immunization Schedule for all Children, and Requirements for Children Enrolled in a Licensed Child Care program (both centre based and/or home based) by the Medical Officer of Health

Publicly-Funded Routine Childhood Immunization

<table>
<thead>
<tr>
<th>Age</th>
<th>Required Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>DTaP-IPV-Hib, Pneu-C, Rot-5</td>
</tr>
<tr>
<td>4 months</td>
<td>DTaP-IPV-Hib, Pneu-C, Rot-5</td>
</tr>
<tr>
<td>6 months</td>
<td>DTaP-IPV-Hib, Rot-5</td>
</tr>
<tr>
<td>12 months</td>
<td>Pneu-C, Men-C, MMR</td>
</tr>
<tr>
<td>15 months</td>
<td>Var</td>
</tr>
<tr>
<td>18 months</td>
<td>DTaP-IPV-Hib</td>
</tr>
<tr>
<td>4-6 years</td>
<td>Tdap-IPV, MMRV</td>
</tr>
</tbody>
</table>

DTaP-IPV-Hib = diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b  
Pneu-C = pneumococcal conjugate  
Rot-5 = rotavirus  
Men-C = meningococcal C conjugate  
MMR = measles, mumps, rubella  
Var = varicella  
MMRV = measles, mumps, rubella, varicella given as one dose  
Tdap-IPV = tetanus, diphtheria, pertussis, polio

All children must be up to date with the immunizations specified for their age according to the Publicly-Funded Immunization Schedules for Ontario.

Exclusion

The Medical Officer of Health has the authority under the Health and Protection and Promotion Act to exclude any child from a licensed child care setting when the child is not fully immunized and there is an outbreak of any of the following:

- Measles
- Mumps
- Rubella
- Haemophilus influenzae b
- Diphtheria
- Pertussis
- Poliomyelitis
- Pneumococcal
- Influenza
- Meningococcal

The exclusion remains in effect until the risk from the outbreak is over or until the child is shown to be fully immunized or immune.

The operator must uphold the exclusion order for the specific period.
<table>
<thead>
<tr>
<th>Collection of Immunization Records</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Health Department will:</strong></td>
</tr>
<tr>
<td>- Print and distribute “Immunize &amp; Report It” and “Immunize Your Kids” forms to licensed child care programs for each new registrant.</td>
</tr>
<tr>
<td>- Assist parents requesting information about immunizations.</td>
</tr>
<tr>
<td>- Assess and maintain immunization records for all children attending the child care centre.</td>
</tr>
<tr>
<td>- Check for valid vaccine exemptions.</td>
</tr>
<tr>
<td>- Assist the child care centre operator in maintaining immunization records on all attendees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The operator will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Distribute “Immunize &amp; Report It” and “Immunize Your Kids” forms to each new registrant.</td>
</tr>
<tr>
<td>- Provide the parent/legal guardian with information on their responsibility to report immunizations or exemptions to the Health Department:</td>
</tr>
<tr>
<td>- Online at halton.ca</td>
</tr>
<tr>
<td>- The OneHalton app</td>
</tr>
<tr>
<td>- Call 311</td>
</tr>
<tr>
<td>- Mail or deliver in-person at 1151 Bronte Road, Oakville L6M 3L1</td>
</tr>
<tr>
<td>- Direct the parent to contact the Health Department’s Immunization Services with any questions:</td>
</tr>
<tr>
<td>- Call 311</td>
</tr>
<tr>
<td>- Email <a href="mailto:immunizationnurses@halton.ca">immunizationnurses@halton.ca</a></td>
</tr>
<tr>
<td>- Provide the Health Department with a list (first and last name; date of birth; and current address and phone number) of all children attending the child care centre on an annual basis with updates as required.</td>
</tr>
<tr>
<td>- Collect and keep a copy of the immunization record before or after it has been submitted to the Health Department by the parent/legal guardian.</td>
</tr>
<tr>
<td>Health assessments and immunization of staff</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td><strong>1)</strong> Every licensee of a child care centre shall ensure that, before</td>
</tr>
<tr>
<td>commencing employment, each person employed in each child care centre it</td>
</tr>
<tr>
<td>operates has a health assessment and immunization as recommended by the</td>
</tr>
<tr>
<td>local medical officer of health.</td>
</tr>
</tbody>
</table>

| Operators of licensed child care programs must maintain up-to-date health and immunization records for all staff and volunteers involved in the program. |

**Vocabulary**
- Employees: also includes temporary/contract workers and students.
- Volunteers: also include parents and/or other community members.

**The Child Care and Early Years Act, 2014, O.Reg 137/15 s. 57**

- **1)** Every licensee of a child care centre shall ensure that, before commencing employment, each person employed in each child care centre it operates has a health assessment and immunization as recommended by the local medical officer of health.

- **2)** Every licensee of a home child care agency shall ensure that, before any child is provided with home child care, each home child care provider at a premises at which the licensee oversees the provision of home child care and each person who is ordinarily a resident of the premises or regularly at the premises has a health assessment and immunization as recommended by the local medical officer of health.

- **3)** Subsections (1) and (2) do not apply where the person, or where the person is a child, a parent of the person, objects to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the person or parent based on the person’s or parent’s religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the licensee as to why the person should not be immunized.

- **4)** Objections and medical reasons under subsection (3) shall be submitted in a form approved by the Minister. O. Reg. 126/16, s. 37 (2).

- **5)** An exemption under subsection (3) that was made before August 29, 2016 shall expire on September 1, 2017 unless a new objection or medical reasons are submitted in a form approved by the Minister before that date. O. Reg. 126/16, s. 37 (2).

There is more information on the Halton Region website about [Vaccine Exemptions](#). The page outlines the process for obtaining an exemption and gives the links to the necessary forms mentioned in section 4. These forms must be signed by a Commissioner of Oaths or a medical practitioner.
To protect young children from tuberculosis (TB) infection, the Halton Region Health Department recommends TB screening for all staff, students and volunteers working in a daycare setting. TB symptom screening can identify people with active TB disease while the TB skin test (TST) is one way to check if a person has latent (inactive) TB infection.

The Documentation Tool “Tuberculin Screening for All Persons Working in Child Care Centres” and Instructions (see Appendix A) is provided for all staff, students and volunteers to take to a regulated health care provider to complete and return to the child care centre supervisor before commencing employment.

Prior to employment, contracts and/or volunteer work, all employees, providers and/or volunteers must provide documentation, signed by a regulated health care professional, that the following were performed within 6 months of hire/placement:

**For all individuals:**
- Confirmation of the absence of signs and symptoms consistent with active TB disease.

**For individuals who have never received a TB skin test before, do not know their TST status or who have had a previous negative TST test, regardless of BCG status:**
- A single TST. No repeat testing is necessary.

**For individuals with current positive TST or a documented positive TST in the past:**
- A medical evaluation and chest x-ray to confirm that active TB is not present.
- Repeat testing is not necessary unless there is a change in medical status that makes active TB more likely.
- Any staff/volunteer who has a positive TB skin test should be aware of the signs and symptoms of active TB disease (cough, fever, night sweats, weight loss) and see a doctor immediately if symptoms occur.

**Notes:**
- Individuals with weakened immune systems (HIV, cancer or immunosuppressive medications) may have a negative TST even if they are infected. These individuals should speak to their doctor about the risk of TB, as well as the risk of serious infections in the daycare environment.
- If an employee/volunteer works in multiple sites and/or transfers from one child care setting to another the medical report may be used at the new site if the medical report is less than six months old.
- A TST for employment purposes is not covered by OHIP. Your physician may apply a service charge for the TST and documentation. Chest x-rays, treatment for active or latent TB are medically covered by OHIP or the Health Unit.
Required and Recommended Immunization Guidelines by the Medical Officer of Health

Each licensee must ensure that employees, providers and volunteers are immunized as follows:

Diphtheria, Tetanus, Pertussis and Poliomyelitis:
- An original series of immunization against diphtheria, tetanus, and polio
- A booster dose for tetanus and diphtheria (Td booster) every 10 years
- Adults should receive a single dose of pertussis (whooping cough) vaccine given in a combination with a Td booster.

Measles, Mumps, and Rubella:
Provide evidence of immunity:
- Two documented doses of measles, mumps and rubella (MMR) vaccine given 4 weeks apart or measles, mumps, rubella and varicella (MMRV) vaccine given 6 weeks apart. The first dose must be given on or after the first birthday; or
- Serological proof of immunity.

Individuals born prior to 1970 are usually considered immune to measles; however, child care providers working with children under 12 months of age must provide proof of immunity as described above due to the vulnerability of these children. If proof of immunity is not provided to the Health Department when there is identified measles activity, child care staff may be excluded from work from the fifth to the 21st day after the last exposure.

Listed below are vaccines that are strongly recommended the Medical Officer of Health for child care employees/volunteers:

- **Varicella (chickenpox):** Recommended for all child care employees/volunteers, especially women of childbearing age who have not had chickenpox or had chickenpox prior to one year of age.
- **Hepatitis B:** Recommended for all adults. If not previously given in school, 3 doses at 0,1, and 6 months intervals are needed. No boosters are necessary.
- **Influenza:** Yearly immunization in the fall.

Employees/volunteers may provide a statement that they are exempt for medical, religious reasons, or beliefs of conscience. O.Reg. 126/16, s.37 (1). Visit the Halton Region website for more information about Vaccine Exemptions

Visit the Halton Region Website for more information about immunization.
Emergency Preparedness

Emergency Contact Information

All emergency services in Halton can be accessed through 911. Ensure an up-to-date list of telephone numbers is posted where it is easily accessible and contains the following:

- Police Department
- Fire Department
- Nearest Hospital
- Ontario Poison Centre, 1-800-268-9017
- Taxi Service

In the event of an emergency, for each child enrolled, the following information should be made available:

- Name, address and telephone number of the family physician.
- Home and work address and telephone numbers of a parent or legal guardian.
- Alternate telephone number of a person to be contacted, if a parent or legal guardian cannot be reached.
- Any special medical or additional information necessary for the wellbeing of the child.

Pandemic Planning

A pandemic is a worldwide outbreak of a specific disease which affects a large proportion of the population. For example, in 2009, the pandemic (H1N1) influenza virus spread rapidly across the world including Canada. It is therefore important for child care centre staff to be aware of and stay up to date with current information related to infectious diseases in their communities.

The Public Health Agency of Canada recommends that child care centres develop systems to identify individuals with illness and implement timely measures to limit the spread of infectious disease. Prompt action can help reduce the spread of illness to other children, staff and family members.

Fire Safety

As a child-care provider, to ensure the fire safety of the child-care centre, individuals caring for the children must be knowledgeable in the use of a portable fire extinguisher and have a portable fire extinguisher and operable smoke detector present. The smoke detectors shall be tested monthly as per manufacturer’s recommendations.
Ensure the following requirements are fulfilled to ensure fire safety is maintained:

- Written procedure is established and approved by the local fire chief.
- Instruct each staff member of their responsibility in the event of a fire, prior to commencing work for the first time.
- Post written procedure in a conspicuous place in each room, used for the care of children.
- Conduct monthly fire drills.
- Maintain written record of all fire drills, all tests of the fire alarm system and all tests of fire protection equipment.
- Retain records for at least two years from the date of the drill test.

For further fire safety information, please refer to the Ontario Fire Code or contact the local fire department.

**Evacuation**

In the event of a fire or emergency, providers are responsible for the safe evacuation of staff and children from the building. Ensure the following items are fulfilled to achieve safe evacuation:

- Designate a place of shelter, in the event the daycare must be evacuated due to an emergency.
- Post the written evacuation procedure in each room.
- Post the evacuation plan in a visible place.
- Review the plan with new staff, as part of their orientation program.
- Provide parents and legal guardians with a copy of the plan in their children’s registration.
- Conduct evacuation drills, periodically.

If evacuation becomes necessary:

- Evacuate the children from the premises to the designated evacuation location.
- Report the evacuation to the Ministry of Education, Licensing, through the Child Care Licensing System (CCLS).
- Contact parents and legal guardians to pick up the children.
Watching for and Managing Childhood Illness

Each child care centre or program must have its own policies and procedures to manage childhood illnesses, provide medication and implement exclusion measures.

Signs and Symptoms of Illness

No matter how much care is taken, some illness will occur in any child care setting. Some common symptoms children experience when ill may include:

- Unusual Behavior
- Runny nose
- Cough
- Vomiting
- Diarrhea
- Change in skin color
- Red eyes
- Fever
- Irritability
- Poor appetite
- Rash

A child that is non-responsive, having trouble breathing, having a convulsion or with a worsening condition must receive immediate medical attention. Call 911.

What to Do About Illness

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

- Identify symptoms promptly.
- Separate children who may be ill from other children.
- Contact the parent or legal guardian to collect the child and arrange a medical assessment.
- Make a note in the child’s file regarding the illness.
- Ensure that they receive appropriate care while in your care.

Include these simple, but effective routines to identify illness early:

1. **Ask** the parent whether the child has been ill since the last attendance.
2. **Look** the children over quickly but systematically as they arrive and before they associate with other children. It is best to look for clues when the parents are still present. Behaviour is a clue in determining a child's state of health. Children who are listless, pale or cranky and reluctant to leave their parent need to be watched closely for other signs or symptoms of illness that may develop. Children who behave in their usual way are unlikely to be ill.

Make sure that parents and legal guardian are aware of and understand your policies before they register their children.
Excluding a Child from Child Care

Children should be kept at home if they have:

- An illness that prevents them from taking part comfortably in all program activities, including going outside.
- An illness that requires more care than a caregiver can provide without affecting the health and safety and care of other children.
- Symptoms of a communicable illness as listed on page 13. Visit the Halton Region website for more information on Periods of Exclusion.

Children may return when:

- The symptoms have subsided, the child is well enough to participate in activities and any applicable exclusion periods have been observed.
### Period of Exclusion for Common Communicable Diseases

Anyone with the following diseases should remain at home and away from others. These recommendations may change in an outbreak situation.

<table>
<thead>
<tr>
<th>Disease/Symptom</th>
<th>Exclusion Period</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea (non-outbreak)</td>
<td>Until 24 hours after cessation of diarrhea</td>
<td>No, unless you suspect an outbreak.</td>
</tr>
<tr>
<td>E. coli</td>
<td>Until two consecutive negative stool specimens taken 24 hours</td>
<td>Yes</td>
</tr>
<tr>
<td>Giardia</td>
<td>Until diarrhea has stopped</td>
<td>Yes</td>
</tr>
<tr>
<td>Head lice</td>
<td>Until child has been treated for head lice</td>
<td>No</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Until one week after onset of jaundice</td>
<td>Yes</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Until 24 hours of antibiotics</td>
<td>No</td>
</tr>
<tr>
<td>Influenza</td>
<td>Until child feels well enough to participate in regular activities</td>
<td>No, unless you suspect an outbreak</td>
</tr>
<tr>
<td>Measles</td>
<td>Until four days after rash appeared</td>
<td>Yes</td>
</tr>
<tr>
<td>Meningitis (bacterial or viral)</td>
<td>Until child is recovered, decision to be made by a physician</td>
<td>Yes</td>
</tr>
<tr>
<td>Mumps</td>
<td>Until five days after swelling began</td>
<td>Yes</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td>Until five days after antibiotics are started, or until three weeks if not treated</td>
<td>Yes</td>
</tr>
<tr>
<td>Pinkeye</td>
<td>Bacterial - until 24 hours of antibiotic treatment</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Viral – until eye discharge resolves or decision made by physician</td>
<td></td>
</tr>
<tr>
<td>Pinworms</td>
<td>Until 24 hours after treatment is started</td>
<td>No</td>
</tr>
<tr>
<td>Ringworm</td>
<td>Until treatment has started; keep child from swimming/wading pools, and water play until treatment is completed</td>
<td>No</td>
</tr>
<tr>
<td>Rubella (German Measles)</td>
<td>Until seven days after onset of rash</td>
<td>Yes</td>
</tr>
<tr>
<td>Scabies</td>
<td>Until 24 hours after treatment</td>
<td>No</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>Until 24 hours after starting treatment</td>
<td>No</td>
</tr>
<tr>
<td>Shigella</td>
<td>Until two consecutive negative stool specimens taken 24 hours</td>
<td>Yes</td>
</tr>
<tr>
<td>Strep Throat</td>
<td>Until 24 hours after antibiotics are started</td>
<td>No</td>
</tr>
<tr>
<td>Tuberculosis – active</td>
<td>Decision to be made by physician and/or the Health Department</td>
<td>Yes</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Until the vomiting stops, or it is determined that the vomiting is caused by a non-infectious condition</td>
<td>No, unless you suspect an outbreak.</td>
</tr>
</tbody>
</table>
The following illnesses do NOT require a person be excluded, unless the child is not well enough to participate in regular activities. Exclusion is not recommended for infections that are mild and/or common in the community or in situations where exclusion would not be effective in preventing spread:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Yes</td>
</tr>
<tr>
<td>Cold Sores</td>
<td>No</td>
</tr>
<tr>
<td>Cold</td>
<td>No, unless you suspect an outbreak</td>
</tr>
<tr>
<td>Cytomegalovirus</td>
<td>No</td>
</tr>
<tr>
<td>Ear Infections</td>
<td>No</td>
</tr>
<tr>
<td>Fifth Disease (Parvovirus-B19)</td>
<td>No</td>
</tr>
<tr>
<td>Hand, Foot, Mouth Disease (Coxsackievirus)</td>
<td>No</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Yes</td>
</tr>
<tr>
<td>HIV ***</td>
<td>Yes</td>
</tr>
<tr>
<td>Roseola</td>
<td>No</td>
</tr>
<tr>
<td>Thrush or diaper rash</td>
<td>No</td>
</tr>
<tr>
<td>Shingles</td>
<td>No</td>
</tr>
</tbody>
</table>

For more information, see [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)
Reporting Diseases to the Health Department

Under the *Health Protection and Promotion Act*, certain diseases must be reported to the Medical Officer of Health. Reports are made by physicians, hospitals, child care providers, schools and other institutions and agencies as soon as the diagnosis is suspected or known. The complete list of diseases of public health significance is included at the end of this section.

To Report a Communicable Disease

Call the Halton Region Health Department at 311 or 905-825-6000 as soon as the parent informs you of the diagnosis. Provide the following information to the Health Department:

- name of child
- date of birth
- address
- telephone number
- diagnosis
- physician
- name of hospital, if admitted

Personal health information is collected in accordance with section 5 of the Health Protection and Promotion Act and is being used only in relation with the Communicable Diseases and Immunization Programs.
Designated Diseases

The following Designated Diseases, including presumptive and/or suspect cases are to be reported to the local Medical Officer of Health.

O. Reg. 135/18 and O. Reg. 569 under the Health Protection and Promotion Act

- Acquired Immunodeficiency Syndrome (AIDS)
- Acute Flaccid Paralysis
- Amebiasis
- Anthrax
- Blastomycosis
- Botulism
- Brucellosis
- Campylobacter enteritis
- Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization
- Chancroid
- Chickenpox (Varicella)
- Chlamydia trachomatis infections
- Cholera
- Clostridium difficile infection (CDI) outbreaks in public hospitals
- Creutzfeldt-Jakob Disease, all types
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- Echinococcus multilocularis infection
- Encephalitis, primary, viral
- Encephalitis, post-infectious, vaccine-related, subacute sclerosing panencephalitis, unspecified
- Food poisoning, all causes
- Gastroenteritis, outbreaks in institutions and public hospitals
- Giardiasis, except asymptomatic cases
- Gonorrhoea
- Group A Streptococcal disease, invasive
- Group B Streptococcal disease, neonatal
- Haemophilus influenzae disease, all types, invasive
- Hantavirus pulmonary syndrome
- Hemorrhagic fevers, including: Ebola virus disease, Marburg virus disease, Lassa fever, and other viral causes
- Hepatitis A, viral
- Hepatitis B, viral
- Hepatitis C, viral
- Influenza
- Legionellosis
- Leprosy
- Listeriosis
- Lyme Disease
- Measles
- Meningitis, acute, including: bacterial, viral and other
- Meningococcal disease, invasive
- Mumps
- Ophthalmia neonatorum
- Paralytic Shellfish Poisoning
- Paratyphoid Fever
- Pertussis (Whooping Cough)
- Plague
- Pneumococcal disease, invasive
- Poliomyelitis, acute
- Psittacosis/Ornithosis
- Q Fever
- Rabies
- Respiratory infection outbreaks in institutions and public hospitals
- Rubella
- Rubella, congenital syndrome
- Salmonellosis
- Severe Acute Respiratory Syndrome (SARS)
- Shigellosis
- Smallpox
- Syphilis
- Tetanus
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Verotoxin-producing E. coli infection, including Haemolytic Uraemic Syndrome (HUS)
- West Nile Virus Illness
- Yersiniosis
Enteric / Gastrointestinal Outbreaks

An enteric or gastrointestinal outbreak occurs when the number of ill children or staff/providers exceeds the usual number (baseline) and those ill have similar symptoms. In general, an enteric outbreak is two or more unexpected cases of illness within a 48 hour period.

- A child or staff member/provider with two or more episodes of diarrhea and/or vomiting would be considered a case.

If you are unsure if you have an outbreak, please call the Health Department at 311 or 905-825-6000.

Symptoms of enteric or gastrointestinal illness may include:

- Vomiting
- Diarrhea
- Nausea
- Loss of appetite
- Abdominal pain and cramps

What to Do in an Outbreak

Report

If there are more cases of illness among the children and caregivers than normally expected, notify the Halton Region Health Department. Report any potential outbreak to the Health Department by calling the Reporting Line 905 825-6000 ext. 7341. The Health Department will investigate the situation and provide the guidance necessary to control the outbreak.

Document

Start a line listing of ill children and staff. The Health Department may request that you fax a copy of the completed line list (see Appendix B: Enteric Outbreak Line Listing: Child Care Centres) for review and consultation to 905-825-8797.

Review and Implement Outbreak Infection Prevention and Control Measures

Separating the affected children from other children is an effective control measure to use at the onset of an outbreak when more than one child is ill with similar symptoms. Children ill with similar symptoms can be kept together, but must be away from well children. If possible, try to group staff so that designated staff members are working only with the ill children. Post Outbreak Notification Signs at your entrances (see Appendix C: Outbreak Notification Sign).
Exclude

Children with diarrhea must be excluded from child care until acute symptoms have subsided and until 48 hours after the last bout of diarrhea. Some communicable illnesses require a longer exclusion - the Health Department will advise you of this. For general exclusion measures refer to the table on page 13.

Declaring an Enteric or Gastrointestinal Outbreak Over

Public Health shall declare whether an outbreak is over in consultation with the child care centre. The outbreak may be declared over when certain criteria are met. The end of an outbreak is determined on a case-by-case basis. The specific period varies by outbreak agent.
Respiratory Outbreaks

A respiratory outbreak may be in effect when there are two or more related (e.g. same room, same age group) children or staff with similar signs and symptoms:

- Occurring within 48 hours in the centre or
- When the number of ill staff/children exceeds what is normal in the child care centre within a short period of time.

If you suspect an outbreak, please call the Health Department at 311 or 905-825-6000.

Typical symptoms of respiratory illness:

- Fever
- Cough
- Runny nose
- Congestion (nasal and/or chest)
- Generally unwell
- Behaviour changes (e.g. not able to participate in normal activities, poor feeding)
- Joint or muscle pain

What to Do in an Outbreak

Report

Report any suspected outbreak to the Health Department by calling the Reporting Line 905 825-6000 ext. 7341. The Health Department will investigate the situation and provide the guidance necessary to control the outbreak.

Document

Start a line listing of ill children and staff. The Health Department will request that you send a copy of the completed line list (see Appendix D: Child Care Respiratory Outbreak Line Listing) daily for review and consultation.

Review and implement outbreak infection prevention and control measures

The Health Department will review measures to help prevent and control the spread of infection such as:

- Separate ill children from other children.
- Encourage respiratory etiquette (e.g. cover coughs and/or sneezes, use of tissue).
- Reinforce the importance of hand hygiene with staff and children.
- Initiate enhanced environmental cleaning and disinfection.
- Post Outbreak Notification Signs at entrances (see Appendix B: Outbreak Notification Sign).
Exclude

Exclusion of symptomatic children and staff up to five days after the onset of illness or until symptoms have resolved (whichever is shorter). For non-outbreak illnesses, refer to the table on page 13.

Declaring respiratory outbreak over

Public Health shall declare whether an outbreak is over in consultation with the child care centre. The outbreak may be declared over when certain criteria are met. The end of an outbreak is determined on a case-by-case basis, but is often set at 72 hours after the onset of symptoms of the last case who attended the child care centre.
Infection Prevention and Control

Everyone connected with a child care setting must make an effort to reduce and prevent the spread of germs. Most of the principles of infection prevention and control for child care settings involve common and simple procedures such as hand hygiene, cleaning environmental surfaces and isolation of ill persons from the group. Infection prevention and control measures must be used to reduce or prevent the spread of infection.

What Causes Infections?

- Bacteria, viruses, parasites and other microorganisms (germs) cause a variety of illnesses such as the common cold, and food borne illness. The chart with reportable diseases lists only some of them.
- Germs are small living cells that can only be seen through a microscope.

Where Do Germs Come From?

- Humans and animals are the main sources of germs. Other sources include, insects, air, soil, water and sewage. Food may become contaminated with microorganisms (germs) and if ingested may cause food borne illness.
- Some germs have the ability to survive on surfaces and objects for a period of time. For example, rotavirus, a common cause of diarrhea in children, can survive for more than 10 days on surfaces and hepatitis A can survive for up to two weeks on surfaces, while bacteria such as Staphylococcus aureus can survive for months depending on the type of surface and the amount of contamination.

How Are Infections Spread?

Germs may be passed or transmitted through various routes such as:

- **Direct Transmission**
  
  Direct transmission occurs when germs are transferred from one person to another person by direct physical contact, through touching, coughing, sneezing, kissing, etc. Germs can spread directly from an ill person to another person through direct skin to skin contact (i.e. scabies, herpes, skin infections, etc.), or through saliva and secretions while kissing and may cause respiratory tract infections (i.e. common cold, influenza, croup, strep throat, etc.).

- **Indirect Transmission**

  Germs are transferred from one person to another person through contaminated objects such as doorknobs, toys, food items or equipment. Unwashed hands and contaminated surfaces such as sink taps, toys, and toilet seats can all play a role in spreading infection in childcare centres.
- **Droplet Transmission**

  Diseases such as the common cold and influenza are transmitted through infectious droplets when a person coughs, sneezes and/or speaks. Droplets can travel through the air for a short distance (usually less than two metres) and can infect a person or contaminate a surface.

- **Airborne Transmission**

  Diseases such as measles, chicken pox, and tuberculosis are transmitted by very small infectious particles that can travel with the air current for a long distance. They can be dispersed easily in a room or throughout the ventilation system in a building. They can be inhaled and can cause illness in an individual.

- **Common Vehicle Transmission**

  Diseases transmitted through contaminated food or water can cause outbreaks affecting a large number of people at the same time. This can be controlled through safe handling of food, using only safe water and practicing proper hand hygiene. Infected humans and animals excrete various germs in their feces which in turn may contaminate soil, water, food, and objects. If plants grow in contaminated soil and animals feed on them, then animal and human food is contaminated. Food may also become contaminated if infected food handlers fail to wash their hands properly after using the toilet or between duties. This is referred to as the fecal oral route. Salmonellosis, Giardiasis and Hepatitis A are examples of diseases that may be transmitted through the fecal-oral route.

- **Vector-borne Transmission**

  The most common examples of vector borne illness are Lyme disease through the bite of an infected blacklegged tick and West Nile virus through the bite of an infected mosquito.

**How Does an Infectious Disease Develop?**

Diseases have an **incubation period**. This is the time lapse between contact with infectious microorganisms and the beginning of the first symptom. Incubation periods range from a few hours to several weeks depending on the disease.

It is possible for an infected person to spread a disease during the incubation period, which is before the symptoms start. Some people who are infectious do not look or feel ill, but they can still spread disease. Diseases have a **period of communicability**. This is the time the disease is still infectious and can be spread. It is important to understand and use preventive measures at all times.
Why Do Some People Get Sick and Others Do Not?

Not everyone exposed to infectious germs will develop symptoms. Whether a person becomes ill or not depends on:

- How infectious the germ is and how many germs the person was exposed to.
- The health of the individual (e.g. someone with a suppressed immune system or chronic).
- Pre-existing illness (person may not be able to ward off infection as well as someone who is relatively healthy).
- Whether an individual has immunity to the particular microorganism from having had the disease in the past or having received immunization for that disease.
- Whether a child was breastfed or is currently breastfeeding.
Hand Hygiene

Frequent hand hygiene is the best way to prevent the spread of germs and illness. Hand washing with soap and water and using hand sanitizer (alcohol based hand rub or ABHR) are two effective methods to accomplish hand hygiene. Assist children with hand washing upon arrival at the child care centre.

*ABHR should only be used under supervision in child care centres. It should not be used when hands are visibly dirty/soiled or when hands are wet.

When to Wash Hands:

- **Before and after** handling, preparing and eating food, bottle feeding, using water tables, putting on and removing gloves, giving or applying medication or ointment to a child or self, changing diapers, any contact with body fluids (runny noses, spit, vomit, blood) or assisting with toileting.
- **After** using the toilet, playing outside, handling pets, pet cages, or other pet objects, cleaning up anything, removing gloves.
- **Before** going home.
- **Whenever** hands are visibly dirty.

After activities in a common wash basin, children should properly wash hands with soap and water at the hand washing sink, similar to hand hygiene performed after other play activities.

Why Should I Wash My Hands?

- Washing your hands helps to prevent the spread of infections.
- Washing your hands removes visible dirt and reduces the number of germs on your hands.
- This makes it less likely that germs will be spread from your hands to food, wounds and to other surfaces that you may touch.

How Can I Be Sure My Hands Are Washed Enough?

Usually plain soap and water will do the job. To wash your hands properly:

1. Wet hands under warm running water.
2. Scrub hands all over with soap for at least 15 seconds (count of 15). More time may be needed if hands are visibly soiled.
3. Rinse under warm running water.
4. Dry with a clean towel.
5. Turn taps off with the towel.

If the water is not potable (fit to drink), for example untreated water or because of germs (bacteria, viruses or parasites), the contaminated water is not safe for hand washing.
Hand Sanitizers

What If There Is No Soap and Water Available?

- In the absence of soap and water, you can use waterless hand wash products such as hand sanitizer if hands are not visibly soiled. If hands are dirty, use baby wipes or moist tissues (toilettes) to remove visible soil first.

What Is a Hand Sanitizer?

- Hand sanitizers or hand antiseptics are alcohol-based rubs, gels, rinses or wipes that are used to kill germs on hands.
- Hand sanitizers generally contain 60% to 90% alcohol.

How Safe Are Hand Sanitizers?

- Alcohol based hand rubs (ABHR) are safe when used according to the product's directions.
- The alcohol contained on the applied sanitizer completely evaporates in about 15 seconds.
- Apply hand lotion after using the alcohol based hand rub if it does not contain a skin-softening ingredient such as aloe. This will balance the drying effect of alcohol on the skin.

Is It Safe to Use Hand Sanitizers for Children’s Hands?

Alcohol based hand rubs can be used on the hands of children (toddlers and older) in the absence of soap and water, but child care centres need to consider the following factors:

- The child’s age and ability to use the product safely.
- Storage and transportation of the product.

Notes:

- While these products are effective, a young child should be supervised when using hand sanitizer to prevent alcohol intoxication.
- Make sure children do not eat or drink the sanitizer, or touch their eyes, nose or mouth while the sanitizer is still wet on their hands. A child can safely touch their eyes, nose or mouth once the alcohol in the hand sanitizer has evaporated and the child’s hands are dry.
- Because alcohol can be toxic, it is important that hand sanitizers be kept out of the reach of children at all times and be used only under adult supervision.
How Do I Use a Hand Sanitizer?

- ABHR may be used to decontaminate hands when they are not visibly soiled.
- Use according to manufacturer’s recommendations.
- Spread product over all surfaces of hands, concentrating on finger tips between fingers, back of hands, and base of thumbs.
- Rub hands until product is dry (this allows time for the product to kill microorganisms on the skin).
- Do not rinse with water after applying alcohol-based hand rub.
- Alcohol is flammable; ensure the product is dry before coming in contact with open flame (i.e. lighter).

Is It Safe to Use Baby Wipes for Children’s Hands?

- Baby wipes are also safe for children’s hands. These will remove dirt but will not disinfect.

Disposable Glove Use

- Disposable gloves should be worn to clean up blood, vomit, urine or stool.
- However, disposable gloves are not necessary for diaper changes if the caregiver’s skin is intact and hands will not be contaminated with stool. If contamination does occur, wash hands with soap and water to remove all visible soil.
- Vinyl gloves are recommended, as some caregivers and children may have allergies to latex gloves.
- Disposable gloves do not replace hand washing! Caregivers must wash their hands before gloves are put on and immediately after gloves are removed.

Other Hygiene Practices

Other personal hygiene practices include supplying children with their own towels, washcloths, combs and toothbrushes (or use disposables). These items should all be clearly labeled or marked so that the children can easily identify their own belongings.

Each child should have a second set of clothing brought in so that, if clothing becomes soiled or wet, clean and dry clothing is available.
Cleaning and Disinfecting

Cleaning and disinfecting of objects and environmental surfaces are necessary to reduce the spread of germs. Some germs can live for hours, days, or weeks, on toys and other surfaces, like diaper change tables. Cleaning with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning with soap and water will also substantially reduce the number of germs that may be on surfaces. Disinfecting after cleaning will kill most of the germs that were left behind. A routine housekeeping schedule is necessary to ensure these duties are completed (e.g., a checklist).

Disinfectants

- Disinfectants work best on pre-washed and rinsed objects and surfaces.
- All disinfectants require a contact time. Some need up to 10 minutes. Read the label for directions if using a pre-mixed commercially available disinfectant.
- Label these bottles to indicated the contents and keep them out of reach of children.
- Commercially prepared disinfectants are available and widely used. Check with the supplier or sales person regarding their use. If unsure, consult with a Public Health Inspector (PHI) by calling 311 or 905-825-6000.

1. The Use of Chlorine Bleach (Sodium hypochlorite or chlorine):

- Never use bleach as a disinfectant unless it has been mixed with water.
- Chlorine bleach is an all-purpose disinfectant. It kills most germs.
- Household bleach has a concentration of 3.0 % to 5.25% chlorine. Read the label to make sure the chlorine concentration is not higher than 5.25%.
- Chlorine bleach solutions lose strength over time. A new mixture must be made daily.
- Never mix chlorine bleach with any other chemicals.

Intermediate Level Disinfectant (1:100)

To be used for all general purpose disinfecting, not for cleaning of body fluids (vomit, feces, blood).

- Slowly add 10 ml (2tsp) of bleach to water, to fill a total of 1 litre (4 cups) solution

This solution is most often used in spray form. A 1-litre spray bottle with measurement markings is most convenient.
High Level Disinfectant (1:10)

To be used on surfaces contaminated with feces, vomit, urine or blood, after they have been cleaned.

- Slowly add 100 ml (1/2 cup) of bleach to 900 ml (4 ½ cups) of water, for a total of 1 litre solution

For a more accurate calculation of how much bleach solution to add into your desired amount of bleach and water solution, at the desired concentration calculated in PPM, use the Public Health Ontario Chlorine Dilution Calculator.

Remember....

- **Store** bleach and bleach solutions in a secure (preferably locked) cabinet out of the reach of children.
- **Make fresh bleach solutions daily** since bleach loses its strength and effectiveness as it is exposed to air.
- **Wear rubber gloves** when using bleach solutions to protect your skin.
- **Always label** the bleach solution container.

2. **Other Disinfectants / Commercial Products**

- Commercial products are those chemicals that are purchased premixed from a store or supplier.
- Ensure these chemicals are used following the manufacturer’s instructions.
- Some products require rinsing after use if applied on a food contact surface.
- Check the manufacturers label for the appropriate uses of the product (e.g., environmental cleaning, body fluids, etc.).

Other disinfectants, such as Quaternary Ammonium Compounds, are commercially available. Quaternary Ammonium Compounds are usually considered to be low-level disinfectants. They are used in normal day-to-day situations for hard surfaces. Remember to read the manufacturer’s instructions on the label when using any products. Some disinfectants such as phenols and formaldehyde should not be used in child care settings due to their toxicity level that need special safety handling procedures.

If you are not sure that a product is a disinfectant, check the label for the Drug Identification Number (DIN) or Pest Control Product Number (PCP). These numbers indicate the product has been approved as a disinfectant by Health Canada. This means that the claims on the label regarding the product’s effectiveness are valid.
Note:

In an outbreak situation, you may be advised to use a higher level of disinfectant such as 1:10 bleach solution, 7% hydrogen peroxide or accelerated hydrogen peroxide for disinfecting surfaces.

3. Non-Disinfectants

- Acetic acid (vinegar) used for food items is not a disinfectant. It does not kill bacteria.
- Skin antiseptics, intended for scrapes and wounds, are not to be used as disinfectants.

4. Dishwashers

Dishwashers approved under food safety requirements can be used to clean and disinfect toys that are dishwasher cleanable and dishwasher safe.

Maintaining a Low-Germ Environment

Washing and disinfecting surfaces are important steps in maintaining a low-germ environment. Here’s how:

1. Clean. It is important to clean all articles first with soap and warm water. Cleaning is the removal of organic and inorganic contaminants from a surface. The use of detergent and some scrubbing physically removes dirt and organisms from surfaces. Some germs present are removed, but not killed during a cleaning process. When soil is left on a surface, the organisms are protected from contact with disinfectants. Since soil includes a variety of ingredients, organic and inorganic, no single cleaning agent is effective in all instances. The appropriate detergent type as outlined in the manufacturer’s instructions should be used. For example: Glass cleaner is not to be used for painted surfaces.

2. Rinse. Rinse items with clear water. Disinfectants do not work effectively unless organic matter, soap or detergent is removed.

3. Disinfect. A commercial disinfectant or properly diluted household bleach may be used to kill harmful bacteria, viruses and parasites. Some germs are more difficult to kill than others, and different levels of disinfectants should be used for different situations. For example, if an enteric outbreak occurs, the use of a higher-level disinfectant than normal will be required.

To be effective, items must be cleaned and rinsed before disinfecting. The disinfectant must then remain in contact with the surface for the time specified on the label. If using a commercial disinfectant, please read and follow the label directions. If household bleach is used, see instructions for mixing. Leave the bleach solution in contact with the surface for at least five minutes.
Halton Region: Child Care Health Resource 2019 Part I

Cleaning and Disinfecting Schedule

More than Once a Day

- Clean and disinfect bathroom surfaces such as faucet handles and toilet seats several times a day.
- Clean and disinfect potty chairs after every use. (Use a utility sink in an area other than the washroom.)

Once a Day

- Vacuum carpets.
- Mop floors, dust and sweep.
- Wash all surfaces that infants and toddlers are likely to touch with soap and water.
- Wash and disinfect crib rails, hard-surfaced toys, and other mouthed objects.
- Wash mattress covers, blankets, and bed linen if the child uses the same one every day.
- Wash single use face cloths and towels.
- Place soiled clothing in plastic bags and return to parents. (Do not rinse or wash clothes soiled with stool in your facility).
- Wash and disinfect the water play equipment.

Once a week

- Clean and disinfect floors, low shelves, doorknobs, and other surfaces likely to be touched by infants and toddlers. Such surfaces must be cleaned sooner if visibly soiled.
- Wash mattress covers, blankets, and bed linen if the child uses the same one every day.
- Wash stuffed toys in an automatic washing machine.

Equipment Care and Cleaning (including Sensory Play Materials)

Toothbrushes

Keep individual toothbrushes in a clean area (i.e. in a cupboard) to prevent contamination. See the section “Oral Health” in the Child Care Health Resource Part II: Healthy Child.

Washcloths and Towels

There are two acceptable options for washcloths and towels:

- Single-use fabric wash cloths or towels which are placed in the laundry basket after each use.
- Disposable paper towels.
Water Play

A container of water that many children share during the time of water play carries the risk of spreading germs. These may be on the water toys or in the water itself because germs like warm and wet environments. Pools (or any container of water used by more than one child for recreation) may spread infection and cause drowning and are therefore not permitted for use. Sprinklers are recommended for hot summer days instead of pools.

If you have a water table, follow these recommendations to reduce the spread of disease:

- Have the children wash their hands before and after playing at the table.
- Empty the water after each use or after two hours.
- Clean and disinfect the water container at least once a day before filling with fresh water.
- Clean the wading toys every day with soap and rapid running hot water. Sanitize them with an intermediate level bleach solution or wash in the dishwasher.
- Do not allow children with an infection of any kind or who have open sores or wounds participate in water play.
- Discontinue water play table activities during an outbreak of illness.

Toys

- Use only washable toys if they are likely to be put in the mouth or be chewed by children and do not share these toys.
- Launder stuffed toys weekly. Soiled toys should be washed immediately.
- Wash and disinfect toys with hard plastic, rubber or other cleanable surfaces with an appropriate disinfectant every day. (Check the manufacturer’s instructions for cleaning and disinfecting). Toys that are dishwasher-safe may be washed in the dishwasher.
- Mouthed toys should be placed in an appropriately labeled container or basket out of reach of children to be cleaned and disinfected or laundered at the end of the day. For toys that may be “mouthed” (e.g., infant and toddler toys): Clean, disinfect and rinse thoroughly after each use.

Play dough/Clay

- If handmade, these materials should be made fresh each week, labeled, dated and stored in airtight containers. Old materials should be discarded.
- Products that are labeled as toxic are prohibited. Use materials that are non-toxic and in their original packaging.
- It is recommended that each child has their own play dough.
Children with latex or gluten allergies should be given their own portion of the materials and that individual portion should be stored separately if for repeat use.

Children with cuts, sores, scratches and colds with sneezing and runny noses should be given their own portion of the material and that individual portion should be stored separately if for repeat use.

Children should practice hand hygiene before and after each use.

The surface upon which these materials are used and the tools used with these materials should be cleaned and sanitized before and after each use.

Materials should be discarded if it is sneezed upon, put in a child’s mouth, or in any other way possibly contaminated or if an outbreak has been declared.

These materials are to be refrigerated at the end of the day.

Sandboxes

Indoor sand boxes are preferred over outdoor sandboxes because they are not accessible to animals. The sand in sandboxes could be contaminated and play a role in the transmission of toxocara and toxoplasma. Toxocariasis is an infection due to a nematode (worm) frequently found in the feces of dogs and cats. Toxoplasmosis, a protozoan infection, can also be contracted from exposure to cat feces. Both infections are usually mild and often have no symptoms, but they may occasionally be serious.

- Keep outdoor sandboxes covered when not in use to prevent access by animals who could defecate in the sand.
- Check the sandbox regularly for the presence of animal feces or other undesirable matter and remove it.
- Sand used for indoor play use should be pre-packaged, sealed and labeled “play sand” and replaced when visibly dirty. Owner/operator should follow manufacturer instructions for the intended usage of sand products when being used for indoor purposes.

Raw Food (for art crafting or sensory play)

There are concerns with using raw food for art crafting or sensory material for a few reasons:

- Allergies to gluten.
- Inhalation of fine particles of flour.
- Contamination of product.
- Support of bacterial growth when starchy items become wet.

Items should be assessed by individual risk assessment because of different types of materials, different containers, batch sizes, and type of use.
Recommendations if raw food is used for art crafting or sensory play:

- Food items should be checked before each use and food that is spoiled or moldy should be discarded.
- If food items are not refrigerated, they should be stored in such a way as to prevent contamination (such as in nonporous containers, off the floor).
- Do not allow children to use dry flour as it can be inhaled and cause respiratory problems.
- Only use food items under strict supervision as children can put small items in their mouth or nose.

Natural Materials

Playing with materials found in nature in activities such as gardening, landscaping or decorating with rocks, wood sticks, leaves, flowers, shells etc. is likely to take place outdoors in a natural environment. While such activities are thought to have learning benefits, childcare staff members have to ensure that children are not at risk of infection.

- Children should only participate in play activities that are appropriate to their age and understand that they should not touch their mouth, nose, eyes with potentially contaminated material or unwashed hands.
- Children need to wear adequate clothing and footwear and use tools appropriate for their age and skills.
- Before returning to their regular indoor activities, children and staff need to change to wear clean clothing and clean footwear and must immediately and thoroughly wash their hands and any part of potentially contaminated skin with soap and water.
- If playing with materials found in nature is set up to take place indoors, it is recommended to have a dedicated room or area that is separated from sleeping and eating areas.
- Direct contact with potentially contaminated natural materials such as: bird eggs, shells, nest material, or small insects or animals must be avoided as they can carry pathogens that can cause serious illnesses.

Natural play items may need to be assessed on a case-by-case basis for their associated risk in infection transmission. Please contact your Public Health Inspector or call the Health Department at 311 or 905-825-6000 for support.
Diapering

Post a copy of the diapering procedure in the diapering area of your centre. **Never leave a child unattended on the change table.**

Cloth diapers require more handling than disposable diapers. Remember, more handling increases the risk of infection. If you are considering cloth diapers, please contact your Public Health Inspector by calling 311 or 905-825-6000 to discuss if this can be accommodated in your centre.

Diapering Area

- A fully equipped, separate area is required for diapering.
- Items used for diapering, such as moist towels and skin care products must be out of children's reach.

Changing Surface

- A covered changing surface should be smooth, moisture resistant and constructed of easy to clean material.
- For extra protection, single-use covers may be used for each child.

Hand Washing Sink and Towels

- Hot water temperatures should not exceed 49°C (1200F). The best hand washing sink is one equipped with both hot and cold running water, mixed through one faucet.
- The sinks should be adjacent to the change table.
- Liquid soap and paper hand towels should be located at the hand sink.

Skin Care Items

- Skin care items must be approved by the parent. Use skin care products only if requested by a parent and only for the designated child.
- Supplies should be in a cupboard where children cannot reach them, but where they are easily accessible to the caregiver.
- All cloths used for cleaning the child's skin should be disposable.
- Be sure that skin care products are labeled with the child's name.
- Report skin lesion or stool condition (i.e. rash, unusual stool consistency, colour, odour, or frequency of stool) to the parents.
Diapering Procedure

Post a copy of the diapering procedure in the diapering area of your centre. **Never leave a child unattended on the change table.**

1. Wash hands with soap and water before each change.
2. Assemble supplies within easy reach.
3. Hold child away from your clothes as he or she is placed on the clean change pad and then remove the child’s diaper.
4. Clean child's skin with a moist disposable cloth, wiping from front to back.
5. Remove all soil; don't forget the skin creases.
6. Wipe hands on a clean disposable cloth and place it in waste container.
7. Diaper and dress the Child.
8. Wash the child's hands and return him/her to play or sleep area.
9. Place diaper, change pad (if disposable), and disposable wash cloth in waste container lined with a plastic bag.
10. Clean the change surface with soap and warm water. Rinse and wipe dry. Apply disinfectant for the appropriate contact time, wipe dry with a paper towel or allow to air dry.
11. Wash your hands thoroughly with soap and warm water. Dry with a paper towel.

Waste Container

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

Cleaning Supplies

- Disposable cloths or wipes.
- Disinfecting solution (remember to store the disinfectant in an area that is not accessible to children).

Toilets & Potty Chairs

- It is most appropriate to install toilets suited to the size of children in the program.
- A potty seat that fits over the toilet seat may be used. These may be hard plastic or have an easily cleanable vinyl cover.
- Choose potty chairs that are made of smooth, non-absorbent, easy-to-clean material 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, other potty chairs or 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.
Food Safety

Why is Safe Food Handling Important?

Children under five years of age do not have fully developed immune systems to protect them against foodborne illness. Subsequently, children are at a higher risk of suffering serious health complications if they experience foodborne illness.

Regulatory Requirements

Food Premises Regulation
All licensed child care centers which serve food to children are required to comply with the Food Premises Regulation (O. Reg. 493/17) under the Health Protection and Promotion Act.

Halton Region Disclosure of Food Safety Inspection Reports By-Law No. 90-09

In Halton, the Dinewise program is a mandatory food safety program for food premises. The main focus of the program is on providing consumers with a way to find out whether or not the food premise they are eating in, meets standards for food safety as set out by the Ontario Government.

Child Care Centres must:

1. Post a Certificate of Inspection

   All food premises must post a Certificate of Inspection in a location visible to patrons within their establishments. The certificate informs patrons that Summary Inspection Reports are available for viewing online or upon request.

2. Provide Summary Inspection Reports upon request

   All food premises must provide the Summary Inspection Reports to patrons when requested.

Halton Region Mandatory Food Handler Certification By-law No. 163-11

The bylaw came into effect on December 14, 2011 and requires an owner or operator of a moderate or high risk food establishment to ensure that there is at least one certified food handler working during all hours of operation.

If you are unsure of whether your childcare center is high or moderate risk, please consult with your Public Health Inspector by calling 311 or 905-825-6000.
Child Care Centres must:

1. Have at least one certified food handler on duty in the center at all times during operation in order to comply with the bylaw. Visit Halton Region’s website for more information on how to become a certified food handler or call 311 or 905-825-6000.

Seven Simple Steps to Compliance

In order to comply with the requirements of the Food Premises Regulation, safe food handling and premise maintenance can be broken into seven categories:

1. Food Protected From Contamination

- Store cooked and ready-to-eat food items on shelves above raw food.
- Cover food with lids or plastic wrap.
- Use proper utensils to reduce direct hand contact with prepared food.
- Use water that is safe to drink for food preparation.
- Label chemicals and pesticides and store them away from food and the food preparation area.
- All food items stored on racks, or shelves must be designed to protect food from contamination and be readily cleanable.
- Rotate food following the FIFO (First In First Out) rule.

All foods must come from approved sources i.e.; grocery stores or food suppliers. Foods made in private homes are not to be served. If parents would like to provide a treat for children’s birthdays or special occasions, food must be purchased from an inspected food premise.

1. Food Handler Hygiene and Practices

- Maintain a separate handwash basin in each food preparation, processing or manufacturing area.
- Provide hot and cold running water, soap in a dispenser and clean single service towels at all handwash basins.
- Use handwash basins for hand washing purposes only and not for food preparation or dishwashing.
- Wash hands thoroughly with soap and water:
  - before and after handling breastmilk and infant formula.
  - before and after handling food, especially between handling raw and ready to eat foods.
  - after using the washroom.
  - after sneezing or blowing your nose.
  - after handling pets.
Halton Region: Child Care Health Resource 2019 Part I

- after handling garbage or chemicals.
- any other time when hands may become contaminated.

- Confine hair and wear clean outer garments.
- Food handlers are not required to wear gloves unless they have a cut or abrasion on their hand. If gloves are being worn, hands are required to be washed before and after glove use.
- It is not necessary to wear gloves when feeding or handling human milk.
- Food handlers with stomach cramps, diarrhea or other flu-like symptoms must report the illness to their supervisors. Sick food handlers are not to handle food until they are symptom free for at least 24 hours. During a Norovirus outbreak, any symptomatic food handler must be excluded from work until they are symptom free for at least 48 hours. Depending on the causative agent, different exclusion periods may apply. Contact the Halton Region for more information by calling 311 or 905-825-6000.

1. Temperature of potentially hazardous foods and Food Storage

- A potentially hazardous food is a food that is capable of supporting the growth of infectious or toxigenic micro-organisms and which requires the time and temperature control to limit such growth.
- Keep cold food below 4°C/ 40°F.
- Keep hot food above 60°C/ 140°F.
- Provide accurate indicating thermometers in all temperature-controlled units such as refrigerators and hot holding units.
- Cold holding temperatures should be monitored regularly and a log kept for every refrigerator and cooler.
- Use an accurate probe thermometer to verify cold holding, hot holding and cooking temperatures.
- Cook all potentially hazardous foods to a safe minimum internal temperature (see below).
- Do not display or hold hazardous foods at room temperature for more than two hours.
Safe Cooking Temperatures:

Catered Foods

If your child care center has their food catered by an outside company it is necessary to ensure it is inspected by a local Health Department. You can request a copy of their inspection records from the catering company. If you are unable to determine whether the company is inspected, please contact your Public Health Inspector at Halton Region by calling 311 or 905-825-6000.

Temperatures of the catered foods (hot and cold) should be taken upon arrival and upon serving. A log of these temperatures should be kept. If foods are being delivered outside of the appropriate temperatures (Temperature Danger Zone - cold foods greater than 4°C/ 40°F and hot foods less than 60°C/ 140° F), the food should not be accepted. It is important to have a contingency plan in place in order to provide food for the children in these circumstances.

Upon delivery of food, ensure cold foods are placed directly in the refrigerator and hot foods are placed in a heated oven or a pre-heated hot holding unit.

1. Garbage and Waste Handling

- Remove solid and liquid waste from the food preparation area on a daily basis or more often if necessary.
- Store waste in a sanitary manner.
- Waste receptacles must be leak-proof, pest-proof, non-absorbent with tight-fitting lids.
- No special handling is required for disposal of breastmilk.
1. Pest Control

- Cover any openings in order to prevent pests from entering the food premises.
- Eliminate any food or water sources for pests.
- Consider obtaining a contract with a licensed pest control operator.
- Maintain records of all pest control measures taken in premise for at least one year as per O. Reg 493/17.

1. Equipment & Utensil Sanitation and Storage

- All food contact surfaces must be cleaned and sanitized prior to use.
- Keep all food contact surfaces clean and in good condition. Discard and replace cracked/damaged utensils or deeply grooved food contact surfaces since they cannot be cleaned and sanitized thoroughly.

Dishwashing by Hand

- If using household bleach (5.25% Chlorine) as a sanitizer, use 2mL (1/2 tsp) of liquid chlorine for every one litre of water to make a disinfection solution of 100 mg/L (100 ppm)
- If you are using a Quaternary Ammonium, Iodine or another sanitizer approved by the health department follow the manufacturer’s directions to mix the proper concentration of solution and provide test strips for determining the concentration as per O. Reg 493/17.
Mechanical Dishwashing

A commercial type dishwasher is recommended for washing dishes. Dishwashers must have a wash and rinse cycle and be able to sanitize dishes through the use of hot water or chemicals in the final rinse. Hot water sanitizing requires a temperature of 82°C for at least 10 seconds. Mechanical dishwashers that have NSF certification from NSF International that certifies it for commercial use is also acceptable.

If you are using a chemical to sanitize, test strips must be available in order to verify the proper concentration of chemicals. Contact your chemical supplier to obtain these.

1. Premise Maintenance and Sanitation

- Keep surfaces clean.
- Keep floors, walls and ceilings clean and in good repair.
- All surfaces must be smooth, non-absorbent, and easy to clean.
- Provide adequate lighting as per the Ontario Building Code.
- Maintain adequate levels of ventilation.
- Ensure proper operation and maintenance of mechanical dishwasher and other equipment.
- Keep washrooms clean at all times. Washrooms must be supplied with hot and cold running water, soap in a dispenser, and a supply of paper towels, along with a garbage can. A method of hand drying that uses single-service towels or a hot air dryer.
Food Allergies

Food allergies are a serious problem for many individuals. The Canadian Food Inspection Agency (CFIA) has identified the following foods as causing the most common and severe allergic reactions: eggs, milk, mustard, peanuts, seafood (e.g., fish, crustaceans, and shellfish), sesame, soy, sulphites, tree nuts and wheat.

Should a child with an allergy attend the centre, obtain as much detail as possible from the parent/legal guardian regarding the food items that cause the allergies and the child’s reaction to them. Arrange for the parent/legal guardian to provide their own substitute food when it is the safest option. Posting a Food Allergies Chart in the cooking, serving areas and classrooms of the centre can be helpful.

To protect children from allergic reactions, child care staff must make every effort to prevent allergen cross-contamination. It is the responsibility of the centre to ensure that any food provided by staff or parents/legal guardians is appropriate for consumption by children who have food allergies.

If you suspect a child is having an allergic reaction, medical attention may be required.
Breastmilk and Infant formula

Many families supply milk (breastmilk or infant formula) for children attending child care facilities. Safe handling and storage of milk is important to prevent contamination and illness.

Labelling:

Breastmilk should be clearly identified with the child’s name, parent’s name, date and time the milk was expressed identified on each container. It is important to avoid giving breastmilk to the wrong baby as there is a very small risk of a blood-borne virus being present (see breastmilk errors below).

Infant formula should be clearly identified with the child’s name, date and time it was prepared on each container.

Labels should be well stuck on, so they are not lost when warming the milk.

Preparing and Storing:

- If possible, milk should be provided in the container it will be consumed from to prevent cross contamination.
- Store milk in the fridge or freezer immediately upon arrival at the child care centre.
- Advise parents to only send the usual amount of milk required for one day.
- Parents should transport breastmilk or prepared/open formula using a cooler with ice packs at 4°C or below.
- Breastmilk and prepared/open formula must be stored in the refrigerator at 4°C or below and be equipped with an accurate indicating thermometer.
- Breastmilk and prepared/open formula that has been stored at room temperature outside of the refrigerator for longer than two hours must be discarded.
- Do not refreeze thawed breastmilk.
- Ensure infant formula is prepared according to the package directions.
- To prevent microbial growth, prepare powdered formula just before a feeding.
- For more information on storing breastmilk visit halton.ca.
- For infant formula preparation recommendations, follow Infant Formula: What You Need to Know Best Start guide, available at halton.ca.

Reheating:

- Wash your hands with soap and water before preparing milk. Do not touch nipples with your fingers.
- To warm milk, place it in a container of warm water or run it under warm tap water, but ensure the water does not cover the lid. It is normal for breastmilk to separate when stored, due to the high fat content. Gently swirl the container to mix.
- Do not thaw frozen breastmilk at room temperature.
• Do not microwave milk as it can cause hot spots and excess heat can destroy the nutrient qualities. Do not use a stove-top or a microwave to thaw or warm frozen expressed milk.
• Discard any milk leftover after feeding.

**Breastmilk errors:**

- Care must be taken to ensure that the correct breastmilk is fed to the correct child. Prior to feedings, staff should carefully examine the labels to ensure the correct breastmilk is provided to the correct child.
- Although some diseases can be present in breastmilk, the likelihood of transmission is small.
- If a child is fed the incorrect breastmilk, staff should consult the child care supervisor for guidance around informing the parents of both children about the mistake as soon as possible. The situation should be handled sensitively to reduce fear for both families.
- Information to discuss with the parent who expressed the breastmilk:
  - Find out when the breastmilk was expressed and how it was transported and stored.
  - Ask if they would consent to share information about current medication use, infectious disease history and presence of cracked/bleeding nipples during breastmilk expression with the other family or their health care provider.
- Information to discuss with family whose child received the incorrect breastmilk:
  - Advise parents that the transmission of infectious diseases via breastmilk is rare.
  - Give details on when the breastmilk was expressed, and how it was transported and stored.
  - Share information provided from the parent who expressed the breastmilk if consent is obtained.
  - Advise parents to consult the child’s health care provider to explore if further viral testing is recommended.
- Decisions about how to handle the incident should be determined based on the details of the individual situation in collaboration with the family and health care providers, in alignment with the child care centre’s incident reporting procedures, and the [Child Care and Early Years Act, 2014](https://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm).

For more information, visit: [https://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm](https://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm)
HACCP

**HACCP** stands for **Hazard Analysis Critical Control Point.** HACCP is a food safety system that allows you to:

a) Identify foods and practices in your food premises that could cause foodborne illness.
b) Develop procedures to reduce the risk of foodborne illness.
c) Develop monitoring procedures.

**Hazard Analysis** involves a review of your recipes to determine which food requires a lot of handling and has a high possibility of time and temperature abuse. These are considered **potentially hazardous foods.**

**To conduct a Hazard Analysis:**

Break down the recipes into the following steps: receiving, storage, preparation, cooking, portioning, serving, and use of leftovers. The purpose is to identify potential hazards that could occur at each of these steps, which if not eliminated, prevented or minimized, foodborne illness could occur.

**Critical Control Point (CCP):**

A point where a hazard exists and a control measure is used to **eliminate, prevent or minimize** that hazard.

If a CCP is identified, a critical limit must be established in order to prevent foodborne illness. For example, when cooking chicken nuggets, the temperature of the food must be brought up to 74°C. This is to ensure all of the harmful microorganisms are killed and therefore the risk of foodborne illness has been eliminated at this step in the process.

The chart that follows will help you to identify Critical Control Points and what to look for. For further information, speak to your public health inspector.
### HACCP - Hazard Analysis Critical Control Points

<table>
<thead>
<tr>
<th>Critical Control Point</th>
<th>What to Look For</th>
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| **Purchasing/Receiving**     | • Are foods from a reliable and inspected source?  
• Is the package damaged?  
• Is the food infested or spoiled?  
• Is frozen food thawed?     |
| **Storage**                  | • Is food potentially hazardous? Will it support the growth of bacteria?  
• **Store hazardous foods carefully at less than 4°C (40°F).** |
| **Reconstitution of dry food**| • Have you created a hazardous food?  
Addition of water to some non-perishable food raises the water activity level resulting in potentially hazardous food. For example, rice is hazardous after it is cooked and water is absorbed. |
| **Thawing**                  | • Have you thawed hazardous food in the refrigerator or under constant running cold water?  
• Are the juices of thawing foods dripping onto other foods? |
Insects and Rodents

Insects and rodents can become health and safety concerns at child care centres:

- Insect stings from honeybees, bumblebees, yellow jackets, hornets, wasps, and fire ants are the most common trigger of insect sting allergy.
- Infected mosquitoes can transmit West Nile virus (WNV).
- Rodents can contaminate food contact surfaces, and their droppings can be a source of disease-causing organisms.

The following recommendations are provided to assist you to minimize exposure to insects and rodents at your centre.

Reduce the risk of being stung or bitten by insects:

- Avoid use of body and hair products with a fruity or floral scent.
- Wear white or light coloured clothing; long-sleeved shirts and pants with fabric thick enough to prevent mosquitoes from biting should be worn if children are outside during early morning or early evening, or are in areas of high mosquito activity.
- Wear shoes and socks outside.
- Use insect repellent if required. For children under six months of age insect repellents containing DEET should not be used. For children between six months to 12 years of age DEET concentration should be less than 10%. For children aged six months to two years of age DEET should be applied no more than once a day. For children between two to 12 years of age DEET should be applied no more than three times per day. For more information visit Health Canada’s insect repellents website.
- Avoid serving sweet foods outside, such as juices and fruit.
- Teach children to stay calm and slowly walk away if a stinging insect is near them.

Check the property for evidence of pests:

- Evidence of rodents can include droppings, and burrows around building or structure foundations, while evidence of insects can include nests, hives, or locations of high insect activity.

Eliminate entry points:

- Prevent entry of rodents and insects indoors: repair cracks, seal gaps and openings, and use appropriate screening for vents, soffits, and windows.
Eliminate food and water sources:

- Remove waste frequently from the centre.
- Rinse recyclable food containers before placing them into the blue bin.
- Secure waste containers with tightly fitting lids and store them away from play areas.
- Clean and sanitize waste containers often.
- Remove standing water on the property that can serve as a drinking water source for rodents and breeding sites for mosquitos.
Control insects and rodents:

- Take action as soon as a pest problem is identified – especially if rodent activity is suspected inside the centre.
- Have insect hives or nests removed promptly.
- Pesticides, such as rodenticides and insecticides, should not be used without careful consideration and preferably only after consultation with a certified or licensed pest control professional. Pesticides must never be applied or stored in areas that are accessible to children.

Clean-up safely:

- Never dry sweep or vacuum rodent droppings - wet surfaces before wiping them away.
- Clean and then disinfect surfaces contaminated with droppings or dead rodents using a 1:10 bleach solution.
- Double bag dead rodents for garbage disposal.
- Wash hands and exposed clothing thoroughly after cleanup.

Visit Halton Region’s website for more information on WNV, or call 311 or 905-825-6000.

For more information on rodent control, please contact a licensed pest control professional or visit the Health Canada’s website.

For more information on allergies and anaphylaxis, please visit Allergy Aware.
Lyme Disease and Ticks

Due to recent designation from Public Health Ontario, most of Halton is now considered a risk area for ticks and Lyme disease. This designation is the result of active tick surveillance conducted by the health department. The risk of getting Lyme disease from tick bites remains low, however there is a greater risk in wooded or brushy areas. The health benefits of outdoor activity far outweigh the risk of acquiring Lyme disease and should continue, but precautions should be taken.

Prevention

If taking a field trip to wooded or brushy areas, children and staff should be advised to take precautions against tick bites. Most children will require adults to help them take these precautions.

- If possible, avoid areas known to be tick habitats (such as wooded, brushy or tall grass areas).
- Stay on trails and avoid going into tall grass or brushy areas.
- Cover up by wearing long sleeved, light coloured shirts and pants with tightly woven fabric.
- Tuck your shirt into your pants and your pant legs into your socks to keep ticks away from bare skin.
- Wear shoes that cover the entire foot, avoiding sandals or open shoes.
- Spray clothing and exposed skin with an insect repellent containing DEET or Icaridin. Ensure that you choose the correct DEET containing product that is suitable for the age of the person and for the time spent outdoors. This information is on the label.
- Check children’s clothing after spending time outdoors.

Inform parents of the field trip and advise them to do the following at home:

- Advise parents to check their children’s body for any ticks, especially around the groin, armpits and hairline.
- The children should shower or bathe to wash away loose ticks.
- Put the clothes they were wearing in a dryer on high heat for at least 10 minutes to kill any ticks.
Removing Ticks

If a tick is found attached to a child:

- Carefully remove the tick and place in a dry, sealed container.
- When using tweezers:
  1. Grasp the tick’s head and mouth parts as close to your skin as possible.
  2. Slowly pull straight out until the tick is removed.
- Avoid squeezing, crushing or twisting the tick when removing. This will prevent bacteria from going into your body.

Advise the parents or guardians that their child was bitten by a tick and provide the tick to be taken to the Health Department for identification if they wish to do so.

Removing the tick within 24hrs of becoming attached can prevent Lyme disease.
For further information about Lyme disease and ticks, please refer to www.halton.ca
Bites

Bites from Other Children

Children in child care settings often bite, but most bites are harmless and don’t break the skin. Biting can expose children to germs and both a biting child and bitten child are at risk. Only rarely do wounds from human bites become infected, and these infections usually result from fights among adults, not children. Severe bites are unusual in child care settings and almost never lead to bacterial infections. Routine wound care should decrease the risk of bacterial infections to almost zero. However, bites that cause bleeding could transmit blood-borne infection.

Bites and Viral Infections

The risk of spreading blood-borne viruses in a child care setting is low. Only a bite that breaks the skin can transmit the hepatitis B virus. A child with hepatitis B who bites another and breaks the skin may expose the child who was bitten to hepatitis B infection. Another high-risk situation occurs when an unvaccinated (against hepatitis B) child bites an infected one and the blood from the infected child enters the biter’s mouth. If that happens, a child who is not vaccinated against hepatitis B should be treated by a doctor.

The risk of transmitting human immunodeficiency virus (HIV) through a bite in a child care setting, even when the skin is broken is extremely unlikely. Treating a child with anti-HIV drugs is not recommended.

Routine practices are considered sufficient to prevent the spread of hepatitis C in a childcare setting. However, if a blood exposure as a result of a bite is considered to be significant, and one of the children involved in the biting incident is known to have hepatitis C virus infection, appropriate follow-up of the exposed child should be arranged including serology at six months.

How to Care for Bite Wounds

If the skin is not broken, clean the wound with soap and water, apply a cold compress and soothe the child.

If the skin is broken:

- let the wound bleed gently;
- clean the wound carefully with soap and water;
- apply a mild antiseptic;
- notify the parent and;
- advise the parent to contact their family doctor.
Animal Bites

If a child in your care is bitten by an animal:

- Provide first aid by washing the area well with soap and water.
- Record event and advise parent(s) or legal guardians to seek medical advice.
- Report the bite to the Health Department. A public health inspector (PHI) will advise you if an observation period for the pet is applicable and any further follow up.
Drinking Water Quality

Drinking Water Systems

Drinking water is supplied to child care centres by either municipal or private water systems. These systems are regulated under the Drinking Water Systems Regulation O. Reg. 170/03, made under the Safe Drinking Water Act (SDWA), 2002. The owners and operators responsible for these systems must comply with the requirements of the legislation and provide drinking water that meets the Ontario Drinking Water Quality Standards. While the Ministry of the Environment, Conservation and Parks (MECP) has jurisdiction over the Act, both the MECP and the Halton Region Health Department investigate reports of drinking water that does not meet the standards.

Municipal Water Systems are operated by the Halton Region Public Works Department. Information about Halton’s municipal water supplies and water purification plants is available on the Halton Region’s Water Quality and Protection webpage or by contacting Halton Region at 311 or 905-825-6000.

Private Water Systems are privately owned and operated. The MECP has developed a guide to assist owners and operators of drinking water systems that serve designated facilities, such as schools and child care facilities: Providing safe drinking water to the public: A guide for owners and operators of non-residential and seasonal residential drinking water systems that serve designated facilities.

Flushing and Testing Water Systems for Lead

The Schools, Private Schools and Child Care Centres Regulation 243/07 under the Safe Drinking Water Act, 2002, requires that all operators of child care centres supplied by either municipal or private water systems, perform flushing of the plumbing and sampling for lead as specified in the regulation. For more information on lead sampling and flushing of the plumbing in the child care centres, please visit the MECP website.

For health related information on municipal and private drinking water supplies, please contact Halton Region at 311 or 905-825-6000 and ask to speak with a public health inspector.

Note: Web links for MECP documents have been included for your convenience. For the most up-to-date versions of these documents, please visit the MECP website or contact the MECP Public Information Centre at 1-800-565-4923.
The Smoke-Free Ontario Act

How It Affects Licensed Child Care

The Smoke-Free Ontario Act prohibits smoking and vaping in a child care centre licensed under the Child Care and Early Years Act.

The Smoke-Free Ontario Act was rescinded and the amended Smoke-Free Ontario Act, 2017 (SFOA, 2017) and its regulation came into effect on October 17, 2018. The new SFOA, 2017 and its accompanying regulation prohibits the smoking of tobacco and cannabis, and use of e-cigarettes in all enclosed public places and enclosed workplaces. This includes child care centres, children’s playgrounds and motor vehicles when a person less than 16 years of age is present.

Responsibilities of Licensees

- Ensure that everyone is aware that smoking and use of e-cigarettes is prohibited.
- Remove ashtrays and any object that serves as one.
- Ensure that no one smokes or uses e-cigarettes on the premises.
- Ensure a person who does not comply, does not remain on the premises.
- Post No Smoking/ No Vaping signs at all entrances, exits, washrooms, and other appropriate locations. For more information on required signage, please contact 311.

Enforcement

The Halton Region Health Department will carry out inspections and investigate complaints in child care centres and places where licensed private-home child care is provided in order to enforce the Act.

Penalties

A corporation in contravention of the Smoke-Free Ontario Act may be subjected to a maximum fine of $600,000 and an individual could be subject to a maximum fine of $5,000.

For more information on the Smoke-Free Ontario Act, please visit the Ministry of Health and Long-Term Care website.
## Services and Agencies

<table>
<thead>
<tr>
<th>Agency and Contact Information</th>
</tr>
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<tbody>
<tr>
<td><strong>Allergy Aware</strong></td>
</tr>
<tr>
<td><strong>Children’s Aid Society</strong></td>
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<tr>
<td>905-333-4441 or 1-866-607-5437</td>
</tr>
<tr>
<td><strong>Child Care Directory and Information Line</strong></td>
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<tr>
<td>905-875-0235</td>
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<tr>
<td>905-572-2845</td>
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<tr>
<td><strong>Environment Canada</strong></td>
</tr>
<tr>
<td><strong>Fire Prevention Inquiries</strong></td>
</tr>
<tr>
<td>Burlington</td>
</tr>
<tr>
<td>Oakville</td>
</tr>
<tr>
<td>Milton</td>
</tr>
<tr>
<td>Halton Hills</td>
</tr>
<tr>
<td><strong>First Aid Courses - St. John’s Ambulance</strong></td>
</tr>
<tr>
<td>Oakville</td>
</tr>
<tr>
<td>Burlington</td>
</tr>
<tr>
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</tr>
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</tr>
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<tr>
<td>Agency and Contact Information</td>
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<tr>
<td>--------------------------------</td>
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<tr>
<td><strong>Information Oakville</strong></td>
</tr>
<tr>
<td>905-815-2046</td>
</tr>
<tr>
<td>email: <a href="mailto:informationoakville@oakville.ca">informationoakville@oakville.ca</a></td>
</tr>
<tr>
<td><strong>Information Milton</strong></td>
</tr>
<tr>
<td>905-878-7252</td>
</tr>
<tr>
<td>email: <a href="mailto:info@milton.ca">info@milton.ca</a></td>
</tr>
<tr>
<td><strong>Links2Care</strong></td>
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<tr>
<td>Acton: 519-853-3310</td>
</tr>
<tr>
<td>Georgetown: 905-873-6502</td>
</tr>
<tr>
<td>Oakville: 905-844-0252</td>
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<tr>
<td><strong>Milton Community Resource Centre</strong></td>
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<tr>
<td>905-876-1244</td>
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<tr>
<td><strong>Ministry of Education</strong></td>
</tr>
<tr>
<td>1-800-387-5514</td>
</tr>
<tr>
<td><strong>Ministry of Children &amp; Youth Services – Central West Regional Offices</strong></td>
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<tr>
<td>905-567-7177</td>
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<tr>
<td><strong>EarlyON Child and Family Centres</strong></td>
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<tr>
<td>Acton: 519-853-2574</td>
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<tr>
<td>Georgetown: 905-873-2960</td>
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<tr>
<td>Burlington: 905-632-9377</td>
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<tr>
<td>Milton: 905-876-1244</td>
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<tr>
<td>Oakville: 905-849-6366</td>
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<tr>
<td><strong>Pest Management Regulatory Agency</strong></td>
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<tr>
<td>1-866-225-0709</td>
</tr>
<tr>
<td><strong>Preschool Speech and Language</strong></td>
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<tr>
<td>905-855-2690</td>
</tr>
<tr>
<td><strong>Public Health Agency of Canada</strong></td>
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<tr>
<td><strong>Poison Information Centre</strong></td>
</tr>
<tr>
<td>416-813-5900 or 1-800-268-9017</td>
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<tr>
<td><strong>Reach Out Centre For Kids (ROCK)</strong></td>
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<tr>
<td>905-634-2347</td>
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<tr>
<td><strong>The Halton Resource Connection</strong></td>
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<td>905-875-4600</td>
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57
Publications


Health Canada:  Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months, 2015.

Appendices

Appendix A: Tuberculin Screening for All Persons Working in Child Care Centres

Tuberculin Screening for All Persons Working in Child Care Centres

Instructions

FOR CHILDCARE WORKERS OR VOLUNTEERS:

- Please have your health care provider complete the other side of this form and return it to the Child Care Centre supervisor before commencing employment.
- A Tuberculin Skin Test (TST) for employment purposes is not covered by OHIP. Your physician may apply a service charge for the TST and documentation. Chest X-rays, treatment for active or latent TB are medically covered by OHIP or the Health Unit.

FOR PHYSICIANS:

- Prior to employment, contracts and/or volunteer work, all employees, providers and/or volunteers in a child care setting must provide documentation, signed by a regulated health care professional, that the following assessment and tests were performed within 6 months of hire/placement. Please complete sections A and B of this form for individuals who have not had a previous TST or who have had a negative TST. Please complete sections A and C of this form for individuals with a documented positive TST in the past.

- SECTION A - For all individuals:
  - Please confirm that signs and symptoms consistent with active TB are absent in this individual.

- SECTION B - For individuals who have never received a TB skin test before, don’t know their TST status or who have had a previous negative TST test, regardless of BCG status:
  - A TST, read between 48-72hrs of placement. No repeat testing required.
  - If the TST is positive please order Chest X-Ray and complete section C.

- SECTION C - For individuals with a current positive TST or documented positive TST test in the past:
  - Chest X-Ray to confirm that active TB is not present. Repeat testing is not necessary unless there is a change in medical status that makes active TB more likely.

- Any staff/volunteer who has a positive TB skin test should be aware of the signs and symptoms of active TB disease (cough, fever, night sweats, weight loss) and see a doctor immediately if symptoms occur. Some individuals may wish to consider assessment and treatment of latent tuberculosis (LTBI).

Notes:

- Individuals with weakened immune systems (HIV, cancer or immunosuppressive medications) may have a negative TST even if they are infected. These individuals should speak to their doctor about the risk of TB, as well the risk of serious infections in the daycare environment.
- If an employee/volunteer works in multiple sites and/or transfers from one child care setting to another the medical report may be used at the new site if the medical report is less than six months old.
Tuberculin Screening for All Persons Working in Child Care Centres

Employee Name: ____________________________

Last Name    Middle Name    First Name

Gender: ☐ Male  ☐ Female  ☐ Other

Date of Birth: Year _______ Month _______ Day _______

Address: ____________________________ City: __________________ Postal Code: __________

Home Phone Number: ____________________ Alternate Number: __________

SECTION A: Medical Assessment (All individuals)

☐ Asymptomatic - Active Pulmonary TB ruled out.

☐ Symptomatic - ☐ Cough  ☐ Fever  ☐ Night Sweats  ☐ Fatigue  ☐ Weight loss  ☐ Other:

SECTION B: TST Screening (if no or negative previous TST)

<table>
<thead>
<tr>
<th>TST</th>
<th>Date Placed (yy-mm-dd)</th>
<th>Date Read (yy-mm-dd)</th>
<th>Induration size (mm)</th>
</tr>
</thead>
<tbody>
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- TST should be placed in the forearm and read 48-72hrs after placement.
- Please record the size of induration, not the size of erythematous area.
- If TST is positive, report to The Halton Region Health Department (HRHD) Reportable Disease and Outbreak Reporting Line: Call: 905-825-6000, ext. 7341 Fax: 905-825-8797 or use the Tuberculosis Physician Reporting Form (PDF file)

SECTION C: CHEST X-Ray (If current or previous positive TST)

<table>
<thead>
<tr>
<th>Chest X-ray</th>
<th>Date (yy-mm-dd)</th>
<th>Result</th>
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*** If the employee is symptomatic or has an abnormal chest x-ray indicating TB disease, call HRHD immediately at 905.825.6000 x7341 and instruct client to self-isolate at home.

Physician Name: ____________________________ Signature: ____________________________ Date: __________

Personal health information on this form is collected pursuant to sections 5 of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7 and will be used for obtaining express consent to treatment and for maintaining a record of TST. Upon request, this record may be shared with your primary health care provider unless you instruct us not to do so. You are not required to provide your information on this form, although not providing your information will affect your ability to receive the TST. Questions about this collection can be directed to nurses within the Communicable Disease Services Program, Halton Region Health Department, 1151 Bronte Road, Oakville, ON, L6M 3L1. Dial 311 or 905-825-6000 or toll free at 1-866-442-5866

Halton Region • 1151 Bronte Rd. Oakville, Ontario L6M 3L1 • 905-825-6000 • Toll free: 1-866-4HALTON • TTY: 905-827-9833 • www.halton.ca

March 2019

60
Appendix B: Enteric Outbreak Line Listing: Child Care Centres – For Illustration Only

<table>
<thead>
<tr>
<th>Case no.</th>
<th>First and last name</th>
<th>Initials</th>
<th>Parenteral route</th>
<th>Symptomatic</th>
<th>Dated (MM/DD/YY)</th>
<th>Contact person at centre</th>
<th>Phone:</th>
<th>Email:</th>
<th>Contact person on site</th>
<th>Phone:</th>
<th>Date:</th>
<th>Outbreak No:</th>
<th>Address:</th>
<th>Name of facility</th>
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<tbody>
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<td>1.</td>
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**Comments:**
- c.g. children in same class
- hospitalization, repeat case, family illness, etc.
Appendix C: Outbreak Notification Sign

STOP

Read carefully

We are seeing an increase in illness

If you or your child are feeling unwell:

• Keep your child at home while ill or as directed by the staff.
• Report your child’s symptoms to the child care centre.
• Wash your hands or use an alcohol-based hand sanitizer:
  » When you arrive;
  » Before leaving;
  » After sneezing, coughing, or blowing your nose.