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INFECTION PREVENTION

Why are we concerned about infection prevention and control in child care centres?

Respiratory and enteric illnesses are spread at a higher frequency in child care centres. The following factors contribute to children being more susceptible to infection than healthy adults:

- Children have a limited ability to fight infection as their immune systems haven't fully developed.
- Children undergo a series of immunizations for preventing various diseases. Therefore, depending on their age, they may not have had enough time to complete the entire series.
- Children typically do not have strong hygienic practices; these include covering their nose and mouth when they cough or sneeze, and properly washing their hands.
- Most children have a lack of prior encounters with infectious agents. This means that while they were being raised at home they were exposed to a limited number of germs. Diseases spread easily in child care centres because, when large numbers of children spend time together in one place every day they are exposed to a wide range of different germs that their immune system does not recognize.

How Infections Spread

Before you can prevent infections, it is important to understand how they are spread. Infections are caused by bacteria, viruses and other microscopic organisms. These germs are found in the environment (water, soil, air, objects and surfaces) as well as in and on humans, in our body secretions (stool, mucous) and in the tiny droplets that are generated by breathing, coughing and sneezing.

Infections are spread through:

Stool

- Feces are loaded with germs that can cause diarrhea or other infections of the intestinal tract. If personal hygiene is insufficient, stool may contaminate hands, food, water and surrounding objects such as toys and surfaces.
- Some germs can survive on surfaces and objects for long periods of time which also contributes to the easy spread of intestinal infections.
- Proper hand hygiene is the most effective way to prevent the spread of intestinal infections.

Droplet spread

- Germs that cause colds, influenza, strep throat etc. are found in the saliva and secretions of the nose and mouth. Colds and other minor infections affecting the eyes, nose and throat, are the most frequent illnesses in young children.
- When people cough, sneeze, spit, and/or have runny noses the germs can spread. The germs can then be inhaled, or they may land in a person's eye, nose or mouth. Indirect spread may also occur because some viruses can survive on surfaces (e.g. counter tops or toys) for days at a time.
- Because the respiratory viruses can be found in the nose and throat of children for several days before they show signs of an illness, it is important to follow good infection control practices at all times.

Contact with blood

- The skin offers an excellent barrier when in contact with blood.
- Several infections may be spread by direct contact with blood if there is a break in the skin (blood to blood) or direct contact with mucous membranes (e.g. eye, mouth).
- A small amount of blood or body fluids may be enough to cause infection. Whenever any amount of blood or bloody body fluids is observed, personal protective equipment such as gloves must be used for proper cleaning and disinfection of contaminated objects. See section on cleaning up blood/body fluid and vomit/fecal accidents.

Direct physical contact

- Infections, particularly skin infections such as impetigo and ringworm, are spread by direct physical contact. This can happen when children play together and one child touches the infected skin area of another child.

Contaminated Objects

- Contaminated objects like toys, towels, even food and water, can also infect people. It is important that all objects are properly cleaned and disinfected routinely as recommended by the health unit and all food and water are from approved sources.

Infection Prevention

The most important concept in infection control is prevention.

Why?

- People can spread some infections without being sick themselves.
- Several diseases are contagious before any symptoms appear or after the symptoms are gone.
- Just one exposure to germs can be enough to cause an infectious disease.

Infection Control Program - Key Points

1. Hand hygiene
2. Written policies
3. Daily observations of children & communication (with parents and local health unit)
4. Immunization
5. Proper diaper changing and toileting procedures
6. General hygienic practices
7. Cleaning and disinfection
8. Food safety
9. Education (training and monitoring)

1. Hand Hygiene

Hand hygiene refers to removing or killing germs on the hands as well as maintaining good skin integrity. There are two methods of removing/killing germs on hands: washing with soap and running water for a minimum of 15 seconds or using an alcohol-based hand rub with an alcohol strength over 60%. The single most important thing you can do to control infections is to keep your hands clean! For children, soap and water is the preferred method for washing hands.

Child care staff and parents are responsible for teaching children the proper way to wash their hands. Young children who can wash their hands on their own must still be supervised to ensure proper technique.

Staff must remember to lead by example!

Use a hand wash sink supplied with hot and cold running water, paper towels and liquid soap in dispensers. Antibacterial soap is not required. It is the mechanical friction of rubbing hands together that removes germs. Water should be warm (not cold or too hot) to prevent scalding and dryness. To wash hands properly, rub all parts of the hands and wrists with soap and water. **Wash hands for at least 15 seconds.** Pay special attention to the areas of the hand most frequently missed.

- Keep nails short.
- Avoid wearing rings, bracelets and watches*.

Infection Prevention and Control

- Avoid artificial nails or nail polish.
- Wash forearms if they are likely to have been contaminated.
- Make sure that sleeves are rolled up and do not get wet during washing.

*Jewellery is very hard to clean and hides bacteria and viruses.

You should wash your hands thoroughly whenever there is any chance of coming into contact with germs. Failure to wash your hands properly can result in the spread of germs that can cause illnesses.

Supply the hand wash sink with paper towels and liquid soap, both in dispensers. Bar soap is not recommended.

Hand Care

Intact skin is the first line of defense against infection, therefore careful attention to skin care is an essential part of the hand hygiene program. If skin conditions or breaks in the skin exist, the individual should be referred to a physician for assessment. Hand lotion prevents drying and cracked skin. Pump-type dispensers are recommended.

If containers are reused, the containers and the pumps should be washed and dried before refilling.

Alcohol-based Hand Rubs (ABHRs)

Alcohol-based hand rubs (ABHRs) are a good alternative to soap and water when hands are not visibly dirty and access to a handwashing sink is limited (e.g. field trips). They are also an excellent tool for staff to use while moving between tasks in the centre. ABHRs kill the germs on hands, including illness causing bacteria that are picked up from doorknobs, light switches and other surfaces that hands come into contact with.

Only hand rubs with alcohol over 60% as the main ingredient should be used in child care settings. The effectiveness of the ABHR depends on the amount and type of alcohol used.

ABHRs should contain a concentration of over 60% alcohol. The products should have a Drug Identification Number (DIN) or Natural Product Number (NPN) meaning they are registered with Health Canada. Non-alcohol based products are not recommended because they may not kill common bacteria and viruses found in child care settings.

As per the Office of the Ontario Fire Marshal, ABHRs are normally dispensed and used in very small quantities; therefore they present minimal fire hazards under normal use. Education on proper application of ABHRs and, the risk to health if used incorrectly can help reduce the fire risks.

Another noted concern is regarding the alcohol absorption in children when regularly using ABHRs. As per the Ontario Poison Control centre, the amount of alcohol absorbed by the skin is minimal and once the alcohol has evaporated, licking of the hands carries no chance of alcohol intoxication.

Infection Prevention and Control

The following precautions for ABHRs are recommended in all child care settings:

- Dispensing should occur only under the direct supervision of staff.
- ABHRs should be in secure wall dispensers or individual pump bottles that are kept in a location not easily accessible to children when not in use (e.g. locked cupboard at the end of the day).
- Dispensers should be clearly labelled.
- ABHRs should be rubbed on hands until hands are completely dry.
- Children and staff should avoid exposure to open flames during and immediately after application.

Gloves

Gloves are not a substitute for hand washing! Gloves can provide a protective barrier against germs that cause infection but offer little protection beyond what is achieved through good hand washing.

- Hands must be washed before and after using gloves.
- Contaminated gloves must be removed and discarded prior to touching clean environmental surfaces.
- Gloves should be single use, never washed or reused.
- Non-latex gloves should be made available in case of latex allergies.
- Care should be taken to prevent touching the skin with the outside of the soiled gloves during removal.
- Gloves need to be disposed of in a lined garbage container.

Gloves are recommended when:

- The caregiver has cuts or open sores on their hands.
- There is contact with blood, feces or other body fluids.
- The caregiver uses chemicals (i.e. disinfectant).

Steps to Proper Hand Washing:

- Hand and arm jewellery such as watches should be removed or pushed up above the wrist.
- Wet hands and wrists and leave the water running.
- Use a sufficient amount of soap.
- Lather soap and scrub hands well, palm to palm. Scrub in between and around fingers.
- Scrub back of each hand with palm of other hand.
- Scrub fingertips of each hand in opposite palm.
- Scrub each thumb clasped in opposite hand.
- Scrub each wrist clasped in opposite hand.
- Rinse thoroughly under running water.
- Wipe and dry hands well with paper towel or single use towel.



- Turn off water using paper towel or single use towel.
- Throw the paper towel into a lined garbage container or place single use towels in a laundry hamper.

Procedure for Infant Hand Washing:

- Clean the infant's hands thoroughly with a damp paper towel moistened with liquid soap.
- Rinse the infant's hands from wrists to fingertips using a fresh paper towel moistened with clear water.
- Dry the infant's hands with a fresh paper towel.
- Turn off the faucet using a paper towel and throw out the towel into a lined garbage container.
- Wash your own hands.

Procedure for Toddler and Preschooler Hand Washing:

- Wet the child's hands.
- Apply a drop of liquid soap onto the child's hands.
- Ensure all areas of the child's hands are washed for a minimum of 15 seconds.
- Rinse the child's hands under the tap.
- Dry the child's hands using a fresh paper towel.
- Turn off the faucet using a paper towel and throw out the towel.
- Wash your own hands.

Steps to Disinfecting with Alcohol Hand Sanitizers:

- Hand and arm jewellery such as watches should be removed or pushed up the wrist.
- Apply a nickel size amount of sanitizer to open palms.
- Rub hands together, palm to palm.
- Rub in between and around fingers.
- Rub back of each hand with palm of other hand.
- Rub fingertips of each hand in opposite palm.
- Rub each thumb clasped in opposite hand.
- Rub each wrist clasped in opposite hand.
- Keep rubbing for at least 15 seconds and until hands are dry. Paper towels are not needed.



When to Wash?

Staff should wash their hands:

- when they arrive at work
- after sneezing, coughing, or blowing their nose
- after changing a diaper
- after using the toilet or taking a child to the toilet
- before preparing food or eating

- before feeding an infant or child
- before giving any medications
- after caring for an ill child
- after direct contact with nasal secretions (after wiping a child's nose)
- before and after applying a bandage or other first aid
- after cleaning up any body fluid (blood, mucous, vomit)
- after cleaning and sanitizing procedures
- before and after applying an ointment
- after handling chemicals
- after removing disposable or household rubber gloves
- after handling pets or animals
- after removing children's winter boots
- when hands are visibly dirty for any other reason.

Children should wash their hands:

- after using the toilet
- after diaper changes
- before eating
- before handling food in nutrition activities
- after eating snacks or meals
- after using play/sensory materials (paint, sand etc.)
- after handling pets and other animals
- after removing their own winter boots
- when hands are visibly dirty for any other reason.

2. Written Policies

It is essential to put all important information, including health information, in writing. Writing down procedures for potential events that may arise will help create an organized response when things go wrong. As well, they will make the day-to-day tasks by staff much easier to follow. To assist in the development and application of policies, the Simcoe Muskoka District Health Unit recommends *Well Beings: A Guide to Promote the Physical Health, Safety and Emotional Well Being of Children in Child Care Centres and Family Day Care Homes, 3rd edition, 2008* by the Canadian Paediatric Society. Well Beings is also available online at: www.caringforkids.cps.ca/wellbeings.

Parents should be given a copy of all applicable written policies at the time of their children's enrolment and whenever there are changes to the policies. Written policies can help explain what is expected of the parents as well as the child care staff. These policies should be reviewed by all staff members at least once a year and more often if there are repeated illnesses in the centre. Policies to be reviewed by your Public Health Inspector during routine inspections include:

- Exclusion of sick children/staff policy;
- Outbreak reporting and response policy;
- Reporting of designated diseases to the Medical Officer of Health policy;
- Emergency preparedness policy;
- Routine cleaning/disinfecting policy.

Health Policies

Child and Staff Immunizations

- Maintain immunization information and record of any physician diagnosed vaccine preventable disease for children at the centre. For example, if a child was diagnosed with measles, mumps, pertussis, rubella etc., this should be noted on the child's file.
- Immunization histories for children should be on-site and reviewed every six months with parents.
- Questions about accurate immunizations should be directed to the Simcoe Muskoka District Health Unit's Vaccine Preventable Disease Team. A current class list of all attendees and up-to-date immunization records are to be submitted with updates as required to the Vaccine Preventable Diseases Team.
<http://www.simcoemuskokahealth.org/JFY/ChildcareWorkers/>
- A certificate of compliance will be issued to child care centres that provide up to date immunization records to the Health Unit. The certificate should be kept on file or posted.
- A current record of each staff member's vaccination status with respect to recommended immunizations should be kept on file.

Communication

- The Simcoe Muskoka District Health Unit - nurses and health inspectors are valuable resources for health information and implementation of health policies, and they welcome your questions.
- Parents of children – it is vital to constantly communicate with the parents of children attending your child care centre. They will provide important information about the health of the child and any potential circumstances that should be monitored.
- Staff and Management – policies should help staff and management communicate about health issues as well as provide direction. An annual review of policies and staff member sign-off is recommended.

Sanitation and Food Safety

- The policies surrounding sanitation should define responsibilities so that all staff are aware of their role within the centre. Diapering, toileting, cleaning and disinfection should all be reflected in the policies.
- The policies about food safety should work together with the Ontario Food Premises Regulation R.R.O. 562/90.

Notifying Public Health of a Reportable Disease

- Ontario Reportable Diseases Regulation R.R.O. 559/90 is a list of diseases that are to be reported to the local medical officer of health (public health unit).
- As soon as any child or staff within your facility is diagnosed by a physician with one of these diseases, it is the child care centre's responsibility to notify the health unit.
- Go to www.simcoemuskokahealth.org for a current copy of the Reportable Disease list.

Health Evaluations

- Many children and staff have health conditions that could affect their response to infections as well as their wellbeing at the child care centre. Those with allergies, asthma, diabetes, epilepsy, etc. may require additional medication that has to be administered during the day or in the event of an emergency.
- Health assessments, usually done by physicians, will help guide staff in taking the proper steps when children and staff are exposed to certain infections.
- A daily health evaluation should be conducted by staff at the centre and documented on each child upon entrance to the centre.

Exclusion

- When staff or children are ill, it is essential that they are sent home from the centre as soon as possible or prevented from entering the centre. The ill child should be isolated in a supervised area that is separate from the rest of the children until they are picked up by parents. This will decrease the risk of spreading the illness to others in the centre.
- If the requirements for exclusion are written in the parent handbook and in employee policies, it will make it easier to deal with challenges that may arise (e.g. with parents).
- Policies about ill staff should outline when an employee can or cannot come to work, and whether they can work with children while at the centre.
- In general, ill children and staff should be asked to stay away from the centre until they have been symptom-free for at least 24 hours. Exclusion periods for specific symptoms or diseases should be reviewed with the health unit.
- Policies about ill children should consist of pre-screening, isolation procedures and definitions of words like “fever”, “diarrhea” etc.

Administration of Medication

- Caregivers must be familiar with child care regulations for administering medication.
- No medication should be given to a child unless parental permission has been obtained.
- Only designated staff should administer medication.
- Stored medication should be out of reach of children, in a locked cupboard, labelled and separated so that medication is not mixed up.
- Childcare centres should consult with the Ministry of Education on administration of medication policies.

Outbreak Management

When there is an increase in the baseline level of illness in the centre (a cluster of cases), an outbreak may need to be declared. Points to include in an outbreak policy are:

- Identifying a potential or confirmed enteric or respiratory outbreak.
- Notification to the health unit.
- Communication with parents (how to keep parents informed on outbreak status, exclusion requirements for affected children and signs & symptoms to monitor for).
- Isolation of ill children.
- Exclusion of ill children/staff (length of time based on germ (if known) and health unit recommendations).
- Administrative requirements (posting of signage indicating outbreak, daily line lists faxed to the health unit and completion of the outbreak management checklist).
- Submission of stool and/or food specimens (stool kit location, procedure for collection and submission as well as parental consent).
- Outbreak control measures (increased hand hygiene, increased cleaning and disinfecting, use of appropriate disinfectant – type and concentration, discontinuing sensory play, cancellation of field trips, etc.). For more information on outbreaks, see the Outbreak Management Chapter.

Emergency Preparedness

- It is essential that centres be prepared for any type of emergency that may arise. It could be a parent unable to pick up a child due to weather, several days without power, flooding, or an infectious disease emergency such as a pandemic. Child care centres should develop policies that include back up plans, criteria for closing the centre, grief counseling, and staff expectations during an emergency, etc. Particular attention should be focused on the types of emergencies typical for their area (i.e. floods, tornados, etc.). Emergency kits should be available for all emergencies.

Infection Prevention and Control

Sample letter to parents when excluding ill children:

Name of Child: _____ Date: _____

Dear Parent or Guardian,

Today at the child care centre, your child was observed to have one of the following symptoms:

- diarrhea (2 or more loose stools)
- difficulty breathing
- elevated temperature
- pink eye with swelling or discharge
- severe or whooping cough
- severe itching of body or scalp
- severe headache with elevated temperature
- vomiting
- unusual spots, sores or rashes
- yellow skin or eyes (jaundice)
- cranky or unusual behaviour
- infected skin patches
- swelling or discharge of pus
- sore throat with elevated temperature
- other: _____

We suggest you monitor your child and if these symptoms persist contact your health care provider. We remind you to please keep your child at home until these symptoms are resolved (as per child care policy or public health recommendation) or you obtain clearance from your physician.

Thank you,

Your Child Care Centre

3. Daily Observations of Children & Communication with Parents

Children's overall status (mental, physical, emotional etc.) should be observed daily. Upon arrival, a formal list should be reviewed to screen for any signs of illness. This formal health evaluation should be documented. Communication between the child care centre staff and parents is crucial as symptoms overnight can indicate a potential illness. Throughout the day, there should also be ongoing monitoring. Changes in a child's behaviour or appearance are often the initial signs that a child is starting to feel unwell.

Signs of discomfort include:

- Severe coughing or breathing trouble.
- Eyes – tears, discharge, colour, swelling.
- Skin – bruises, spots, rashes, infected areas, itchy skin and scalp.
- Urine and bowel movements – strong odour or dark-coloured urine, diarrhea, gray or white bowel movements.
- Behaviour – unusual behaviour, irritability, withdrawal, loss of appetite.
- General appearance – fever, trouble swallowing, vomiting.

4. Immunizations

Immunization is the most effective way of preventing common childhood infections. Tetanus, diphtheria, pertussis (whooping cough), polio, measles, mumps, German measles (rubella), and influenza are common childhood infections that can be prevented by vaccines.

According to the National Advisory Council on Immunization (NACI) regarding influenza immunization, **People capable of transmitting influenza to those at high risk include:**

- Health care and other care providers in facilities and community settings who, through their activities, are capable of transmitting influenza to those at high risk of complications.
- Household contacts (adults and children) of individuals at high risk of influenza-related complications (whether or not the individual at high risk has been immunized):
 - household contacts of individuals at high risk;
 - household contacts of infants <6 months of age as these infants are at high risk of complications from influenza but cannot receive influenza vaccine; and
 - members of a household expecting a newborn during the influenza season.
- Those providing regular child care to children <24 months of age, whether in or out of the home.
- Those who provide services within closed or relatively closed settings to persons at high risk (e.g. crew on a ship).

Immunizations should be in line with the Canadian Immunization Guide. Any further questions about immunizations should be directed to the Vaccine Preventable Disease Team at the Simcoe Muskoka District Health Unit.

For more information on vaccine preventable diseases, see the Vaccine Preventable Diseases Chapter.

5. Proper Diaper Changing & Toileting

Children can carry many illnesses and unintentionally cause the transmission of diseases through their behaviour (e.g. they have not learned how to properly use the toilet or are still in diapers).

Food handlers must not be responsible for changing diapers or helping children on the potty/toilet on the same day. This practice alone will decrease the potential for infection to be spread. The following will also help reduce the risk of illness.

Diaper Changing

- A diapering procedure should be posted at each diapering station for staff.
- Gloves are recommended when staff are changing a diaper after a diarrheal incident, and gloves must be available for use during enteric outbreaks. This recommendation should be written into the diapering procedure. Single use disposable gloves must be disposed, and the hands washed, before and after each diaper change. Gloves should be removed in a manner not to contaminate the hands.
- The diaper changing area should be in a completely different location than the food preparation area and never used for other purposes.
- There should be a hand wash sink with available hot and cold running water, liquid soap and paper towel in a dispenser located near the diaper changing area for proper hand washing between each child.
- Infants should be changed often as moisture, lack of air and heat is a great environment for the growth of bacteria.
- Disposable diapers are always recommended. Cloth diapers may be used, however they should not be handled or rinsed by staff when soiled. Soiled cloth diapers should be double bagged and sent home with the child at the end of the day. During an enteric outbreak, only disposable diapers should be used.
- Each child should have their own cream and ointments. The containers should be labeled with their name and dispensed in squeeze bottles or have dispensing utensils to prevent cross contamination.
- Report to supervisor any irregularities in the child's bowel movements.
- Clean and disinfect the changing surface after each child. Allow appropriate contact time for the disinfectant on the diaper pad.
- Wash the child's hands (and your own) immediately after a diaper change.

Toilet Training

- The toilet learning area should be in a completely different location than the food preparation area and never used for other purposes.
- Remove a child's diaper and if it is soiled, clean the child as outlined in the diaper changing routine. This will decrease the spread of germs and remove as many sources of contamination as possible. Then place the child on the toilet or toilet insert. Toilet inserts are recommended instead of potties.
- After the child has urinated or had a bowel movement, wipe the child from front to back. This will reduce contamination of the vagina and urinary tract. Flush the toilet and dispose of diaper as necessary.
- Supervise the child in hand washing.
- An appropriate solution with proven effectiveness against non-enveloped viruses (eg. Poliovirus, Norovirus, Rotavirus, Feline Calicivirus) should be used to disinfect the toilet or toilet insert if feces is present. Follow manufacturer recommendations regarding contact times and concentration for the disinfectant.
- Dry the diaper area with a single-use towel and dispose of the towel appropriately.
- Wash your hands.

Caregivers are encouraged to talk with parents about their child's progress in toilet learning. It is important to record both diapering and toileting in regards to number of bowel movements, diarrhea, unusual odour, if blood was present and if there is any skin irritation.

6. General Hygienic Practices

The following guidelines are important for reducing the spread of infection:

- Cover all open or moist cuts or sores with a clean, dry bandage.
- Provide separate storage lockers or cubbies for the personal items and clothing for each child and staff.
- Throw tissues into plastic-lined garbage bin with lid.
- Do not share personal items (combs, toothbrushes, personal bedding) among the children and store items so that they do not touch each other.
- Soiled clothing should be placed in a plastic bag and sent home daily with the parents for laundering.

Cribs, Mattresses, Sleeping Cots & Mats

- All crib mattresses, sleeping cots and mats should be smooth, non-absorbent and easily cleaned.
- All crib mattresses, sleeping cots and mats should be provided with a secured protective sheet.
- All cribs, cots or mats should be labeled with the child's name.

- It is recommended that a 1 meter (3 feet) space be provided between cots when children are sleeping.
- Alternating head and feet is also recommended.
- Crib mattresses, cots and mats should be cleaned and disinfected on a weekly basis and immediately if soiled by a child.
- All linen should be washed at least once a week.
- All sleeping cots and mats should be stored in a sanitary manner. Linen should not hang down from one cot to another. For safety reasons, this storage area should be away from play areas.
- In an outbreak situation, all cots, mattresses, mats and linens will require more frequent cleaning, disinfecting and laundering.

7. Cleaning and Disinfection

DEFINITIONS

Clean: The physical removal of foreign material (soil, dust) and organic material such as blood, secretions, excretions and microorganisms (bacteria, viruses etc.). Cleaning generally removes and reduces the reservoirs of potential pathogenic organisms but does not kill them. Therefore, disinfection is necessary in a child care setting. A cleaning step is necessary before disinfecting surfaces; for disinfection to work the surface needs to be clean.

Disinfection: The process that kills or destroys most disease-producing micro-organisms and viruses. Disinfection can occur with chemicals or hot water (82°C for 45 seconds). Chemical disinfectants for environmental surfaces are classified as intermediate level, and low level.

Cleaning and disinfecting of the child care centre is essential as some germs can survive for long periods of time on dry surfaces such as table tops, door knobs etc. Also, some diseases require very few germs to cause infection, so it is critical that constant cleaning and disinfecting of a facility occur.

The main reason for cleaning a surface is to remove dirt. The rubbing action of a cloth or sponge on a surface creates friction, which is needed to remove any dirt and germs. Although cleaning removes many germs, it may not remove them all; therefore, disinfecting is necessary for some items in a child care setting. Child care centres should only use disinfectants that are registered with Health Canada and have a Drug Identification Number (DIN).

A Drug Identification Number (DIN) is a computer-generated eight digit number assigned by Health Canada to a drug product prior to being marketed in Canada. A DIN uniquely identifies the following product characteristics: manufacturer; product name; active ingredient(s); strength(s) of active ingredient(s); pharmaceutical form.

A DIN lets the user know that the product has undergone and passed a review of its formulation, labeling and instructions for use. A product sold in Canada without a DIN is not in compliance with Canadian law. All chemical disinfectants should have accompanying Material Safety Data Sheets (MSDS) and product information sheets that staff should reference.

Ensure manufacturer's guidelines are followed when using cleaners and disinfectants. Where available, provide appropriate chemical test strips to verify strength if advised to mix a solution (e.g. bleach).

All chemicals, soaps, detergents, laundry supplies etc. must be stored safely out of the reach of children, usually in a locked cupboard. Pay special attention to chemicals that may be toxic or flammable.

It is important to label all bottles and containers that contain any chemical with the type and concentration of chemical and to keep out of children's reach!

There are certain activities in a child care setting that, although very useful in the learning process, can sometimes be the source of illness. Examples would be sensory activities such as water tables, food products, play clothes and sandboxes. These activities require special attention and the proper cleaning and disinfecting of these should be discussed with your local public health inspector.

Preparing a Disinfecting Solution for Child Care Centres

Note: Food contact surfaces in kitchens must be sanitized as per Food Premise Regulation, RRO.562/90.

SURFACE TO BE DISINFECTED	SODIUM HYPOCHLORITE (BLEACH SOLUTION)	QUATERNARY AMMONIUM COMPOUNDS
Non-food surfaces: this includes chairs, tables, counter tops, toys, etc. This also includes diaper change area**	200 ppm (5.25% household bleach) 5mL bleach: 1 L water (1 tsp bleach: 4 cups water) Wipe area and let air dry. Use chlorine test strips.	400 ppm. Follow manufacturer's instructions for use, contact time and dilution. Wipe area and let air dry. Use quaternary ammonium test strips.

* Other disinfectants may be used. Consult with the Health Unit.

** Some disinfectants will not need a cleaning step as detergents are built into the product. Always refer to manufacturer guidelines for proper use.

*** A separate sanitizing solution should be stored in the diapering area to be used only for the diapering area.

During outbreaks, the concentration of sanitizing solution may need to be increased.

Preparing a Solution for outbreaks and for cleaning up surfaces contaminated with blood/body fluid and vomit/fecal accidents.

100 mL bleach: 1 L of water
(1 cup of bleach: 9 cups of water).
Contact time on surface is 10 minutes.



**Child Care
Maintenance, Cleaning & Disinfecting Schedule**

Areas	After Each Use	Daily and when necessary	Weekly	Monthly	Other
Infant/Toddler Rooms					
Infant toys – clean & disinfect					✓ 2 times/week
Infant vinyl mats – clean & disinfect		✓			
Diaper change mat – clean & disinfect	✓				
Diaper change table – clean & disinfect		✓			
Diaper pails – clean & disinfect		✓			
Mouthed toys – clean & disinfect	✓				
Bibs – clean & disinfect	✓				
High chair table tops – clean & disinfect	✓				
Plush toys (shared) – launder	✓				
Plush toys (individual) - launder			✓		
Cribs/cots – clean & disinfect			✓		
Soothers/pacifiers – clean & disinfect	✓				
Carpets – vacuum		✓			
Carpets – steam clean (infant room)				✓	
Play/Sleep Area					
Toys – clean & disinfect			✓		
Shelving – clean & disinfect			✓		
Linen/bedding – launder			✓		
Cots – clean & disinfect					
Carpets – vacuum		✓			
Carpets – steam clean					✓ 4 times/year
Floors beneath rugs			✓		
Floors – dry sweep & wet mop		✓			
Vinyl mats – clean & disinfect			✓		
Garbage containers – empty		✓			
Garbage containers – clean & disinfect			✓		
Dress-up clothes – launder			✓		
Water play table – clean & disinfect	✓				
Water play toys – clean & disinfect	✓				
Dry sensory food materials – discard			✓		Immediately if wet
Dry sand table contents – discard				✓	Immediately if wet
Dry play tables – clean & disinfect			✓		
Outdoor sand box - raked		✓			
Portable wading pool - clean & disinfect	✓				
Washrooms					
Toilets – clean & disinfect		✓			
Handwashing sinks – clean & disinfect		✓			
Floors – clean & disinfect		✓			
Potty chairs – clean & disinfect	✓				
Toilet seat insert – clean & disinfect		✓			
Reusable towels - launder	✓				
Designated Combs & brushes – send home daily or clean, disinfect and store	✓				

Cleaning Up Blood/Body Fluid Spills and Vomit/Fecal Accidents

An appropriate solution with proven effectiveness against non-enveloped viruses (e.g. Poliovirus, Norovirus, Rotavirus, and Feline Calicivirus) should be used to disinfect surfaces contaminated with blood/body fluids including vomit or feces such as:

- 1 cup of bleach in 9 cups of water.
- Contact time on surface is 10 minutes.

Staff that clean up blood, vomit or feces should minimize the risk of infection to themselves and others by using the following procedure.

Procedure for Cleaning of Blood Spills/Vomit/Feces

- Appropriate personal protective equipment should be worn for cleaning up a spill. Disposable gloves must be worn during the cleaning and disinfecting procedures. If the possibility of splashing exists, the worker should wear protective eyewear and gown.
- If any broken glass or sharps are involved, they should be disposed with care into a sharps container. Use tongs or tweezers not your hands to remove sharp objects to prevent injury. Bring a sharps container to the spill area to avoid carrying sharp objects.
- Clean the spill area with a disposable paper towel to remove obvious organic material before applying a disinfectant. Disinfectants cannot work properly if the surface has blood or body fluids on it.
- Excess blood, vomit, feces and fluid should be absorbed and removed with disposable towels. Discard the towels in a plastic-lined waste receptacle.
- After cleaning, the affected area should be disinfected with a solution with proven effectiveness against non-enveloped viruses (e.g. Poliovirus, Norovirus, Rotavirus, and Feline Calicivirus). A concentration of household bleach at 1:10 dilution (e.g. 1 cup of bleach to 9 cups of water) is effective. There are several disinfectants on the market. Review options with your public health inspector.
- Leave the disinfectant on the surface for the manufacturers recommended contact time (e.g. 10 minutes for 1:10 mixture of bleach to water). When using bleach solutions, be sure the area is well ventilated and that it is not mixed with other cleaning compounds.
- The disposable towels, gloves and other disposable equipment should be discarded in a plastic-lined waste receptacle. Immediately tie and place with regular waste where daily trash removal occurs. Take care not to contaminate other surfaces during this process. Changing gloves may be needed.
- Care must be taken to avoid splashing or generating aerosols during the clean-up.
- Hands must be thoroughly washed for 15 seconds with soap and warm running water after gloves are removed.

Management of Incidents of Possible Exposure to Blood and Body Fluids

Child care staff, through the course of daily activities, may find themselves exposed to the blood or body fluids of another individual. This could mean possible exposure to hepatitis B, hepatitis C or HIV. The risk of becoming infected from an exposure to blood or body fluid depends on the type of injury, the immunization status of the person exposed and the risk factors associated with the source individual. For a blood or body fluid exposure to be significant, there needs to be a means of entry into the body of the child care staff member.

Significant Exposure

- Needle stick injury or any puncture, cut with a sharp object that was contaminated.
- Mucous membrane exposure: splash to eyes, nose or mouth.
- Contact with non-intact skin: healing wound < 3 days old, cut or open skin.
- Biting or receiving a bite where blood is present.

Note: Faeces, nasal secretions, sweat, tears, urine and vomitus are not considered potentially infectious unless visibly contaminated with blood.

Risk of Transmission

The exposure risk is greater:

- When there is visible blood on the device that caused the injury and especially if the device has been in the vein or artery of the source person.
- When the cut or entry point into the body is large or deep.
- When the volume of blood or body fluid is very large.

The health unit serves as a source of information to members of the community related to possible exposure to blood-borne diseases through contact with the blood or body fluids of another person. **Anyone with a blood or body fluid exposure should seek medical attention, preferably at a hospital emergency department, to determine the risks of the exposure.**

First Aid Management for Blood-borne Exposures

The following actions are recommended:

1. Remove the contaminated clothes as appropriate.
2. Immediately allow the wound to bleed freely.
3. Wash the wound and injured area well with soap and water. Application of caustic agents such as bleach or injection of antiseptics or disinfectants into the wound is not recommended.
4. If the eyes, nose or mouth are involved, flush well with large amounts of water or saline (at least 1000 ml).
5. Occupational exposures should be reported to your supervisor who should immediately implement agency policy.
6. Seek immediate medical assistance, preferably at a hospital emergency department.

8. Food Safety

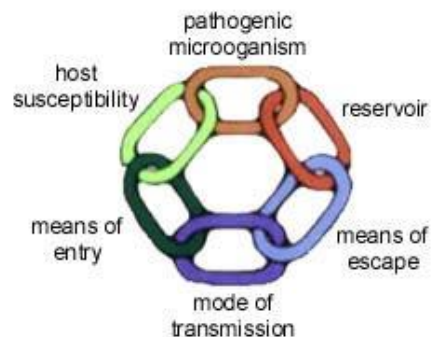
Food safety is critical because germs like bacteria grow very easily in food and others like viruses and parasites use food as a vehicle to spread and cause illness. The Simcoe Muskoka District Health Unit is responsible for inspecting food preparation in all licensed child care centres. This is to ensure that the facility and food handling are in compliance with the Ontario Food Premises Regulation R.R.O. 562/90. It is strongly recommended that all food handling staff at child care centres attend a food handling course to obtain a food handling certificate.

An entire section has been devoted to food safety in the chapter Child Care and the Environment.

9. Education

The purpose of education is to increase understanding and create a change in behaviour. Child care staff (including part time and volunteer staff) need to understand the Infection Prevention & Control program. This includes: why it is needed, how it is accomplished and what their role is regarding illness prevention.

Staff should also have a clear understanding of the communicable disease process including the chain of infection. For an infectious disease to occur, each link in the chain must be connected.



Regular in-service training for staff is required to ensure information pertaining to policies and procedures is well understood and any new information is relayed to the staff in a timely, effective manner.

ENVIRONMENTAL HAZARDS & CONTROLS

Arts & Crafts

Use	Avoid
Talc-free, premixed clay -make sure to wet mop surfaces after use	Powder clay: easily inhaled, may contain toxic substances like silica or asbestos, do not sand this product around children
Paper maché made from black and white newspaper & library or white paste	Instant paper maché may contain easily inhaled toxic substances like lead or asbestos
Liquid tempera paints or paints that an adult premixes	Powdered tempera paints or spray paints may contain toxic pigments that are dangerous when inhaled
Water-based markers	Permanent felt-tipped markers may contain toxic solvents
Water-based white glue or library paste	Instant glue, model glue or other solvent-based adhesives like epoxy
Dry grains, cereal products, cotton balls for sensory play	Water-based products, liquid gels that can support disease agent growth
Vegetable and plant dyes (such as onion skins, or tea) as well as food dyes.	Cold-water, fibre-reactive dyes or other chemical-based commercial dyes.

Adapted from: Canadian Child Care Federation, National Association for the Education of Young Children, Canadian Pediatric Society. Safety in the Arts Updated 2001.

When a parent or child care provider purchases art and craft supplies for children's use, they assume the products are safe. Many products labeled "non-toxic" are misleading because they refer to the immediate poisoning if ingested, inhaled or absorbed by the skin, but they do not reflect the dangers of long-term use.

- Products and materials should bear the CP (Certified Product) Seal and / or the AP (Approved Product) Seal of the (American) Art and Craft Materials Institute.
- Contact manufacturers to find out what substances are used in the product if they aren't clearly marked on the packaging.
- Avoid scents and any product in an aerosol can.
- Egg cartons, styrofoam meat trays and other containers used to store hazardous food items should not be used for crafts.
- Used toilet paper rolls are not recommended for crafts due to potential cross contamination.
- Styrofoam packing materials and balloons are not recommended for crafts because they can present a choking hazard.
- The Arts and Crafts area should have a utility sink for cleaning of paintbrushes and reusable craft supplies.
- Read the safety instructions on your sensory materials **every time** you use them.
- Keep materials in their original containers whenever possible. If you transfer materials, make sure you put labels on the new containers. Keep the original container nearby.
- Store all materials away from food and drink. Staff and children should not drink or eat when using sensory materials.
- Remind children to avoid touching their mouths, noses and eyes with hands, brushes, or other materials or tools.
- Ensure hand hygiene is performed before and after sensory play or crafts.
- Children should wash their hands in a hand washing sink, not in the craft utility sink, when finished.

Natural Play Items

See Appendix A for Natural Play Item infection prevention and control guidelines.

Animal Control

Refer to the [Guidance Document for Animals in Licensed Child Care](#) for more information.

Sensory Table Guidelines

DO NOT USE SENSORY TABLES DURING AN OUTBREAK

Water Play

Water play tables can trap and grow germs. They must be drained, emptied, cleaned, disinfected and air-dried after each use.

Choose a tub that is small in size, light in weight and easy to handle. The type of surface is important for easy cleaning. Choose tubs with smooth, non-absorbent and non-corrosive surfaces. Rounded corners and edges are better for easy cleaning.

Instructions for Safe Use:

Fill water play tub with fresh tap water before use. Do not add bleach or vinegar to the water. If water tables are used for the whole day, then the water should be changed for each group play.

1. Be sure all staff and children wash hands prior to and after using water play tub.
2. Empty tub after use and wash with detergent.
3. Rinse off the detergent with clean, clear water.
4. Disinfect thoroughly by using 200 ppm chlorine or 400 ppm quaternary ammonium. Let the disinfectant sit in the tub for at least 10 minutes or as per manufacturer's recommendation. Empty.
5. Allow to air dry.
6. Disinfect all water toys daily (sponges are to be discarded). Immediately remove from use any toys that have been in contact with a child's mouth.

Sand Play

Play sand used within these tubs must be free of disease-causing or injury-producing agents such as parasitic eggs, insects, feces or foreign objects.

Pre-packaged sterilized sand that can be purchased at most hardware stores is a safe product that should be used in play sand tubs. Play sand should be replaced monthly.

It is important to note that once play sand becomes moist or wet it may be capable of sustaining microbiological growth and as a precaution it is recommend that the wet or moist sand be replaced.

Food Play

Many food products are used in sensory activities such as dry pasta, rice, homemade play-dough etc. It is essential that food products are stored appropriately in puncture-proof containers.

Dried food products should be discarded weekly. If dried food products become wet, they must be immediately thrown out as food provides an excellent breeding ground for infectious disease agents once moist.

Homemade food products used for sensory play like play-dough, goop and slime are moist and bacteria can easily grow in them when stored in the classroom. These products should be used once then discarded.

Gardening

See Appendix B for recommendations regarding gardening in Child Care centres.

Composting

Composting can help to reduce the amount of garbage your centre produces. Some of the different methods for composting include: outdoor, municipality and indoor composting. If your child care centre is thinking about composting, you will need to consider the various composting methods along with your center's abilities.

For composting outdoors, the bins should be covered and well maintained to prevent attracting rodents and vermin. Only designated staff should handle the food scraps and maintain the composter.

Indoor composters also need to be well maintained to prevent attracting rodents and vermin. The bins should be plastic with a tight fitting lid. The containers should be stored away from the kitchen and food preparation areas, out of children's reach and in a locked area (e.g. storage room).

Some municipalities collect food scraps on a regular basis for composting. For municipality composting, food scraps should be collected in a plastic container with a tight fitting lid. The food scrap containers should be inaccessible to children, stored in a locked area, stored away from food preparation areas and cleaned after each collection day.

Despite the composting method used at your child care centre, food scraps should be collected in a plastic container with a tight fitting lid during food preparation. The food scrap collection container should be emptied and cleaned at the end of each day, stored out of children's reach, and cleaned by designated staff. Only designated staff should be maintaining the composters, and they should practice good hand hygiene after working with the bins. It is recommended that children not handle food scraps or the compost.

Health Risks and Disposal of Used Needles & Condoms

People are sometimes afraid when they find a used needle or condom in a park, street, or playground. However, if a used needle or condom is handled properly, the associated health risks are reduced. It is rare for someone to be injured by a used needle, but when it occurs the diseases we worry about most are hepatitis B, hepatitis C and HIV. The virus that causes HIV does not live long outside the body so a used needle will rarely carry the HIV virus.

- It is important to handle any used needles or condoms carefully.
- Teach children to never touch condoms or needles they find on the ground.
- Tell children to tell an adult right away if they see or have touched these objects.
- To pick up a used needle or condom, wear impermeable gloves that cannot be punctured by a needle, or use tongs.
- Hold the needle tip away from you; be careful not to prick yourself.
- Put the object in a safe container, using a plastic bag for a condom and a hard plastic container that cannot be punctured, for a needle. Place needle tip down into container. The container should have a lid that will not come off easily.

- When a needle is found, the container should be brought to the needle and not the needle brought to the container. Do not hold the container while putting the needle into it.
- Put the plastic bag into a garbage can that children cannot access. Call, or bring the container with the needle to the health unit or household hazardous waste disposal site. Do not put them into a recycling bin.
- Thoroughly wash hands for 15 seconds with soap and warm running water after gloves are removed.

Protocol for Needle stick Injury

The risk of getting a disease is low, but each situation needs to be assessed thoroughly. The staff member may be advised to have blood tests or get immunized, depending on the situation.

- If a needle does break the skin, let the cut bleed freely.
- Wash the area well with soap and water.
- Apply an antiseptic like rubbing alcohol or hydrogen peroxide.
- Visit a walk-in clinic or emergency department immediately.

Managing Human Bites in Your Centre

If any child bites another person and breaks the skin causing bleeding, the child care supervisor can contact the Simcoe Muskoka District Health Unit for information and should seek medical attention for both individuals involved.

Bites are common in the child care setting but severe bites are unusual and rarely lead to bacterial infections. Most bites are harmless and don't break the skin. Only a bite that breaks the skin can transmit infection. Toddlers (age 13 to 24 months) are bitten most frequently.

Appendix A

Communicable Diseases **FACTS** 

Infection Prevention and Control Guidelines for Natural Play Items

As part of a risk based approach, the Simcoe Muskoka District Health Unit works with child care centres to ensure that all infection prevention and control (IPAC) measures are taken to prevent the spread of illness. These measures can be applied to compliment the Ministry of Education practical education approaches. The following IPAC measures are intended to allow for a diverse range of play items/materials for use within the child care centre in a safe and sanitary manner.

- Natural Items** (e.g. pine cones, bird's nests, sticks, stones, and honeycomb) may be brought into a centre when:
- The facility is not in outbreak.
 - Washable items are cleaned before use.
 - Items are not visibly contaminated.
 - Non-washable items of high risk for contamination are enclosed in a container or jar to be observed and **not handled** e.g. bird's nest, eggs, chewed beaver sticks, sticks with insect holes, insects.
 - Items from outdoor areas should be obtained away from garbage/waste, animal feces, bird droppings, chemical contamination, pest contamination, etc.
 - Items contaminated with blood or body fluids (e.g. mouthed, sneezed/coughed on), should be removed and discarded or cleaned and disinfected immediately.
 - Natural items are routinely discarded or cleaned and disinfected on a weekly basis at a minimum.
 - Any natural items that are intended to be fixtures in the classroom should be treated to allow for regular cleaning and disinfection.

Use	Avoid
Dry, freshly fallen leaves, sticks, rock treated as sensory play.	Leaves in contact with animal feces or otherwise contaminated. (i.e. Damp/soggy leaves) Sticks with insect holes of other sign of pest activity
Recycled plastic containers (e.g. Yogurt tubs) <ul style="list-style-type: none"> • Can be cleaned and disinfected prior to use • Can be discarded when damaged 	Used Egg Cartons <ul style="list-style-type: none"> • Absorbent, not easily cleaned • Potential contamination from raw eggs
Cracker/cereal boxes <ul style="list-style-type: none"> • Easy to attain and recycle after use • No direct contact with food 	Toilet paper rolls, tissue boxes <ul style="list-style-type: none"> • Potential contamination from exposure near toilet and contaminated hands • Absorbent, not easily cleanable
Obtained from a safe source where the components of soil are known	Soil with animal manure and/or added chemicals such as fertilizer
Permanent Wooden items treated in a manner that allows for them to be easily cleaned and disinfected	Raw wood items <ul style="list-style-type: none"> • Absorbent, not easily cleanable • Potential physical hazard

Additional notes:

1. Children should be supervised and encouraged to wash hands after playing and handling any natural play items.
2. Staff supervision should be sufficient to ensure that contaminated items are not shared and are immediately removed when the child is finished with the item.
3. Ensure safety risks have been considered for all items used by the children such as exposure to allergens, choking hazards, poisonous seeds, slivers, etc. Child Care staff are expected to conduct a risk assessment

to determine if items are appropriate and safe. It is advisable that an area of the centre is maintained for natural items brought in from the outdoors. This practice will allow for observation of area to monitor for signs of pest activity.

4. Natural play items may need to be assessed on a case-by-case basis. If you are unsure about an item, please contact the Communicable Disease Team: ext. 8808 to have your question directed to a Public Health Inspector.




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Appendix B

Communicable Diseases

FACTS



Recommendations for Safe Gardening

Hygiene

- **Hand washing** should occur before and after gardening activities. This is the most important step in preventing infections.
- Do not allow eating or drinking while gardening.

Plants

- **Must not be poisonous or toxic**, and ensure plants and medical records are reviewed to avoid allergic reactions in children.
- **Teach children early on about the dangers of some plants** and how to recognize them (wild parsnip, cow parsnip, giant hogweed, and poison ivy).
- **Do not allow children to taste or eat** the plants or nectar from flowers.
- **Identify all plants and wild mushrooms** in the child care setting (including outdoor play areas), keep a record of common and botanical names, this could assist a physician in the event of accidental poisoning or allergic reactions.

Soil

Obtain from a safe source where the components of soil are known. Avoid using a soil with manure or fertilizers that could potentially be contaminated by animal feces. Ensure that soil for indoor use is free from pests and is routinely monitored for activity.

Water

Provide a **potable (drinking) water supply** for use in the garden. Water basins for gardening should be changed regularly. Stagnant water sources can become breeding areas for mosquitoes and are a contributing factor to the spread of vector borne diseases.

Worker Health:

- Stop gardening activities with children during outbreaks.
- Ill individuals should not work in the garden.

Site Safety

- Consider measures such as covers or fencing that will prevent the soil from being contaminated by local animals and pests.
- Construction material should be non-toxic and free of physical hazards
- Visually inspect garden site for signs of contamination prior to use. Contamination can include animal feces, insects, sharp objects, or other foreign objects.
- Tools should be age-appropriate and maintained in good condition.
- Children should have appropriate foot wear (i.e. closed-toed shoes) and work gloves
- Provide protection from the sun while gardening outdoors.


Maintenance

- Consider if the use of pesticides, herbicides, or fertilizers are necessary in your garden. Children can be more susceptible.
- If used, ensure chemicals are kept away from children. Never use these products while the children are in the centre.

*** Please note that this resource is not a comprehensive guide. Many factors need to be considered when developing a gardening program at your centre.***

For tips and tricks to help your garden grow:
 Find a local master gardener!
[Simcoe Country Master Gardeners](#)
[Muskoka Master Gardeners](#)

For additional information on infection control or safety concerns, call the Communicable Disease Team: ext. 8809



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