

Infection Prevention and Control in Child Care Centres

Requirements and Best Practices



2019 Edition

Prepared by: Toronto Public Health, Healthy Environments
Infection Prevention and Control in
Child Care Centres Committee

For Inquiries, please contact: Toronto Health Connection
Email: publichealth@toronto.ca
Call: 416-338-7600

Table of Contents

Introduction	3
1.0 Environmental Health	5
1.1 Routine Practices	5
1.2 Administrative Health Policies and Procedures.....	5
1.2.1 Required Administrative Health Policies and Procedures	6
1.3 Infection Prevention and Control Measures.....	8
1.3.1 Surveillance	8
1.3.2 Hand Hygiene.....	8
1.3.3 Glove Use.....	10
1.3.4 Respiratory Etiquette	11
1.3.5 Diapering and Toileting.....	11
1.3.6 Expressed Breast Milk	12
1.3.7 Environmental Cleaning and Disinfecting	13
1.3.8 Laundry.....	17
1.3.9 Sleep Equipment and Arrangement.....	18
1.3.10 Sensory Play and Toy Program.....	18
1.3.11 Gardening.....	20
1.3.12 Pest Control.....	21
1.3.13 Visiting and Resident Animals.....	22
1.3.14 Occupational Health and Safety.....	25
1.4 IPAC Information Sheets	26
2.0 Management of Gastrointestinal Outbreaks	27
2.1 Identifying an Outbreak.....	27
2.2 Reporting an Outbreak	28
2.3 Infection Prevention and Control Measures during Outbreaks	28
2.4 Maintaining a Line List	29
2.5 Sampling.....	29
2.6 Declaring the Outbreak Over	29
3.0 Immunization	30
3.1 Immunization Requirements for Children	30
3.2 Immunization Requirements for Staff	30
3.3 Immunization Exemptions	32
4.0 Tuberculosis (TB)	33
4.1 TB Screening Recommendations	34
4.1.1 TB Testing for Staff and Volunteers Prior to Employment.....	34
4.1.2 Repeat TB Testing.....	34
4.1.3 TB Testing for Children.....	35
5.0 Guidelines for Common Communicable Diseases	36
5.1.1 Reportable Diseases	36
5.1.2 Non-Reportable Diseases	39
6.0 Glossary of Terms	43
7.0 References.....	46
8.0 Where to Post Information Sheets	49

Introduction

Children in child care settings are at greater risk of diarrheal and upper respiratory illnesses, ear infections, and other communicable diseases, especially during the first year or two of attendance. Children under 5 years of age can be more susceptible to bacteria and viruses causing disease because their immune systems are not fully developed. They are also more likely to spread pathogens because of their frequent hand-to-mouth behaviours, lack of respiratory etiquette, inadequate hand hygiene, and dependence on others for diapering and toileting. There are also significant economic and health care costs related to illness among child care attendees, including doctor and emergency department visits, hospitalizations, and lost workdays by parents, caregivers, and child care centre staff who become ill (AAP, 2018; Shope, 2014).

There are many effective strategies to reduce the risk of illness and disease outbreaks among children in child care settings, including immunization, good hand hygiene, environmental cleaning and disinfection, and adherence to administrative health policies and procedures (AAP, 2018; CPS 2015; Shope, 2014).

Toronto Public Health's Role

Toronto Public Health has many responsibilities relevant to child care centres under the [Health Promotion and Protection Act](#) (HPPA), the [Ontario Public Health Standards](#), and the [Child Care and Early Years Act](#) (CCEYA). These responsibilities include:

- Conducting annual infection prevention and control (IPAC) inspections at all licenced child care settings in Toronto
- Conducting food safety inspections at child care centres that meet the definition of a food premise under the HPPA
- Providing online disclosure of food safety inspections and IPAC inspection results (new provincial requirement for 2018)
- Investigating and managing disease outbreaks in child care settings
- Ensuring immunization records of attendees and staff are complete
- Providing child care centre operators and staff with education and resources for the prevention and control of communicable diseases
- Assisting child care centre operators in developing strategies and policies to reduce the risk of illness among attendees and staff

Other agencies provide support and guidance to child care centres:

- **Toronto Children's Services** is responsible for planning and managing a broad range of child care services, including fee subsidy, wage subsidy, family resource centres, special needs resourcing, and summer day camps. Toronto Children's Services also conducts quality assurance assessments of child care centres under service contracts to the City of Toronto for fee subsidy.
- **Ontario Ministry of Education** oversees the licensing of child care centres, enforcement of the *Child Care and Early Years Act*, and providing resources to build high-quality, inclusive, and positive learning environments for children.

Using This Document

The purpose of this document is to provide information on IPAC requirements and best practices for child care centre operators in Toronto.

The requirements and best practices in this document are based on provincial legislative requirements; reviews of the scientific literature and environmental scans; and guidelines from experts such as the Provincial Infectious Diseases Advisory Committee, Canadian Paediatric Society, and National Advisory Committee on Immunization.

Effective in 2018, the *Child Care and Early Years Act*, [O. Reg. 137/2015](#) (General), states that child care centre operators:

*shall ensure that any **direction** 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], emphasis added)

"Direction" under the revised CCEYA will be interpreted by Toronto Public Health as written requirements in any inspection form, supplemental form or letter.

Understanding Statements in This Document:

- **Shall** indicates mandatory requirements written in legislation (e.g., CCEYA, *Health Promotion Protection Act*).
- **Must** indicates minimum requirements as directed by the medical officer of health.
- **Should** indicates a recommendation or that which is advised but not mandatory.
- **May** indicates an advisory or optional statement.

Under the CCEYA, child care centre operators **shall** also ensure that a record is kept of all inspections and that a copy of any report from the medical officer of health is kept on the premise of the child care centre and a copy is sent to their Ministry of Education program advisor.

Expectations for child care centre operators with respect to immunization of attendees and staff and health assessments of staff are addressed in sections 3 and 4 of this document.

1.0 Environmental Health

1.1 Routine Practices

Background

Routine Practices are based on the premise that everyone is potentially infectious. Routine practices are recognized strategies to prevent and control infection. They must be routinely used by everyone to prevent exposure to bodily fluids and excretions. Routine Practices are best practices that, when applied consistently, will reduce or eliminate the risk of transmission of microorganisms.

As part of routine practices child care centre operators and staff should continually assess the risk of exposure to bodily fluids and excretions. As part of the risk assessment, operators should identify and implement infection prevention and control practices that will help prevent the transmission of microorganism that can cause disease. Risk assessment and infection prevention and control practices should be incorporated into the culture of the child care centre operation (PIDAC 2012b).

Employing routine practices also helps minimize the risk of occupationally-acquired infections (OAI). OAI's are infections that occur as a result performing day-to-day tasks in the workplace. OAI's are an important safety issue because the acquisition of OAI's may pose a risk to child care centre staff. In order to protect children/visitors and staff and to reduce the costs of OAI's, it is necessary to prevent infections before they occur using routine practices.

1.2 Administrative Health Policies and Procedures

Background

Policies and procedures assist child care centres in ensuring that staff are trained and aware of infection prevention and control practices specific to the child care centre and how they apply to their daily activities. A policy sets out general directions on a specific matter (describes *who, what, and why*), but does not detail *how* to perform certain tasks. A procedure describes the step-by-step instructions for tasks that should be done in order to fulfill a policy.

Child care centre operators should refer to site specific surveillance data (e.g., reports of illness, outbreaks, attendance records, etc.), professional practice guidelines, standards and pertinent legislative requirements when developing policies and procedures.

Key Points

Policies and procedures:

- **Shall** be specific to the individual child care centre
- **Shall** be reviewed by child care centre staff
- **Must** be maintained in a written format to serve as a resource for providers responsible for their implementation

- **Should** be practical to implement
- **Should** be reviewed and updated annually, or as necessary, to incorporate the most current evidence, data and best practices
- **Should** be included as part of staff training

1.2.1 Required Administrative Health Policies and Procedures

A. Managing Communicable Diseases

Each child care centre **must** develop, maintain, and implement a policy and procedure on the management of communicable diseases that at a minimum, include the following components:

I. Management, Surveillance and Reporting of Diseases Policy & Procedure:

This policy and procedure relates directly to how a child care centre identifies, manages, responds to and reports diseases of public health significance. At a minimum, the following components **must** be included in the policy and procedure:

- Surveillance (e.g., observing children for illness upon arrival, recording symptoms, absences after outings, special events etc.)
- Monitoring for an increase from baseline illness levels among staff and children. Baseline incidence is the normal level of illness in a given place and time
- Methods and contact information for reporting diseases of public health significance to Toronto Public Health (TPH)
- Reference to the Exclusion and Isolation/Cohorting Policy and Procedure

Note: Reportable diseases (diseases of public health significance) **shall** be reported to TPH immediately by calling the Communicable Diseases Surveillance Unit (CDSU) at 416-392-7411. TPH will investigate and confirm these reports prior to any communications to parents or staff.

II. Exclusion and Isolation/Cohorting of Ill Children and Staff Policy and Procedure:

This policy and procedure outlines the steps a child care centre will take to:

- Isolate/cohort children and staff who become ill while attending the child care centre until they can be picked-up
- Exclude ill children and staff from the child care centre
- At a minimum, the following components **must** be included in the policy and procedure:
 - Signs and symptoms of reportable diseases (diseases of public health significance)
 - A designated room or area to isolate/cohort ill children until they can be picked up

- Exclusion criteria (e.g., illness that prevents child from participating in activities; greater need for care than the staff can provide; illness poses a serious health risk if spread to others)
- Refer to [Section 5.0 Guidelines for Common Communicable Diseases](#)

B. Infection Prevention and Control (IPAC) Policies and Procedures

Each child care centre **must** develop, maintain, and implement policies and procedures for each applicable component of the IPAC program. Examples of such policies and procedures include but are not limited to:

- Hand hygiene program
- Diapering and toileting program
- Communication with parents and staff with respect to IPAC practices
- Environmental cleaning and disinfection program
- Toy cleaning and disinfection program
- Laundering program
- Pest control program
- Care and handling of resident and visiting animals
- Prevention of occupationally acquired infections, including disease surveillance and management
- Immunization requirements

C. Management of Outbreaks

Each child care centre **must** develop, maintain, and implement a policy and procedure on the management of outbreak that at a minimum, include the following components:

- Isolating/cohorting ill children until they can be picked up
- Notifying parents or emergency contacts to pick up ill children as soon as possible
- Maintaining a line list of ill children and staff by recording name(s), the date and time children and staff became ill, date(s) of birth, gender(s), individual symptoms, and their room number or type (e.g., infant room or toddler room)
- Enhancing cleaning and disinfection programs:
 - Changing the disinfectant or dilution concentration (e.g., for norovirus outbreaks use a 1000 parts per million chlorine bleach solution)
 - Ensuring appropriate disinfectant contact times (e.g., 2 minutes or allow to air dry)
 - Increasing the frequency of cleaning and disinfection of high touch surfaces
- Reporting possible **gastrointestinal outbreaks** to TPH Communicable Diseases Surveillance Unit (CDSU) at 416-392-7411
- Distributing outbreak advisory letters to parents/guardians
- Posting outbreak notification sign(s) at entrances to the child care centre

- Obtaining permission from parents to submit specimen samples to the Public Health Ontario Laboratory (PHOL)

1.3 Infection Prevention and Control Measures

When implementing IPAC measures, child care centre operators and staff should conduct a risk assessment for all activities that considers:

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

1.3.1 Surveillance

Surveillance is an important part of infection prevention and control, and the key to identifying an outbreak. Operators and staff **shall** observe children daily, monitoring for signs and symptoms of illness. As part of the surveillance program operators and staff **shall** record the following information:

- Attendance and absence of children and staff
- Signs and symptoms of illness (observing children upon arrival to the child care centre)
- Dates and times that the symptoms started (onset)
- Time that the ill child was picked up from the child care centre
- Dates of field trips, outings and special events

1.3.2 Hand Hygiene

Background

Every person has two categories of microorganisms on their skin, sometimes called transient and resident bacteria.

- *Transient bacteria* colonize the upper layers of the skin and are acquired from direct contact with children, staff, contaminated objects and/or the environment. Transient bacteria may also be easily passed on to others or from objects in the environment (also called fomites) and are a frequent cause of infections (WHO, 2009). Effective hand hygiene kills or removes transient bacteria on the skin and reduces the risk of transmitting communicable diseases to others.
- *Resident bacteria* are found in the deeper layers of skin and are more resistant to removal. These bacteria do not generally cause infections and can be beneficial to maintaining healthy skin.

Hand hygiene refers to any hand-cleaning action and is an essential part of Routine Practices. Several studies demonstrate that hand washing in child care centres significantly reduces diarrhoeal and respiratory illness (Ejemot-Nwadiaro et al., 2008). Hand hygiene involves the removal or destruction of visible soil and transient microorganisms from the hands while maintaining good skin integrity. Intact skin is the body's first line of defence against bacteria; therefore careful attention to skin care is essential. The presence of dermatitis, cracks, cuts or abrasions can trap bacteria and compromise hand hygiene. Dermatitis also increases shedding of skin and, therefore, shedding of bacteria.

There are two methods of killing/removing microorganisms on hands:

- a. **Hand sanitizing with alcohol-based hand rubs (ABHR) containing 70% to 90% alcohol is the preferred method when hands are not visibly soiled.** Using easily accessible ABHR in most settings takes less time than traditional hand washing. Use of ABHR is also more effective than washing the hands with soap and water when hands are not visibly soiled.

Note: Providing an ABHR product that contains an emollient (moisturizer) can significantly decrease "irritant contact dermatitis" under frequent-use conditions.

- b. **Hand washing with soap and running water must be performed when hands are visibly soiled.** The presence of organic material can reduce the effectiveness of alcohol in ABHR. The mechanical action of washing, rinsing and drying is the most important contributor to the removal of transient bacteria. If hands are visibly soiled and running water is not available (e.g., field trips), use a moistened towelette to remove the visible soil, followed by ABHR.

A common barrier to hand hygiene compliance is the adverse effect(s) of products on the skin. Educating staff on the benefits of ABHR will help to alleviate anxiety and promote its use (PIDAC, 2014). ABHRs have been shown to be less irritating to skin than soap and water despite perceptions to the contrary. If an individual feels a burning sensation following the application of ABHR, it is generally due to pre-irritated skin. Allergic-contact dermatitis associated with ABHRs is uncommon. Non-alcohol-based waterless antiseptic agents are not recommended for hand hygiene in healthcare and institutional settings and **must** not be used (PIDAC, 2014).

Key Points

Child care centres **must** develop and maintain written policies and procedures for the established hand hygiene program that at a minimum, includes the following components:

- When to perform hand hygiene
- How to perform hand hygiene
- How products used for hand hygiene are selected (e.g., ABHR)
- How product dispensing containers are managed
- How hand hygiene compliance will be monitored and improved

Child care centres **must** implement a hand hygiene program that at a minimum, includes the following elements:

- Teach children proper hand hygiene
- Supervise children while using ABHR
- Ensure hand washing is carried out when hands are visibly soiled (use of ABHR is not appropriate when hands are visibly soiled)
- Ensure staff, visitors, parents and children practice hand hygiene upon arrival and/or entry into any room
- Ensure staff practice hand hygiene:
 - Before preparing, handling or serving food
 - Before and after handling expressed breast milk
 - Before and after giving medication
 - Before initial contact with children or handling items in the room
 - After toileting/diapering
 - After coming in from outside
 - After providing care involving blood, body fluids, secretions and excretions of children or staff, even if gloves were worn
 - Before and after glove use
 - Before and after handling animals
 - After handling garbage
 - Whenever in doubt
- Ensure staff assist and supervise children when practicing hand hygiene:
 - After playing outdoors
 - After using the washroom
 - Before eating
 - Before and after handling pets
 - After sneezing or coughing
 - Before and after sensory play activities
 - Whenever in doubt

Each room with a designated hand washing sink (i.e. IPAC sink) **must** be equipped with the following:

- Running water
- Liquid soap in a dispenser
- Paper towels
- "Hand Washing" information sheet

1.3.3 Glove Use

Background

Gloves are an excellent barrier device for reducing the risk of communicable disease transmission. However, gloves are not completely free of leaks, and tears/punctures can occur. Improper glove use, including re-using gloves, can contribute to the transmission of pathogens. Wearing gloves does not substitute proper hand hygiene (e.g., hand washing or using ABHR) (PIDAC, 2014).

Key Points

- Gloves **must** be worn when it is anticipated that hands will be in contact with mucous membranes, broken skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces
- Gloves **must** be single-use only
- Hand hygiene **must** be practiced before putting on and after taking off gloves.
- Gloves **must** be removed immediately and discarded into a waste receptacle after each use
- Gloves should be appropriate for the type of activity

To reduce hand irritation, use appropriate gloves when handling chemical agents; wear gloves for as short a time as possible; clean and dry hands before and after wearing gloves; and use gloves that are clean and dry.

1.3.4 Respiratory Etiquette

Respiratory infections are spread easily in settings where people are in close contact. To prevent the spread of microorganisms that cause respiratory infections (e.g., influenza), proper respiratory etiquette should be taught to children and regularly practiced by staff, and visitors.

Respiratory etiquette includes:

- Staying home when ill with a respiratory infection
- Minimizing airborne droplets when coughing or sneezing, by:
 - Turning your head away from others and sneezing or coughing into your arm (e.g., "sneeze into the sleeve" and "cover your cough")
 - Maintaining a two-metre separation from others, when possible
 - Covering your nose and mouth with a tissue
 - Disposing of used tissues into the garbage immediately after use.
- Practicing proper hand hygiene immediately after coughing or sneezing

1.3.5 Diapering and Toileting

Background

Child care centre operators provide diapering and toileting program for children to help develop and encourage hygienic practices. However, diapering and toileting can pose a risk of disease transmission. It is important that child care operators and staff apply IPAC principles and Routine Practices during diapering and toileting routines.

Hand washing sinks **must** be provided in diaper changing areas and washrooms. These sinks **must** be designated for hand washing and **must** be adequately supplied to allow staff and children to properly wash their hands. The diapering area must be separate from the food preparation area.

Key Points

- Washrooms and diapering areas **must** be equipped with:
 - Designated hand washing sink supplied with:
 - Running water
 - Liquid soap in a dispenser
 - Paper towels
 - "Hand Washing" information sheet
 - Single-use disposable gloves
 - Appropriate disinfectant
 - Washrooms/diapering surfaces constructed of smooth, non-porous, non-absorbent material that is easy to clean and disinfect (e.g., formica, hard plastic, stainless steel or a washable pad covered by smooth vinyl). Surfaces **must** be free of cracks or rips.
 - Appropriate storage for personal hygiene items (e.g., diapers, creams, ointments, toothpaste, toothbrushes etc.)
 - Garbage containers equipped with a leak proof plastic liner and a foot activated lid that is tight fitting
- Sinks **must** be washed and disinfected at least daily (or as necessary) and **must** not be used for food preparation, rinsing soiled clothing or toy washing
- Washrooms, fixtures and diaper change surfaces **must** be maintained in a sanitary condition
- Diapering surfaces **must** be disinfected after each use (even if a paper liner is used) and this should be used for diapering only (not drying toys)
- Personal hygiene items **must** be labelled and stored separately to prevent accidental sharing
- Personal hygiene items **must** be dispensed in a manner that prevents cross contamination (e.g., if children are using toothpaste from the same tube, the toothpaste **must** be dispensed onto a paper towel and then applied to the brush)

1.3.6 Expressed Breast Milk

Background

Breast milk supports the optimal growth and development of infants, and is a complementary addition to a young child's diet beyond one year. Safe handling, thawing, storage and administration ensures the quality of expressed breast milk (EBM) for breastfed infants and children, and minimizes the risk of infection to children and staff.

EBM is a bodily fluid and may contain microorganisms from the mother or from other sources. EBM is not sterile, and it is important to ensure proper temperature control and handling. Improper handling of EBM may result in contamination with microorganisms that can cause infections such as MRSA, Group B streptococcus, *Klebsiella pneumoniae* and *Pseudomonas* species (PIDAC, 2012a). Feeding the incorrect EBM to an infant or child can potentially lead to the transmission of disease so labelling containers and supervision during feeding are important measures to avoid unintended consumption.

Key Points

When handling, preparing and dispensing EBM child care operators:

- **Shall** store EBM in a refrigerator at a temperature of 4° Celsius or colder, until used
- **Shall** thaw frozen EBM in a refrigerator and ensure it is used within 24 hours. Do not use a microwave to thaw EBM
- **Shall** ensure bottles and containers are properly labelled (date, name of infant/child and name of mother)
- **Shall** supervise children drinking EBM from a cup to prevent unintended consumption by other children. Discard any left-over EBM not consumed by the child
- **Must** apply Routine Practices when handling EBM
- **Must** practice hand hygiene before and after handling EBM
- **Must** wear gloves while handling EBM (e.g., dispensing into a cup or from a container)

Note: Contact TPH Communicable Diseases Surveillance Unit (CDSU) at 416-392-7411 immediately, if a child consumes EBM intended for someone else.

1.3.7 Environmental Cleaning and Disinfecting

Background

Increased rates of childhood infections are influenced by the physical environment. A study by Laborde et al. (1993) found that faucet handles were among the most contaminated sites in child care centres. For example, norovirus, (a virus that causes gastrointestinal disease) can live for long periods of time on surfaces and objects such as doorknobs and faucet handles. Microorganisms that can cause gastrointestinal illness are commonly found on surfaces in child care centres, especially in rooms where diaper-aged children are located.

Cleaning is the physical removal of foreign material (e.g., dust, soil, etc.) and organic material (e.g., blood, secretions, excretions, microorganisms, etc.). Cleaning physically removes rather than kills microorganisms. Cleaning is accomplished with warm water, detergent(s) and mechanical action. After cleaning an object, it is necessary to rinse with clean water to ensure detergent film is removed.

Disinfection, a process completed after cleaning, is the process of killing most disease-causing microorganisms on objects using chemical solutions.

Key Points

Child care centres **must** develop, maintain, and implement a policy and procedure on environmental cleaning and disinfecting that at a minimum, include the following components:

- Routine cleaning and disinfection schedule(s) for each room/area identifying the surfaces, equipment and items to be cleaned and disinfected, the frequencies of cleaning and disinfection (i.e. daily, weekly and monthly), and the person(s) responsible for that task
- Directions on how and when a product is to be used (staff should be able to provide a description of the products used, contact times, proper dispensing and usage)
- Directions for cleaning and disinfection during an outbreak
- Information relating to the cleaning agent(s) and disinfectant(s) used at the child care centre including:
 - Drug identification number (DIN)
 - Material safety data sheet (MSDS)
- Directions for where to securely store cleaning and disinfectant supplies

1.3.7.1 Cleaning Agent(s)

- **Shall** be labelled
- **Shall** be stored in a secure location, and inaccessible to children

Choosing a Cleaning Agent

The ease of cleaning is an important consideration in the choice of materials used in your centre (PIDAC, 2012b). When choosing a cleaning agent consider the following:

- Furniture and equipment in your facility
- Compatibility with other cleaning agents and disinfectants used in the centre (e.g., do not use chlorine bleach and ammonia together as it can cause harmful fumes)

Using a Cleaning Agent

Cleaning must be done as soon as possible after contamination. When using cleaning products, minimize mist while applying to avoid eye and respiratory irritation (PIDAC, 2018). It is important that the sequence or steps involved in the cleaning process be done in the correct order:

- Wear the appropriate personal protective equipment for the task
- Clean in a progression from low-touch to high-touch surfaces and from top to bottom
- If required, rinse surface(s) with clean warm water

1.3.7.2 Disinfectants

- **Shall** be labelled
- **Shall** be stored in a secure location, and inaccessible to children
- **Shall** have a Drug Identification Number (DIN #), and a Material Safety Data Sheet (MSDS);
- **Must** be used as per the manufacturer's directions
- **Must** have a predetermined shelf-life
- **Must** have a recommended and short contact time
- **Must** have an efficacy statement

- **Must** not contain **phenols** because they can cause **Hyperbilirubinemia** (jaundice) if not rinsed properly (PIDAC, 2018)

Note: Efficacy statements/label claims indicate the effectiveness of a disinfectant against different types of microorganisms and may describe a disinfectant as being bactericidal, fungicidal, virucidal or sporicidal.

Choosing a Disinfectant

Using a ready-to-use/pre-mixed disinfectant is ideal compared to mixing chemicals on site. When choosing a disinfectant consider products that are:

- Easy to use (e.g., clear label instructions)
- Non-toxic or non-irritating at in-use concentrations
- Broad spectrum
- Not affected by environmental factors (e.g., disinfectant remains active in the presence of different soils or contaminants; doesn't react negatively with other cleaning products)
- Compatible with a wide range of materials (e.g., wood, leather, etc.)
- Economical or cost effective
- Stable in concentrate or in diluted form, and therefore have a suitably long shelf life

Using a Disinfectant

- Read and follow all manufacturer instructions before use
- Wear appropriate personal protective equipment
- Clean the surface prior to disinfection. Remove visible dirt by scrubbing with detergents and warm water before disinfection or use an approved one-step disinfectant cleaner
- Consider the type of microorganisms that can potentially be present on the surface to be treated (e.g., surfaces exposed to blood, skin, other bodily fluids)
- Use an appropriate disinfectant (i.e. type and concentration)
- During an outbreak, ensure the disinfectant is a broad spectrum, and effective against norovirus
- Mix daily in a clean bottle. Never top-up disinfectants (PIDAC, 2012a)
- Label each disinfectant bottle appropriately
- Do not dip a soiled cloth into the disinfectant solution (no 'double-dipping')
- When using a disinfectant minimize mist when applying to avoid eye and respiratory irritation

1.3.7.3 Surface Types

High-touch and Low-touch Surfaces

High-touch surfaces include sinks, faucet taps, toilets, railings, high chairs, feeding tables, plastic bibs, cribs, doorknobs, light switches and electronic devices that are touched frequently by hands. These surfaces require frequent cleaning and disinfection.

Low-touch surfaces include floors, walls and windowsills that are touched less frequently.

Key Points

- Surfaces **must** be maintained in a sanitary condition
- High-touch surfaces **must** be cleaned and disinfected daily and as necessary (e.g., when visibly dirty, when spills occur)
- Low-touch surfaces **must** be cleaned and disinfected as needed
- Surfaces should be cleaned and disinfected more frequently during outbreaks

Carpets and Floor Mats

Carpets and floor mats can be more heavily contaminated for prolonged periods than non-carpeted floors and can be a potential source of microorganisms during outbreaks. Child care centres that use carpets and floor mats **must** ensure that policies and procedures outline routine cleaning practices that include, at a minimum the following components:

- Carpets/floor mats are cleaned as often as necessary and promptly if a spill occurs
- Shampoo/steam clean carpets in infant rooms every 3 months
- Shampoo/steam clean carpets in non-infant rooms every 6 months
- If carpets do not appear to be adequately cleaned, re-cleaning is necessary or replacement **must** be considered
- Floor mats that cannot be adequately cleaned and disinfected should be promptly removed and replaced
- Refer to TPH "Blood and Body Fluids" information sheet for how to clean and disinfect after a blood or body fluid incident

1.3.8 Laundry

Background

Improper laundering of bedding materials used in child care centres may increase the risk of disease transmission. Items such as bed sheets can harbour microorganisms that grow well in a moist and warm environment. However, disease transmission is rare if bedding materials are handled and laundered in a sanitary manner (PIDAC, 2012b).

Key Points

The following key points are necessary to reduce the risk of disease transmission associated with improper laundering of bedding materials. Child care centres **must** ensure the following:

- Policies and procedures that include directions for the collection, transport, handling, washing, and drying of soiled items
- Children's personal belongings (e.g., coats, hats and shoes) are stored separately, such as in individual cubbies
- Soiled clothing is sent home for cleaning (do not rinse; roll and place items in a sealed plastic bag; solid stools are disposed of in the toilet prior to bagging clothes)
- Soiled items are kept separate from clean items in a covered container/bag
- Bedding (sheets and blankets) is assigned to each child laundered weekly or more frequently when soiled or wet
- Cloth bibs are kept in a sanitary manner and laundered as necessary
- Laundry is done in a separate area from the kitchen.

Existing child care centres that launder in a kitchen area **must** ensure laundry is done at alternate times to food preparation. Surfaces **must** be cleaned and disinfected prior to food preparation and after laundering.

For new or renovating premises, Toronto Public Health requires laundering facilities to be separate from any food preparation area. A utility sink should be installed in the laundry area.

1.3.9 Sleep Equipment and Arrangement

Background

Children may be scheduled for sleeping periods at child care centres as part of the daily routine. It is important to ensure this activity is carried out in a sanitary manner.

Key Points

- Children **must** be placed in a sleeping arrangement that minimizes the spread of respiratory infections (i.e. head to toe)
- Sleep equipment **must** be labelled and assigned to a single child
- Sleep equipment **must** be cleaned and disinfected before being reassigned
- Cots/Crib mattresses **must** be made of a cleanable material
- Crib mattresses **must** be cleaned and disinfected when contaminated (soiled or wet)
- Cots must be cleaned and disinfected weekly and as necessary (when soiled)
- Sleeping equipment and bedding **must** be stored in a manner to prevent contamination (e.g., avoid contact with mats/bedding used by another child)
- Bedding (sheets and blankets) **must** be assigned to each child and laundered weekly, or more frequently when soiled or wet

1.3.10 Sensory Play and Toy Program

Background

Toys and play-based learning are an integral part of a childcare program. Toys and sensory play are excellent methods by which to enhance children's sense of touch, sight, taste, smell and hearing. However, toys are also excellent vehicles for the spread of disease-causing microorganisms.

Toy Cleaning and Disinfection

Similar to environmental cleaning and disinfection, child care centres **must** implement a comprehensive toy cleaning and disinfection program which includes the following:

- Policies and procedures
- Schedule(s) that identify toys to be cleaned/disinfected, frequencies of cleaning/disinfection (i.e. daily, weekly and monthly), and the person(s) responsible for cleaning and disinfecting
- Toy cleaning and disinfection schedules and log sheets should be posted. The frequency of cleaning and disinfection varies depending on the age group and the amount of handling of toys:
 - *Infant (under 18 months)*: Frequently touched toys in infant rooms **must** be cleaned and disinfected daily (or more often as necessary)
 - *Toddler (18 – 30 months) & Preschool (>30 months – 5 years)*: Frequently touched toys in toddler and preschooler rooms **must** be cleaned and disinfected weekly (or more often as necessary)
 - *Kindergarten & School Age (5 – 12 years)*: Frequently touched toys in the school aged rooms **must** be cleaned and disinfected monthly (or more often as necessary)

When cleaning and disinfecting toys:

- If using a dishwasher to clean and disinfect toys, the dishwasher **shall** comply with the requirements of Ontario Regulation 493/17, Food Premises
- Child care operators **must** wear appropriate personal protective equipment (e.g., rubber gloves)
- Toys **must** be cleaned and rinsed prior to disinfection.
- Disinfectant used **must** be safe and suitable for the intended purpose. The manufacturer's directions for dilution and contact times **must** be followed
- Toys **must** be cleaned and disinfected using the 3-compartment sink method or a dishwasher. The 2-compartment sink method is acceptable if washing and rinsing are done in the first sink. If no sinks are available then the 3 bin method is acceptable

Key Points

The following practices are necessary to reduce the risk of disease transmission to children when playing with toys and participating in sensory play activities:

- Children **must** practice hand hygiene before and after playing with toys or participating in sensory play activities
- Playrooms **must** be provided with both ABHR and a designated hand washing sink (IPAC sink)
- Toys **must** be maintained in good repair and inspected for damage. Damaged toys that compromise cleaning and disinfection must be discarded
- Toys **must** be easy to clean and be able to withstand frequent cleaning and disinfection
- Toys used for water-play **must** not retain water as they can provide an environment for bacterial/mould growth
- Toys that are mouthed or contaminated by body fluids **must** be cleaned and disinfected before handling by another child.
- Mouthed toy bins **must** be designated and clearly labelled for the storage of mouthed/dirty toys.
- Homemade playdough and slime, due to its high moisture content, is more likely than store-bought playdough/slime to harbour and allow the growth of microorganisms. Used homemade playdough and slime **must** be discarded daily. Unused homemade playdough/slime **may** be stored in the refrigerator for up to one week.
- Store-bought playdough/slime **must** be discarded according to manufacturer's recommendations
- Sensory play bins that contain dry materials **must** be cleaned and disinfected after they are dumped and before replenishing
- Water play bins **must** be drained, cleaned and disinfected after each session. Choose water play bins that are easy to move, drain, clean and disinfect
- Individual sensory play bins **must** be used when appropriate, such as when children are showing signs of illness (e.g. runny nose)
- Toy storage cupboards **must** be emptied, cleaned and disinfected as necessary.

- Toy storage areas **must** be monitored for pest activity
- Indoor play structures (e.g., playhouses/climbers) **must** be cleaned and disinfected as often as necessary. A thorough cleaning of the entire play structure **must** be done according to schedule. Frequency of cleaning is determined by the age group using the play structure
- Electronic devices **must** be cleaned and disinfected between users

The following sensory play materials may be used:

- Water
- Dry pasta
- Purchased sand
- Playdough,
- Clean snow
- Pine cones
- Twigs
- Leaves

The following sensory play materials **must** not be used:

- Sand, gravel and other soiled materials obtained from outdoor locations
- Meat trays, or soiled egg cartons and toilet paper rolls
- Manure or other products containing possible fecal matter or chemicals

1.3.11 Gardening

Background

Gardening can be a wondrous experience for children of all ages. It can give children satisfaction from caring for something over time while observing the cycle of life. Involvement encourages healthy food choices while learning about plants and develops an appreciation for nature. It can be an exciting adventure and a great teaching tool. Involve children in the design of the garden to produce something unique and plan for adequate and accessible storage of tools and equipment.

Soil quality should always be considered when planning a garden as it can be contaminated with biological (microorganisms), chemical (pesticides/herbicides, lead and other heavy metals) and physical hazards. People can be exposed to these contaminants in the soil through ingestion (eating soil), skin exposure and inhalation (breathing). Young children may accidentally ingest more soil than older children and adults because of their frequent hand-to-mouth contact placing them at an increased risk of exposure to soil contaminants. For more information on soil quality, collecting and interpreting soil samples see Toronto Public Health's soil and gardening guidelines: [*From the Ground Up: Guide for Soil Testing in Urban Gardens*](#)

Key Points

When planning a garden it is important to consider previous and current land use practices of neighbouring properties in the immediate area. The following gardening practices as per Toronto Public Health's soil and gardening guideline aims to reduce exposure to soil contaminants. Some actions to consider include:

- Identify sources of potential soil contamination
- Build a raised bed garden (child sized plots) or use planters or pots
- Protect soil from animals (e.g., wire mesh, fencing)
- Use pasteurized garden soil or compost
- Wash hands after gardening
- Wash produce thoroughly
- Peel root vegetables before you eat them
- Eliminate stagnant water to prevent mosquito breeding sites

1.3.12 Pest Control

Background

Pests such as mice, rats and cockroaches pose a potential health risk as they are known to carry disease and can trigger or worsen asthma symptoms in some individuals. Every child care centre **must** implement and follow an integrated pest management (IPM) program. IPM consists of a multi-pronged approach which focuses on pest prevention. Core principles of IPM involve eliminating pests' access to food, water and shelter (College of Agricultural Sciences, 2015).

Key Points

- Operators **must** ensure that adequate pest control is provided
- Operators **must** notify/consult a licensed pest control operator if any pest activity is observed in the premises
- Operators **must** follow the IPM principles of eliminating pests' access to food, water and shelter, which include, at a minimum:
 - Cleaning all rooms (especially food preparation areas), closets, cupboards and storage areas regularly
 - Inspecting the exterior structure of the building. Eliminate pest access into the building by repairing/replacing screens or by plugging holes, cracks and other entryways
 - Addressing structural issues inside the facility
 - Ensuring clutter and accumulation is reduced inside and outside the facility to eliminate places where rodents/vermin can live
 - Ensuring food and sensory play materials (e.g., dried pasta) are stored in labelled plastic containers with tight fitting lids
 - Monitoring for pest activity such as live or dead rodents/vermin and/or their feces
 - Ensuring that pest control reports can be made available to the Public Health Inspector upon request
 - Documenting dates/times of pest control services provided

1.3.13 Visiting and Resident Animals

Background

Interaction with animals can provide a valuable learning experience for children. However, bringing animals and children together has potential risks. Infants and children, particularly those less than 5 years of age, have an increased risk of infection that can cause serious illness. This is due to their developing immune systems and frequent hand-to-mouth activities. Child care operators and other adults may also be at increased risk. These risks include exposure to zoonotic diseases (e.g., *Salmonella* and *E. coli*), injuries (e.g., bites, bruises, and scratches), and allergies. Zoonotic diseases are transmitted from animals to humans through direct and indirect contact. Visiting and resident animals may be a source of a number of zoonotic diseases from pathogens such as bacteria, viruses, parasites, and fungi.

Key Points

Dogs, cats, rabbits, birds, rodents (e.g., mice, hamsters, rats, gerbils, guinea pigs) and fish are permitted in child care centres. In order to prevent injury or illness to children and staff:

- Dogs and cats **shall** be fully immunized against rabies
- Dogs and cats **must** be up-to-date with any other applicable vaccinations and medications and be on a flea, tick and intestinal parasite control program
- Animals **must** be trained and be in good health
- Animals **must** have an appropriate temperament to be around children and show no signs of disease

Note: Pet birds (e.g., budgies, parakeets) are strongly discouraged in child care centres.

Animals Not Recommended for Child Care Centres

The following animals are not recommended for children and **must** not be housed in or allowed to visit **any** child care centre:

- Exotic animals (e.g., hedgehogs, monkeys)
- Wild/stray animals (e.g., bats, raccoons, stray dogs or cats, squirrels)
- Inherently dangerous animals (e.g., lions, cougars, bears)
- Venomous or toxin-producing animals (e.g. venomous or toxin producing spiders, insects, reptiles and amphibians)
- Ill animals or animals under medical treatment
- Young animals (e.g., puppies and kittens less than 1 year old)
- Animals that have been fed raw or dehydrated foods, chews, or treats of animal origin within the past 90 days
- Birthing or pregnant animals
- Animals from shelters or pounds unless they have been in a stable home for at least 6 months
- Aggressive animals
- Animals in estrus (i.e. animals in heat)
- Rabies reservoir species (i.e. bats, skunks, racoons, foxes)

Animals Not Recommended for Children Under Five Years of Age

The following animals are not recommended for **children less than five years of age** and **must** not reside in or visit facilities that share staff or programming areas with children under five years of age:

- Reptiles (e.g., turtles, snakes and lizards)
- Amphibians (e.g., frogs, toads, and salamanders)
- Live poultry (e.g., chicks, ducklings and goslings) including hatchery equipment
- Ferrets
- Farm animals (e.g., calves, goats and sheep)

Key Points for Visiting Animals

Child care centre operators **must** collect and record the following information for visiting animals (e.g., indoor/outdoor travelling animal shows):

- Date of visit
- Name of animal owner(s)
- Owner contact information
- Animal(s) name and species
- Proof of animal health documentation (see appendix 2.B *Veterinary Care Statement for Animals Visiting Child Care Centres* in Ministry of Health and Long-Term Care [Recommendations for the Management of Animals in Child Care Settings, \(2018\)](#))
- Description of the group of children/room(s) visited
- Any additional guests in attendance (e.g., volunteers, parents)

These records should be kept on-site for one year and made available to Public Health Inspectors or parents/guardians who may request them.

Key Points for Resident Animals

Child care centre operators may choose to house an animal in their centre. Child care centres **must** develop a resident animal care plan which consists of the following components:

- Staff members responsible for providing care for the resident animal, including times when the child care centre is closed
- The animal's daily requirements, including feeding and exercise
- Daily health screening of the animal for signs of infection/injury
- Animal bathing and cleaning requirements
- Enclosure cleaning/disinfection schedule and procedure
- Designated location for the animal enclosure (separate from children's eating and sleeping areas)
- Contact number for the resident animal's veterinarian
- Annual completion of *Veterinary Care Statement for Resident Animals in Child Care Centres*. Refer to appendix 2.A in Ministry of Health and Long-Term Care document [Recommendations for the Management of Animals in Child Care Settings, 2018](#)

Key Points for Cleaning, Disinfecting and Storing Animal Enclosures

Store animal enclosures appropriately to prevent cross contamination and reduce the risk of disease transmission. Animal enclosures:

- **Shall** be kept separate from food preparation/children's eating areas
- **Must** be kept separate from sleep equipment/children's sleeping areas

The following key points are necessary when cleaning and disinfecting animal enclosures:

- Assemble all required cleaning and disinfecting supplies
- Put on gloves and protective outer garments (e.g., apron)
- Remove animal to a temporary holding area
- Dispose of food, droppings, bedding material, etc. in a garbage bag
- Clean animal enclosures, food containers, toys, etc. with soap and water, using a scrub brush to remove dirt. Rinse thoroughly with fresh water.
- Sinks used for food preparation and sinks used by children **must** not be used for cleaning animal enclosures and related items
- Disinfect items with appropriate product following manufacturer's instructions
- Rinse items thoroughly, if needed to remove chemical residue, and dry
- Use fresh bedding material, food, water, etc. when preparing the enclosure and before returning the animal to the enclosure
- Clean and disinfect area(s) surrounding the enclosure and the animal's temporary holding area
- Sinks used during the cleaning **must** also be cleaned and disinfected after use
- Discard single-use gloves or clean and disinfect reusable rubber gloves
- Perform hand hygiene

Key Points for Child and Animal Interaction

The following key points are necessary to prevent injury or illness, and ensure safe interactions between children and animals:

- Operators **shall** report animal bites immediately to TPH by calling:
 - 416-338-7600 during business hours or 311 after hours
- Operators **must** be educated as to which animals are permitted
- Operators **must** supervise all contact between animals and children
- Operators **must** teach children the humane and safe procedures to follow when in close proximity to animals. These include:
 - Treating animals gently and calmly. Never hurt, tease, frighten, surprise, or corner an animal
 - Avoid chasing and/or kissing animals
 - Never disturb an animal that is eating or sleeping
- All children and staff who handle animals **must** practice hand hygiene (wash hands or use alcohol-based hand-rub) after contact with animals, their feed, toys, bedding and/or their environment
- Children should avoid touching animal food and feces
- Children should avoid eating or touching their face during and after animal contact

- Animals **must** be housed within some barrier (e.g., enclosure) that protects the children
- Animals **must** be prohibited from entering a food preparation area

1.3.14 Occupational Health and Safety

Background

Occupational health and safety involves health and safety aspects in the workplace. The Ministry of Labour (MOL) directly oversees and enforces all matters relating to occupational health and safety. As such, the MOL employs Infection Control Practitioners in order to review requirements and provide consultation on IPAC issues in the workplace. As a result, occasional audits of "Health Care Facilities" are conducted.

Although child care centres are not defined under the Health Care and Residential Facilities Regulation, the MOL has set precedent by applying this regulation to work settings where IPAC is a key component of that work setting. Operators may be required to report staff cases to the MOL.

Additionally, the Health Protection and Promotion Act (HPPA), as well as sections of the Ontario Public Health Standards requires local public health units to investigate and alert the MOL with respect to occupational health hazards.

In order to comply with occupational health and safety legislation, activities in the child care centre may require the use of personal protective equipment (PPE) (e.g., gloves, mask, eye protection, and safety boots). Examples of activities that may require the use of PPE include handling hazardous chemicals such as those used for making your daily disinfection solutions. It is important to note that IPAC measures will also ensure compliance with occupational health and safety legislation (e.g., labelling hazardous chemicals). As well, it is important to ensure chemicals are stored out of reach from children and separate from food.

Key Points

- Wear appropriate PPE for the type of activity (e.g., rubber gloves for cleaning and disinfection versus medical-type gloves for diaper change)
- Follow manufacturer's instructions for using PPE
- Ensure appropriate PPE is available for use by staff when required
- Ensure proper donning (putting on) and doffing (taking off) techniques are practiced

1.4 IPAC Information Sheets

Background

Information sheets have been developed by TPH and are provided as a reference to assist operators, staff and children in following core IPAC practices. Information sheets are not intended to serve as a written policies and procedures. To obtain current information sheets please visit [Toronto Public Health's Child Care Centre Hygiene page](#).

Key Points

- IPAC Information Sheets **must** be posted in appropriate locations within the child care centre
- IPAC Information Sheets **must** be current

The following Information sheets are available:

- Bleach Solutions for Disinfecting
- Blood and Bodily Fluid Spills
- Cover Your Cough
- Diaper Routine
- Glove Use
- Hand Sanitizing*
- Hand Washing*
- Sensory Play Activities
- Toilet Routine
- Toy Cleaning and Disinfecting

Note: *There are two versions of Hand Washing and Hand Sanitizing information sheets (child and adult). The age appropriate information sheet should be posted in designated areas.

2.0 Management of Gastrointestinal Outbreaks

An outbreak is when a greater than expected number of children and child care centre staff have similar symptoms of illness in a given period of time. Child Care Centres must report gastroenteritis outbreaks to the Medical Officer of Health. When an outbreak occurs, TPH will work with CCC staff to support the management of the outbreak.

Outbreaks of gastrointestinal illness in child care centres are most frequently caused by viruses such as noroviruses and rotaviruses; however, bacteria and other pathogens can also cause outbreaks. For additional information about common childhood communicable diseases and outbreaks of gastroenteritis see Section 5.

2.1 Identifying an Outbreak

Symptoms of gastrointestinal illness may include vomiting, diarrhea, abdominal cramps and fever.

A **case** (child or staff) of gastrointestinal illness can be defined as:

- Two or more episodes of diarrhea within a 24-hour period
- Two or more episodes of vomiting with a 24-hour period
- One or more episodes of diarrhea AND one or more episodes of vomiting within a 24-hour period.

If more children or staff are experiencing gastrointestinal symptoms than expected:

- Review your surveillance data, communication books or daily log
- Identify similar symptoms of illness in children/staff
- Review recent child/staff absenteeism records
- Consider other possible reasons for symptoms (new medications or diet changes)

An **outbreak of gastroenteritis** is defined as:

Two or more people (children or staff) with the same symptoms, in the same room within 48 hours.

2.2 Reporting an Outbreak

Child care centres **must** report outbreaks of gastroenteritis to the Medical Officer of Health. If an outbreak is suspected or if you are uncertain if there is an outbreak, call the TPH Communicable Disease Surveillance Unit (CDSU) at 416-392-7411.

Have the following information when you call:

- Date and time of the first case
- Date and time of the most recent case
- Total number of children and staff per room
- Total number of ill children and staff per room
- Signs or complaints of symptoms of illness (e.g., diarrhea, vomiting)

TPH will use this information to determine if an outbreak exists. A unique outbreak number will be assigned when an outbreak is declared. It is important to include the outbreak number on all outbreak-related documentation.

2.3 Infection Prevention and Control Measures during Outbreaks

Prompt implementation of control measures will help to minimize the risk of further spread of the infection in the child care centre.

Exclusion of ill children and/or staff:

Ill children and staff must stay at home until they have been *symptom-free* of vomiting and/or diarrhea for 48 hours.

Cohorting of ill children:

Children who become ill while attending the child care centre should be isolated from other children until a parent or guardian can take them home.

Cleaning and disinfection:

Routine cleaning and disinfection is important to prevent the spread of infections. During an outbreak additional cleaning and disinfection measures are needed including, but not limited to:

- Cleaning and disinfecting common areas, high touch surfaces and toys more frequently
- Ensuring that the disinfectant used during an outbreak is effective to kill norovirus (a virus that commonly causes outbreaks in child care centres)
- Avoiding sensory activities (e.g., water or sand play, play-dough)
- Limit the movement of staff and children from room to room as much as possible

Hand Hygiene

Proper hand hygiene is the most effective way to prevent the spread of infections.

- Infants and young children should be supervised when performing hand hygiene to ensure it is done properly
- Hand hygiene should be done more often during an outbreak
- Ensure adequate supplies are available to perform hand hygiene

Communication

TPH will provide a letter to inform parents/guardians of the outbreak and what actions are necessary should their child become symptomatic. TPH will provide an outbreak notice that should be posted at all entrances to inform parents, guardians and visitors of the outbreak.

2.4 Maintaining a Line List

A line list is a table that summarizes information about staff and children associated with the outbreak.

- Information on ill children and staff should be collected, reviewed and documented each on the line list
- Maintain one line list for staff and one line list for children
- A case is only listed once during the outbreak
- New cases are added to the existing line list
- TPH should be notified when:
 - CCC is aware of positive results from a stool specimen
 - Spread of illness to another group/room
 - Change in symptoms
 - Hospitalization/death of child care attendee/staff
 - Parental concern/difficult questions
 - Media interest

2.5 Sampling

Specimen sampling is used to identify the cause of the outbreak – this could include stool samples and/or food samples. TPH staff will ensure stool sampling kits and instructions are available and obtain food specimen samples if needed.

If an organism is identified in one stool specimen and only one stool specimen was submitted, then permission from the parent to release the results will be obtained prior to releasing the results to the child care centre operator. If an organism is identified when multiple stool specimens were submitted, the child care centre can be informed of the results such as the organism (e.g., norovirus) but not the case's identity.

It is important to ensure consent to obtain and submit a stool specimen to PHOL is provided by parents/guardians of children. In the event that an opportunity to collect a stool specimen presents itself *prior* to notifying the parents/guardians, the specimen can be collected but not be sent to the lab until parental consent has been provided. Results from stool specimens are provided to the parent/guardian by TPH.

2.6 Declaring the Outbreak Over

The end of an outbreak of gastroenteritis must be declared by TPH. Generally, the outbreak is declared over 5 days from the onset of symptoms in the last case. This may change depending on the identification of a specific infection causing the outbreak.

3.0 Immunization

3.1 Immunization Requirements for Children

The [Child Care and Early Years Act](#) (CCEYA), *Section 35 (1)* of O. Reg. 137/2015 (General) requires child care operators to collect registrant's immunization information or a valid exemption before admission to the centre. Children attending a child care should receive vaccines according to their age under the Ontario's Publicly Funded Immunization Schedule.

Figure 1: Ontario's Publicly Funded Immunization Schedule

Ontario's Publicly Funded Immunization Schedule

Vaccine	Diphtheria	Tetanus	Pertussis	Polio	Haemophilus B (Hib)	Pneumococcal-C-13	Rotavirus	Measles	Mumps	Rubella	Varicella (Chickenpox)	Meningococcal-C	Hepatitis B	Human papillomavirus (HPV)	Influenza
2 months	✓	✓	✓	✓	✓	✓	✓								
4 months	✓	✓	✓	✓	✓	✓	✓								
6 months	✓	✓	✓	✓	✓	✓	✓								
1 year					✓			✓	✓	✓	✓				
15 months										✓					
18 months	✓	✓	✓	✓	✓										
4-6 years	✓	✓	✓	✓				✓	✓	✓	✓				
Grade 7												✓	✓	✓	
14-16 years	✓	✓	✓												
Every autumn															✓

Boxes filled with the same colour are given as one needle.
Rotavirus vaccine is given by mouth; 2 or 3 doses.

To facilitate the collection of immunization information, [a form is available](#) on our website. Child Care Centres are not required to keep immunization records or exemptions of grade-school children (e.g., kids in before or after-school programs).

Parents who cannot locate their child's immunization record, can check with their health care provider. For foreign immunization records, contact Toronto Public Health's – Immunization Centre at 416-392-1250 for free translation.

3.2 Immunization Requirements for Staff

Before commencing employment, child care centre staff are required to be vaccinated according to the recommendation made by the local medical officer of health (under Section 57 (1), O. Reg. 137/2015). Toronto's Medical Officer of Health's vaccine recommendations for staff of child care centres are listed below.

The operator must **collect** and **maintain** the information on file at the facility. To facilitate the collection of immunization information, [a form is available](#) on our website. Although not a requirement for students and volunteers under the Act, students and volunteers should also receive these vaccinations for their personal protection.

Vaccine to Protect Against Diseases	Recommendations for Staff and Documentation Required *
<p>Hepatitis B vaccine Persons with hepatitis B may not show symptoms but can spread the virus through body fluids. For personal protection, all staff should be vaccinated.</p>	<p>Documented 2-4 dose series (as a child or adult) or Proof of Immunity <i>Some may have received this vaccine in infancy, or as a combination vaccine for travel – e.g., Twinrix®</i></p>
<p>Measles, Mumps, Rubella (MMR) vaccine Measles is very contagious and can spread through the air even after the infectious person has left the room.</p>	<p>Documented 2 doses or Proof of immunity (if born in 1969 or earlier or blood tests)</p>
<p>Diphtheria, Tetanus, Pertussis (Tdap) vaccine Tetanus is naturally occurring in the soil. Pertussis, also called the "100 day cough" is very dangerous to young infants.</p>	<p>Documented one dose of Tdap as an adult then Td vaccine booster every 10 years.</p>
<p>Varicella (chickenpox) vaccine Chickenpox can spread through the air, days before the rash is present. It can lead to severe complications.</p>	<p>Documented 2 doses given at least 6 weeks apart or Proof of immunity (self-reported history of chickenpox or a blood test)</p>
Vaccine	Strongly Encouraged for Staff
<p>Seasonal Influenza vaccine Staff working with children under 5 years of age are strongly encouraged to receive this vaccine each year.</p>	<p>Annual vaccination No documentation required</p>

*Or a valid exemption (see below)

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

3.3 Immunization Exemptions

Parents who choose not to have their child vaccinated or staff who choose not to be vaccinated may submit an exemption for religious or philosophical reasons. Exemptions must be documented using approved ministry forms. Completed forms are to be kept in the child's or employee's file.

In the event of an outbreak or case of a vaccine preventable disease (e.g., measles), children and staff who are not immunized may be excluded from the child care centre. This is to minimize the risk of spreading the disease.

- [Statement of Medical Exemption form](#), must be completed by a legally qualified medical practitioner.
- [Statement of Conscience or Religious Belief Affidavit](#), must be notarized by a Commissioner of Oaths.

Understanding Risks

Contagious diseases still spread in Ontario, though some can be prevented with vaccines.

For child care registrants and/or employees who choose to delay or not vaccinate, there are some important responsibilities to consider.

1. Diseases can spread even when others are not showing symptoms.
2. Identify early signs and symptoms of diseases to know when to seek immediate medical assistance.
3. In the event of a contagious disease at the child care centre, the child or staff may need to go home, to prevent the spread of disease.
4. Follow recommended isolation procedures to protect other children, especially infants, young children, pregnant women and staff with poor immune systems.
5. When visiting a doctor, emergency room or medical clinic, let the medical staff know that the person is not vaccinated. This may assist the doctor to consider the possibility of vaccine preventable diseases. Medical clinics may also need to take precautions to prevent the spread of disease to others.
6. For staff and parents who are pregnant, advise they talk to their doctor about the risks and other ways to protect themselves and their baby from vaccine preventable diseases (e.g., whooping cough, congenital rubella).

4.0 Tuberculosis (TB)

TB is an infectious disease caused by TB germs. TB usually attacks the lungs and can affect any part of the body. It causes serious illness but is preventable, treatable, and curable with special antibiotics.

TB transmission

TB is spread from person to person through the air. TB is spread when someone sick with TB of the lungs coughs or sneezes the germs into the air. It is not highly contagious. Close, prolonged or regular contact with someone who is sick with TB disease is needed to spread this disease.

Signs and Symptoms

TB infection

Most people who breathe in TB germs are able to stop them from growing. The immune system traps the TB germs and keeps them inactive. This is called TB infection. People with TB infection:

- Cannot spread TB germs to others
- Does not feel sick/has no signs and symptoms
- Have a positive skin test (people with weak immune systems may have a negative skin test even though they are infected with TB – speak with your doctor/nurse)
- Can go to work

TB infection can be treated with preventive medication which will reduce the risk of developing TB disease later in life.

TB disease

TB germs become active when the body's immune system is unable to stop the germs from growing. The active TB germs begin to grow and cause damage to the body. This is called TB disease. TB disease of the lungs and throat can be spread to others.

People with TB disease can feel sick with:

- New or worsening cough (lasting longer than 3 weeks)
- Fever/chills/night sweats
- Feeling tired/unexplained weight loss/loss of appetite
- If the TB disease is in a part of the body other than the lungs, the symptoms will depend on where the TB is growing. An example would be a swollen lymph node or joint pain.
- A person with infectious TB disease cannot go to work until a doctor confirms that this person cannot spread TB germs to others. People with TB disease must complete treatment to cure the disease.

4.1 TB Screening Recommendations

Toronto Public Health highly recommends that all staff and volunteers provide documentation of TB testing prior to employment. Child care centre staff and volunteers need TB skin testing to protect themselves, other staff, volunteers and children. (Volunteers include those who expect to work regularly during the next year – approximately one half-day per week or more.)

4.1.1 TB Testing for Staff and Volunteers Prior to Employment

1. If a new employee/volunteer does not know their TB status or has had a negative TB skin test result in the past, a single TB skin test is highly recommended. The skin test should be done anytime **within 6 months before the start of employment**.
 - If the TB skin test is negative – no further testing is needed at this time. (People with serious medical conditions that weaken the immune system, such as HIV or cancer, may have a negative skin test even though they are infected with TB. If you are in this category please speak to your doctor.)
 - If the TB skin test is positive – a medical examination and chest x-ray is recommended. Sputum may also be collected. **The physician should provide documentation that the individual with a positive TB skin test is free of infectious TB disease before beginning work.**
2. If a new employee/volunteer has had a documented previous positive skin test, the skin test does not need to be repeated – it will always remain positive. However, a medical examination and chest x-ray within 3 months before starting work is recommended to ensure that child care staff and volunteers do not have TB disease. **The physician should provide documentation that the individual with a previous positive TB skin test is free of TB disease before beginning work.**

A TB skin test can be done by your family physician, a walk-in clinic or at a neighborhood community health centre. For employment purposes, you generally will have to pay for the TB skin test.

4.1.2 Repeat TB Testing

Employees/volunteers are **not** required to have annual or periodic skin tests or chest x-rays for TB. Any employee/volunteer who has a positive TB skin test should be aware of the signs and symptoms of active TB disease. If your skin test is positive and you develop signs and symptoms of active TB (cough > 3 weeks, fever/chills/night sweats, unexplained weight loss/loss of appetite/fatigue) see a doctor immediately. Should this occur, follow-up of the TB case and contacts will be coordinated by Toronto Public Health.

4.1.2.1 Early Childhood Education (ECE) Students Repeat TB Testing

Some child care centres participate in ECE field placements. Many ECE programs require their students to have TB screening. If you have ECE students, confirm with their program that they have had their TB skin tests done prior to starting their placement.

4.1.3 TB Testing for Children

Routine TB testing for children is not recommended.

If you have questions regarding TB, contact TPH's Tuberculosis program at **(416) 338-7600** or e-mail us at targettb@toronto.ca

**TB medicines are free when a doctor orders them from Toronto Public Health.
TB is preventable, treatable and curable!**

5.0 Guidelines for Common Communicable Diseases

5.1.1 Reportable Diseases

Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>CHICKENPOX</p> <p>Also known as Varicella</p> <p>Caused by: Varicella-Zoster virus</p>	<p>Fever may be present before an itchy rash develops. Crops of small flat pink spots turn into fluid-filled blisters that crust as they resolve.</p>	<p>Airborne: Spreads easily from person-to-person through the air (coughing/sneezing).</p> <p>Contact: Direct contact with the fluid from the blisters or respiratory secretions.</p>	<p>1 to 2 days before the rash/spots appear, until all blisters have crusted over (usually 5 days after first blisters appear).</p> <p>Most infectious from 12-24 hours before rash appears.</p>	<p>No – Cases that present with mild illness can be permitted to return as soon as well enough to participate in normal activities, regardless of the state of the rash.</p>
<p>DIARRHEAL DISEASE</p> <p>Also known as gastroenteritis</p> <p>Caused by: <i>Campylobacter</i>, <i>Salmonella</i>, <i>E.coli</i> 0157, <i>Giardia</i>, <i>Shigella</i>, Typhoid, norovirus, rotavirus and other bacterial, viral and parasitic organisms.</p>	<p>Abnormal, loose or frequent stools. Nausea, vomiting, abdominal pain or cramps, mucous, blood or pus in stool. Other systemic symptoms such as fever.</p>	<p>Contact: Direct contact with stool of infected person or animal (contaminated hand to mouth). Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool.</p>	<p>Throughout acute infection and as long as organisms are in stool. Depends on causative organism.</p>	<p>Yes – At least until 24 hours symptom free. Exclusion period varies depending on the causative organism.</p> <p>However, where a Disease of Public Health Significance is reported to the CCC, contact TPH at 416-392-7411 for further direction & information.</p>
<p>GASTROENTERITIS OUTBREAK (see Section 2 on outbreaks)</p> <p>Caused by: Commonly by viruses such as norovirus and rotavirus. Can be caused by foodborne bacterial and viral organisms.</p>	<p>Gastroenteritis Outbreak Case Definition: Two or more cases with signs and symptoms compatible with infectious gastroenteritis in a specific CCC room within 48 hours.</p>	<p>Contact: Direct contact with stool of infected person or animal (contaminated hand to mouth). Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool.</p>	<p>Throughout acute infection and as long as organisms are in stool.</p>	<p>Yes – Until child or staff are 48 hours symptom-free, during an outbreak.</p> <p>Consult Toronto Public Health if you suspect you have an outbreak. Call 416-392-7411.</p> <p>If it is determined not to be an outbreak, then exclude until 24 hours symptom free.</p>

Reportable Diseases (Diseases of Public Health Significance, continued)

Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>MEASLES</p> <p>Also known as Rubeola, Red Measles</p> <p>Caused by: Measles virus</p>	<p>High fever, cough, runny nose, red eyes for 3 to 7 days before rash starts. Small white spots may appear inside the mouth.</p>	<p>Airborne: Spread easily from person-to-person through the air (highly contagious).</p> <p>Contact: Direct contact with respiratory secretions of an infected person.</p>	<p>4 days before onset of rash until 4 days after onset of rash.</p>	<p>Yes – Until 4 days after onset of rash and when the child is able to participate.</p>
<p>MUMPS</p> <p>Also known as infectious parotitis</p> <p>Caused by: Mumps virus</p>	<p>Swollen and tender glands at the jaw line on one or both sides of the face. May include fever, malaise, headache, swollen testes and respiratory symptoms (especially for children aged five and under).</p>	<p>Droplet: From coughs and sneezes of an infected person to a distance of < 2 metres.</p> <p>Contact: Direct contact with the saliva or respiratory secretions of an infected person.</p>	<p>7 days before to 5 days after onset of swelling.</p>	<p>Yes - Until 5 days after gland swelling begins.</p>
<p>PERTUSSIS</p> <p>Also known as Whooping Cough</p> <p>Caused by: <i>Bordetella pertussis</i></p>	<p>Usually begins with fever, runny nose and mild cough. After 1-2 weeks, the cough becomes more frequent and severe and may result in a high-pitched whoop sound. Loss of breath or vomiting after coughing bouts may occur. Coughing may last 6 -10 weeks.</p>	<p>Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.</p>	<p>Highly infectious in the early stages of runny nose and cough to 3 weeks after onset of whooping cough, if not treated, or after 5 days of treatment.</p>	<p>Yes – Until 5 days of appropriate antibiotics have been completed. If untreated, until 21 days after onset of cough.</p>

Reportable Diseases (Diseases of Public Health Significance, continued)

Disease	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>RUBELLA</p> <p>Also known as German Measles</p> <p>Caused by: Rubella virus</p>	<p>Low-grade fever, malaise, tiredness, runny nose, red eyes and swelling of the glands in the neck and behind the ears.</p> <p>Raised, red, pinpoint rash that starts on the face and spreads downwards. Usually uncomplicated illness in children.</p>	<p>Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.</p> <p>Contact: Direct contact with respiratory secretions of an infected person.</p>	<p>7 days before to 4 days after onset of rash.</p>	<p>Yes – For 4 days after onset of rash.</p>
<p>HEPATITIS A</p> <p>Caused by: Hepatitis A virus</p>	<p>Most infants and young children infected with hepatitis A have no symptoms or mild symptoms. Fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain and jaundice (yellowing of the skin and eyes), dark urine.</p>	<p>Contact: Direct contact with stool of infected person (contaminated hand to mouth).</p> <p>Indirect contact with contaminated food, water or other objects or surfaces contaminated with stool.</p>	<p>2 weeks before until 2 weeks after onset of symptoms, or 1 week after the onset of jaundice.</p>	<p>Yes – For 2 weeks after the onset of symptoms, or 1 week after the onset of jaundice.</p>

5.1.2 Non-Reportable Diseases

Diseases	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>HEAD LICE</p> <p>Also known as Pediculosis capitis</p> <p>Caused by: <i>Pediculus humanus capitis</i></p>	<p>Itchy scalp nits (whitish-grey egg shells) attached to hair shafts, scratching marks or small red lesions like a rash, live lice.</p>	<p>Contact: Direct contact head-to-head (live lice). Indirect contact by sharing hats, hair brushes, headphones, helmets, etc.</p>	<p>As long as live nits or live lice are present.</p>	<p>No – Children with head lice should be treated and then attend school or child care as usual. ‘No-nit’ policies that keep children with head lice or nits after treatment away from school are not necessary. Children should avoid close head-to-head contact.</p>
<p>PINWORMS</p> <p>Caused by: <i>Enterobius vermicularis</i>, which is a nematode or roundworm</p>	<p>Itching around the anus and vagina, disturbed sleep and irritability.</p>	<p>Contact: Direct contact from fingers contaminated with eggs from scratching. Indirect contact from contaminated bed linens, clothing, toys, etc.</p>	<p>Until treatment is completed.</p>	<p>No – Re-infection from contaminated hands is common, therefore reinforce hand washing.</p>
<p>SCABIES</p> <p>Caused by: <i>Sarcoptes scabiei</i>, which is a mite</p>	<p>Red, very itchy rash which usually appears between fingers and toes on palms, underarms, wrists, soles, elbows, head and neck. Itchiness is usually worse at night.</p>	<p>Contact: Direct contact from person-to-person, prolonged, close and intimate skin-to-skin contact. Mites are almost invisible to the naked eye.</p>	<p>Until treated, usually after 1 or 2 courses of treatment, a week apart.</p>	<p>Yes - Exclude until after 24 hours of the first treatment given.</p>

Non-Reportable Diseases (continued)

Diseases	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>COMMON COLD</p> <p>Caused by: Rhinoviruses</p>	<p>Runny nose, sneezing, sore throat, cough, fever, headache, decrease of appetite and lack of energy. Most colds last for 7 to 10 days.</p>	<p>Droplet: From cough and sneeze of an infected person to a distance of < 2 meters.</p> <p>Contact: Direct contact with respiratory secretions. Indirect contact with toys, other objects or surfaces contaminated with respiratory secretions.</p>	<p>Highest during the first 2 to 3 days of symptoms and until 7 to 10 days after onset of symptoms.</p>	<p>No – If child feels well enough to participate.</p>
<p>HAND, FOOT & MOUTH DISEASE</p> <p>Caused by: Non-polio enteroviruses</p>	<p>Fever, small painful blisters in the mouth, which make it difficult for the child to eat or drink. Blisters on the palms and soles of feet. Blisters may persist for 7 to 10 days and are not itchy. Headache, vomiting, diarrhea, sore throat, loss of appetite and lack of energy can also occur.</p>	<p>Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.</p> <p>Contact: Direct contact with stool, saliva, nose and throat secretions or fluid from the blisters of an infected person. Indirect contact with contaminated toys, objects or surfaces.</p>	<p>For duration of illness and up to several weeks after onset of illness.</p>	<p>No – If child feels well enough to participate.</p>
<p>IMPETIGO</p> <p>Caused by: <i>Streptococcus pyogenes</i> or <i>Staphylococcus aureus</i></p>	<p>Cluster of red bumps or fluid-filled blisters, which may ooze a clear fluid or become covered by an itchy honey-coloured crust. Usually appears around a child's mouth, nose or on exposed skin of the face or limbs.</p>	<p>Contact: Direct contact with skin lesions of an untreated person Indirect contact with contaminated bed linens, towels or clothing.</p>	<p>From onset of rash until 1 day after start of treatment.</p>	<p>Yes - Until 24 hours after treatment has been initiated with appropriate antibiotics. Lesions on exposed skin should be covered.</p>

Non-Reportable Diseases (continued)

Diseases	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>FIFTH DISEASE</p> <p>Also known as "Slapped Cheek" syndrome, Erythema infectiosum</p> <p>Caused by: Parvovirus B19</p>	<p>A very red rash on a child's cheeks (slapped face appearance). A red, lace-like rash develops on torso and arms, then over the rest of the body. Rash may itch occasionally. May have fever, malaise, upset stomach (nausea or diarrhea) or a mild cold before rash starts. Rash may last 1 to 3 weeks.</p>	<p>Contact: Direct contact with respiratory secretions. Indirect contact with contaminated objects such as toys, then putting hands in mouth.</p>	<p>During the week prior to the appearance of the rash. Not infectious once rash appears.</p>	<p>No – If child feels well enough to participate.</p>
<p>CONJUNCTIVITIS</p> <p>Also known as Pink Eye</p> <p>Caused by: Bacteria (nontypable <i>Haemophilus influenzae</i> and <i>S. pneumoniae</i>) Viruses (adenoviruses)</p>	<p>Purulent: Pink or red eyeballs, white or yellow discharge, matted or red eyelids and eye pain. Usually caused by a bacterial infection. Non-Purulent: Pink or red eyeballs, clear and watery discharge, mild or non-pain. May be caused by virus or non-infectious condition.</p>	<p>Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.</p> <p>Contact: Direct contact with eye secretions.</p>	<p>Bacterial: Infectious until 24 hours of appropriate antibiotic treatment. Viral: Infectious as long as there is eye discharge.</p>	<p>Yes – Until assessed by their health care provider. For bacterial conjunctivitis exclude until 24 hours after appropriate antibiotics has started.</p>
<p>RINGWORM</p> <p>Also known as Tinea Corporis</p> <p>Caused by: various types of fungi</p>	<p>Itchy, flaky ring-shaped rash, on face, trunk, limbs, scalp, groin or feet.</p>	<p>Contact: Direct contact (skin-to-skin). Indirect contact sharing combs, unwashed clothes, shower or pool surfaces and under fingernails from scratching. Can also be acquired from pets.</p>	<p>As long as rash is untreated or uncovered.</p>	<p>Yes – Until the appropriate treatment has been started.</p>

Non-Reportable Diseases (continued)

Diseases	Signs & Symptoms	Transmission	Infectious Period	Exclude?
<p>SCARLET FEVER</p> <p>Caused by: <i>Streptococcus pyogenes</i></p>	<p>Sore throat, fever, swollen tender neck glands with widespread bright red rash covering the entire body. Commonly seen on neck, chest, underarms, elbow, groin and inner thigh, tongue (strawberry tongue). Typically rash does not involve face, but there may be flushed cheeks. Rash feels like sandpaper.</p>	<p>Droplet: From coughs and sneezes of an infected person to a distance of < 2 meters.</p> <p>Contact: Direct contact with saliva.</p>	<p>Until 24 hours after appropriate antibiotic treatment started.</p> <p>In untreated cases, 10 to 21 days.</p>	<p>Yes – Until 24 hours after treatment has started and the child is able to participate in activities.</p>
<p>STREP THROAT</p> <p>Caused by: <i>Streptococcus pyogenes</i></p>	<p>Sore throat, fever and swollen tender neck glands.</p>			
<p>MOLLUSCUM CONTAGIOSUM</p> <p>Caused by: Molluscum contagiosum virus (pox virus)</p>	<p>Mild skin disease. Tiny "pinpoints" on skin turn into pinkish-white bumps that are smooth and shiny. Bumps have dip in the middle and have a milky-white cheesy material inside.</p>	<p>Contact: Direct contact with bumps through skin to skin contact. Indirect contact with bedding contaminated with material from bumps Scratching can spread infection from one part of body to another</p>	<p>As long as bumps are present and uncovered.</p>	<p>No</p>

6.0 Glossary of Terms

Additional precautions: Precautions (contact precautions, droplet precautions, airborne precautions) that are necessary in addition to Routine Practices for certain pathogens or clinical presentations (e.g., respiratory symptoms). These precautions are based on how a disease-causing microorganism is transmitted (e.g., through direct contact, from droplets, airborne).

Alcohol-based hand rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.

Child Care Centre: A premise operated by a person licensed under the Child Care and Early Years Act which provide programs and services that include learning, development, health and well-being of children.

Cleaning: The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. Cleaning is accomplished with water, detergents and mechanical action.

Communicable disease: Illness caused by microorganisms that are transmitted from an infected person or animal to another person or animal.

Communicable Disease Investigator: A Public Health Inspector and/or Public Health Nurse in the TPH Control of Infectious Diseases & Infection Control Program who investigates and manages cases and outbreaks of disease of public health significance.

Contamination: The presence of an infectious agent in food or water, on hands, or on a surface such as clothes, gowns, gloves, bedding, toys, dressings or other inanimate objects.

Detergent: A synthetic agent that can emulsify oil and suspend soil when cleaning.

Disinfectant: A product that is used on surfaces or medical equipment/devices which results in disinfection of the equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant. Disinfectants rapidly kill or inactivate most infectious agents. Disinfectants are only to be used to disinfect and should not be used as general cleaning agents, unless combined with a cleaning agent as a detergent-disinfectant. Skin antiseptics should never be used as environmental disinfectants (e.g., alcohol-based hand rub, chlorhexidine).

Disinfection: The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. See also, *Disinfectant*.

Drug Identification Number (DIN): In Canada, disinfectants are regulated as drugs under the *Food and Drugs Act* and Regulations. Disinfectant manufacturers have to obtain a drug identification number (DIN) from Health Canada prior to marketing, which ensures that labelling and supporting data have been provided and that it has been established by the Therapeutic Products Directorate that the product is effective and safe for its intended use.

Fomites: Inanimate objects in the environment that may become contaminated with microorganisms and serve as vehicles of transmission.

Gastrointestinal outbreak: For the purposes of this document, a gastrointestinal outbreak is defined as two cases (staff or children) experiencing gastroenteritis illness within 48 hours, in the same room.

Hand hygiene: A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub (ABHR).

Hand washing: The physical removal of microorganisms from the hands using soap from a dispenser and running water

Healthy Environments Inspector: A Public Health Inspector in the TPH Healthy Environments Food Safety Program who conducts food safety and IPAC inspections.

Incubation period: The time elapsed from when a person is exposed to a disease-causing microorganism to when symptoms and signs of illness first appear.

Infection: The entry and multiplication of disease-causing microorganism in a host. Infected people may have clinical signs and symptoms of illness or have no symptoms (asymptomatic or sub-clinical infection).

Infection Prevention and Control (IPAC): Evidence-based practices and procedures that, when applied consistently, can prevent or reduce the risk of infection in clients/patients, care providers and visitors.

Infectious agent: A microorganism, i.e., a bacterium, fungus, parasite, or virus, which is capable of invading body tissues, multiplying and causing infection.

Integrated pest management (IPM): A Pest control method that incorporates education and awareness, proper waste management, structural maintenance, environmental cleaning and pesticide application when necessary.

Low-level disinfection: Level of disinfection required when processing equipment that is not invasive (e.g., diaper change pad) and some environmental surfaces. Equipment and surfaces should be thoroughly cleaned prior to low-level disinfection.

Material Safety Data Sheet (MSDS): A document that contains information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with a chemical product. It also contains information on the use, storage, handling and emergency procedures all related to the hazards of the material. MSDSs are prepared by the supplier or manufacturer of the material.

Personal protective equipment (PPE): Clothing or equipment worn by staff for protection against hazards.

Precautions: Interventions to reduce the risk of transmission of microorganisms (e.g., child-to-child, child-to-staff, staff-to-child, contact with the environment, contact with contaminated equipment).

Provincial Infectious Diseases Advisory Committee (PIDAC): A multidisciplinary scientific advisory body which provides to the Chief Medical Officer of Health evidence-based advice regarding multiple aspects of infectious disease identification, prevention and control. More information is available at: <https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC.aspx>.

Respiratory etiquette: Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g., covering the mouth when coughing, care when disposing of tissues).

Routine practices: The system of infection prevention and control practices recommended by PIDAC to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings. These are also applicable to child care centre settings.

Surveillance: The systematic ongoing collection, collation and analysis of data about illness with timely dissemination of information to those who require it in order to take action. The actions usually relate to the prevention of further illness and/or control of an outbreak.

TPH: Toronto Public Health

WHO: World Health Organization

Zoonotic Diseases: A disease that can spread between animals and humans

7.0 References

American Academy of Pediatrics, AAP (2018). *Red Book: 2018-2021 Report of the Committee on Infectious Diseases*, 31st edition.

Canadian Paediatric Society, CPS. (2015). *Well Beings: A Guide to Health in Child Care*, 3rd edition. Leduc, D., editor.

Canadian Paediatric Society, CPS. Caring for Kids website:
<https://www.caringforkids.cps.ca/>.

College of Agricultural Sciences (2015). IPM for child care and early learning environments', *Penn State Extension* [Online]. Retrieved October 2, 2018:
<https://extension.psu.edu/ipm-for-child-care-and-early-learning-environments>

Ejemot-Nwadiaro, R., Ehiri, J., Meremikwu, M., & Critchley, J. (2008). Hand washing for preventing diarrhoea (Review). *The Cochrane Database of Systematic Reviews* (1).

Heymann, D.L., Editor. *Control of Communicable Diseases Manual*, 20th edition. American Public Health Association.

Laborde, D.J., Weigle, K.A., Weber, D.J., Kotch, J.B. (1993). Effect of fecal contamination on diarrhea illness rates in day-care centres. *Am J Epidemiol*, 138(4): 243-55.

Ministry of Education. *Child Care Centre Licensing Manual*. Retrieved October 2, 2018:
<http://www.edu.gov.on.ca/childcare/pdfs/child-care-licensing-manual-en.pdf>

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018*. Retrieved October 2, 2018:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Immunization_Schools_Child_Care_Protocol_2018_en.pdf

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Infectious Diseases Protocol, 2018*. Retrieved October 2, 2018:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Infection Prevention and Control Protocol, 2018*. Retrieved October 2, 2018:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/IPAC_Complaint_Protocol_2018_en.pdf

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Infection Prevention and Control Disclosure Protocol, 2018*. Retrieved October 2, 2018: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection Prevention and Control Disclosure Protocol 2018_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Infection_Prevention_and_Control_Disclosure_Protocol_2018_en.pdf)

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Institutional/Facility Outbreak Management Protocol, 2018*. Retrieved October 2, 2018: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Inst Fac Outbreak Protocol 2018_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Inst_Fac_Outbreak_Protocol_2018_en.pdf)

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Recommendations for the Management of Animals in Child Care Settings, 2018*. Retrieved October 2, 2018: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Recommendations For The Management Of Animals In Child Care Settings 2018_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Recommendations_For_The_Management_Of_Animals_In_Child_Care_Settings_2018_en.pdf)

Ministry of Health and Long-term Care. *Ontario Public Health Standards, Recommendations to Prevent Disease and Injury Associated with Petting Zoos in Ontario, 2011*. Retrieved on October 2, 2018: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Petting Zoos 2018_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Petting_Zoos_2018_en.pdf)

National Association of State Public Health Veterinarians Animal Contact Compendium Committee (2017). Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2017. *JAVMA*, 251(11), pp. 1269-1292. Retrieved October 2, 2018: <https://avmajournals.avma.org/doi/pdf/10.2460/javma.251.11.1268>

Government of Ontario. (2014). Child Care and Early Years Act. *Child Care and Early Years Act, S.O. 2014*. Retrieved October 2, 2018: https://www.ontario.ca/laws/statute/14c11?_ga=2.186975599.614745616.1536246654-718005789.1431719140

Provincial Infectious Disease Advisory Committee, PIDAC (2018). *Best Practice Manual: Environmental Cleaning for Prevention and Control of Infections*, 3rd edition. Retrieved October 2, 2018: [https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC Documents.aspx](https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx)

Provincial Infectious Disease Advisory Committee, PIDAC. (2014). *Best Practices for Hand Hygiene in All Health Care Settings April 2014*, 4th edition. Retrieved October 2, 2018: [https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC Documents.aspx](https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx)

Provincial Infectious Disease Advisory Committee. (2012a). *Infection Prevention and Control in Perinatology*. Retrieved October 2, 2018: https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx

Provincial Infectious Disease Advisory Committee. (2012b). *Best Practice Manual: Routine Practices and Additional Precautions in All Health Care Settings*. Retrieved October 2, 2018: https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx

Shope, T.R. (2014). Infectious diseases in early education and child care programs. *Pediatr Rev* 35 (5): 182-93.

Toronto Public Health. (2013). *From the Ground Up – Guide for Soil Testing in Urban Gardens*. Retrieved October 2, 2018: <http://hcg.n.ca/wp-content/uploads/2015/04/Guide-for-Soil-Testing-in-Urban-Gardens.pdf>

World Health Organization. (2009). *Guidelines on Hand Hygiene in Health Care*. Retrieved October 2, 2018: <http://www.who.int/gpsc/5may/tools/9789241597906/en/>

8.0 Where to Post Information Sheets



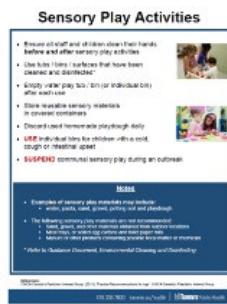
Hand Washing
(ONLY at designated hand washing sinks/IPAC sinks)



Glove Use
(where gloves are used [e.g., in washrooms and diaper change areas])



Hand Sanitizing
(at hand sanitizer locations)



Sensory Play Activities
(at sensory play table)



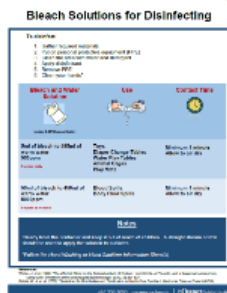
Cover Your Cough
(in each child care centre classroom)



Toy Cleaning and Disinfecting
(in areas where toys are cleaned and disinfected)



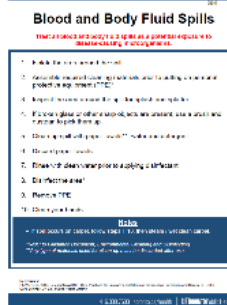
Toilet Routine
(in children's washrooms)



Bleach Solutions for Disinfecting
(ONLY if Bleach is used, post where solution made/mixed)



Diaper Routine
(at diaper change areas)



Blood & Body Fluid Spills
(only once and in a general location within each classroom)