

1. HEALTH EVALUATION OF CHILDREN

Effective Date: September 2015

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Purpose

The purpose of this policy is to equip the employees at Faith Infant and Early Education Centre with the knowledge to efficiently and effectively evaluate the signs and symptoms of ill health, communicable diseases and outbreaks in the children, as well as to provide the staff with the tools to manage children and families involved with the above.

This policy will contain subsections divided into i) Children of Ill Health, ii) Communicable Disease, and iii) Outbreak Management. Each subsection will contain procedures for observation and monitoring, signs and symptoms, and procedures and indicators for contacting York Region Public Health.

This policy intends to ensure that Faith Infant and Early Education Centre complies with the Child Care and Early Years Act, 2014, Reg. 3

What Causes Illness

To understand this policy, staff must have a basic knowledge of what causes illness. Simply put . . . germs. Germs are microorganisms, and they are everywhere. They can be found in food, water, animals, air and soil. *Viruses, bacteria, mould and parasites* are types of microorganisms. Some microorganisms are harmful. Those that cause disease in humans are called **pathogens**.

Pathogens are found in body fluids, including the tiny droplets that are generated from sneezing or coughing. Pathogens cause a variety of illnesses, such as the common cold, chickenpox and foodborne illness. Suppose proper infection prevention and control practices are not followed. In that case, the staff are also put at risk of becoming infected or spreading the pathogen throughout the Centre, possibly resulting in children and other staff members becoming ill.

The goal of an infection prevention and control program is to reduce the transmission and spread of infectious pathogens within the Centre. The early identification of signs and symptoms of illness in children greatly reduces the spread of infectious pathogens.

Why:

Enteric (*gastrointestinal*) and respiratory illnesses spread at a higher rate in children who are present in childcare centres for many reasons. These reasons include the following:

- Not having fully developed immune systems.
- Depending on the age of the child, the complete series of vaccinations may not have been received; therefore, the child would not have full protection.
- Children spend a significant amount of time together in one place, in large numbers and are exposed to a wide range of pathogens that their immune systems do not recognize.
- Young children frequently mouth toys and put their hands in their mouths, which increases the opportunity for the spread of pathogens from one to another.
- Children have not yet developed strong, hygienic practices which allow for the spread of pathogens from one person to another.

How:

All diseases have **an incubation period**. The incubation period is the time from the moment of exposure to the infectious pathogen to when the first symptom of illness appears. Periods can range from a few hours to several weeks, depending on the disease. For some diseases, the infected person can spread the disease during the incubation period before any symptoms are present. During the incubation period, the person could look and feel perfectly healthy.

Diseases also have **a period of communicability**. A period of communicability is the time frame when a person with an infectious disease is contagious and capable of spreading the disease to others. For some diseases, this period can overlap with the incubation period.

When:

The process of the spread of infection can be represented by a chain along which pathogens are spread from person to person. The **chain of infection** has six links:

1. Infectious agent (pathogen)
2. Reservoir (where the pathogen resides)
3. Portal of exit (how the pathogen exists)
4. Means of transmission (how the pathogen spreads)
5. Portal of the entry (how the pathogen enters)
6. Susceptible host (a person who is at risk of infection)

All six links must be present for the infection to occur. If one of the links in the chain is missing or deliberately broken, the infection will not spread.

Breaking the Chain of Infection

1. Frequent and proper handwashing is the single most effective way to break the chain of infection and prevent the spread of illnesses in a childcare setting.
2. Exclusion of the ill child and staff member
3. Effective environmental cleaning and disinfection
4. Following proper cough and sneeze etiquette
5. Appropriate use of personal protective equipment (gloves, gowns and masks)
6. Ensuring immunizations are up-to-date for both children and staff

1. CHILDREN OF ILL HEALTH:

Observation & Monitoring

Upon arrival at the Centre, each child is to be given a quick overview of their general health. An ill child will generally present with certain characteristics. While doing an overview, ask yourself some of the following questions.

- Does the child look healthy?
- Does the child look pale or feel clammy?
- Does the child feel warm to the touch?
- Is the child acting out of their normal character? Are they clingy or crying?
- Is the child experiencing severe coughing?
- Has the child disclosed anything suspicious such as vomiting last night?
- Has the child disclosed that he/she was given medicine?
- Was this child away sick yesterday?
- Is there a sibling/parent at home presenting with symptoms of ill health?

Observation and monitoring are necessary throughout the day for all children. Staff need to be aware of what to look for when observing a potentially ill child and ask themselves the questions above.

Signs & Symptoms

Signs and symptoms of ill health can present themselves during the day for several reasons. Continual observation is necessary to ensure that any child showing signs of ill health is efficiently managed to protect the remaining healthy children and staff.

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|--------------------------------|--------------------------------------|-------------------------------------|
| • Diarrhea | • Yellowish skin or eyes | • Headache and stiff neck |
| • Vomiting | • Redness of eyelid lining | • Unusual behaviour |
| • Fever (100.4 +) | • Unusual spots or rashes | • Loss of appetite |
| • Seizure | • Infected skin patches | • Severe itching |
| • Severe coughing | • Unusually dark, tea coloured urine | • Pain |
| • Difficult or rapid breathing | • Grey or white stool | • Sore throat or trouble swallowing |
| • Runny nose | | |

Procedures for Children of Ill Health

Should a staff member feel that a child is presenting signs and symptoms of ill health upon arrival to the Centre, the staff member is to:

1. Request that the parent remain with the child
2. Immediately contact a member of the Management Team
3. Take the child's temperature and observe their behaviour
4. Have a conversation with the parent or the Management Team member
5. Consult with the Management Team member on the child's health;
6. Participate in the decision to allow or refuse the child's attendance for the day
7. Should the child remain, continue to monitor them closely throughout the day
8. Document in the daily logbook

Should a child present with signs and symptoms of ill health during their day, the staff member is to:

1. Immediately contact a member of the Management Team
2. Take the child's temperature and observe signs and symptoms. Record it on a gray card.
3. If the child presents with a fever, give the parent a call to give them a heads-up in case they need to make arrangements to leave work.
4. Take a second temperature after 30 minutes. If this temperature is consistent or elevating, give the parent a second call for pick-up.
5. If the second temperature is coming down, give the parent a call to let them know you will monitor their temperature and keep them posted.
6. Consult with the Management Team member on the child's health;
7. The Management Team member will remove the child from the program and allow them to rest in one of the centre offices
8. Place a phone call to the parents informing them that their child is ill and needs to be picked up from the Centre. A 30-minute time is generally allotted for pick-up
9. Please fill out a gray card to send home indicating the amount of time that the child must remain out of care until they are free and clear of ill health
10. Document in the daily logbook and on the 'Ill Health Form' in the program
11. Inform the Supervisor of the outcome so documentation can be made in the child's file
12. The Supervisor will document this in the Centre's daily logbook

For any child presenting with signs and symptoms of ill health, Personal Protective Equipment (PPE) is available on both floors of the Centre. One PPE station is on the main floor, inside the back storage room of the toddler room. The second PPE station is on the second floor, inside the craft closet. Both PPE stations are posted with a sign indicating Personal Protective Equipment Station. Inside each backpack, you will find smaller Ziploc bags that contain the following: Gloves, goggles, sleeves, an apron, a mask and shoe covers.

Baseline Health Journal for Children

Each program will have a baseline health journal to document children who have chronic symptoms such as asthma, loose stools, runny noses, etc. The journal should also indicate if the child is regularly medicated to assist with their chronic symptoms.

Having a baseline indicator for chronic or symptomatic children will help to assist the staff and Management Team to know when a child is showing signs of ill health and not just exhibiting signs of their baseline health.

Indicators for Contacting York Region Public Health

For a child of ill health, it is not necessary to contact York Region Public Health.

2. COMMUNICABLE DISEASES:

A communicable disease is spread from one person to another or from an animal to a person. The spread often happens via airborne viruses or bacteria but can also be spread through blood or other bodily fluids. The terms infectious and contagious are other names used to describe communicable diseases.

Observing & Monitoring

Just as with children of ill health, children can also present with communicable diseases while in care at the Centre. Since the spread of communicable diseases happens so easily, all children and staff are susceptible.

While observing the children in care, continue to ask yourself the same as you would for a child of ill health.

- How does the child look? Is their skin healthy-looking?
- Is their behaviour different today? Do they seem themselves?
- Are they overly tired?
- Is there a member of the household with a communicable disease?
- Is their stool loose or runny?
- Is the child in pain, or are they swollen?

Observation and monitoring are necessary throughout the day for all children, especially if a communicable disease has already presented itself in the Centre. Staff need to be aware of what to look for when observing a child who may have a communicable disease.

Signs & Symptoms

Signs and symptoms of communicable diseases can present as a child of ill health. Signs and symptoms of the communicable disease can also present themselves as mild or severe in children or staff. Continual observation is necessary to ensure that any child showing signs and symptoms of communicable disease is efficiently managed to protect the remaining healthy children and staff.

Depending upon the communicable disease, signs and symptoms can differ from one disease to another. For a fully comprehensive list of signs and symptoms, please refer to the attached form *Guidelines for Common Childhood Communicable Disease*, also posted in the staff room at the Centre.

Reportable:

- Chickenpox
- Diarrheal Diseases
- Hepatitis A
- Measles / Mumps
- Pertussis
- *Whooping cough*
- Rubella

Non-Reportable

- Common Cold
- Fifth Disease
- Hand, Foot & Mouth
- Head Lice
- Impetigo
- Pink Eye
- Pinworms
- Scabies

Procedures for Communicable Diseases

As with a child presenting with ill health, the communicable disease must be efficiently and effectively managed to contain the disease and lessen the spread of infection. As with ill health, staff are to follow the same procedures in *addition* to the following:

1. Staff should recommend that a physician see the child to verify the communicable disease
2. Print off a fact sheet for the parent about the communicable disease if suspected
3. Have the parent contact the Centre once the communicable disease has been verified
4. Document in the daily logbook, on the 'Ill Health Form' and the Supervisor will document in the Centre logbook
5. All updates given by the parent are also to be documented daily

Children whom a physician diagnoses as having a communicable disease may only return to the Centre as specified in the York Region's *Guidelines for Common Childhood Communicable Diseases*.

For any child presenting with signs and symptoms of communicable disease, Personal Protective Equipment (PPE) is available on both floors of the Centre. One PPE station is on the main floor, inside the back storage room of the toddlers. The second PPE station is on the second floor, inside the craft closet. Both PPE stations are posted with a sign indicating Personal Protective Equipment Station.

Indicators for Contacting York Region Public Health

For a child or staff member presenting with a communicable disease, it may be necessary to contact York Region Public Health, depending on whether it is a reportable disease or not. If you are unsure, air on the side of caution and contact York Region Public Health. They will be available to assist you.

3. OUTBREAK MANAGEMENT:

An outbreak is an increase, often sudden, in the number of cases of an infectious disease above what is normally expected in a specific place or group of people over some time. Investigation of

outbreaks is necessary to understand, control and prevent the spread of diseases. Outbreak may occur when:

1. There are 30 percent or more related (i.e. same room, same age group) children or staff with similar signs and symptoms of enteric infection occurring within 48 hours in the Centre, OR
2. Two or more laboratory-confirmed cases, OR
3. When the number of ill staff and children exceeds what is normal for the Centre within a short period.

Observing & Monitoring

Outbreak symptoms present themselves as signs of ill health in children. When a child is presenting as ill, staff must consider the definition above of an outbreak. Are there several children with the same signs and symptoms? Are there several children sick from the program? Are program numbers low due to illness? Have parents called their child is as being sick?

Speak with the Management Team to seek guidance regarding an outbreak if you are observing children of ill health. Continue to monitor and record on the 'Ill Health Form,' ensuring that it is being updated in the program. Should the staff recognize that there are similar cases of ill health, it is to be immediately reported.

Signs & Symptoms

Early detection of signs and symptoms through observation of children's health, as well as good record keeping, are crucial to the recognition and control of an outbreak.

Outbreak Symptoms:

- 2 bouts of diarrhea in 24 hours
- 2 bouts of vomiting in 24 hours
- 1 bout of diarrhea and 1 bout of vomiting in 24 hours
- Bloody diarrhea, nausea, stomach cramps, fever, general irritability, malaise, or headache

Procedures for Outbreak

As with a child presenting with ill health, outbreaks must be efficiently and effectively managed to contain the disease and lessen the spread of infection. Staff are to follow the same procedures for handling children of ill health in *addition* to the following:

1. Immediately contact a member of the Management Team to inform them that several children are away or experiencing symptoms of ill health in the program.
2. Documenting in detail when each child fell ill.
3. Informing the parent that daily updates will be needed for their child.
4. Fill out a gray card indicating an Enteric Outbreak is in effect and that exclusion is now a minimum of 48 hours symptom-free before returning.
5. Document in the daily logbook and on the 'Ill Health Form" in the program, paying close

attention to a pattern of signs and symptoms.

6. Keep the Supervisor informed of any additional children presenting with the same signs and symptoms.
7. The Supervisor will document this in the Centre's daily logbook.
8. The Supervisor will begin a detailed line list of ill health for both children and staff.
9. The Supervisor will contact families of ill children daily to update their status.
10. Increase the amount of handwashing that happens within the program, especially when children are coughing and sneezing.
11. Increase the level of disinfection to high, cleaning and disinfecting all items in the program, walls, switches and doorknobs.
12. Move to minimal toys, remove any wooden and sensory items, and close sections of the program as necessary.
13. Any child attempting to return to the Centre before being 48 hours symptom-free is to be sent home. Contact with a member of the Management Team may be necessary to enforce the importance of keeping everyone healthy and following the policy as set out by the Centre and York Region Public Health.

Notification of York Region Public Health

A member of the Management Team will contact York Region Public Health, Infectious Diseases Control Division immediately if an enteric outbreak is suspected. (905) 830-4444 Ext. 73588.

Once contact is made with Infectious Diseases Control, and an outbreak is determined, an Outbreak Management Team will be formed at Faith Infant and Early Education Centre consisting of the Supervisor/Administrator, an Outbreak Investigator (Infectious Diseases Control Division), Child Care Staff and the Cook. This team will consult daily or as often as necessary until the outbreak is deemed as over.

A detailed record will be kept on-site using a line list containing in chronological order the child's first name, date of birth, current age, program attending, location of the program, date of first signs and symptoms and any ongoing information that is needed. The line list will be updated daily and reported to the Outbreak Investigator.

At the outset of an outbreak, a notification will be posted for the parents and staff informing them that the Centre is in an outbreak and taking precautions to prevent the spread of the causative agent. The case definition of the outbreak may be general at the beginning; however, as the outbreak progresses and the pattern of illness is observed, the definition may be narrowed. Sample kits for stool, food or water may be sent to the Centre in hopes of obtaining an appropriate sample to narrow down the causative agent.

During an outbreak, it is just as important for the staff who are ill with symptoms to remain away from the Centre until they are 48 hours free of symptoms. When children or staff return too early, the outbreak can continue for much longer than is necessary.

All staff are responsible for recording any presentations of ill health and signs and symptoms of communicable disease and outbreak on the classroom 'Ill Health Record' form and in the program daily log. It must also be recorded on the child's ill health form. Any ill child or child suspected of having a communicable disease or as part of an outbreak is to be immediately reported to the Supervisor. The Supervisor will move to separate the child away from their program so there is limited exposure to the other children.

If it is felt that this could be an enteric outbreak, the Supervisor will begin to record all children of ill health onto a line list. The line list is a great tool to track both staff and children who are experiencing ill-health symptoms.

Each staff is responsible for contacting the parents of the ill child for an update on the child's signs and symptoms. Should the Centre be placed in an outbreak, that information is to be passed along to the parents as well. Daily phone calls to families are part of the best practice of Faith Infant and Early Education Centre. Inquiring about a child's well-being is part of being a caring and courteous caregiver. Most parents are appreciative of the show of concern and the update on the Centre.

Subsection 4.5 - Daily Observation of Children

Ontario Regulation 137/15

36(1) Every licensee shall ensure that a daily observation is made of each child receiving child care in each child care centre it operates and in each premises where it oversees the provision of home child care before the child begins to associate with other children in order to detect possible symptoms of ill health.

Subsection 4.6 - Arrangements for Ill Children

Ontario Regulation 137/15

36(2) Every licensee shall ensure that where a child receiving child care at a child care centre it operates or at a premises where it oversees the provision of home child care appears to be ill, the child is separated from other children and the symptoms of the illness noted in the child's records.

36(3) Where a child is separated from other children because of a suspected illness, the licensee shall ensure that,

- (a) a parent of the child takes the child home; or
- (b) where it is not possible for a parent of the child to take the child home or where it appears that the child requires immediate medical attention, the child is examined by a legally qualified medical practitioner or a nurse registered with the College of Nurses of Ontario.

Subsection 4.8 - Daily Written Record

Ontario Regulation 137/15

37(1) Every licensee of a child care centre or home child care agency shall ensure that a daily written record is maintained that includes a summary of any incident affecting the health, safety or well-being of,

- (a) any child receiving child care at a child care centre operated by the licensee;
- (b) any staff at a child care centre operated by the licensee;
- (c) any child receiving child care at a premises where the licensee oversees the provision of home child care; or
- (d) any person providing child care at a premises where the licensee oversees the provision of home child care.

(2) If an incident described in clause (1) (a) or (c) occurs, the licensee shall ensure that a parent of the child is notified.

2. CLEANING & DISINFECTION PRACTICES

Effective Date: September 2015

Revised Date: February 2023
September 2023

Attachments: *Child Care Centre Cleaning and Disinfecting Schedule*
Toy Cleaning and Disinfecting
Cleaning and Disinfecting Record

Purpose

The purpose of this policy is to equip the Employees at Faith Infant and Early Education Centre with the knowledge of how to clean and disinfect surfaces, including the frequency of cleaning and disinfecting throughout the Centre, to minimize the spread of dirt and disease. Routine cleaning and the disinfection of toys, equipment and other surfaces, such as the diaper change tables, is so important to help reduce the spread of pathogens in the Centre.

Procedure

All staff members at Faith Infant and Early Education Centre are responsible for cleaning and disinfecting daily. Each program may choose to alternate which staff member is cleaning and disinfecting the toys and other equipment on a daily/weekly/monthly basis or choose to do it based on the availability of the staff member. Whichever method the program chooses to follow, it is to be documented on the 'Cleaning and Disinfecting' schedule posted in the classroom.

Please refer to the *Cleaning and Disinfecting Schedules* attached.

Cleaning and disinfecting are the building blocks of an infection prevention and control program in the Centre. Some pathogens, as discussed in the 'Outbreak' section, can live for hours, days, or even weeks on toys and equipment and other surfaces such as diaper change tables. To reduce the spread of pathogens in the Centre, we adhere to a two-step cleaning process.

STEP 1: Inspect

Inspect all toys to ensure there are no loose parts or broken or jagged edges that could pose a safety hazard.

STEP 2: Clean

Cleaning must always be done before disinfecting. Cleaning is the physical removal of visible dirt and organic matter from toys, equipment and surfaces. There are three steps in the cleaning process: **wash, rinse and dry**. All three steps must be done properly before toys, equipment, and surfaces can be considered clean and ready to be disinfected.

Wash: To wash properly, you need detergent, water and friction. Detergents are chemicals that break down dirt and grease and facilitate cleaning. Scrubbing helps remove the visible dirt and debris and allows the disinfectant to work properly.

Rinse: The rinse step uses clean water to remove the dirt and detergent. If the item is not rinsed before it is disinfected, the presence of organic matter may prevent the disinfectant from killing the pathogens.

Dry: The dry step requires toys, equipment and surfaces to be either air-dried or dried with a disposable paper towel. If the toys, equipment and surfaces are not completely dried, the presence of water will dilute the disinfectant, and it will not effectively destroy the pathogens.

When to Clean:

Cleaning is to take place when children are not present in the area. The cleaning solution is to be prepared according to the manufacturer's directions and not to be mixed with other chemicals. Cleaning should be carried out from the least soiled area to the heaviest soiled area and from low-touch to high-touch surfaces. Cleaning is to be done according to the three-step process listed above: Wash, Rinse and Dry.

High-touch surfaces:

- Doorknobs,
- Faucets,
- Light switches,
- Computer keyboards and
- Toys.
- Clean and disinfect surfaces frequently.

Low touch surfaces:

- Floors,
- Walls and
- Windows.
- Require cleaning regularly to ensure they are maintained in a clean and sanitary manner at all times; however, this may not necessarily be daily.

Cleaning Tools:

- Multi-use gloves or rubber gloves should be worn.
- Eye protection should be worn to protect the staff member's eyes from chemical splashes.
- Disposable paper towels are only to be used once and then discarded.
- Clothes can be reused, provided they are laundered after each use.
- Mops used for the floors are to have a mop head that is detachable, machine washable and replaced when showing signs of wear. Store mops inverted to allow for proper drying.

- Mop buckets are to be cleaned and disinfected after each use and then dried. Store upside down in a designated area.
- All cleaning tools are to be cleaned and disinfected after each use.

STEP 3: Disinfection

The purpose of disinfecting is to destroy most pathogens on objects or surfaces by using high temperatures or chemical solutions. Disinfecting does not destroy bacterial spores. Disinfecting must follow cleaning to be effective in killing infectious organisms.

Disinfectants are chemical products used for the process of disinfecting. These chemicals are applied to surfaces or objects to kill most pathogens. These products are often purchased in a concentrated form and are diluted with water to the correct strength required to disinfect properly. Some disinfectants are designed for specific surfaces. Read the label and follow the manufacturer’s directions to ensure the product is appropriate for the items that will be disinfected.

Disinfectants are only effective if the surfaces, equipment or toys are thoroughly cleaned first. Disinfectants must be **applied correctly**, for the correct **contact time** and at the **correct concentration** to achieve proper disinfection.

Apply a disinfectant in one of the following ways:

1. Immersion – fully immerse toys in the disinfectant for the required contact time.
2. For large toys that cannot be immersed – apply disinfectant directly on the surface for the required contact time, or use a cloth saturated with disinfectant and apply it directly to the surface of the toy for the required contact time.
3. Horizontal items (tables, countertops and shelving) – apply disinfectant to the complete surface with a drip bottle or saturated cloth. Ensure the surface is completely saturated for the required contact time. Wipe dry with individual paper towels.
4. Vertical items (doors, walls and cupboards) – use a cloth saturated with disinfectant and apply it directly to the surface for the required contact time.
5. *Note:* If using a cloth and disinfectant solution in a bucket, do not “double-dip” as it will contaminate the solution.

STEP 4: Rinse

Toys must be rinsed thoroughly with clean water following disinfection and left to air dry.

Cleaning and Disinfection Schedule

Each program at Faith Infant and Early Education Centre has a posted cleaning and disinfection schedule that is to be followed. Each schedule identifies the area that is to be cleaned and disinfected, including the frequency of the cleaning and disinfecting. The frequency could vary from after every use to daily, weekly or monthly. Once the area has been cleaned and disinfected, the staff member completing the task is to initial the job.

Common areas are cleaned and disinfected nightly, with additional cleaning and disinfecting completed as required.

All disinfection schedules are to be retained and filed when complete.

Detergent & Disinfectants

Faith Infant and Early Education Centre uses household dishwashing soap as its cleaning solution.

For disinfecting classrooms and common areas such as cubbies and washrooms, the Centre uses Zochlor as the standard disinfectant.

Zochlor Solution: Standard

- Dissolve 1 Zochlor tablet into 5 litres of water for a concentration of 200 ppm.
- Zochlor has a contact time of 1 minute.

For kitchen use, the Centre uses unscented household bleach with a 5.25% concentration is used in the kitchen as it is food-safe.

Bleach Solution: Standard

- 1 ml of bleach into ½ litre of water OR ¼ tsp of bleach into 2 cups of water for a concentration of 100 ppm
- Household bleach has a contact time of 10 minutes.

Blood and Body Fluid Spills

Personal protective equipment (PPE) should be worn when cleaning up blood or body fluids such as vomit, feces or urine. Centre staff must protect themselves. PPE Stations are located on both the main floor and the second floor of the Centre.

Steps:

1. Immediately isolate the area around the spill.
2. Call the kitchen or Management for a blood and body fluid disinfectant solution. This solution is made on an as-needed basis.
3. Assemble cleaning and disinfecting supplies.
4. Put on PPE.
5. If broken glass or sharp objects, put on a pair of heavy-duty multi-use gloves; otherwise, single-use gloves are satisfactory.
6. Use a dustpan and brush to pick up sharp pieces.
7. Use disposable paper towels to soak up blood or body fluids.
8. Discard all used paper towels into a plastic bag.
9. Place the plastic bag into a plastic-lined garbage container with a tight-fitting lid.
10. Rinse the area with clean water before applying disinfectant.

11. Disinfect the area using the high-level disinfectant solution given.
12. Wipe up any excess disinfectant with a disposable paper towel and discard.
13. Remove PPE appropriately and discard it into a plastic-lined garbage container with a tight-fitting lid.
14. Wash hands for 15 seconds using soap and warm water.

If the child has soiled clothing, still using PPE, help them to remove their soiled clothing. Place all clothing into a plastic bag and then into a double bag before placing it in their cubby. Clothing is to be taken home at the end of the day. Help the child to clean themselves further and redress as necessary. Change gloves as often as necessary to avoid further contamination.

Zochlor Solution: *Outbreak*

- 1 Zochlor tablet into 1 litre of water for a concentration of 1000 ppm.
- Contact time: 1 minute

Bleach Solution: *Outbreak*

- 50 ml of bleach into 450 ml of water OR 3.5 tbsp of bleach into 2 cups of water for a concentration of 5000 ppm.
- Contact time: 10 minutes

3. HAND HYGIENE PRACTICES

Effective Date: September 2015

Revised Date: September 2023

Attachments: *Correct Handwashing Procedures*
When to Wash Your Hands
How to Correctly Use Hand Sanitizer

Purpose

The purpose of this policy is to inform, teach and practice proper hand hygiene at Faith Infant and Early Education Centre to remove or kill pathogens on the hands, thereby minimizing the spread of dirt and disease. Handwashing is the single most important infection control measure staff, and children can do to prevent the spread of infections.

Procedure

1. Soap and Water

The purpose of handwashing with soap and water is to physically remove soil, organic material and pathogens from the hands and underneath the fingernail area. It is recommended that staff keep their nails short and clean as chipped nail polish, artificial nails and the crevices in jewelry can harbour microorganisms. The use of soap, warm running water and friction is an effective way to remove microorganisms. Handwashing with soap and water is the preferred method for hand hygiene.

2. Alcohol-Based Hand Rub or Hand Sanitizer (ABHR)

If soap and water are unavailable, ABHR with 70 to 90 percent alcohol can be used if hands are *not* visibly soiled. Enough ABHR must be applied to the hands to effectively cover all surfaces of the hands, including the backs and under the nails. The ABHR must be rubbed until the hands are dry.

Staff at Faith Infant and Early Education Centre are only permitted to use ABHR when soap and water are absent. Generally, only when outdoors or on a field trip. Staff must ensure that the product is not expired and is kept out of the reach of the children. Children are only permitted to use ABHR under the direct supervision of an adult and only in the absence of soap and water.

When using alcohol-based hand rub or hand sanitizer, the manufacturer's instructions must be followed for the use of their product.

When to Wash Your Hands

Handwashing is necessary numerous times throughout the day for both staff and children. The following is the best practice but is not limited to:

- When you arrive at work
- Before and after handling food
- Before and after eating
- After using the washroom
- After you cough or sneeze into your hands
- After changing or checking diapers
- Before and after wearing gloves
- Before giving medication
- After handling garbage
- Anytime your hands feel dirty
- Anytime your hands are visibly soiled.

How to Wash Your Hands

To properly wash your hands, use soap and warm running water. Use a sink that is dedicated to the purpose of handwashing.

1. **Wet hands:** Remove jewelry and watches. Wet hands with warm water
2. **Apply soap:** Be sure to use liquid soap from a dispenser
3. **Lather well:** Rub your hands together to make bubbles for 15 seconds. Clean wrists, palms, back of hands, between fingers and underneath nails
4. **Rinse:** Rinse with warm water
5. **Dry:** Dry hands completely with a disposable paper towel
6. **Turn off tap:** Use a new disposable paper towel to turn off the tap to avoid contamination

Management of Product Dispensing Containers

It is the practice of Faith Infant and Early Education Centre that each program is responsible for ensuring that their soap dispensers are ready and available with either foam soap for the wall dispensers or liquid soap for the other dispensers.

Foam soap dispenser refills are kept in the laundry room, whereas all liquid soap refills are kept in the kitchen. All dispensers are to be cleaned and disinfected frequently to minimize the spread of germs and diseases.

Monitoring Hand Hygiene Compliance

All staff of Faith Infant and Early Education Centre are responsible for monitoring hand hygiene compliance with the children and each other. Random observations are to be made by each program staff as children are in the washroom routine, ensuring that proper procedures are followed, including each step.

The Management team will conduct random observations of staff to ensure that proper handwashing procedures are being followed at times throughout the day, including, but not limited to, those times listed above.

4. DIAPERING AND TOILETING PRACTICES

Effective Date: September 2015

Revised Date: September 2023

Attachments: *Diapering Routine*
Toileting Routine

Purpose

The purpose of this policy is to reduce the spread of pathogens and prevent disease transmission while diapering and toileting children in the facility. Childcare staff need to ensure proper infection prevention and control practices are in place when changing diapers and toileting children.

Pathogens are everywhere, including body fluids such as urine and stool. Due to their presence, childcare providers are at risk of becoming ill if they do not take appropriate precautions during diapering and toileting routines. Inappropriate diapering and toileting practices can also result in an increased spread of disease among children.

Procedure

Routine Practices:

1. Ensure that you have read the procedure for diapering or toileting located in the program washroom.
 2. Ensure that the handwashing sink is fully equipped with the necessary supplies to complete diapering or toileting, such as hand soap, paper towels, disposable gloves, garbage can, disinfectant, paper liner, etc.
 3. Ensure that the Diapering Routine or Toileting Routine posters are visible during the entire routine.
 4. Ensure that all supplies that will be needed are set up and within reach before beginning.
 5. Inspect the changing pad regularly.
 6. Ensure the paper liner is changed and disposed of between changes.
 7. Ensure any creams or lotions are clearly labelled with the child's name and stored properly to prevent cross-contamination.
 8. Ensure that products considered to be communal are dispensed properly using a disposable applicator, using a new applicator each time the product is used. Do not reuse the same applicator. No double-dipping.
 9. Empty, clean and disinfect the diaper garbage container frequently.
 10. Ensure that the handwashing sink adjacent to the diaper changing area is *only* used for handwashing.
 11. Ensure the changing pad is cleaned and disinfected at the end of each day, at a minimum.
-

12. Ensure that before beginning any change, all items needed for the child are readily within reach.

Potential Risk:

There is always the potential risk while doing a washroom routine that a staff member will come into contact with body fluids. For that reason, staff members will equip themselves with disposable gloves every time they do diaper changes. Staff are to wash their hands before using the gloves. Disposable gloves are also to be worn when assisting children with toileting.

When staff feel the need to further equip themselves due to a child's illness or such that the child needs extra changing or assistance, each floor of the facility is equipped with Personal Protective Equipment. Staff are encouraged to protect themselves to prevent the further spread of illness and disease.

Disposable Glove Usage

Single-use disposable gloves are to be worn by staff when diapering or toileting children. They should also be used when it is expected that staff will come into contact with broken skin, blood, body fluids, secretions and excretions (e.g. vomit, diarrhea and fecal matter)

Gloves should be comfortable, durable and fit well. If you have any cuts or sores on your hands, they should be covered with a waterproof bandage before using gloves.

In General:

1. Hands must be washed before putting gloves on
2. Hands must be washed after removing gloves
3. Gloves must be changed between tasks.
4. Ensure staff and children are not allergic or sensitive to the gloves used
5. The use of gloves does not replace proper handwashing

Putting on Gloves:

1. Remove all jewelry from your hands and wash your hands
2. Put on gloves, and be careful not to tear or puncture them
3. Perform the task

Removing Gloves:

1. Grasp the palm of one glove near your wrist
2. Peel the glove away from your hand, turning the glove inside out
3. Hold the glove in the opposite gloved hand
4. Slip one or two ungloved fingers under the wrist of the remaining glove
5. Pull the glove until it comes off inside out (the first glove should end up inside the glove you just removed).

6. Dispose of gloves safely
7. Wash your hands

Hand Hygiene

To properly wash your hands, use soap and warm running water. Use the sink that is dedicated to the purpose of handwashing adjacent to the diaper changing area.

- *Wet hands* - Remove jewelry and watches. Wet hands with warm water
- *Apply soap* - Be sure to use liquid soap from a dispenser
- *Lather well* - Lather for 15 seconds. Clean wrists, palms, back of hands, between fingers and underneath nails
- *Rinse* - Rinse with warm water
- *Dry* - Dry hands completely with a disposable paper towel
- *Turn off the tap* - Using the disposable paper towel as this will prevent hands from becoming contaminated.

After each child has had a diaper change or uses the toilet, they must wash their hands properly, with assistance as needed, as their hands may have become contaminated during the process.

Personal & Communal Skin Products

Personal:

All personal skin products dedicated to one child, used during diapering or toileting, are to be clearly labelled with the child's name. If these products are not handled properly during use, they can provide an opportunity for an infection to spread from one person to another. These products need to be stored properly to prevent cross-contamination with another child's product. These items are *not* to be shared between children.

Communal:

Products that are considered to be communal and shared between children must be dispensed properly to prevent contamination. A disposable applicator, such as a Q-tip, must be used for each application. Double-dipping is not permitted. Each time the product is dispensed from the communal container, a new applicator must be used.

Cleaning and Disinfecting Equipment

Each room containing a diaper-changing table uses a paper liner to cover the diaper-changing pad. This paper liner must be discarded between each diaper change, and a new one must be provided before the next diaper change. Once all diapering is complete, the diaper changing pad is to be cleaned and disinfected or when the diaper changing pad is visibly soiled. York Region Public Health states, "... cleaned and disinfected at the end of each day, at a minimum.'

Should, for any reason, the paper liner be unavailable, then the diaper changing pad is to be cleaned and disinfected properly after each diaper change. The appropriate disinfectant is to be applied for the required contact time.

For programs using toilet inserts, they are to be cleaned and disinfected after each use, being careful not to come into contact with bodily fluids. They are to be stored in the washroom, keeping them separate from each other to avoid cross-contamination. Staff are to ensure that the correct amount of contact time is given each time the toilet insert is used.

Storage of Diapering and Toileting Supplies

All parents attending the facility are to supply their diapers and pull-ups for their children. When receiving these items from the parents, they are to be clearly labelled with the child's name and either placed on the diaper shelf or into the storage cupboard. When placing diapers onto the diaper shelf, staff are to ensure that the diapers are put into the correct place labelled with the child's name. Labelling will ensure that each child has the proper item.

When receiving skin creams from the parents, they are to be clearly labelled with the child's name and placed into the basket on the diaper shelf or directly onto the diaper shelf, ensuring that they are not double stacked, preventing cross-contamination.

Every diapering and toileting area is to be fully equipped with disposable gloves, plastic bags, cleaner and disinfectant. It is the responsibility of the staff to ensure that all of these items are present before beginning any diapering or toileting routine.

Handling and Disposing of Soiled Items

When staff are involved in diapering and toileting routines, the proper handling of soiled diapers or pull-ups is very important to keep hand contamination to a minimum. When removing the soiled diaper/pull-up, it is to be discarded immediately into the diaper garbage. Should the diaper/pull-up contain fecal matter, it may be placed into a plastic bag first, knotted tightly and then disposed of into the diaper garbage.

Should a child's clothing become soiled during the day, the staff is to place all clothing very carefully into a plastic bag, keeping the disruption of the contents to a minimum. The plastic bag is to be securely tied and sent home with the parents at the end of the day. *Soiled clothing cannot be rinsed or washed at the Centre.*

The garbage used for soiled diapers and paper liners is to be kept underneath the diapering counter and to have a tight-fitting lid lined with a garbage bag. It is the preference of the Centre that the lid has a locking mechanism to ensure that the children are unable to access the contents of the garbage. The garbage container is to be cleaned and disinfected weekly, both inside and outside. It is to be washed with a cloth soaked with soap and water and then disinfected with a cloth saturated with disinfectant for the required contact time.

Diapering Routine

1. Gather needed supplies
2. Wash your hands
3. Put on disposable gloves
4. Remove and discard the soiled diaper
5. Clean the child's bottom.

6. Discard soiled gloves in the garbage container.
7. Wash your hands.
8. Diaper and dress the child.
9. Help the child wash their hands.
10. Return the child to the supervised area.
11. Discard disposable paper liner.
12. Wash your hands.
13. At least daily: Glove up, clean and disinfect the change pad.

Toileting Routine

1. Gather needed supplies
2. Wash your hands.
3. Put on disposable gloves
4. Remove and discard soiled disposable training pant
5. Place the child on the toilet
6. Clean the child's bottom.
7. Remove soiled gloves. Wash your hands.
8. Help the child to diaper and dress.
9. Help the child to wash their hands.
10. Return the child to a supervised area.
11. Put on gloves.
12. Clean and disinfect the toilet seat insert if physically soiled.
13. Remove gloves and wash your hands
14. Store toilet seat insert in a sanitary manner

5. PREVENTION OF OCCUPATIONALLY ACQUIRED INFECTION

Effective Date: September 2015

Revised Date:

Attachment: *Personal Protective Equipment*

Reference: *'Steps for a Risk Assessment' at the end of section 9*

Purpose

The purpose of this policy is to reduce the risk of exposure and the spread of pathogens to staff working in the facility. When routine practices are not followed, childcare providers are at risk of being infected or spreading the pathogen throughout the childcare centre, possibly resulting in children and other staff members becoming ill.

When a staff member helps children in the bathroom, changes diapers, wipes noses or applies first aid to cuts, there is a potential of coming into direct contact with pathogens that the children might carry, therefore putting themselves at risk for acquiring an infection.

Risk Assessment

A risk assessment is conducted on a monthly and annual basis under the Occupational Health and Safety Act. Should any areas of concern arise through this assessment, they will be handled promptly and efficiently. At other times throughout the year, should staff have any issues or concerns about their well-being while working for Faith Infant and Early Education Centre, they can voice their concerns to the Management Team either vocally or through the written word. Each concern will be addressed individually, taking into consideration the view of the staff and the policies of the Centre.

Personal Protective Equipment (PPE)

Staff are encouraged to use Personal Protective Equipment for any child presenting with signs and symptoms of ill health. PPEs place a barrier between the source of infection and the staff. PPEs are available on both floors of the Centre. One PPE station is on the main floor, inside the back storage room of the toddler room. The second PPE station is on the second floor, inside the craft closet. Both PPE stations are posted with a sign indicating Personal Protective Equipment Station. Inside each backpack, you will find smaller Ziploc bags that contain the following: Gloves, goggles, sleeves, an apron, a mask and shoe covers.

When PPEs are used, the Management Team is to be informed so they can track the usage and the replenishment of the equipment. To maintain proper sizing for all staff employed, Faith Infant and Early Education opted for the usage of sleeves and an apron instead of a full-size gown.

Conducting a Risk Assessment

An individual assessment of each child's potential risk of transmission of microorganisms must be made by all staff who come into contact with the particular child. Based on that risk assessment, one may determine appropriate intervention and interaction strategies, such as hand hygiene, the use of personal protective equipment and the child's placement that will reduce the risk of transmission of microorganisms to and from the individual. When a child has undiagnosed symptoms or signs of infection, interventions must be informed by organizational requirements.

Hand Hygiene

When:

- When you arrive at work
- Before and after handling food
- Before and after eating
- After using the washroom
- After you cough or sneeze into your hands
- After changing or checking diapers
- Before and after wearing gloves
- Before giving medication
- After handling garbage
- Anytime your hands feel dirty
- Anytime your hands are visibly soiled.

How:

To properly wash your hands, use soap and warm running water. Use a sink that is dedicated to handwashing.

1. **Wet hands:** Remove jewelry and watches. Wet hands with warm water.
2. **Apply soap:** Be sure to use liquid soap from a dispenser.
3. **Lather well:** Lather for 15 seconds. Clean wrists, palms, back of hands, between fingers and underneath nails.
4. **Rinse:** Rinse with warm water.
5. **Dry:** Dry hands completely with a disposable paper towel.
6. **Turn off the tap:** Use a disposable paper towel to turn off the tap to avoid contamination.

Signs & Symptoms of Ill Health

- Diarrhea
- Vomiting
- Fever (100.4 +)
- Seizure
- Severe coughing
- Difficult or rapid breathing
- Runny nose
- Yellowish skin or eyes
- Redness of eyelid lining
- Unusual spots or rashes
- Infected skin patches
- Unusually dark, tea coloured urine
- Grey or white stool
- Headache and stiff neck
- Unusual behaviour
- Loss of appetite
- Severe itching
- Pain
- Sore throat or trouble swallowing

Staff Exclusion Policy

As with children, staff are to stay home when exhibiting signs and symptoms of ill health. It is the policy of Faith Infant and Early Education Centre that staff are to contact the Centre by 7:00 am when they are unable to report to work due to illness. For staff, a 24-hour exclusion also applies to keep the spread of illness to a minimum. Exclusion can sometimes be one day or multiple days. It is the policy of the Centre to request a doctor's note when staff is absent 3 or more days.

Suppose a staff member arrives at work or becomes ill while at work; every effort will be made to send them home as quickly as possible. It is best when an ill staff member contacts the Centre in the early hours so a replacement can be found in ample time.

Indicators for Contacting York Region Public Health

For a staff member presenting with a communicable disease, it may be necessary to contact York Region Public Health, depending on whether it is a reportable disease or not. If you are unsure, err on the side of caution and contact York Region Public Health. They will be available to assist you. Should multiple staff exhibit the same signs and symptoms, contact York Region Public Health and begin a line list. Follow the advice from the outbreak case manager.

6. INFECTION PREVENTION AND CONTROL PRACTICES

Effective Date: September 2015

Revised Date:

Purpose

The purpose of this policy is to equip staff and parents with information on infection prevention and control practices used within the facility to reduce the risk of exposure and the spread of pathogens. When routine practices are not followed by childcare providers, children and families are at risk of being infected or spreading the pathogen throughout the childcare centre, possibly resulting in other children, their families and other staff members becoming ill.

Procedure

It is important to ensure that parents and staff are aware of the infection prevention and control practices taking place at Faith Infant and Early Education Centre to prevent the spread of illness.

Notification of Infection Control Practices:

It is the practice of the Centre to be a resource for families and staff regarding infection prevention and control practices. During the time of an outbreak, families and staff are informed both verbally and in writing, via email, on what is being done in the Centre and what they can do at home to limit their exposure and maintain health.

During an outbreak or illness within the Centre, the staff are under direction to reduce the number of toys that are permitted within the program, to remove any items that are more difficult to clean and disinfect, such as soft toys and dress-up clothing, to move to a higher level of disinfectant and a more frequent cleaning and disinfecting schedule.

When communicating with parents regarding the communicable disease or outbreak, measures contained in that communication are also the infection control practices in place at the Centre to prevent and control any further spread of the illness in the Centre.

Importance of Prevention:

Prevention is the first line of defence when there is an illness in the Centre. In order to help minimize the further spread of disease within the Centre, the staff are advised to monitor children's health and hand hygiene more closely. The frequency of hand hygiene is also increased. Upon arrival at the Centre, parents are asked to use the hand sanitizer upon entering the front door, and when their child arrives at their program, they are asked to go directly to wash their hands. Parents are also asked to use hand sanitizer when leaving the facility in hopes of preventing the disease from moving into the community.

Additional Measures:

During an outbreak, staff use a higher level of disinfectant with a longer contact time. The Centre is cleaned and disinfected daily, including door handles, light switches, soap dispensers, walls and all toys and items used by the children.

When responding to a communicable disease, all children are thoroughly checked upon arrival and at random times throughout the day to ensure their health. When a child exhibits symptoms of a communicable disease, they are quickly isolated from the other children and picked up from the facility. Once they have been excluded for the allotted time, as listed by York Region Public Health, then and only then are they permitted to return to regular activities at the facility.

Disinfecting Schedules & Charts:

Each program maintains a regular schedule for cleaning and disinfecting throughout the room. Cleaning and disinfecting schedules may vary from program to program, but the building blocks of infection prevention and control programs remain consistent.

1. Immediately/After each use – mouthed toys, activity table tops/high chairs, toilet seat inserts, and diaper change pad (provided no paper liner is available.)
2. Daily – All toys (infant room), water play toys and tables, floors, toilets and sinks.
3. Weekly – All toys (toddlers, pre-K, kindergarten and school-age), dress-up clothes and plush toys, cribs and mattresses, cots, bedding, vinyl mats and garbage containers.

7. IMMUNIZATION RECORDS

Effective Date: September 2015

Revised Date: October 2021

Attachment: *Publicly Funded Immunization Schedules for Ontario – December 2016*

Purpose

The purpose of this policy is to ensure that Faith Infant and Early Education Centre maintains accurate and up-to-date personal and immunization information for the children who attend the Centre, according to York Region Public Health Immunization Services. Each record is to ensure that the children have received all age-appropriate immunizations.

Procedure for Collection

For Children:

Each parent, upon the enrolment of their child, is to complete the yellow immunization record contained in the child's application package or submit an up-to-date copy of the child's yellow immunization record obtained from the physician. All immunizations are to be maintained as current, or enrolment will be delayed.

York Region Public Health Immunizations Services encourages all families to inoculate their children. Those who choose not to do so have the option of completing a Ministry-approved form of A Statement of Conscience or Religious Belief or a Medical Exemption form. Forms must be submitted before the enrolment of the children.

It is the responsibility of the parent to submit the child's yellow immunization record each time they visit their physician for a vaccination. This card will be copied and maintained in the child's file. From time to time, the Management Team will request from all families that new copies be submitted to ensure that all files are accurate. For families who do not maintain up-to-date information, the child may be suspended until this information is received or terminated should the family not comply with the policy.

All children's files and immunization records are maintained as confidential. These files are kept in the main office of the Centre, in a locked cabinet with limited access.

For Staff:

Before commencing employment, each prospective Employee must obtain a health assessment from their physician to include an up-to-date immunization record, including the COVID-19 vaccine (3 doses) and a 2-step TB test. As staff obtain new inoculations, an up-to-date record must be submitted to the main office. The immunization record includes but is not limited to, tetanus shot every 10 years unless a note is provided by either the staff or physician. It is the responsibility of

the staff to submit new information about their immunizations as it becomes available.

Staff who choose not to participate in immunizations or those who choose not to maintain inoculations have the option of completing a Ministry-approved form of A Statement of Conscience or Religious Belief or a Medical Exemption form. Forms must be submitted before employment.

All staff files, which include up-to-date immunization records, are kept in the main office of the Centre, in a locked cabinet with limited access.

Subsection 4.4 - Immunization of Children

Ontario Regulation 137/15

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.

(2) Subsection (1) does not apply where a parent of the child objects 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 to the licensee as to why the child should not be immunized.

(3) Objections and medical reasons under subsection (2) shall be submitted in a form approved by the Minister.

(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.

8. REPORTING OF CASES AND OUTBREAKS OF REPORTABLE DISEASES

Effective Date: September 2015

Revised Date:

Purpose

The purpose of this policy is to provide information for staff, volunteers and placement students about infectious disease outbreaks, signs, symptoms and when to report. All childcare centres are required to report a suspected outbreak to their local public health unit. This requirement is outlined in the Health Protection and Promotion Act, RSO 1990m c.H.7, Regulation 559/91. Faith Infant and Early Education Centre has developed and maintained written policies and procedures in preparation for responding to infectious disease outbreaks.

The implementation of outbreak infection control measures such as adequate hand hygiene and exclusion of symptomatic children and staff will help to reduce the impact of the outbreak in the Centre by decreasing the number of children and staff affected as well as shorten the duration of the outbreak.

Procedure

Surveillance:

Daily surveillance of symptoms in the children and staff will give the Centre a clear picture of the baseline rate of illness in the Centre. An outbreak may occur when there is an increased number of children or staff with similar symptoms (i.e. diarrhea and vomiting).

Staff will document in their program log when a child or other staff member is away from the Centre, making certain to inform the Management Team if there is an unusual number of away sick. Early reporting of the suspected outbreak, as well as practicing proper infection prevention and control measures, will decrease the number of children and staff who become ill and reduce the duration of the outbreak.

Upon arrival at the Centre, each child is to be given a quick overview of their general health. An ill child will generally present with certain characteristics. Observation and monitoring are necessary throughout the day for all children. Staff need to be aware of what to look for when observing a potentially ill child or staff member. While doing your overview, please pay close attention to when the child or staff member was last sick and speak to the parents regarding their current state of health. Be certain to confirm the last time they presented with fever, diarrhea, vomiting or any other sign or symptoms of ill health.

Observation & Monitoring:

Outbreak symptoms present themselves as signs of ill health in children. When a child is presenting as ill, staff must consider the definition above of an outbreak. Are there several children with the same signs and symptoms? Are there several children sick from the program? Are program numbers low due to illness? Have parents called their child in as being sick?

Speak with the Management Team to seek guidance regarding an outbreak if you are observing children of ill health. Continue to monitor and record on the 'Ill Health Form,' ensuring that it is being updated in the program. Should the staff recognize that there are similar cases of ill health, it is to be immediately reported.

Signs & Symptoms:

Early detection of signs and symptoms through observation of children's health, as well as good record keeping, are crucial to the recognition and control of an outbreak.

Outbreak Symptoms:

- Diarrhea
- Bloody diarrhea
- Vomiting
- Nausea
- Stomach cramps
- Fever
- General irritability
- Malaise
- Headache

To Report a Suspected Outbreak

A member of the Management Team will contact York Region Public Health, Infectious Diseases Control Division immediately if an infectious disease outbreak is suspected.

- Monday to Friday: (905) 830-4444 Ext. 73588 (8:30 am – 4:30 pm)
- After hours: (905) 953 – 6478 (including weekends and holidays)

9. MANAGEMENT OF OR RESPONSE TO INFECTIOUS DISEASES

Effective Date: September 2015

Revised Date:

Attachments: *Enteric illness Information Sheet for Parents*
Enteric Outbreak Control Measures
Enteric Outbreak Listing – Patient Data
Enteric Outbreak Listing – Staff Data
Steps for a Risk Assessment
Routine Practices Risk Assessment Algorithm

Purpose

The purpose of this policy is to ensure that the proper measures are taken to report all outbreaks and reportable diseases to York Region Public Health.

Procedure to Identify the Requirements

Faith Infant and Early Education Centre is legally responsible for reporting any outbreaks to York Region Public Health. Once an outbreak has been reported, the Centre is required to:

- Follow all health unit recommendations and requirements
- Provide York Region Public Health with the necessary information relating to children and staff
- Facilitate the collection of stool specimens from ill children after obtaining consent from parents/legal guardians
- Immediately report changes associated with the outbreak and provide updated information about the outbreak daily using the line list.
- Communicate the necessary information to families of children attending the Centre.

Enteric Outbreak Line Listing

When there is an enteric outbreak, the Centre is to notify York Region Public Health and create a line list. A line list is a tool that allows the Public Health outbreak investigator to evaluate the extent of the outbreak by monitoring the number of new cases each day. Only new cases that fit the case definition should be added to the line list each day. There is to be a separate line list for children and staff.

One member of the Management Team or a designate will obtain a line listing from the outbreak investigator, or it can be obtained online at york.ca/health.

To complete a line listing, complete the following:

1. List all ill persons chronologically in order of when the illness started.
2. Complete all information required on the line list. Contact will be made with the families and staff as necessary to obtain accurate information.
3. Update the line list daily and report new information to the outbreak investigator.
4. Do not remove names of resolved cases from the line list; add each new case to the existing line list.

Consent to Collect:

When attempting to identify the source of an enteric outbreak, it is important to collect stool, water or food specimens. The outbreak investigator will assist you in getting the appropriate samples. Parents/legal guardians of the children must be notified if samples are being collected from their child. Consent must be received before the submission of the sample to the Public Health Ontario Laboratory for testing. Results from the lab specimens will only be released to the parents/legal guardians of the child and not to the Centre.

It is the general practice of Faith Infant and Early Education Centre to obtain stool sample kits from the outbreak investigator at the onset of the outbreak. Verbal consent is to be obtained if a stool sample is being taken from the Centre; otherwise, if, in agreement, the parent will attempt to obtain a sample from home, submitting it directly to the Public Health Ontario Laboratory.

Control Measures

Outbreaks must be efficiently and effectively managed to contain the disease and lessen the spread of infection. Staff are to follow the same procedures for handling children of ill health in *addition* to the following:

Separate Ill Children:

1. Immediately contact a member of the Management Team to inform them when a child is experiencing symptoms of ill health in the program.
2. Separate the symptomatic child until their parent can pick them up.
3. Assign a staff member to provide care to the ill children.

Exclusion:

1. Contact the parent immediately if that child is sick and needs to be picked up.
2. Advise the parents to see a physician.
3. Fill out a gray card indicating an Enteric Outbreak is in effect and that exclusion is now a minimum of 48 hours symptom-free before returning.
4. Ill staff are advised that they are not permitted to work until they have met the criteria as defined by York Region Public Health.
5. If the outbreak is not under control, the exclusion period may be extended by the

outbreak investigator as more information becomes available.

Additional control measures:

1. Staff are to encourage good personal hygiene practices with children, their parents and themselves.
2. Staff and children are to practice proper and frequent handwashing, especially before eating and after using the toilet.
3. An increased concentration level of the disinfectant is used in the Centre to the “Outbreak Situation” level for the duration of the outbreak.
4. The frequency of cleaning and disinfecting of common areas and high-touch surfaces is increased (i.e. Door handles, handrails, sink and toilet handles).
5. Toys are cleaned and disinfected daily.
6. The number of toys provided is reduced until the outbreak is completed.
7. The diaper change table is cleaned and disinfected after each use during the outbreak.
8. Sensory play activities such as playdough and water play are stopped. All previous sensory items are discarded.
9. When an outbreak is declared, all sleeping equipment, including bedding and linens, must be cleaned and disinfected immediately. All items should be cleaned and disinfected at minimum twice a week or when visibly soiled during the outbreak.
10. Staff, as best as possible, are assigned to dedicated rooms and not moved around.
11. Staff must ensure that personal protective equipment is worn during activities when there is potential for exposure to pathogens (i.e. diapering, toileting, cleaning up vomit).
12. Any soiled clothing is sent home in a secured plastic bag and not rinsed or washed at the Centre.
13. Staff encourage parents to take extra infection prevention and control measures at home to help limit the spread of illness to other family members.
 - a. Suggest using a paper towel to dry hands instead of towels
 - b. Suggest cleaning and disinfecting commonly used areas and items during an outbreak
 - c. Suggest minimizing family visitors to contain the spread of the illness

10. EXCLUSION POLICY

Effective Date: September 2015

Revised Date:

Attachment: *Exclusion Notice for Parents: 24 hours and Enteric Outbreak*

Purpose

The purpose of this policy is to inform staff, volunteers and placement students of the importance of illness prevention in their daily practice and the importance of remaining absent during periods of illness. It is also to inform parents about the importance of keeping their ill child absent during such periods until the symptoms of ill health resolve.

This policy will also outline the parameters considered to be of the ill-health and enteric outbreak. During times of illness, the Centre must consider not only the individual but the entire group as a whole.

Reportable Disease Regulation

Should a child or staff within the Centre be diagnosed by a physician with a reportable disease, it is the responsibility of the Centre to notify Public Health under the *Ontario Reportable Disease Regulations*. A comprehensive list of reportable diseases can be found in the *Communication Regarding Communicable Disease* section.

Excluding, re-admitting and cohorts of ill children and childcare staff are dependent upon the exclusion period for a communicable disease or the resolution of the signs and symptoms the child or staff is exhibiting due to illness. For symptoms such as a fever with no other accompanying signs or symptoms, the exclusion is 24 hours once the fever resolves itself. For an enteric illness, the exclusion period is 48 hours once the signs and symptoms resolve. For other communicable diseases, the period of exclusion differs depending on the disease. It is the right of Faith Infant and Early Education Centre to request a doctor's note on behalf of the child, ensuring that they are well and able to participate in the program.

Temporary Care

Should a child develop signs and symptoms of illness during their day, the staff member will report to the Management Team. A member of the Management Team will remove the symptomatic child from the program, making a comfortable spot for them to rest in one of the two Centre offices. The Centre has a vinyl mat that can be cleaned and disinfected after each use for instances such as this.

The staff member will then attempt to make contact with the parent(s) or emergency contact(s) to have the child picked up immediately. The parent/emergency person is given a period of 30 to 60 minutes to arrive at the Centre before 911 is contacted in the case of an emergency. Upon arrival at the Centre for pick up, the parent will be given a *gray exclusion card* indicating the amount of time

the child must be excluded before returning to normal attendance at the Centre. Included on the card are temperature and symptoms, including enteric outbreak exclusion.

Any child exhibiting signs and symptoms of ill health is to be documented in the program journal. Should there be a pattern of illness amongst the children and staff, the staff are to inform the Management Team right away. Reporting to the Public Health Department may be needed, thereby moving from an isolated illness to an enteric outbreak. Should there be a pattern of illness amongst the children and staff, a daily recording on a line list will be needed for the Infectious Disease Officer. This line list will be completed daily by a member of the Management Team or designate and reported to the Infectious Disease Officer before noon every day until the outbreak is lifted.

Should a child who has not met the exclusion period, who does not look well, or whose parent says that they were exhibiting signs of ill health the previous night or that morning arrive at the Centre in the morning for care, care will be refused, and the child will be sent home. The Management Team will be informed of the situation, and it will be documented in the program journal.

During times of ill health amongst children and staff, the monitoring of hand hygiene is mandatory to decrease the spread of infection.

Staff Exclusion Policy

As with children, staff are to stay home when exhibiting signs and symptoms of ill health. It is the policy of Faith Infant and Early Education Centre that staff are to contact the Centre by 7:00 am when they are unable to report to work due to illness. For staff, a 24-hour exclusion also applies to keep the spread of illness to a minimum. Exclusion can sometimes be one day or multiple days. It is the policy of the Centre to request a doctor's note when staff is absent for 3 or more days if the illness is highly infectious or contagious.

Suppose a staff member arrives at work or becomes ill while at work; every effort will be made to send them home as quickly as possible. It is best when an ill staff member contacts the Centre in the early hours so a replacement can be found in ample time.

This policy will be reviewed with the staff upon employment and annually after that to ensure that the policy is followed.

Signs & Symptoms of Ill Health

- Diarrhea
- Vomiting
- Fever (100.4 +)
- Seizure
- Severe coughing
- Difficult or rapid breathing
- Runny nose
- Yellowish skin or eyes
- Redness of eyelid lining
- Infected skin patches
- Unusually dark, tea coloured urine
- Grey or white stool
- Headache and stiff neck
- Unusual behaviour
- Loss of appetite
- Severe itching
- Pain
- Sore throat or trouble swallowing

11. COMMUNICATION REGARDING COMMUNICABLE DISEASES

Effective Date: September 2015

Revised Date:

Attachments: *Guidelines for Common Childhood Communicable Diseases*

Purpose

The purpose of this policy is to ensure that Faith Infant and Early Education Centre has a policy and procedure in place to notify parents regarding communicable diseases that have been confirmed within the Centre or that an outbreak has been declared within the Centre and what procedures are in place to prevent and control the spread of illness in the Centre.

Communication

Communicable Disease:

Should a communicable disease be confirmed by a physician, it is the best practice of the Centre to inform all parents, in writing, that a communicable disease has been confirmed and what the communicable disease is. Postings will be placed on the entry and exit doors within the Centre, and fact sheets about communicable diseases will be given to each parent. The up-to-date fact sheets will be obtained from York.ca to ensure the current information is given. Should this be a reportable communicable disease, then communication will also be made with York Region Public Health.

When updates in communication are needed regarding communicable diseases, postings on the entry and exit doors within the Centre will be updated.

Outbreak:

For the declaration of an outbreak by York Region Public Health, communication will be made to parents also in writing, generally via email. A posting of an 'Outbreak' will be posted on the entry door to the facility, notifying parents that the Centre is experiencing an outbreak. Daily information will be given to the parents to update them on the number of cases declared and the recommendation by York Region Public Health. This communication will also be carried out via email.

Public Health Notification:

Should the Centre receive a Public Health notification regarding a communicable disease within the community, copies of the notification will be made and given to the parents upon arrival at the Centre. Any updates will be communicated in the same manner.

Infection Control Practices

During an outbreak of illness within the Centre, the staff are under direction to reduce the number of toys that are permitted within the program, to remove any items that are more difficult to clean and disinfect, such as soft toys and dress-up clothing, to move to a higher level of disinfectant and a more frequent cleaning and disinfecting schedule.

When communicating with parents regarding the communicable disease or outbreak, measures contained in that communication are also the infection control practices in place at the Centre to prevent and control any further spread of the illness in the Centre.

Key Messages

Why is Prevention so Important?

Prevention is the first line of defence when there is an illness in the Centre. In order to minimize the further spread of disease within the Centre, the staff are advised to monitor children's health and hand hygiene more closely. The frequency of hand hygiene is also increased. Upon arrival at the Centre, parents are asked to use the hand sanitizer upon entering the front door, and when their child arrives at their program, they are asked to go directly to wash their hands. Parents are also asked to use hand sanitizer when leaving the facility in hopes of preventing the disease from moving into the community.

Cleaning and Disinfecting

The cleaning and disinfecting of toys in a program happen on a schedule, more frequently during an illness or outbreak. Cleaning and disinfecting sometimes happen after a child uses a toy; some are daily, and others are weekly. When the staff clean and disinfect, they follow procedures as outlined by York Region Public Health to ensure that items are free from pathogens that could spread from child to child.

When cleaning and disinfecting, there is a 4 step process:

1. **Inspect** – all toys are inspected to ensure no loose parts or broken/jagged edges that could pose a safety hazard
2. **Clean** = Wash + Rinse + Dry
 - a. Toys must be *washed* with soap and water using friction
 - b. Toys must be *rinsed* using clean water
 - c. Toys must air *dry* or be dried with disposable paper towels
3. **Disinfect** – toys may be fully immersed in the disinfectant for the required contact time, OR they may be saturated with the disinfectant for the required contact time, OR they may be disinfected with a cloth saturated with the disinfectant applied directly to the item for the required contact time
4. **Rinse** – toys must be thoroughly rinsed with clean water.

Outbreak Zochlor Solution:

- 1 Zochlor tablet into 1 litre of water for a concentration of 1000 ppm.
- Contact time: 1 minute

Outbreak Bleach Solution:

- 50 ml of bleach into 450 ml of water OR 3.5 tbsp of bleach into 2 cups of water for a concentration of 5000 ppm.
- Contact time: 10 minutes

Additional Measures during an Outbreak

During an outbreak, staff use a higher level of disinfectant with a longer contact time. The Centre is cleaned and disinfected daily, including door handles, light switches, soap dispensers, walls and all toys and items used by the children.

When responding to a communicable disease, all children are thoroughly checked upon arrival and at random times throughout the day to ensure their health. When a child exhibits symptoms of a communicable disease, they are quickly isolated from the other children and picked up from the facility. Once they have been excluded for the allotted time, as listed by York Region Public Health, then and only then are they permitted to return to regular activities at the facility.

12. MANAGEMENT OF ANIMALS

Effective Date: September 2015

Revised Date:

Policy Information

Faith Infant and Early Education Centre does not possess or host animals of any type. Should this change in future, a policy will then be developed in consultation with York Region's Public Health policies and the Child Care and Early Years Act.