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**RED APPLE DAY CARE**

**HEALTH POLICY**

**Background**

The legislative authority to inspect day nurseries is outlined in the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c.H.7 and the Child Care Early Years Act (CCEYA) R.S.O. 1990. Child Cares are defined as “institutions” under Section 21(1d) of Part IV: Communicable Diseases of the HPPA. The Child Care Early Years Act requires "every operator of a day nursery shall ensure that any recommendation or instruction of a medical offi cer of health with respect to any matter that may affect the health or well-being of a child enrolled in a day nursery operated by the operator is carried out by the staff of the day nursery”. Accordingly, this document contains best practices that all child care centre shall comply with.

The HPPA (1990) enables the Ministry of Health and Long-Term Care to publish guidelines and standards by which local Boards of Health shall comply. As such, the Ontario Public Health Standards (2008) contains three key protocols which apply to day nurseries: (1) Infectious Diseases Protocol (2013); (2) Infection Prevention and Control in Licensed Day Nurseries Protocol (2008); and (3) Institutional/Facility Outbreak Prevention and Control Protocol (2008). The Infectious Diseases Protocol (2013) requires the prevention and management of infectious diseases of public health importance. The Infection Prevention and Control in Licensed Day Nurseries Protocol (2008) requires inspections, investigations, and management of infection control in licensed day nurseries. The Institutional/Facility Outbreak Prevention and Control Protocol (2008) requires the prevention, detection, and management of outbreaks.

The purpose of the health policy at RED APPLE DAY CARE is to ensure a healthy environment for all children/families and staff members in our program. We are mandated by the Toronto Public Health Department and the Ministry of Labour as such, we must adhere to all decisions/pronouncement from them which may override any of these policies, as they see fit. The policy and procedure herein will be updated as needed and reviewed annually by the Board of Directors and Staff team.

It is important that each child is well enough to participate in activities planned for him/her. Due to staffing ratios, space and health regulations, we are unable to care for sick children at the Centre. Ministry Regulations stipulate that the Centre provides an outdoor period in the morning and afternoon for each age group. All children attending the Day Care are required to participate in the morning and afternoon outdoor time. We are unable to keep sick children inside.

Once he/she begins attending the Centre, your child will be coming into contact with many other children and it is quite likely that he/she may develop a few common illnesses (eg: colds). This is normal and usually decreases once your child has built up his/her immunity.

Under the Child Care Early Years Act, Section 35 (1) of O. Reg. 137/2015 (General) requires that, every licensee shall ensure that before a child is admitted to a child care centre, the child is immunized according to Ontario’s Publicly Funded Immunization Schedule unless they are legally exempt. Immunization exemptions may be accepted for the following reasons: reasons of religious belief, or reasons of conscience. A notarized affidavit must be submitted to the centre in order to legally exempt your child from the immunization requirement. Children attending school are not required to provide this information as it is collected at school. We are required to maintain up-to-date immunization records for each pre-school child, staff, college student or volunteer attending the child care. The centre must be notified when your child receives any kind of immunization in order to keep all files current.

**Immunization Requirements for Staff**

Under Section 57 (1), O. Reg. 137/2015 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 officer of health.

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| --- | --- |
| **Vaccine** | **Recommendations for staff, students and volunteers** |
| Hepatitis B | Children with Hepatitis B may not show symptoms and Hepatitis may not be known; all staff should be vaccinated |
| Influenza | Annually, especially for those who care for children under 5 years of age |
| Varicella(chickenpox) | 2 doses of chicken pox vaccine given at least 6 weeks apart or proof of immunity. Previous immunity can be determined by a self – reported history of chickenpox or a blood test. |
|  |  |
| **Vaccine** | **Mandatory requirements under the Child Care Early Years Act** |
| MeaslesMumps Rubella(MMR) | 2 documented doses of MMR vaccine or proof of immunity |
| DiphtheriaTetanusPertussis(Tdap) | 1 dose of Tdap in adulthood (This can replace the next schedule of Td)Tetanus and diphtheria (Td) vaccine booster every 10 years  |

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

**1.3 Immunization Exemptions**

**Exemptions are to be documented and kept in the child’s or employee’s file**

* For medical exemptions, a legally qualified medical practitioner must provide medical reasons in writing as to why the child, staff or volunteer should not be immunized.
* For religious or philosophical exemptions such as a parent who chooses not to immunize their child, “on the ground that the immunization conflicts with the sincerely held convictions of the parent’s religion or conscience” can submit objections in writing.
* If there is an outbreak or a case of a vaccine preventable disease (e.g., measles), children and staff who are not up-to-date with their immunization may be excluded from the child care centre to minimize the risk of spreading the disease.

**Recommendations for TB screening of staff and volunteers in day nurseries**

Daycare/nursery school staff and volunteers need TB skin testing to protect themselves, other staff, volunteers and children. Toronto Public Health highly recommends that all staff and volunteers provide **documentation of TB testing prior to employment**. The TB skin test should be done anytime **within 6 months** before the start of employment and every two years after that.

**TB testing recommendations for staff and volunteers prior to employment**

1. If a new staff/volunteer does not know their TB status or has had a negative TB skin test result in the past, a single TB skin test is highly recommended.

2. If the TB skin test is negative - no further testing is needed at this time. (People with serious medical conditions that weaken the immune system, such as HIV or cancer, may have a negative skin test even though they are infected with TB. If you are in this category please speak to your doctor).

3. If the TB skin test is positive - a medical examination and chest x-ray is recommended. Sputum may also be collected. **The physician should provide documentation that the individual with a positive TB skin test is free of TB disease before beginning work.**

4. If a new staff/volunteer has had a documented previous positive skin test, the skin test does not need to be repeated – it will always remain positive. However, a medical examination and chest x-ray is recommended to ensure that daycare/nursery school staff and volunteers do not have TB disease. **The physician should provide documentation that the individual with a previous positive TB skin test is free of TB disease before beginning work**.

All medicine to be given to a child while attending Child Care must be in the original pharmacy packaging labeled with the child’s name, dosage amount and schedule and be given to a staff member to be kept in a locked container in the fridge/classroom.

A medication form must be filled out for all medicine to be administered stating: child’s name, time and amount of dosage and a parent/guardian’s signature. Non-prescription medicine may be given only if accompanied by a note from a licensed Medical Practitioner stating child’s name, amount and time of dosage.

Please inform staff and sign daily when medicine is required. In the best interest of all, immediate family members should not be the Attending Practitioner for the child.

Any changes with regard to frequency or dose must be communicated to the centre in written format. Parents/guardians will be asked to change the form and sign for the changes made.

Medication that is accompanied by a doctors’ note that indicates the medicine must be taken “as required,” will need to be administered in the following way:

1. Parent/guardian to be contacted by staff when there is a need for medication. Parent/guardian will confirm that the child may have the medication at that time. Two staff are to be witness to the conversation.
2. Staff will record the dosage and time the medication was given.
3. Parent/guardian must sign off on the medication form upon picking up the child.

When on a field trip, medication will be kept with the teacher in the First Aid Kit. Refrigerated medications can be placed in the cooler supervised by a teacher and kept out of the reach of the children.

To ensure prompt administration of asthma and other emergency allergy medication, our staff team carries junior children’s medication or emergency allergy medication. With a note on file from the licensed practitioner and parents/guardians, School Age children are allowed to carry and self -administer inhalers puffers and epi-pen medication if needed. Staff must be notified by the child if the child requires his/her medication. Staff will document the time the medication was taken. **Please do not leave any other medication in your child’s bag. Inhalers, puffers and epi-pens are to be kept with the child at all times.**

Should a child have a serious injury, staff will follow emergency first aid procedures. 911 and parents/guardians will be contacted immediately. A staff member will stay with the child in the ambulance and at the hospital until a parent/guardian arrives. The child’s file must be taken to the hospital so information is easily accessible.

Our program is inspected by Toronto Public Health both in the classroom and in the kitchen twice annually. Components of the inspection include

* Administrative Controls such as our policies and procedures
* Management and Reporting of communicable diseases
* Risk Assessment
* Respiratory Etiquette
* Hand Hygiene
* Gloves (Barrier Equipment)
* Environmental Controls (Placement, Cleaning, Engineering Controls)

**Management and Reporting of Communicable Diseases and exclusion of ill children and staff**

Staff will be responsible for monitoring and recording signs and symptoms of infections in the children (ie. name, symptoms, date and time) and reporting them to the office. The management team will be responsible for documenting all critical data and information pertaining to when a group of ten or more are experiencing the same symptoms.

The criteria for excluding children, staff, students and volunteers are:

* Severe Irritability
* Lethargy
* Continuous Runny nose
* Severe Cough
* Difficulty breathing
* Vomiting
* Diarrhea
* Change in skin colour
* Rash
* Fever

How do you know when to exclude an individual from the child care setting?

* If an individual has an illness that prevents him/her from participating in group activities.
* When there is a greater need for care that the staff can’t provide without compromising ratio and health and safety conditions.
* If an individual has an illness that poses a serious health risk if it spreads to others, circumstances under which separation of the affected child or staff is necessary.

Every person who is involved in our program must be well enough to attend the program. All sick individuals will be sent home and will not be able to return until they are symptom free.

**HOW DO I KNOW IF I AM TOO SICK TO ATTEND DAY CARE?**

**(All ill children will be isolated in the day care office. Parents/Guardians will be contacted to immediately come to pick up their child). Please refer to the attached Toronto Public Health Fact Sheets for further details.**

1. **COMMUNICABLE DISEASES:**

Any ill child, staff, student or volunteer with a communicable disease i.e. – chicken pox, whooping cough, measles etc. must be kept at home for the full period required by Public Health regulations. The management team must follow the guidelines established by Toronto Public Health; document and report all confirmed cases of communicable diseases to the Medical Officer of Health. (*Please see the attached Toronto Public Health communicable disease reporting sheet and Guidelines for common communicable diseases* *and critters sheet for further information*.)**A DOCTOR’S NOTE IS REQUIRED FOR RE-ADMITTANCE INTO THE CENTRE.**

1. **FEVER:**

If a child, staff, student or volunteer has a temperature of 101 F. (or over), we require that he/she not attend the child care facility as a fever usually indicates an infection. When an individual is feverish, he/she are not usually able to participate in the daily routine. The ill children, staff, students and or volunteers may return to Child Care after he/she has been fever free for 24 hrs (not just overnight), without the aid of Tempra/Tylenol/Advil/Motrin.

1. **VOMITING OR DIARRHEA:**

If a child, staff, student or volunteer has experienced two or more incidents of vomiting or diarrhea while attending the Child Care, he/she will be expected to leave the centre immediately. If this occurs at home, we request that a call is made to the Centre to notify the on call management person that he/she is ill. The ill child, staff, student or volunteer may return to RED APPLE DAY CARE when he/she has not vomited or had diarrhea for 24 hours (not just overnight) to ensure that he/she is well enough to participate in the program. If the doctor’s advice is in conflict with Public Health regulations we are obligated to follow the Public Health Regulations.

1. **SKIN CONDITIONS:**

If a child, staff, student or volunteer exhibits unusual skin conditions such as rashes or sores, the condition will be considered contagious until such time that it is diagnosed and documented as non-infectious through a doctor’s note.  From the time the condition is observed, until a doctor’s written confirmation is received by RED APPLE DAY CARE, the child, staff, student or volunteer will not be re-admitted to the Child Care program.  In the case of a condition that has previously been diagnosed by a doctor as recurring and non-infectious (e.g. eczema), a doctor’s note to that effect is to be provided for RED APPLE DAY CARE’s file.  Disclosure of the skin condition along with the supporting doctor’s note is to be provided upon enrolment or, if diagnosis is made after enrolment, at the time of diagnosis.

1. **PINK EYE (CONJUNCITIVITIS):**

BACTERIAL: If a child, staff, student or volunteer exhibits discharge from the eyes, it is requested that he/she not attend the Centre unless a doctor’s note is obtained stating that the child, staff, student or volunteer is not infectious or contagious. A child, staff, student or volunteer may not attend Child Care if he/she has “conjunctivitis” or pink eye, as this is very contagious. Public Health Regulations require that the child be isolated and not attend Child Care until there is no discharge from the eye and or the child has been on medication for a 24 hour period.

VIRAL: : If a child, staff, student or volunteer exhibits discharge from the eyes, it is requested that he/she not attend the Centre until there is no longer discharge from the eye. A doctor’s note must be provided upon return stating that the child, staff, student or volunteer is not infectious or contagious.

1. **BITING INCIDENT:**

If a child staff, student or volunteer is involved in a biting incident, he/she will be encouraged to seek medical advice. An accident report must be filled out. It is required that we inform the Ministry of Community and Social Services, the Public Health Department and or the Ministry of Labour. Written reports must be submitted to each of these parties.

7. **PEDICULOSIS (HEAD LICE)**

Should it be determined that a staff, student or volunteer has head lice, he/she will be asked to leave the centre immediately. Lice are extremely contagious and it is critical that infected staff, students or volunteers be removed from the daycare setting as soon as possible. After being treated should a staff, student or volunteer have six or more nits/eggs, they will be required to return home.

Proper treatment should be followed and **all** “nits/eggs” must be removed. Please note that:

* Head lice products are not always 100% effective
* The removal of nits will minimize the hatching of eggs that were not killed during treatment. It is critical that the head is 100% free of nits/eggs otherwise, the young hatched lice will spread to other heads
* It is easier to notice a new infestation if all nits are removed
* Please go to ([**http://www.toronto.ca/health/**](http://www.toronto.ca/health/)) for additional information.

**Dealing with a Human Biting Incident:**

Biting incidents at a day nursery can be a very emotional issue for the children and their parents/guardians. When they occur, day nursery staff should report these incidents to both parents. It is no longer required to report these incidents to the Toronto Public Health department.

RED APPLE DAY CARE is mandated to follow these recommended steps below when a biting incident occurs at the facility:

If the skin was not broken.:

* Wash the bite thoroughly with soap and water.
* Cover the wound with a cold compress.
* Soothe the child who was bitten.

If the skin was not broken:

* Observe both children to see if there was any blood involved
* Allow the wound to bleed gently without squeezing.
* Clean carefully with soap and water and apply first aid as per your policy
* Inform the parents of both children as soon as possible (preferably within two hours of the incident.)
* Advise both children’s parents to contact their health care proider regardsing post-exposure immunization and advice
* Provide Toronto Public Health’s fact sheet “Biting Incidents – information for Parents: to the parents involved in the biting incident
* If either child has hepatitis B,C or HIV report the incidentto Toronto Public Health (TPH) as soon as possible and ensure confidentiality of the children and parents is respected.

Please report animal bites to Toronto Public Health Healthy Environments Program by calling Toronto Health Connection 416-338-7600.

**INFECTION CONTROL POLICY**

Public Health requires child care centres to contact the Public Health Infection Control Department in the event of a raise in similar symptoms in a group over a small period of time.. The centre will then be put into an “Outbreak”. The centre will be advised how long the children would be required to stay off before returning. The centre must comply with this request and notify parents immediately.

The centre has a responsibility to reinforce good personal hygiene (hand washing) before eating/feeding and after toilet use. Child care staff must practice barrier precautions (gloves, smocks and masks) when contact with vomit or stool is likely to occur.

The Supervisors, Team Leads or Designate has the responsibility to ensure general co-ordination of the outbreak management process:

* Advise all parents/guardians of the outbreak and what actions are necessary if their child becomes symptomatic over-night
* Provide updated line list to the health department daily
* Co-ordinate/ensure that agreed upon precautions are enforced.
* Ensure permission forms are completed by parents/guardians and appropriate laboratory specimens are collected.
* Advise Toronto Public Health of any hospitalizations or deaths of line listed cases.
* Encourage older children to report any outbreak-related symptoms to their caregiver.
* Isolate ill children until they are moved from the centre by their parents/guardians.
* Any new admissions to the child care centre must be notified of the outbreak and potential risks to their children.
* Ensure that communal sensory activities are stopped during this period.
* Any staff that contracts an outbreak related illness must report it to the management team. Staff must be excluded for the required period.
* Ensure enhanced environmental cleaning/sanitizing including increased frequency of cleaning surfaces and objects that are high in traffic.

Prior to declaring an outbreak over, the facility must be clear of new cases of infection (clients and staff) which meet the case definition for the period of communicability of the causative agent of the outbreak plus the period of communicability.

**ROUTINE PRACTICES**

Routine Practices at Alderwood Action are based on the premise that everyone is potentially infectious, even when asymptomatic and that the same safe standards of practice should be used routinely with everyone to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non intact skin or soiled items and to prevent the spread of micro-organisms.

Staff, students and volunteers must assess the risk of exposure to blood, body fluids and non-intact skin and identify the strategies that will best decrease exposure risk and prevent the transmission of microorganisms. This risk assessment followed by the implementation of Routine Practices to reduce or remove risk should be incorporated in to our daily duties. When performing activities and providing care, staff should be assessing the risk of:

* Contamination of skin or clothing by microorganisms in the environment
* Exposure to blood, body fluids, secretions, excretions, tissues
* Exposure to non-intact skin
* Exposure to mucous membranes
* Exposure to contaminated equipment or surfaces
* Recognition of symptoms of infection

 The key elements of routine practices in day nurseries are:

* Assess the risk of exposure to disease-causing microorganisms and take appropriate action
* Clean and disinfect all contact surfaces
* Keep your hands clean
* Cough or sneeze into your sleeve, practice respiratory etiquette
* Monitor symptoms of staff and children who are ill
* Identify trends/outbreaks and report them to public health
* Staff and children who are ill are required to stay home
* Stock appropriate personal protective equipment in easily accessible areas for staff to use.

**RESPIRATORY ETIQUETTE**

Children staff, students and volunteers are expected to practice and enforce respiratory etiquette; personal practices that help prevent the spread of micro-organisms that cause respiratory infections. These personal practices include:

* Not coming to the centre when acutely ill with a respiratory infection
* Avoidance measures that minimize contact with droplets when coughing or sneezing such as:
1. Coughing in your sleeve
2. Turning your head away from others
3. Maintaining a two-meter separation from others (when possible)
4. Covering the nose and mouth with tissue
* Immediate disposal of tissues into waste after use
* Immediate hand hygiene after disposal of tissue.

(Please refer to the cover your cough poster located in all classrooms/washrooms and in the kitchen)

**HAND HYGIENE**

Hand hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient micro-organisms from the hands while maintaining good skin integrity resulting from a hand care program. Intact skin is the body’s first line of defense against bacteria; therefore careful attention to hand care is an essential part of the hand hygiene program. The presence of dermatitis, cracks, cuts or abrasions can trap bacteria and compromise hand hygiene. Dermatitis also increases shedding of skin squames (a scale or scale like mass) and therefore, shedding of bacteria. A common barrier to compliance with hand hygiene is the adverse effects of products on the skin.

Occupational hand dermatitis is mostly caused by hand washing and work where skin is occluded by wearing gloves. Alcohol-based hand rubs (ABHRs) have been shown to be less irritating to skin than soap and water. ABHRs may not be used by children unless a release form has been signed.

**Hand Sanitizing with an ABHR with a 70%-90% alcohol content is the preferred method (when hands are not visibly soiled)** for cleaning hands. Using easily-accessible ABHR in most settings take less time than traditional hand washing and has been shown to be more effective than washing with soap (even antimicrobial soap) and water when hands are not visibly soiled. This product is provided for children staff, student and volunteer use in all classrooms, washrooms, hallways and in the emergency back packs.

\****ABHR’s may not be used on children unless we have parental consent***

**Hand washing with liquid soap and running water must be performed when hands are visibly soiled.** The effectiveness of alcohol is inhibited by the presence of organic material. The mechanical action of washing, rinsing and drying is the most important contributor to the removal of transient bacteria. If hands are visibly soiled and running water is not available, use a moistened towelette to remove the visible soil, followed by ABHR.

Some Examples of times where hand hygiene is necessary are:

* Upon arrival at the centre
* Before initial contact with the children or handling items in the room; this should be done upon entry to any room
* Staff, students and volunteers before putting on gloves to do any activity
* Staff, students and volunteers immediately after removing gloves and before moving on to another activity
* Staff, students and volunteers before preparing, handling or serving food or giving medication
* Before sitting down for lunch/snack and after eating lunch/snack.
* Before and after toileting
* Staff, students and volunteers after care involving contact with blood, body fluids, secretions and excretions from children or staff, even if gloves were worn
* Before and after handling pets
* Whenever in doubt

Hand Hygiene posters (Hand Washing and Hand Sanitizing) are posted in all classrooms, washrooms, kitchen and office.

**Appropriate Hand Washing techniques are as follows:**

1. Wet hands.

2. Apply soap.

3. Lather for 15 seconds. Rub between fingers, back of hands, fingertips, and

 Under nails.

4. Rinse well under running water.

5. Dry hands well with paper towel or hot air blower.

6. Turn taps off with paper towel.

**Always Wash Your Hands Before and after you:**

• Prepare or eat food

• Touch a cut or open sore

**After you:**

• Sneeze, cough or blow your nose

• Use the washroom or change diapers

• Handle garbage

**Appropriate Hand Sanitizing techniques are as follows:**

**1. Apply sanitizer (minimum 70% - 90% alcohol-based).**

**2. Rub hands together.**

**3. Work sanitizer between fingers, back of hands, fingertips, under nails.**

**4. Rub hands until dry.**

**Always Sanitize Your Hands Before and after you:**

• Prepare or eat food

• Touch a cut or open sore

**Stop the Spread of Germs**

**After you:**

• Sneeze, cough or blow your nose

• Use the washroom or change diapers

• Handle garbage

If hands are visibly dirty use soap and water

**HAND CARE**

The hand care program for staff at RED APPLE DAY CARE is a key component to ensuring effective and safe hand hygiene practices to protect staff and visitors from infections. An effective hand care program includes an annual review of the following:

* Hand care assessment
* Use of hand hygiene products and gloves
* Staff are provided education on the benefits of using ABHRs and appropriate hand hygiene technique is reviewed annually with staff and as needed.
* Staff are provided with appropriate hand moisturizing skin care products (and encouraging regular frequent use) to minimize the occurrence of irritant contact dermatitis.
* RED APPLE DAY CARE provides an ABHR product that contains an emollient (moisturizer), which can significantly decrease “irritant contact dermatitis” under frequent-use conditions

**HOW WE SELECT THE**

**PRODUCTS USED FOR HAND HYGIENE**

* Efficacy of the product (product works well
* “user-friendly”(staff input)
* Low irritancy potential
* ABHR’s that contain emollients
* Interactions between ABHR’s and gloves
* Antimicrobial soaps are harsher on hands that plain soaps and frequent use may result in skin breakdown.

**GLOVES**

Staff students and volunteers must wear gloves when it is anticipated that the hands will be in contact with mucous membranes, broken skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces. All body fluids must be considered infections.

Improper glove use has been linked to transmission of pathogens. Gloves are task-specific and single-use only. Re-use of gloves has been associated with transmission of antibiotic resistant illness.

Gloves and Hand Hygiene:

Gloves are not completely free of leaks and hands may become contaminated when removing gloves, hands must be cleaned before putting on gloves for an aseptic/clean procedure and after glove removal. Gloves must be removed immediately and discarded into a waste receptacle after the activity for which

they were used and before exiting the work area.

(Gloves are not required to serve or prepare food. It is best practice to wash your hands before and after serving or prepping food.)

**DIAPERING AND TOILETING**

The information below has been referenced directly from the Toronto Public Health Guidance Document for child care programs.

Toileting must always be completed in the washroom. There must be a soap dispenser and running water. These sinks must be washed and disinfected after each routine. All waste must be disposed of in the garbage receptacle that must have a leak proof plastic liner and be hands free activated.

Diapering on a change table requires the following elements in order to prevent the spread and control of diseases while diapering:

1. A designated diaper changing area with a suitable diaper change table/mat
2. A separate hand wash sink within the diaper changing area.
3. Single-use disposable gloves
4. Separate diapers and ointments/creams for each child that must be clearly labelled.
5. A suitable disinfectant
6. Garbage disposal unit(s)

The separate hand wash sink shall be designated as such, and used solely by staff and children for the purpose of washing hands after diapering and toileting. The diaper changing areas shall always be separate from the food preparation area. In addition the use of gloves, as a barrier to the transmission of communicable diseases, is recommended during the diaper change routine.

Although the toileting routine differs from the diaper change routine, the risks and successful IPAC interventions are the same. As such, hand washing sinks, disinfectants, and gloves are required during the toileting procedure as well.

Diaper Change Area Requirements

* Hand wash sinks shall be equipped with soap in a dispenser, running hot and cold water, and paper towels. These sinks shall be washed and disinfected at least daily (or as necessary) and shall not be used for food preparation, rinsing soiled clothing or toy washing.
* Diapering surfaces shall be constructed of a smooth non-porous, nonabsorbent material that is easy to clean (e.g. formica, hard plastic, stainless steel or a washable pad covered by smooth vinyl).
* Diapering surfaces shall be disinfected after each use (even if paper liner is used.)
* Diapering procedure shall be posted in the diapering area
* Staff shall follow IPAC principles.
* Garbage pails shall have a leak proof plastic liner and shall be foot activated.

**Expressed Breast Milk**

Background

Expressed breast milk (EBM) is a body fluid and my contain microorganisms from the mother or from outside sources (such as contamination during pouring). Improper handling of EBM may result in contamination with microorganisms that can cause infections such as MRSA, Group B streptococcus, Klebsiella pneumonia and Pseudomonas species (PIDAC, 2012) Since EBM is not sterile, these microorganisms can multiply if it is not handled properly (Crossey et al., 2011)

Safe handling, thawing, storage and administration are required to minimize the risk of infection to children and staff. It is important to ensure proper temperature control and handling of EBM. Feeding the incorrect EBM to an infant or child can lead to disease transmission, so labeling containers is important to avoid unintended consumption. **(Any infraction of this nature must be reported to Toronto Public Health the City of Toronto and Ministry of Education as a Serious Occurrence)**

Expectations

* Apply Routine Practices when handling EBM
* Frozen EBM must be thawed in a refrigerator and used within 24 hours. Do not use a microwave to thaw EBM
* Keep EBM refrigerated at a temperature at 4 degrees Celsius or colder, until used.
* Ensure bottles and containers are properly labeled (date, name of toddler/child and name of mother)
* Clean hands before and after handling EBM
* Wear gloves while handling EBM (e.g. dispensing into a cup or from a container.
* Supervise children drinking EBM from a cup to prevent unintended consumption by other children
* Discard any left over EBM not consumed by the child
* Contact TPH immediately if another child consumes EBM intended for someone else (PIDAC, 2012)

**ENVIRONMENTAL CLEANING AND DISINFECTING**

Environmental Cleaning and Disinfecting is a high priority here at Alderwood Action After School. The centre uses Virox Accel Intervention RTU as a cleaning agent. This product must be sprayed directly on the surface and has a 1 minute contact time before it can be wiped off. (Please refer to the Material Safety Data Sheet MSDS on this product for further details.) Staff/Students/Volunteers are expected to follow the appropriate procedures and use the appropriate personal protective equipment required.

Staff, students and clients must wash their hands or use hand sanitizer before and after each time they assist with the following routines:

* Washroom routines
* Cleaning runny noses
* Each time they change activity
* Blood and Body Fluid clean up
* Room cleaning
* Dealing with Non Intact Skin
* Cleaning up mucus
* Cleaning up mucus membranes
* When setting or cleaning the tables
* When changing the garbage
* Whenever in doubt

These are indicators for ongoing hand hygiene here at the centre

All toys and equipment in each room are cleaned/sanitized regularly at the centre by the housekeeping staff. The following is a schedule of cleaning at the centre:

Toddler/Preschool–Weekly Maintenance –Monday–Friday (Completed by housekeeping staff)

FDK / School Age rooms are cleaned by the educators four afternoons a week, over a period of a month. (Special consideration is given to room 308 which is used for family grouping before and after school.

FDK / School Age rooms Summer – Weekly Maintenance – Cleaning time is included for the Educators in our daily schedules.

***\*Toys may be put in the sanitizer (dishwasher) for a much quicker sanitizing process.***

***\*During an Outbreak staff ensure to focus and increase cleaning and disinfection on high touch surfaces***

The following is a breakdown of the items that must be sanitized.

Toys

* Toys that children put in their mouth or that are otherwise contaminated by body secretions must be placed in the “Discard Bin” cleaned with water and detergent and then disinfected before handling by another child.
* Toys in the preschool, junior/senior kindergarten must be cleaned and disinfected at least weekly (or as necessary)
* Toys in school aged room must be cleaned and disinfected monthly (or as necessary)
* Please see above for the schedule of cleaning and sanitizing
* All toys and equipment purchased must be chosen based on a finish that is easily cleaned
* All staff are responsible for monitoring furniture equipment and toys to ensure that items that can no longer be cleaned due to damage are discarded.

Sleep Equipment

* Must be labeled and assigned/designated to a single child
* Beds must be placed where the children alternate head/feet
* The head area must always be labelled and used as that area
* Must be cleaned and disinfected before being assigned to another child
* Cots must be made of a cleanable material and sanitized each week
* Cots must be cleaned and sanitized when soiled or wet
* Beds must be stored where there is little to no contact with the other beds
* Bedding must be changed when wet or soiled
* Bedding is changed and washed weekly by staff team

Surfaces

* Tables and countertops used for food preparation and food service must be cleaned and disinfected before use and before and after eating
* Floor cleaning must be performed daily
* Carpets must be vacuumed as necessary, cleaned promptly if spill occurs and shampooed /steam cleaned, re-cleaning may be necessary or replacement should be discussed. (*Carpets are located only in the Shared School Age rooms*)
* Conduct a visual inspection of the carpet and then verify cleaning by reviewing the receipts or record keeping.

Laundry Procedures

Background

Bedding materials and improper laundering of bedding materials used in child care centres may increase the risk of communicable disease transmission. Although sheets and cot covers can harbor microorganisms that grow well in a moist and warm environment, if handled appropriately transmission of infections is rare (PIDAC, 2012)

Expectations

The following expectations are necessary to reduce the risks associated with improper laundering of bedding materials from laundering:

* Develop a policy and procedure which includes the collection, transport, handling, washing, and drying of soiled items
* Children’s soiled clothing must be sent home for cleaning (do not rinse; roll and place items in a items in a sealed plastic bag; solid stools must be disposed of in the toiled prior to bagging clothes)
* Soiled items must be kept separate from clean items in a covered container/bag
* Bedding (sheets and blankets) must be assigned to each child and laundered weekly or when soiled or wet

Sensory Play Activities

Toys and sensory play equipment can easily become contaminated with disease-causing microorganisms. Because water play can spread infection, it is important to choose a water play tub that is easy to move, clean and disinfect. Remove any toys that come into contact with a child's mouth during shared water play. Day Nursery staff must supervise children during all types of sensory play activities.

**Do Not Use** sensory play tubs during a respiratory or enteric outbreak

**Examples of sensory play materials may include:** water, pasta, sand, gravel and potting soil

Follow these instructions for safe use:

1. Ensure all staff and children clean their hands prior and after sensory play activities
2. Fill play tub (or individual bin) with sensory play materials
3. Empty tub (or individual bin) after each use
4. Clean with detergent and water
5. Rinse with clean water, disinfect and air dry\*
6. Sensory materials that can be reused, should be kept in a sealed container and labelled

**Use** individual bins for children with a cold or cough or stomach or intestinal upset

Other

* For cleaning blood or body fluids refer to TPH “Blood and Body Fluids” information sheet located in every room by the medication box.

High Touch Surfaces

High- touch surfaces are those that have frequent contact with hands. Examples include door knobs, toys, bells, cribs/cots, light switches and computer keyboards. High-touch surface areas require more frequent cleaning and disinfection that minimal contact surfaces cleaning and disinfecting is usually done at least daily and more frequently if the risk of environmental contamination is higher (e.g., toys infant room).

Low-Touch Surfaces

Low touch surfaces are those that have minimal contact with hands. Examples include floors, walls and window sills. Low-touch surfaces require cleaning on a regular (but not necessarily daily) basis, when soiling or spills occur. Many low-touch surfaces may be cleaned on a monthly basis rather than a daily basis (or as necessary).

Handling of Sharps

Sharps are devices that can cause occupational injury to staff, students or volunteers. Some examples of sharps include needles, lancets, blades and clinical glass. Prevention of sharps injuries may be achieved by:

1. The use of safety-engineered devices;
2. The provision of puncture-resistant sharps containers at point-of-care; This container is kept in the office.
3. Staff education regarding the risks associated with unsafe procedures such as recapping.

**Pets and Animals**

Background

Contact with animals can provide a valuable learning opportunity for children. However, bringing animals and children together has potential risks. These risks include allergies, injuries and infections (CDC, 2014). Young children, particularly those less than 5 years of age, are more likely to develop serious illness from infections due to microorganisms such as Salmonella and E. coli 0157:H7. Animals such as reptiles and amphibians are known carriers of Salmonella while tropical birds are known carriers of the disease psittacosis (CDC, 2014: NASPHVACCC, 2013).

Expectations

In order to prevent injury or illness to children/staff/volunteers in child care centres, the expectations listed below must be followed:

* Child care centre staff and children may have contact with the following animals: dogs, cats, rabbits, birds, rodents (e.g. mice, hamsters, rats, gerbils, guinea pigs and fish. These animals must have an appropriate temperament to be around children and show no signs of disease.
* Dogs and cats shall be fully immunized against rabies, must be trained and be in good health. Dogs and cats must also be on a flea, tick and intestinal parasite control program. They must be up-to-date with applicable vaccinations and medication. Written proof from a veterinarian is required.
* Pet birds (e.g. budgies, parakeets) are strongly discouraged in child care centres
* The following animals are **prohibited** to be kept as pets and are not recommended to be involved in activities with children such as visits to the child care centre:
* Exotic animals (e.g. hedgehogs, monkeys)
* Wild/stray animals (e.g. bats, raccoons, stray dogs or cats, squirrels)
* Inherently dangerous animals (e.g. lions, cougar, bears)
* Venomous or toxin-producing spiders and insects
* The following animals are **prohibited** to be kept as pets and are not allowed to visit the child care centre, including indoor/outdoor travelling animal shows for **children under 5 years of age**:
* Reptiles (e.g. turtles, snakes and lizards)
* Amphibians (e.g. frogs, toads, newts and salamanders)
* Live Poultry (e.g. chicks, ducklings and goslings)
* Ferrets
* Farm animals (e.g. calves, goats and sheep)

**Bites/Scratches**

Physicians must be aware of the duty to report animal-to-human exposures to determine a patient’s need for rabies post-exposure prophylaxis (rabies immunoglobulin and vaccine). Please report all animal bites.

Expectations for Pet Handling

The following expectations are necessary to ensure a safe and sanitary environment is provided for children coming into contact with pets and /or animals:

* Child care centre op0erators and staff must be educated as to which animals are permitted.
* Child care centre staff must teach children on the humane and safe procedures to follow when in close proximity to animals
* All children and staff who handle animals must practice strict hand hygiene after contact with animals, their feed, and/or their environment.
* Child Care centre staff must supervise all contact between animals and children.
* Animals must be house within some barrier (e.g. cage) that protects the children. Dogs or cats shall wear proper collars with a license tag (no choke chains as they harm little fingers).
* Animals are prohibited from entering a food preparation area.
* A staff member must be assigned to clean the pet habitat and wear personal protective equipment when doing so.

Pest Control

Staff, students, volunteers and the management team is responsible for ensuring the facility is pest free. A regular cleaning and monitoring program can prevent infestation.

* Address all concerns immediately by completing a work order and submitting it to the Head Caretaker.
* Ensure clutter and accumulation is reduced inside and outside the facility to eliminate harborage sites for rodents/vermin.
* Ensure food and sensory play materials (e.g. dried pasta) are in labeled plastic containers with tight fitting lids.

**Ministry of Labour:** [**http://www.labour.gov.on.ca/english/hs/**](http://www.labour.gov.on.ca/english/hs/)

The Ministry of Labour (MOL) has 2 Infection Control Practitioners whose role it is to review requirements and provide consultation on IPAC issues in the workplace. Occasional audits of “Health Care Facilities” are conducted.

Although Day Nurseries are not defined under the Health Care and Residential Facilities Regulation, the Ministry of Labour has set precedent by applying this regulation to work setting where infection prevention and control is a key component of that work setting.

Staff who are off sick with an illness that is similar to that is currently being reported in the child care program must be reported to the (MOL).

The supervisory team will ensure that the Occupational Illness/Reporting form is completed and submitted as required. *O.Reg 67/93, section 5(5):*

**Management of Outbreaks**

**(Please note this section was directly taken from the TPH Guidance Document 2016 edition)**

Public Health Response

Once an outbreak has been declared, the centre will be working closely with two TPH staff to manage the Outbreak. A Public Health Inspector from Healthy Environments will assist you with your day nursery environmental control measures (e.g. review cleaning/disinfection procedures outbreak consult, on-site inspections).

A Communicable Disease Investigator from Control of Infectious Diseases and Infection Control (CIDE/IC) will assist in case management (e.g. review line lists, provide exclusion letter, facilitate stool kit submission to the Ontario Public Health Lab and declare the outbreak over).

Identifying an Outbreak

A suspect outbreak exists when there is an increase in the baseline incidence indicating there are a higher than expected number of children and staff who are experiencing similar symptoms of illness. To determine whether a suspect outbreak exists:

* Review your surveillance data, communication books or daily log.
* Identify similar symptoms of illness in children/staff
* Check recent child/staff absenteeism records
* Review and eliminate other possible reasons for symptoms (new meds or diet changes)

For example if there are two or more people with the same symptoms, same room, same day then call TPH to consult. To report a suspect outbreak call the Communicable Diseases Surveillance Unit (CDSU) at 416-392-7411. Have the following information ready when you call:

* Date and time of the first case;
* Date and time of the most recent case;
* Total number of children and staff per room
* Total number of children and staff ill per room;
* The type of symptoms being experienced (e.g., diarrhea, vomiting, fever);
* The control measures that have been implemented so far

To help keep this task as easy as possible, TPH can provide the centre with a form to collect this initial information (Initial Outbreak Notification Form).

TPH staff (CID/IC) will then review the information with the centre and and determine whether or not an outbreak should be declared. As an example, an enteric outbreak may be declared where a day nursery experiences above the baseline (normal) children and/or staff with one or more of the following gastrointestinal symptoms. (eg., diarrhea, vomiting, nausea, abdominal cramps, chills and/or fever). When an outbreak is declared the centre will receive an Outbreak Number that should be written on your documentation (e.g., line list, stool kit submission forms)

Day Nursery’s Role in Outbreak Control

All day nurseries are legally responsible for reporting outbreaks to their local public health unit. Once the outbreak has been reported, the day nursery is required to:

* Follow all TPH recommendations and requirements,
* Provide TPH the necessary information pertaining to children an staff,
* Facilitate the collection of stool specimens (after obtaining consent from a parent),
* Immediately report changes associated with the outbreak and provide updated information about the outbreak on a daily basis using the TPH Outbreak Line List.
* Communicate necessary information to the families of children attending the centre. TPH will provide you with a letter for parents once an outbreak has been declared.

Establishing Case Definition

A case definition will be established in order to define who is included as a case in an outbreak investigation. A case definition defines a case in time, person and place, (i.e., the date of onset of symptoms of the first case, the symptoms experienced and the age group or room that is affected). An example of a case definition would be: *All children and staff of Alderwood Action with symptom onset of watery diarrhea an fever starting July 1, 2012.*

By creating a case definition, public health professionals are better equipped to study an outbreak and determine possible causes. As investigations proceed, this definition may be expanded or narrowed. This is characteristic of the dynamic nature of outbreak investigations. The case definition should be established in consultation with TPH staff.

Line List

The line list is a tool that allows TPH to evaluate the extent of the outbreak. Its purpose is to monitor the number of new cases that occur each day. Only new cases that fit the case definition should be added to the line list (e.g. no person should be on the list who does not have or previously had symptoms outlined in the case definition and persons should not be listed more than once). There should be a separate line list for children and staff.

* Line lists must be updated daily and forwarded to TPH by noon each day or another mutually agreed upon time. (At Alderwood we suggest that this information be forwarded after 3:30 to ensure our head count is accurate)
* Provide an updated list even if there are no new cases,
* Advise TPH of any hospitalizations or deaths of line listed cases (staff and/or children) Note: this is a rare occurrence but one that must be brought to the attention of TPH.
* Encourage older children to report any outbreak-related symptoms to their caregiver.

Investigating a possible source of an outbreak

Viral gastroenteritis most often appears as sudden onset of very loose watery diarrhea and/or vomiting. The illness is most often spread via person to person. Usually there is a quick resolution of symptoms (within 24-48 hours). Viruses can also be transmitted through food or on items that are soiled with vomit or stool. Until proven otherwise, food is always assumed to be the source of an enteric outbreak. TPH staff often conducts food and day nursery inspections to ensure proper infection control measures are instituted to reduce the risk of transmission.

Sampling

Specimen sampling will occur at the discretion of TPH in consultation with Alderwood Action staff. Stool specimens may be required if there is high proportion of ill children and/or staff or the symptoms are severe. CID/IC TPH staff will provide instructions at time of investigation.

If an organism is identified in one specimen and only one specimen was submitted, then permission from the parent to release the results must be obtained prior to releasing the results to the Centre Supervisor/Program Supervisor. If an organism is identified where multiple specimens were submitted, the day nursery may be informed of the results such as the organism (e.g. Norovirus) but not case’s identity.

Parents of children must be notified if samples are going to be collected from their child and consent must be received prior to submission to Central Public Health Laboratory (CPHL) for testing. In the event that an opportunity to collect a specimen presents prior to notifying parents , the specimen can be collected by MUST NOT be sent to the lab until parental consent has been received. Results from lab specimens will always be released to the parent/guardian.

Initial and Additional Control Measures

Alderwood Action After School Inc must communicate to all staff/volunteers/parents what control measures have been implemented as a result of the Outbreak Management consult. As well as co-ordinate and ensure that the agreed upon control measures are enforced.

Ill children and staff are to be excluded from the day nursery. Note: As a minimum children and staff can return to the centre when they have been symptom- **free** of vomiting and /or diarrhea for 48 hours (or until other disease specific criteria has been met such as two negative stools taken 24 hours apart). TPH staff will give updated directions regarding exclusion as required.

Children who become ill while attending the day nursery will be kept separated from other children in the office until a parent or guardian can take them home. Ill staff must report all outbreak related illness to a member of the Supervisory team or the designate. All ill staff are to be advised that they are not to work at another day nursery until they have met the criteria established by TPH

Additional Control Measures can include:

* Start additional control measures
* Review Hand Hygiene practices ensure all rooms have adequate supplies
* Increase the frequency of cleaning and disinfecting of common areas, high touch surfaces and toys.
* Adjust concentration of disinfectant that is approved for use against the organism circulating during the outbreak (most likely norovirus).
* Suspend communal activities such as sensory play or baking activities.
* Reinforce with staff, children and visitors the importance of keeping hand clean.
* Admissions can continue if the parent/guardian is aware of the outbreak and understands potential risks (as outlined by TPH). Parents must be asked to sign the outbreak notice as proof of notification.
* Staff should limit the movement of children from room to room as much as possible.
* Reinforce Hand Hygiene (HH)
* Personal Protective Equipment (PPE). All staff must use gloves when indicated (e.g. diapering, cleaning, spills).
* Toilet routine should be reviewed, including the proper use of gloves.
* Increase (one or all) frequency, concentration or contact time of the disinfectant

Communication with Parents

TPH will provide a letter to advise all parents of the outbreak and what actions are necessary should their child become symptomatic overnight. The supervisory team or designate must communicate all control measures to parents/guardians.

Declaring the Outbreak Over

The outbreak will be declared over when the day nursery is clear of new cases that meet the case definition for the period of communicability of the causative agent plus the incubation period.

Where no organism is isolated see table below. The length of time from last case until outbreak is declared over is based on the case definition and/or established organism.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organism** | **Incubation Period** | **Period of Communicability** | **Total # of Days (no new cases)** |
| Norovirus Virus | 24-48 hours  | During acute stage of illness (48 hours) and 48 hours after diarrhea has stopped | 4 days (after onset of last case) |
| Rotavirus | 1-3 days  | During acute stage of illness (4-6 days) | 9 days |
| Adenovirus | 3-10 days | Most communicable during first few days of acute illness | Date when last case has resolved (symptom free +10 days. |
| Enterovirus (Coxsackieviruses, Echoviruses, Enteroviruses) | 3-6 days | Several weeks after onset of infection  | -at the end of 14 days (no new cases) discuss with PM. |
| Reportable Diseases including Salmonellosis, Shigellosis,Campylobacteriosis, Yersiniosis, Typhoid Paratyphoid, Verotoxin Producing E.coli. | Refer to Public Health protocols specific to the reportable diseases for exclusion criteria for staff/volunteers and clearance criteria for staff/volunteers and children.Criteria for declaring the outbreak over will be established in consultation with the Program Manager and the Associate Medical Officer of Health (AMOH). |
| No Organism isolated | Consider organisms which may currently be circulating in the Community. CPHL Lab may provide information. Otherwise, if a virus is suspected and nothing specific can be identified, use criteria for Norovirus. |

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