



INFECTION CONTROL GUIDELINES FOR CHILD CARE CENTRES

City of Hamilton Public Health Services
Version 4.0 Jan 2017



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INTRODUCTION

In Ontario, there are several pieces of legislation that address infection prevention and control practices and food safety in child care centres. Hamilton Public Health Services is mandated to ensure all licensed child care centres have infection control programs in place. This mandate is described in the [Ontario Public Health Standards](#), pursuant to the Ontario [Health Protection and Promotion Act](#), R.S.O. c.H.4. As well, [Ontario Regulation 137/15](#) under the [Child Care and Early Years Act \(CCEYA\)](#), 2014, states the following:

- ▶ Every licensee shall ensure that any recommendation or instruction of a Medical Officer of Health with respect to any matter that may affect the health or well-being of a child receiving child care at a child care centre the licensee operates is carried out by the staff of the child care centre ([s.32\[1\]](#))
- ▶ Every licensee shall ensure that, where a report is made by the local Medical Officer of Health or any person designated by the local Medical Officer of Health or the local fire department with respect to a child care centre operated by the licensee or a premises where it oversees the provision of home child care, one copy of the report is kept on the premises of the child care centre or home child care agency and another copy is sent immediately to a program adviser([s.32\[2\]](#))

» PUBLIC HEALTH SERVICES ROLE:

The role of Hamilton Public Health Services is to:

- ▶ Provide consultation for the development of infection prevention and control practices including written policies related to immunization, the reporting of diseases of public health significance and outbreak management
- ▶ Conduct inspections and assess infection prevention control policies and practices as well as food safety practices
- ▶ Provide education on infection prevention and control

» PUBLIC HEALTH RATIONALE:

Children in childcare centres commonly acquire gastrointestinal and respiratory illness. In order to reduce the incidence of illness in child care centres, public health works closely with child care providers to provide education, consultation and inspections.

Disclaimer – This guide is intended to be used for guidance and education. It is not intended to provide legal or medical advice. Hamilton Public Health Services makes every effort to provide accurate and up to date information, however, the information cited in this manual is subject to revisions from external providers. Please use the most current legislation and best practices in conjunction with this manual.



VACCINATION REQUIREMENTS



» CHILDREN

Per the [Child Care and Early Years Act](#), the Child Care Centre Operator (licensee) shall ensure that:

- ▶ before a child who is not in attendance at a school is admitted to the child care centre, the child is vaccinated as recommended by the local Medical Officer of Health
- ▶ from time to time after a child is admitted to the child care centre, the child is vaccinated as recommended by the local Medical Officer of Health
- ▶ if a parent of a child objects to vaccination, the parent submits an approved form – either a notarized Statement of Conscience or Religious Belief for Child Affidavit or, where there are medical reasons why the child should not be vaccinated, a Statement of Medical Exemption for Child signed by a regulated health professional

[Note: Both forms are available on Vaccines and the Law at www.hamilton.ca/vaccines and the Ontario Central Forms Repository www.forms.ssb.gov.on.ca.]

[Note: An exemption that was made before August 29, 2016 shall expire on September 1, 2017 unless a new form is submitted before that date.]

In Hamilton,

- ▶ the Medical Officer of Health recommends children be vaccinated according to the current Publicly Funded Immunization Schedules for Ontario available on www.ontario.ca/vaccines
- ▶ the Child Care Centre Operator should provide the parent of each child the Vaccine History for Licensed Child Care Centre form to complete and return before a child who is not in attendance at a school is admitted to the child care centre and from time to time thereafter (e.g. each Fall)

[NOTE: Order the vaccine history form from Vaccine Program Records at 905-540-5250. Send the white copy of the completed form to Hamilton Public Health Services. Keep the yellow copy on file at the child care centre. Maintain records according to the Child Care and Early Years Act.]

- ▶ the original notarized Statement of Conscience or Religious Belief Affidavit or signed Statement of Medical Exemption must be submitted by the parent to Hamilton Public Health Services in person or by mail, and a copy should be kept on file at the child care centre
- ▶ the Child Care Operator should provide to Hamilton Public Health Services a current enrolment list of all children attending the child care centre upon request each Fall and admission/ withdrawal forms each month whether or not there have been changes in enrolment



VACCINATION REQUIREMENTS

» EMPLOYEES AND PROVIDERS

Per the [Child Care and Early Years Act](#), the Child Care Centre Operator (licensee) shall ensure that

- ▶ before commencing employment in the child care centre, each person is vaccinated as recommended by the local Medical Officer of Health
- ▶ before any child attends a home child care, each provider and person who is ordinarily a resident or regularly at the premises is vaccinated as recommended by the local Medical Officer of Health
- ▶ if a child care centre employee or provider, person or parent of a child who is ordinarily a resident or regularly at a home child care objects to vaccination, the person or parent submits an approved form – either a notarized Statement of Conscience or Religious Belief Affidavit or, where there are medical reasons why the person should not be vaccinated, a Statement of Medical Exemption signed by a regulated health professional

[NOTE: Both forms are available on Vaccines and the Law at www.hamilton.ca/vaccines and the Ontario Central Forms Repository www.forms.ssb.gov.on.ca.]

[NOTE: An exemption that was made before August 29, 2016 shall expire on September 1, 2017 unless a new form is submitted before that date.]

In Hamilton,

- ▶ the Medical Officer of Health recommends persons be vaccinated according to the current Publicly Funded Immunization Schedules for Ontario available on www.ontario.ca/vaccines



AT MINIMUM, EMPLOYEES AND PROVIDERS ARE REQUIRED TO BE VACCINATED* FOR THE FOLLOWING DISEASES:

Diphtheria – complete series*

Pertussis – complete series*

Polio – complete series*

Measles (if born in 1970 or later) – one dose

Mumps (if born in 1970 or later) – one dose

Rubella (if born in 1970 or later) – one dose

Varicella (if born in 2000 or later) – two doses*

* The employee or provider is considered vaccinated where he or she has started and will complete a vaccine series according to the Publicly Funded Immunization Schedules for Ontario.

[NOTE: Persons who are pregnant or may become pregnant, breastfeeding, with chronic disease or immunocompromised should consult with their physician prior to vaccination.]



VACCINATION REQUIREMENTS

- ▶ the Child Care Centre Operator should provide each person the [Pre-Employment Vaccine History for Child Care Centre Employees and Providers form](#) to complete and return before commencing employment in the child care centre
[Note: Keep the original vaccine history form on file at the child care centre. Upon request, provide a copy of the vaccine history form to Hamilton Public Health Services when an outbreak occurs. Maintain records according to the Child Care and Early Years Act.]
- ▶ the Child Care Centre Operator should ensure each child who is ordinarily a resident or regularly at a home child care meets the vaccination requirements for children outlined earlier in this document
- ▶ the original notarized Statement of Conscience or Religious Belief Affidavit or signed Statement of Medical Exemption should be kept on file at the child care centre, and a copy can be provided to Hamilton Public Health Services upon request when an outbreak occurs

» COMMUNICABLE DISEASE OUTBREAK

In the event of a communicable disease outbreak, immediately notify Hamilton Public Health Services at 905-546-2063.

Per the [Health Protection and Promotion Act](#),

- ▶ a Medical Officer of Health may make an order
 1. where a communicable disease exists or may exist or when there is an immediate risk of an outbreak of a communicable disease,
 2. when the communicable disease presents a health risk, and
 3. when the requirements in the order are necessary in order to decrease or eliminate the risk to health presented by the communicable disease
- ▶ the order may require a Child Care Centre Operator (licensee) to take any actions specified in the order for purposes of monitoring, investigating and responding to an outbreak
- ▶ the Child Care Centre Operator (licensee) shall ensure the actions provided for in the order are taken

As a result, unvaccinated children may be excluded from attending the child care centre during a communicable disease outbreak. Unvaccinated child care centre employees or providers and persons who are ordinarily residents or regularly at a home child care may be excluded from working or being in the child care centre during an outbreak.

» CONTACT INFORMATION FOR VACCINE PROGRAM RECORDS

Phone: 905-540-5250

Fax: 905-546-4841



TUBERCULOSIS (TB) SCREENING FOR CHILD CARE SETTINGS



Tuberculosis (TB) is a disease spread through the air by activities like coughing and singing. Although it can affect many different parts of the body, TB most often affects the lungs. TB can also live in the body for many years without causing any symptoms (latent TB infection). People with latent TB infection can receive medication so that they will not develop active TB disease, which can be spread to others.

Children can catch TB easily from adults, although children seldom spread it to others. To protect young children from TB infection, Hamilton Public Health Services recommends Tuberculosis (TB) screening for all staff, students, and volunteers working in a daycare setting. TB screening identifies individuals infected with TB. People infected with TB may receive free treatment to prevent or cure TB. The TB skin test (TST) is one way to check if a person has TB infection.

For all recommendations, a TST or medical assessment should be performed during the 6 months before hire/placement or within 2 weeks of hire/placement as long as the person has no symptoms of active TB disease (see below).



TUBERCULOSIS (TB) SCREENING FOR CHILD CARE SETTINGS

» RECOMMENDATIONS FOR STAFF, VOLUNTEERS AND STUDENTS COMPLETING PLACEMENT (E.G. EARLY CHILDHOOD EDUCATION STUDENTS):

- ▶ A single TB skin test (TST), regardless of Bacillus Calmette-Guerin (BCG) vaccination status, is recommended for individuals who have never received a TB skin test before or don't know their TST status.
- ▶ A single TST is recommended for individuals who have had a previously documented negative TB skin test (< 10 mm for healthy individuals).
- ▶ A TST is not needed for individuals with a documented positive TST or a history of TB infection or disease. These individuals require an assessment by a physician or nurse practitioner to rule out active disease.
- ▶ Individuals who have had a severe blistering TST reaction in the past, or have extensive burns or eczema present over the TST testing sites, **SHOULD NOT** receive a TST. These people require an assessment by a physician or nurse practitioner to rule out active disease.
- ▶ Individuals with a positive TB skin test should know and monitor for the symptoms of active TB disease (cough, fever, night sweats, decreased appetite, and weight loss). If symptoms develop they should see a health care provider right away. They should not work until the symptoms are assessed by a physician or a nurse practitioner.

Yearly TB skin tests are **not recommended**.

An annual CXR is not recommended for those with a positive TST.

» NEW CHILDREN ATTENDING CHILD CARE

- ▶ TB screening is **not routinely recommended** for children attending a daycare setting.

For questions regarding TB screening in all settings, please call the Infectious Disease and TB Control Program at 905-540-6636, Monday through Friday, 9 a.m. to 4 p.m.



INFECTIOUS DISEASE REPORTING REQUIREMENTS

A report must be made to Hamilton Public Health Services as soon as possible when it is known that a child, member of the staff, or volunteer has or may have a disease of public health significance (list below). Call 905-546-2063 to make a report. It is not necessary to confirm or get a diagnosis from a physician prior to reporting an infectious disease. Reports to Hamilton Public Health Services may be made on the basis of information obtained from the child’s parent or based on the observations by the staff. Below is the list of diseases of public health significance that must be reported as per [Ontario Regulation 135/18](#);

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

Hamilton Public Health Services will promptly investigate all reports and will provide appropriate information and guidance regarding control measures.



DOCUMENTATION OF ILLNESS

Keeping track of illness among the children in a child care centre is a provincial requirement. [Ontario Regulation 137/15](#) states the following must be done daily for each child:

- ▶ Observe the child for illness upon arrival (s. 36[1])
- ▶ Note symptoms of illness in the child's records (s. 37[1])
- ▶ Keep attendance records regarding arrival, departure, and absences (s. 72[3])

Throughout the year, there will be a variation in the number of children who will become sick. This is expected. But when should you be concerned?

An illness tracking form is a record of the history of illness among the children and staff allowing comparisons to be made from day to day and season to season. It would be the usual numbers of ill staff/children you would expect at that time of year. This is called the baseline. The baseline makes it easier to know when to take action and consider an outbreak in the day care. Baseline incidence of illness allows the operator to notice when there is an increase of illness in the child care centre.

A "Child Care Centre Staff & Student Line Listing" ([Appendix 2](#)) has been included to keep records of all the children's illnesses on one piece of paper. Please make copies as needed.

1. Record all signs of illness or any absence due to illness, on the form provided. The symptoms need to be "new" symptoms, or a change from the child's usual behaviour or disposition. Ensure all the dates, symptoms, actions, and notes are completed for each illness.
2. On an ongoing basis, maintain a record of:
 - ▶ the number of all the children who were ill, and
 - ▶ the number of each symptom reported.
3. Compare these numbers to:
 - ▶ the previous month, and
 - ▶ the same month the year(s) before.
4. If there is a higher than normal number of children with similar signs and symptoms of illness, please call Public Health Services (905-546-2063) and consult with a Public Health Inspector.
5. Keep the monthly records organized in a labelled file folder or binder.
6. If you suspect a child has one of the infectious diseases listed on [page 7](#), report the case as soon as possible to Public Health Services (905-546-2063).



SICK CHILDREN

Ontario Regulation 137/15 s. 36 states that the child care licensee is to do the following with respect to ill children:

- ▶ Children that appear ill are to be separated from other children
- ▶ Symptoms of illness must be noted in the child's record
- ▶ If the child is separated because of a suspected illness, a parent/caregiver must take the child home

Follow these steps until the parent/caregiver arrives to pick up the ill child

- ▶ Assign one staff member to provide care for the ill child
- ▶ Record the illness on the Medical Illness Surveillance Form
- ▶ Provide separate toys for the child to play with, and then clean and disinfect the toys immediately after use
- ▶ Do not allow the ill child to participate in water or sensory play
- ▶ Ensure the ill child washes his/her hands frequently
- ▶ Ensure staff wash their hands after caring for a sick child

To determine if a child may be ill, consider each of these signs or symptoms:

- COUGH • FEVER • RED EYES • DIARRHEA • RASH • VOMITING

A child that is unresponsive, having trouble breathing, having a convulsion, or whose condition is deteriorating rapidly, must receive immediate medical attention - Call 911

If you notice an increase in number of staff or children with symptoms of illness, clean and disinfect environmental surfaces (including toys) more often and encourage more frequent hand washing.



THE FOLLOWING ILLNESSES DO **NOT** REQUIRE THAT A CHILD BE EXCLUDED:

Cold sores
Cytomegalovirus infections (CMV)
Ear infections (otitis media)
Giardia, if child has not had diarrhea in 24 hours
Hand foot and mouth disease
Head lice
Hepatitis B
HIV
Parvovirus B19 (fifth disease, erythema infectiosum and slapped face syndrome)
Pinworms
Thrush and Candida diaper rash
Roseola



EXCLUSION PERIOD FOR SICK CHILDREN

The following is a partial list, please contact Hamilton Public Health Services (905-546-2063) with questions or if you suspect a child has an infectious disease.

EXCLUDE A CHILD WITH ANY OF THE FOLLOWING CONDITIONS

CONDITION	EXCLUSION PERIOD
Chickenpox	Afebrile and well enough to participate (regardless of the rash)
Diarrhea (unknown cause)	Until 24 hours after last diarrhea bowel movement
Diarrhea – E. coli	Until 2 negative stool specimens are taken at least 24 hours apart
Diarrhea - Shigella	Until a negative stool specimen is collected at least 24 hours after symptoms resolve
Diarrhea - Giardia	Until symptom free for 24 hours
Diarrhea - Norovirus	Until 48 hours after last diarrhea bowel movement
Diarrhea – Salmonella and Campylobacter	Until 24 hours after last diarrhea bowel movement
Hepatitis A	Until 1 week after onset of jaundice
Impetigo	Until 24 hours of antibiotics (draining lesions must be kept covered)
Influenza	Until fever has resolved and child is feeling better
Measles	Until 4 days after rash appeared
Meningitis (bacterial or viral)	Until child is recovered, decision to be made by a physician
Mumps	Until 5 days after symptoms began
Pertussis (whooping cough)	Until 5 days after antibiotics are started, or until 3 weeks if not treated with antibiotics
Pinkeye with discharge	Until 1 full day of antibiotic treatment (if bacterial) or until doctor approves (if viral). No need to exclude if there is no discharge.
Pneumonia	Until feeling well enough to participate in regular activities
Ringworm (body)	Until treatment has started
Rubella (German Measles)	Until 7 days after onset of rash
Scabies	Until treatment has been applied
Scarlet fever/Strep throat	Until 24 hours after starting treatment
Tuberculosis - active	Call Public Health Services (905) 546-2063
Vomiting	Until the vomiting stops, or it is determined that the vomiting is caused by a non-infectious condition



SICK STAFF



- ▶ Staff who are ill should not provide child care or work in the kitchen as they may spread illness to vulnerable children
- ▶ The same exclusion guidelines apply to both children and staff in child care settings
- ▶ Staff should be made aware of the child care centre's exclusion policies for ill staff when employment begins



OUTBREAKS

» DEFINITIONS:

OUTBREAK:

When the number of ill children/staff with similar symptoms exceeds the usual number (baseline) of ill children/staff expected.

Some diseases (measles) should be treated like an outbreak even if there is only one case. If you are unsure whether one case of an illness is an outbreak, please call Hamilton Public Health Services (905-546-2063).

GASTROENTERITIS:

Symptoms include diarrhea, vomiting, nausea, stomach cramps, headache and/or weakness. Examples of bacteria or viruses that can cause enteric symptoms include Salmonella, E. coli 0157 and Norovirus.

RESPIRATORY ILLNESS:

Symptoms include fever, cough, sore throat, runny nose, sore muscles, fatigue and headache. In children, vomiting, diarrhea and upset stomach may also accompany respiratory illness. Examples of respiratory pathogens include Rhinovirus (common cold), Influenza and Enterovirus.

» WHAT TO DO IF YOU THINK THERE IS AN OUTBREAK

1. Call Hamilton Public Health Services at 905-546-2063 and ask to speak to a Public Health Inspector who will help to determine if there is an outbreak.
2. Fax the "[Child Care Centre Staff & Student Line Listing](#)" to Hamilton Public Health Services at 905-546-4078.
3. Provide hand washing reminders to all children and staff.
4. Separate ill children from those who are well until they can be taken home by a parent/caregiver. Remind parents of the exclusion policy in the child care centre.
5. Staff who become ill at work should be excluded as appropriate.
6. Clean and disinfect toys and environmental surfaces thoroughly and more often. Ensure cleaning staff are notified that this is necessary. Infant and toddler areas need special attention.
7. Stop all sensory play for the duration of the outbreak.
8. Food may be the source of a gastroenteritis outbreak. If leftover food is available, it should be saved for laboratory analysis. Keep the food item(s) in the refrigerator (do not freeze).



OUTBREAKS



» IF AN OUTBREAK IS DECLARED

1. Post a notice on the front entrance of the child care centre to inform parents of the outbreak in the facility.
2. Provide fact sheets to parents with information about the outbreak and signs and symptoms to watch for. Fact sheets are available from Hamilton Public Health Services.
3. Discuss the collection of specimens with your Public Health Inspector liaison.
4. Consult daily with Hamilton Public Health Services (905-546-2063) regarding new cases, changes in symptoms, lab results and the need for on-site meetings, etc.
5. If there is an outbreak of a vaccine preventable illness (e.g. Measles), consult with Hamilton Public Health Services regarding the requirements for excluding unimmunized children and staff.

» ENDING AN OUTBREAK

An outbreak cannot be declared over without prior consultation and agreement by Hamilton Public Health Services. Discuss with your Public Health Inspector.



**HIGH LEVEL DISINFECTANT MUST BE USED
DURING A GASTROENTERITIS OUTBREAK**



HAND WASHING

- ▶ Hand washing is the best way to prevent the spread of germs and illness
- ▶ Display hand washing signs at each hand sink
- ▶ A large common basin for children to rinse hands after activities is not to be used
- ▶ Pre-moistened wipes are not a substitute for using soap and running water

» HOW TO WASH HANDS AT A HAND SINK:

1. Use warm running water with liquid soap. Antibacterial soap is not required.
2. Wet hands and apply a small amount of soap.
3. Rub hands together vigorously for at least 15 seconds. Scrub between fingers, under nails, around the backs and palms of the hands.
4. Rinse hands under warm running water.
5. Dry hands with a paper towel.
6. Turn off faucets using the paper towel then discard paper towel.
7. Assist infants and children with hand washing by either holding or having the child stand on a safety step.
8. Staff should wash their own hands after helping a child wash theirs.



Alcohol based hand rub (ABHR) with an alcohol content of 70% is an effective way to keep hands clean. ABHR should only be used under supervision in childcare centres and it should not be used when hands are visibly soiled or when hands are wet.



HAND WASHING

» WHEN TO HAND WASH

» CHILDREN SHOULD WASH THEIR HANDS:

- ▶ Upon arrival at the child care centre

BEFORE:

- ▶ Eating
- ▶ Using water tables
- ▶ Going home

AFTER:

- ▶ Diaper changes
- ▶ Using the toilet
- ▶ Playing outside
- ▶ Sensory play
- ▶ Animal contact

WHENEVER HANDS ARE VISIBLY DIRTY

» STAFF SHOULD WASH THEIR HANDS:

- ▶ Upon arrival at the child care centre

BEFORE:

- ▶ Handling food
- ▶ Preparing bottles
- ▶ Feeding children
- ▶ Giving or applying medication or ointment to a child or self

BETWEEN:

- ▶ Handling raw and cooked food – cross contamination is a risk

AFTER:

- ▶ Toileting (including diapering and assisting children)
- ▶ Handling food
- ▶ Feeding children
- ▶ Contact with body fluids (including runny noses, spit, vomit, blood)
- ▶ Animal contact (including contact with cages, pet food etc.)
- ▶ Cleaning
- ▶ Removing gloves



DISPOSABLE GLOVE USE



- ▶ Disposable gloves are not necessary if the caregiver's skin is unbroken
- ▶ Disposable gloves are to be used only once and should be selected appropriately for the intended use (e.g. sandwich gloves are not suitable for diapering)
- ▶ Disposable gloves should be worn to clean up blood, vomit, urine or feces
- ▶ Caregivers must wash their hands before gloves are put on and immediately after gloves are removed



IT IS IMPORTANT TO NOTE THAT GLOVE USE DOES NOT REPLACE THE NEED FOR HAND HYGIENE.



CLEANING AND DISINFECTING



Cleaning and disinfecting are necessary to reduce the spread of germs. Some germs can live for hours, days, or weeks, on toys and other surfaces, like diaper change tables. Cleaning must be done prior to disinfecting, as some disinfectants do not work in the presence of organic material. Child care operators will review their cleaning and disinfecting policy on an annual basis with their designated Public Health Inspector.

Cleaning with soap and water removes dirt and grease that can hide and protect germs from disinfectants. Cleaning with soap and water will also substantially reduce the number of germs that may be on surfaces.

Disinfecting after cleaning will kill most of the germs that were left behind. A routine housekeeping schedule is necessary to ensure these duties are completed (e.g. a checklist).



CLEANING AND DISINFECTING

» DISINFECTANTS:

- ▶ Disinfectants work best on pre-washed and rinsed objects and surfaces (some products clean and disinfect in one step – read product label).
- ▶ All disinfectants require a contact time. Some need up to 10 minutes. Read the label for directions.
- ▶ Disinfectants can be applied with spray bottles. Label these bottles and keep them out of reach of children.
- ▶ Commercially prepared disinfectants are available and widely used. Refer to the manufacturer's instructions prior to use. If unsure, consult with a Public Health Inspector at 905-546-2063.

1. CHLORINE BLEACH (SODIUM HYPOCHLORITE OR CHLORINE):

- ▶ Never use bleach as a disinfectant unless it has been mixed with water.
- ▶ Chlorine bleach is an all purpose disinfectant. It kills most germs.
- ▶ Chlorine bleach solutions lose strength over time. A new mixture should be made daily.
- ▶ Never mix chlorine bleach with any other chemicals.

There are two different mixtures of bleach and water that can be used as disinfectants. Both require a 1 minute contact time.

500 ppm Bleach and Water Solution (1:100)

- 5 mL of bleach to 495 mL of warm water (using 5.25% hypochlorite)
- Solution to be used on toys, diaper change tables, sensory bins (including water tables), play mats, animal cages

5000 ppm Bleach and Water Solution (1:10)

- 50 mL of bleach to 450 mL of warm water (using 5.25% hypochlorite)
- Solution to be used on blood and body fluid spills

2. OTHER DISINFECTANTS / COMMERCIAL PRODUCTS

- ▶ Ensure these chemicals are used following the manufacturer's instructions. If possible, use test strips to check the diluted solution strength.
- ▶ Some products require rinsing after use if applied on a food contact surface.
- ▶ Check the manufacturer's label for the appropriate uses of the product (e.g. environmental cleaning, body fluids, etc.).



CLEANING AND DISINFECTING

These are minimum recommendations and apply to normal operating conditions. During an outbreak of an infectious disease, extra cleaning and disinfecting will be necessary. Please consult with your Public Health Inspector for further information.

	WHEN	HOW
TOYS		
Small toys that go into mouth	Daily or immediately after being mouthed	clean → disinfect → air dry Hard plastic toys can go into the dishwasher and cloth toys into the washing machine.
Large toys	Weekly	clean → disinfect → air dry
Dress up clothes	Weekly	clean (launder) → dry on hottest setting
Shared electronics/ computers	Daily	wipe with appropriate disinfectant for electronics
SLEEP AREAS		
Crib rails	Weekly (or daily if crib is shared between children)	clean → disinfect → wait several minutes → wipe
Bedding/linens	Weekly (change daily if crib/bed is shared between children)	launder and dry on hottest temperature setting
Crib mattress	Weekly	clean → disinfect → air dry
PLAY AREAS/ SURFACES		
Dining table tops	Before & after meals	clean → disinfect → air dry
Floors – tiles, vinyl	Daily in infant & toddler areas and eating areas	appropriate floor cleaner
Floors – carpet	Daily Minimum twice per year	vacuum steam clean
Small rugs	Daily	vacuum or launder
TOILET & POTTY CHAIRS		
Toilet bowls	Weekly	clean → toilet bowl cleaner
Toilet seats and rims	Daily	clean → disinfect → air dry
Flushing handle, door knobs, counters, faucets	Daily	clean → disinfect → air dry
Potty chair	After each use	clean → disinfect → air dry
Diaper change surface	After each use	clean → disinfect → wipe dry



GENERAL HYGIENE

TOOTHBRUSHES AND HOLDERS:

- ▶ Clearly label all toothbrushes with the child's name. Do not allow sharing or borrowing of toothbrushes
- ▶ Store toothbrushes so they are not touching any other toothbrush or any other item
- ▶ Throw toothbrushes away if they come into contact with each other or another item
- ▶ Toothbrush holders should be easily cleaned
- ▶ Arrange holders so that toothbrushes are not above or below others to prevent contamination by dripping
- ▶ Dispense toothpaste so as to avoid contamination. For example, place a separate drop of toothpaste on paper towel for each child, then use toothbrush to scoop up the toothpaste

CUBBY STORAGE AREAS: Children's personal items are to be stored separately and cubbies should be labelled for each child. The cubbies should be cleaned on a regular basis.

MAKE-UP: Do not share make-up that contacts mucous membranes (eyes, mouth etc.). Apply with single-use applicators.

FACE PAINTING: Apply paint with single use applicators designated for each child e.g. cotton swabs.

COMBS: Combs are to be designated and labelled for each child. Alternatively, combs can be cleaned with soap and water, rinsed and then air dried between each use.

BEDDING:

- ▶ All bedding is to be labelled and used by one child exclusively until it is laundered
- ▶ Cots/mattresses should be made of non-absorbent material
- ▶ Bedding should be stored in a clean and sanitary location
- ▶ All bedding must be laundered at least weekly or when soiled. The dryer should be used on the hottest setting

REUSABLE FACE/HAND CLOTHS:

- ▶ Must only be used once and placed in a container for laundering. The container must be non-absorbent and cleanable
- ▶ Replace cloths when they become worn

POTTY CHAIRS: with basins are not recommended because it requires unnecessary handling of urine and feces. As well, thorough cleaning and disinfecting is required after each use. The potty rims that are placed directly on the toilet are preferred.



GENERAL HYGIENE

» SENSORY PLAY

Sensory play is an important tool for children to learn and develop. However, the materials used for sensory play are capable of harbouring microorganisms which can result in illness. It is essential that proper cleaning and disinfection procedures are followed to minimize the risk of potential illness.

WATER PLAY:

- ▶ Children must wash their hands before and after using a water play table
- ▶ Children with an infection of any kind, or who have open sores or wounds, cannot participate in water play
- ▶ Discontinue water play table use during an outbreak of illness
- ▶ Discard water after every use or every couple of hours whichever is shorter
- ▶ Sponges or toys that collect water must be cleaned, sanitized and air dried after each use
- ▶ Table and toys must be washed, rinsed and disinfected after each play session

INDOOR SENSORY PLAY:

- ▶ Sand that is used should be pre-packaged, sealed, and labelled “play sand”
- ▶ Wet play sand should be allowed to air dry overnight
- ▶ Pets in the child care centre should not be allowed to access sensory bins
- ▶ Sand box toys should be constructed of a material that is durable and easy to clean and sanitize
- ▶ Sand is to be replaced monthly, or as often as required
- ▶ Rice, pasta, confetti and other sensory items must be maintained in sanitary condition and discarded frequently
- ▶ Clean and disinfect the basin when the sensory material is changed
- ▶ Homemade Playdough is to be discarded daily because the high moisture content can permit the growth of microorganisms
- ▶ Commercial Playdough should be discarded as per manufacturer’s recommendation
- ▶ Soil with manure is not permitted in child care centres for sensory play
- ▶ Meat trays, egg cartons and toilet paper rolls are not recommended due to possible contamination with harmful bacteria. The nature of these material precludes cleaning and disinfecting

OUTDOOR PLAY AREAS

- ▶ Outdoor areas are to be safe and well maintained
- ▶ Sandboxes must be covered when not in use to prevent access by animals
- ▶ Rake sandbox daily
- ▶ Sand is to be replaced seasonally, or as often as required
- ▶ A sprinkler instead of a wading pool is preferred for water fun. This will reduce the risk of exposure to potential harmful bacteria, viruses or parasites



CLEAN-UP OF BODY FLUIDS (BLOOD, VOMIT, FECES, URINE)

» **BLOOD AND BODY FLUIDS CAN CONTAIN HARMFUL MICROBES THAT CAN CAUSE HUMAN ILLNESS, SUCH AS HEPATITIS B AND HIV.**

Remove children from the area immediately.

Begin clean-up right away.

Wear disposable gloves and any other personal protective equipment as required (eg. goggles).

Exercise caution to prevent any body fluids from splashing into eyes, mouth, nose or open sores.

Body fluids can be collected and soaked up using disposable paper towels.

Dispose of paper towels in a leak proof plastic bag which is tied up and placed in child proof garbage receptacle that has a tight fitting lid.

Thoroughly clean the surface with a detergent and rinse with water.

After area is cleaned, apply disinfectant (1:10 bleach and water mixture) or other disinfectant following the manufacturer's instructions.

Remove gloves and personal protective equipment. Place in a leak-proof bag, then place in the garbage.

Wash hands with soap and water.

Vomit or blood that contaminates a sensory play table requires immediate closure to drain/empty, wash, rinse and high level disinfect. All the toys or articles that were in the sensory bin require cleaning and disinfecting as well.



BLOOD EXPOSURE

Exposure to blood presents the risk of infection from bloodborne viruses such as hepatitis B virus (HBV), hepatitis C Virus (HCV), or HIV. The risk of transmission in the daycare setting is low.

» THE FOLLOWING COULD RESULT IN EXPOSURE TO BLOODBORNE INFECTION:

- ▶ A splash of blood onto broken skin (open cut, wound, rash)
- ▶ A splash of blood onto mucous membranes (eyes, nose, mouth)
- ▶ A cut or skin puncture from a sharp object that is contaminated with blood

» BLOOD EXPOSURE PROCEDURE

If an accidental exposure occurs, the following procedure should be followed:

1. Act immediately.
2. Wash the exposed skin surface with water and soap.
If the area is bleeding, allow it to bleed freely.
Apply a skin antiseptic and cover with a sterile dressing or band-aid.
If there has been a splash onto the mucous membrane (eye, nose, mouth), flush the area thoroughly with water.
3. The person exposed should immediately proceed to the nearest hospital emergency department for assessment of the need to receive treatment. It is difficult to be seen by a family physician on short notice.
4. Record the incident:
 - ▶ Name of person exposed
 - ▶ Date of injury
 - ▶ Circumstances surrounding the injury
 - ▶ Action taken



HUMAN BITING INCIDENTS



Biting incidents may occur in child care centres. Aside from the behavioural implications, there is a concern of infection only if the skin is broken. Transmission of HIV is very unlikely through a biting incident.

» WHAT TO DO WHEN A BITE OCCURS:

Clean the wound with soap and water.

Apply a mild antiseptic.

Check child's tetanus vaccination records.

Inform both parents of the biting incident. If a skin break occurs and parents are concerned about hepatitis B, recommend that the child be taken to a doctor. Infected bites should be seen by a doctor. Parents can also call Hamilton Public Health Services for further information.

Contact Hamilton Public Health Services 905-546-2489 if either child involved has Hepatitis B.

Document the biting incident.

Parents should be consulted about their child's biting behaviour if it is repeated.



DIAPERING

- ▶ Designated hand sink adjacent to diapering table is required
- ▶ Liquid soap and paper towel in dispensers must be provided
- ▶ Appropriate cleaner and disinfectant at/near diapering table
- ▶ Diaper changing area is separate from eating area
- ▶ Diaper change pad can be easily cleaned and disinfected (e.g. Vinyl)
- ▶ Appropriate diaper change procedures posted and practiced
- ▶ Creams/ointment/wipes dispensed to avoid contamination of contents (use applicator or new pair of gloves)
- ▶ Creams/ointment/wipes labelled for each child
- ▶ Soiled diapers and/or clothing not rinsed or washed by caregiver
- ▶ Garbage receptacle should be foot activated

» DIAPERING PROCEDURE

1. All required items should be within reach
2. Wear gloves as required
3. Remove soiled diaper
4. Clean the child
5. Apply barrier product using gloves and/or tissue and put on a clean diaper
6. Wash child's hands
7. Wash your hands
8. Clean diaper changing surface with detergent and water (spray bottle that is labelled and out of reach of children)
9. Disinfect the diaper changing surface (spray bottle must be labelled and out of reach of children)



FOOD SAFETY

- ▶ Food handlers must adhere to the requirements of the [Ontario Food Premises Regulation \(Ontario Regulation 493/17\)](#).
- ▶ Cold hazardous foods must be maintained at 4°C or less.
- ▶ Hot hazardous foods must be maintained at 60°C or higher (after final cooking temperatures have been reached).
- ▶ Frozen foods must be kept in a frozen state until prepared for use.
- ▶ Child care centres with the exception of low-risk premises i.e. Before and After School Programs, require at least one certified food handler on the premises during hours of operation.
- ▶ Food handlers that are ill cannot work until they are well. For some illnesses, this may mean staying off work until laboratory tests have come back negative. Please check with Hamilton Public Health Services (905) 546-2063 for further information.
- ▶ Premises that receive catered food must take the temperatures of hazardous foods upon arrival at the premises using a probe thermometer and prior to serving (if the food is not served immediately). Record the food item and the staff member who took the temperature. This information is to be kept on file for review.
- ▶ Food prepared at home cannot be provided in the child care centre. All food brought into the child care centre must be purchased from a licensed food premises.
- ▶ An integrated pest management program may be required to ensure that the daycare is kept free from pests such as mice, rats, cockroaches etc.

» DISHWASHERS

Dishwashers in child care centres are to be maintained on a regular basis. These units can be used to clean and disinfect toys as well as food service articles. A domestic dishwasher can be used no more than two times per day and must be used with a detergent that contains a chlorine compound. Hamilton Public Health Services is now phasing out domestic dishwashers in child care centres. Child care centres with existing domestic dishwashers will be required to upgrade to a commercial dishwasher when their current domestic dishwasher breaks or kitchen renovations occur. All new child care centres will be required to comply with the [Ontario Food Premises Regulation](#).



PET AND ANIMAL BITING INCIDENTS

» PETS

- ▶ Up to date anti-rabies vaccinations are required for all dogs and cats living at or visiting a child care centre.
- ▶ The kitchen area is to remain free from live birds and animals at all times.
- ▶ Reptiles and amphibians (including turtles, snakes, geckos, frogs etc.) are not acceptable pets for the child care setting. They are known to carry Salmonella bacteria.
- ▶ Hands must be washed thoroughly after handling a pet, its food or its belongings.
- ▶ All animals that come to the centre must be healthy and have appropriate clearances from a veterinarian.
- ▶ Birds are not recommended in child care centres since they can attract mice with their bird seed and require extra housekeeping duties. Salmonella can be found in bird feces.
- ▶ Do not allow children to kiss animals or put their face too close to a pet.
- ▶ Never allow a child near a dog or cat while it is eating, drinking or sleeping.
- ▶ Supervise children when they are handling pets.
- ▶ Cages and aquariums must be kept in a clean, sanitary condition.

» STRAY OR WILD ANIMALS:

- ▶ Never allow children to feed or touch unknown dogs, cats or wild animals, such as racoons, squirrels or bats.

» ANIMAL BITES/SCRATCHES:

- ▶ Wash wound immediately with soap and warm water.
- ▶ Record event and advise parent or guardian to seek medical attention. Inform parent/guardian that you will be reporting the incident to Hamilton Public Health Services (905-546-2489).
- ▶ Collect the following information:
 - ▶ Pet owner's name, home address, work and home phone numbers.
 - ▶ Description of animal (breed, colour and markings, size, name).
 - ▶ Description of events prior to biting incident, eg. pet disturbed, held too tightly.



REPORT THIS INFORMATION IMMEDIATELY TO HAMILTON PUBLIC HEALTH SERVICES AT 905-546-2489, INCLUDING THE NAME OF THE CHILD/VICTIM AND THE PHONE NUMBER OF THE PARENT OR GUARDIAN.

APPENDIX 1: CHILD CARE WORKER VACCINE HISTORY FILLABLE FORM



Pre-Employment Vaccine History
for Child Care Centre
Employees and Providers

Child Care Centre: _____

Address: _____

Phone Number: _____

Purpose: This information will be kept on file at the Child Care Centre. It will be used to maintain a vaccine record. This information may be shared with Hamilton Public Health Services when an outbreak occurs. Contact your employer if you have questions regarding the collection and storage of your information.

Instructions for employees and providers:

- Keep up-to-date with your vaccinations
- Go for tuberculosis screening
- Complete and submit this form to the Child Care Centre

Last Name:	First Name:
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:

Year	Month	Day	D = Diphtheria (complete series*)	aP = Pertussis (complete series*)	IPV / OPV = Polio (complete series*)	M = Measles Required (1 dose) if born in 1970 or later	M = Mumps Required (1 dose) if born in 1970 or later	R = Rubella Required (1 dose) if born in 1970 or later	Var = Varicella Required (2 doses*) if born in 2000 or later	HA = Hepatitis A Recommended	HB = Hepatitis B Recommended	Hib = Haemophilus b Recommended	Men-C-C = Meningococcal C Recommended if born 1986 to 1996	Men-C-ACYW = Meningococcal ACYW Recommended if born in 1997 or later	Pneu-C-7 = Pevnar7 Recommended	Pneu-C-10 = Synflorix Recommended	Pneu-C-13 = Pevnar13 Recommended	Pneu-P-23 = Pneumococcal Recommended if >65 years of age	T = Tetanus Recommended

Note: Annual Influenza vaccine is also highly recommended, but historical dates do not need to be provided.
* The employee or provider is considered vaccinated where he or she has started and will complete a vaccine series according to the Publicly Funded Immunization Schedules of Ontario.

Child Care Centre employees and providers who choose not to vaccinate must complete a legal statement. This form must be notarized. There are some people who cannot get a vaccine for medical reasons. Others may have had a disease so do not need a vaccine (e.g. varicella). A doctor can fill out a medical exemption for them. Exemption forms are available on Vaccines and the Law at www.hamilton.ca/vaccines. Completed forms will be kept on file at the Child Care Centre. This information may be shared with Hamilton Public Health Services when an outbreak occurs.

Updated December 2, 2016

Print Form

Reset Form



APPENDIX 2: CHILD CARE CENTRE STAFF AND STUDENT LINE LISTING

CHILD CARE CENTRE STAFF & STUDENT LINE LISTING: _____

Page ___ of ___

(Name of Facility & Address)

Supervisor's name: _____ Phone: _____

Name (surname, given name)	STU= student STA=staff	Age	Onset Date (d/m)	Symptoms										Resolution Date (d/m)			
				Respiratory				G.I.			Fever (>38°C)	Chills	Headache		Other <small>(malaise, lethargy, loss of appetite, muscle aches, etc)</small>	Comments (e.g. toddler room, infant room etc.).	
				Cough	Sore Throat	Runny Nose	Body/Muscle Aches	Diarrhea	Vomiting	Nausea							

Infectious Disease Program, City of Hamilton

» ANIMALS IN CHILD CARE SETTINGS

Diseases can spread from animals to humans. Young children are at the highest risk of getting ill or injured from animal exposure. This is because children have inadequate hygiene practices, they frequently place their hands in their mouths and they have underdeveloped immune systems. As such, pets are not generally recommended in child care settings. Diseases can be spread via direct contact (petting, holding) and indirect contact (contact with enclosures or environmental surfaces) with animals.

Gastrointestinal illness can be spread from animals to humans. Some diseases can spread to children with very minimal contact with the animal. As well, animals do not have to appear ill to spread diseases to humans.

Rabies is spread via bites, scratches and/or contamination of mucous membranes or open skin with infectious saliva from mammals. Rabies is almost always fatal in humans. All mammal bites to humans are immediately reportable to the local Public Health Unit as per [R.R.O. Reg 557](#). Rabies reports can be made by calling Hamilton Public Health Services at 905-546-2489.

[Ontario Regulation 137/15](#), under the CCEYA states that operators are to ensure that every dog or cat that is kept on the premises of a child care centre or home child care location is vaccinated against rabies.

ANIMALS NOT RECOMMENDED FOR CHILD CARE SETTINGS

- ▶ Stray animals (with unknown health/vaccination history)
- ▶ Ill animals
- ▶ Animals less than 1 year of age
- ▶ Animals fed raw food (ex. meat) or treats within 90 days
- ▶ Animals from shelters
- ▶ Pregnant/birthing animals or animals in heat
- ▶ Dangerous animals and predatory birds
- ▶ Venomous or toxin producing animals
- ▶ Aggressive animals
- ▶ Exotic or wild animals
- ▶ Rabies reservoir species (bats, raccoons, foxes, skunks)

ANIMALS NOT RECOMMENDED FOR CHILD CARE SETTINGS WITH CHILDREN < 5 YEARS OLD

- ▶ Exotic animals and non-human primates
- ▶ Reptiles
- ▶ Amphibians
- ▶ Live poultry (chicks and ducks)
- ▶ Ferrets
- ▶ Farm animals (goats, sheep, pigs etc.)

IMPORTANT ACTIONS PRIOR TO ANIMAL CONTACT WITH CHILDREN

- ▶ Written infection prevention and control policies and procedures, reviewed by the local public health unit
- ▶ Informed consent from parents/guardians for animal activities
- ▶ Animal health documentation for resident and/or visiting animals
- ▶ Education of staff, centre volunteers/students, and children on appropriate infection prevention and control measures and behaviours for animal contact

Hand hygiene is required to prevent the spread of disease from animals to humans. Hand hygiene should be done frequently and thoroughly especially after contact with animals and their food and environment.

MANAGEMENT OF ANIMAL FOOD AND TREATS

- ▶ Animal food cannot be stored near human food
- ▶ Animal food must be stored off the floor and inaccessible to children
- ▶ Animals should not be fed human food
- ▶ Animals should not be fed raw food diets
- ▶ Children should not feed animals directly from their hands
- ▶ Children must wash their hands after handling pet food/treats
- ▶ Attention must be given to allergens that may be present in animal foods

GUIDELINES FOR VISITING ANIMALS

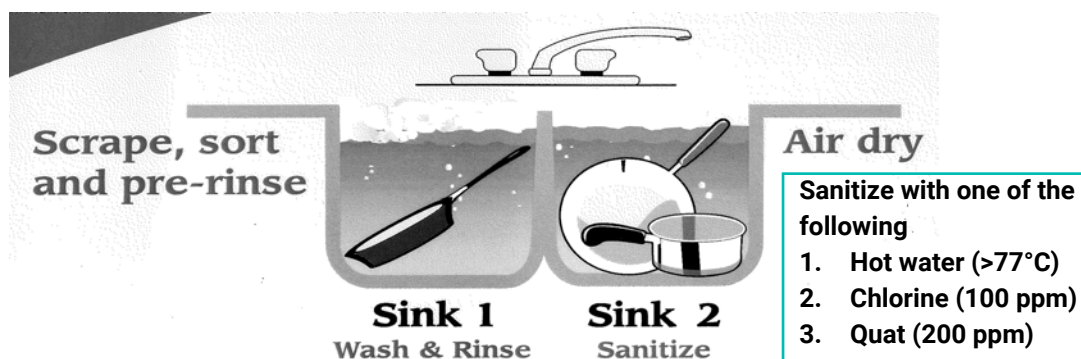
- ▶ Animals should be healthy and well cared for
- ▶ Complete Veterinary Care Statement for Animals Visiting Child Care Settings
- ▶ Keep records of visiting animals
 - ▶ Date
 - ▶ Owner and their contact information
 - ▶ Animal name and species
 - ▶ Proof of animal health documentation
 - ▶ Description of group/room visited

GUIDELINES FOR RESIDENT ANIMALS

- ▶ Consider allergies, infection risks and injury risks when choosing whether to get a pet for the centre
- ▶ Children should not bring the animal home during closure periods
- ▶ Animals should be groomed and checked for signs of injury and/or infection
- ▶ Animal enclosures are to be away from areas where children eat and sleep
- ▶ Provide a cleaning schedule for the enclosure
- ▶ Do not clean any tank/cage/enclosure in any area where human food or drink is stored, prepared, served or consumed
- ▶ Create a resident care plan for the pet which includes:
 - ▶ Name of the staff member and the back-up responsible for animal care including when the centre is closed
 - ▶ Animal’s daily requirements for food and exercise
 - ▶ Daily health screening
 - ▶ Animal bathing and cleaning requirements
 - ▶ Enclosure cleaning/disinfecting schedule
 - ▶ Veterinarian contact number
 - ▶ Annual Veterinary Care Statement (except for fish and invertebrates)

» FOOD SAFETY

- ▶ Due to limitations of space and adequate food preparation areas, it is recommended that pre-packaged, ready to eat, whole foods be provided as much as possible
- ▶ Light food prep (e.g. cutting cheese) can occur in a designated area that is set up for washing and sanitizing utensils used for food preparation
- ▶ Follow the steps below for proper dishwashing technique of utensils and serving dishes:



- ▶ Hands are to be washed even if gloves are used for food preparation and/or serving
- ▶ Food is never to be prepared at home. It must be purchased “ready to eat” or prepared on-site
- ▶ Cold hazardous foods are to be maintained at 4°C or less
- ▶ Coolers are to be maintained in clean and sanitary condition
- ▶ Thermometers are to be provided in each fridge and freezer
- ▶ Single use articles (plates, bowls, cups etc.) must be used for food service
- ▶ Food is to be used on first in first out basis
- ▶ Dried goods should be stored in clean, covered, pest proof containers
- ▶ Food should not be stored below or near chemicals (cleaners or disinfectants)

» INFECTION CONTROL

- ▶ Washrooms and classrooms are to be assessed by program staff prior to commencing program to ensure that they are in clean and sanitary condition
- ▶ Washrooms must be supplied with soap, paper towel/hand dryer and toilet paper. If these are not available, staff must notify caretaker prior to the start of the program
- ▶ Children are to wash their hands prior to commencing the program
- ▶ Each classroom/playroom must have a supply of cleaner (soap and water) and disinfectant in the room or on the cart
- ▶ Tables are to be cleaned and sanitized prior to having snack
- ▶ Toys are to be cleaned and sanitized weekly or as often as required to keep them in clean and sanitary condition

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