North Bay Parry Sound District
Health Unit

Bureau de santé
du district de North Bay-Parry Sound

myhealthunit.ca

A Public Health Guide for Child Care Professionals

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Introduction

Child care professionals are entrusted with the important task of caring for children. Children depend upon child care professionals to provide a safe and healthy environment to grow and develop.

Child care professionals, parents/guardians, and the North Bay Parry Sound District Health Unit (Health Unit) all share the common goal of protecting and promoting health in child care. The Health Unit's A Public Health Guide for Child Care Professionals has been designed to assist child care professionals in achieving this goal.

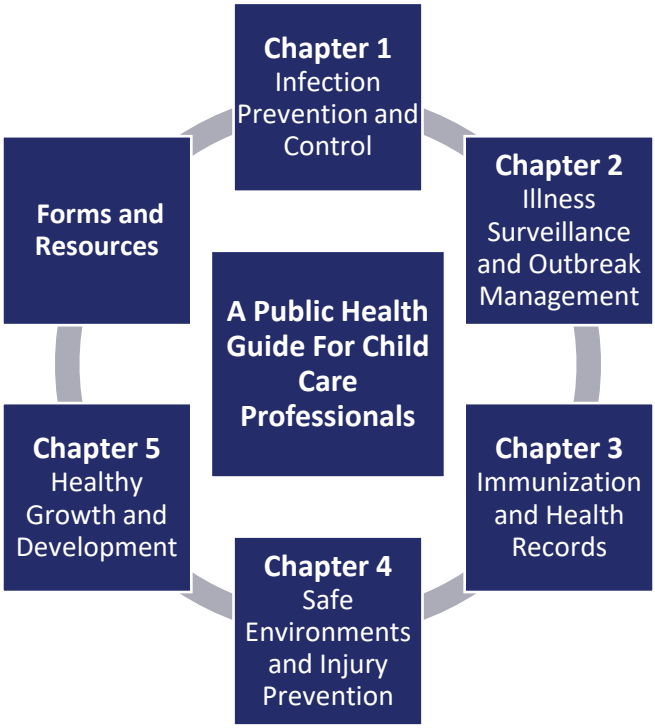
Who is this guide for?

A ***Public Health Guide for Child Care Professionals*** is a resource specifically aimed at giving child care professionals the most up-to-date information and resources on how to provide child care in a safe and healthy environment. As new information becomes available, it is the responsibility of the child care provider to keep this resource updated using the information found online at myhealthunit.ca

What is this guide about?

This guide is organized into five chapters and includes information on:

- Infection Prevention and Control
- Illness Surveillance and Outbreak Management
- Immunization (Vaccinations) and Health Records
- Safe Environments and Injury Prevention
- Healthy Growth and Development
- Resources and References



Have questions about the content of this guide?

Check out the **Health Unit Program and Service Overview** on pages 9 to 13 to find out who to contact.

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Table of Contents

How To Use This Guide

Organization and Structure

Chapters and Pages

This guide is organized using chapters:

- Chapter 1: Infection Prevention and Control
- Chapter 2: Illness Surveillance and Outbreak Management
- Chapter 3: Immunization (Vaccinations) and Health Records
- Chapter 4: Safe Environments and Injury Prevention
- Chapter 5: Healthy Growth and Development

While you are encouraged to explore all of the content in this guide, you may find it helpful to save and/or print individual chapters or pages. However, we recommend referring to the guide online to ensure you are accessing the most up to date information.

Forms and Resources

Forms and resources are linked throughout this document. A list of links to frequently used forms and resources can be found at the end of this guide.

Content and Interactivity

Table of Contents

You can easily navigate the guide by using the table to contents. Simply click on the title of the section you wish to view to jump to that section.

Search

This guide is fully searchable. Press CTRL+F on your keyboard to open the search bar.

Contacting the Health Unit

To reach Main Reception, call **705-474-1400** or **1-800-563-2808** toll-free. Main Reception is staffed Monday to Friday, 8:30 a.m. to 4:30 p.m.

Looking for a specific program or service? View program contact information below.

If you are uncertain who to contact, please see the following pages or our **website** for a directory of programs and services.

If you are still uncertain who to contact about non-COVID-19 services, please send your request to the general Health Unit email (**contact@healthunit.ca**) and your request will be forwarded to the appropriate program. For COVID-19 related questions please call **1-844-478-1400** or visit our COVID-19 **webpage**.

Program	Contact Information
Environmental Health (EH)	Call: 1-800-563-2808 **ext. 5400** Email: **environmental.health@healthunit.ca**
Healthy Families (HF)	Call: 1-800-563-2808 **ext. 5351** Email: **healthy.families@healthunit.ca**
Healthy Living (HL)	Call: 1-800-563-2808 **ext. 5210** Email: **healthy.living@healthunit.ca**
Healthy Schools (HS)	Call: 1-800-563-2808 **ext. 5231** Email: **healthy.schools@healthunit.ca**
Communicable Disease Control (CDC)	Call: 1-800-563-2808 **ext. 5229** Email: **cdc@healthunit.ca**
Oral Health (OH)	Call: 705-474-1400 or 1-800-563-2808 **ext. 5328** Email: **oralhealth@healthunit.ca**
Vaccine Preventable Diseases (VPD)	Call: 1-800-563-2808 **ext. 5252** Email: **vpd@healthunit.ca**
Sexual Health (SH)	North Bay: 1-800-563-2808 **ext. 5289** Parry Sound: 705-746-5801 or 1-800-563-2808 Email: **clinic@healthunit.ca**
Clinical Information (CI)	Call: 1-800-563-2808 **ext. 5282**

Environmental Health
Santé environnementale
myhealthunit.ca

Contact

Call: 1-800-563-2808 ext. 5400
Email: environmental.health@healthunit.ca

Hours

Monday to Friday: 8:30 a.m. to 4:30 p.m.

Services

- Tests water, including drinking water and recreational water (i.e., Beach water)
- Enforces the Smoke Free Ontario Act
- Inspections, investigations, and enforcement activities involving local businesses and services such as:
    - Restaurants, food trucks, and other food establishments
    - Beauty salons, spas, tattoo parlours, and other personal service setting
    - Licensed child care centres
    - Public pools, hot tubs, spa water, splash pads, and wading pools
    - Small drinking water systems
    - Recreational camps
- Offers a Food Handler Certificate Course that meets the Ontario Ministry of Health and Long-Term Care mandatory food safety training requirements
- Responds to reports about animal bites and/or scratches
- Provides education on rabies prevention
- Monitors diseases such as West Nile virus and Lyme disease
- Answers questions related to beg bugs, blue green algae, air quality, and mould
- Inspects and monitors environmental spills

Healthy Families
Familles saines
myhealthunit.ca

Contact

Call: 1-800-563-2808 ext. 5351
Email: healthy.families@healthunit.ca

Hours

Monday to Friday: 8:30 a.m. to 4:30 p.m.

Services

- Prenatal & pregnancy health (i.e., Prenatal classes)
- Provides infant feeding information and support (i.e., Breastfeeding support and Clinics)
- Healthy Babies, Healthy Children Program
- Promotes healthy child growth and development
- Promotes positive parenting of children through community partnerships and family support (i.e., Parenting Program)

Healthy Living
Mode de vie sain
myhealthunit.ca

Contact

Call: 1-800-563-2808 ext. 5210
Email: healthy.living@healthunit.ca

Hours

Monday to Friday: 8:30 a.m. to 4:30 p.m.

Services

- Healthy Eating promotion
- Food security advocacy
- Injury prevention
- Cancer prevention
- Substance Use education
- Smoke-free living
- Quit Clinic (Smoking cessation)
- Harm reduction (Naloxone distribution)
- Stay on your feet (Falls prevention)
- Diabetes support in indigenous communities

Healthy Schools
Écoles saines
myhealthunit.ca

Contact

Call: 1-800-563-2808 ext. 5231
Email: healthy.schools@healthunit.ca

Hours

Monday to Friday: 8:30 a.m. to 4:30 p.m.

Services

- Healthy policy development
- Works with schools and child cares on health-related activities to encourage lifelong healthy behaviours of school-aged children
- Supports child cares by providing information and resources on protecting and promoting the health of children
- Provides information and supports with curriculum and policies on health topics such as injury prevention, substance misuse, physical activity, healthy eating, mental health, tobacco, and substance misuse
- Lending library resources and Apps (Teaching resources)
- Provides parent resources about sleep, physical activity, mental health, and nutrition
- Provides youth engagement opportunities

Communicable Disease Control
Contrôle des maladies transmissibles
myhealthunit.ca

Contact
Call 1-800-563-2808 ext. 5229
Email: cdc@healthunit.ca

Hours
Monday to Friday: 8:30 a.m. to 4:30 p.m.

Services
- Conducts infectious disease surveillance and reporting
- Manages cases and contacts with “Diseases of Public Health Significance”
- Monitors and responds to outbreaks in long-term care homes, retirement homes, hospitals, child care centres, and other community settings
- Conducts Infection Prevention and Control (IPAC) Assessments
- Provides education to the public and community partners related to infection prevention and control

Oral Health
Santé buccodentaire
myhealthunit.ca

Contact
Call: 1-800-563-2808 ext. 5328
Email: oralhealth@healthunit.ca

Hours
North Bay office (345 Oak St. West):
- **Monday to Friday:** 8:30 a.m. to 4:30 p.m.
- After-hours clinic **Tuesday** 4:30 p.m. to 5:30 p.m.

Services
- Offers dental services for eligible adults with limited or no access to dental care
- Provides Healthy Smiles Ontario (HSO) dental services for children and youth 0-17 years of age
- Implements Ontario Seniors Dental Care Program (OSDCP) for eligible seniors aged 65+ years of age
- Promotes and educates the public regarding oral health, and dental services available in our communities
- Conducts dental & vision screenings in schools

Vaccine Preventable Diseases
Prévention des maladies par vaccins
myhealthunit.ca

Contact

Call: 1-800-563-2808 ext. 5252
Email: vpd@healthunit.ca

Hours

North Bay office (345 Oak St. West):

- **Monday to Friday:** 8:30 a.m. to 4:30 p.m.
- After-hours clinic **Tuesday** and **Thursday**, 4:30 p.m. to 6:00 p.m.

Parry Sound office (70 Joseph St, in the mall):

- **Monday to Friday**: 8:30 a.m. to 4:30 p.m.

Services

- Maintains copies of vaccination records
- Provides vaccination clinics
- Promotes and educates the public regarding vaccinations
- Answers questions related to travel and provides travel vaccines at a cost
- Administers Tuberculin (TB) Skin tests for school and medical reasons only
- Answers questions related to the school suspension process
- Affidavits
- Statement of Conscience or Religious Belief
- Statement of Medical Exemption
- Delivers Immunization (vaccination) Education Sessions to parents/guardians of school-aged children who intend to submit a non-medical exemption with respect to the immunization (vaccination) requirements under the *Immunization of School Pupil Act (ISPA)*
- Assists in the completion of forms for school and/or employment
- Answers questions related to school and/or child care registration forms
- Responds to reports of Adverse Events Following Immunization (AEFI's)

Sexual Health
Santé sexuelle
myhealthunit.ca

Contact

North Bay: 1-800-563-2808 ext. 5289
Parry Sound: 705-746-5801 or 1-800-563-2808
Email: clinic@healthunit.ca

Hours

North Bay office (345 Oak St. West):

- **Monday to Friday:** 8:30 a.m. to 4:30 p.m.
- After-hours clinic **Tuesday** 4:30 p.m. to 7:00 p.m.

Parry Sound office (70 Joseph St, in the mall):

- **Tuesdays only (new):** 8:30 a.m. to 4:30 p.m.

Services

- Provides sexual health clinics
- Offers STI and HIV testing, STI treatment, and HIV Pre-Exposure Prophylaxis (PrEP)
- 2SLGBTQ+ resources
- Provides pregnancy testing and options
- Provides low-cost birth control and free condoms
- Provides healthy relationships information
- Preconception health information

Clinical Information

Contact

Call: 1-800-563-2808 ext. 5282

Services

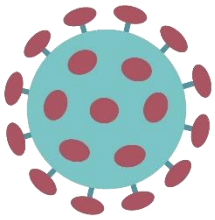
- Needle Syringe program
- Distributes needles and other harm reduction items
- Provides Naloxone kit training and distribution
- Links and provides referrals to Community Services/Agencies

Chapter 1

Infection Prevention and Control

Child care professionals play a vital role in protecting children from infection and illness. A good infection prevention and control program can help prevent the transmission and spread of illness in the child care setting.

How Infections Are Spread



"Germs" is a common term used for bacteria, viruses, fungi, and some parasites. They are found everywhere. Some of germs help us to stay healthy. However, many different germs can lead to infection or disease. Infection from germs can be spread from person to person, or from the environment to person, which is called communicable disease. Germs can spread in many ways:

- **Through the air.** Usually in droplets that are coughed, sneezed, or breathed into the air by a person who is infected. Some germs such as the common cold, influenza, and mumps travel short distances. Others, such as measles and chickenpox, stay in the air longer and can travel longer distances.
- **By contact**. For some diseases this needs to be **direct** person-to-person contact with an infected person. In other cases, germs are spread by **indirect contact** – contact with an object that has germs on it. Some of the infectious diseases spread by contact are pink eye, impetigo, and norovirus.
- **Blood or body fluid.** Some diseases can be spread through contact with blood or other infectious body fluids. When the infectious blood or body fluid contacts an area where it can enter the body, such as an eye, mouth, other mucous membrane, or broken skin, the disease can potentially be transmitted. Examples of the diseases spread in this way are HIV, hepatitis B, and hepatitis C.
- **Food or water.** This is how food-borne illness occurs. Some of the diseases spread in this way are *Salmonella*, *E. coli*, and listeriosis.
- **By insects or animals**. Some of the diseases spread in this wayare *Lyme disease, West Nile virus*, psittacosis, and rabies.

Many germs spread in more than one way. For example, the influenza virus can be spread in droplets in the air or by contact with a tissue that someone with the flu hasused to blow their nose.

It takes very few germs to cause an infection. **Just because something looks clean does not mean that it is.** Therefore, it is important for your child care to have policies and procedures in place that will protect the children and staff from becoming infected.

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Routine Practices

We cannot always tell when someone has an infection. Some people may be infected with germs and not appear sick. However, they may still be able to pass the germs on to others. For this reason, routine infection control practices should be used with everyone, whether they appear sick or not.

Routine infection control practices help reduce the chances of an infection spreadingfrom one person to another and are part of an effective infection control program.

- **Wash your hands.** Handwashing is the best way to prevent the spread of infection. Proper handwashing reduces the spread of colds and influenza by as much as 40% (page 17).
- **Use disposable gloves** when handling blood or body fluids, when cleaning cuts or scrapes, or when changing a child's diaper. Wash hands with soap and water before donning gloves and after disposing the gloves.
- **Cover your mouth and nose** with a tissue when you cough or sneeze. If a tissue is not handy, cough or sneeze into your sleeve, and not your hand (page 23).
- **Clean and disinfect** diaper change areas between uses.
- **Keep toilets visibly clean.**
- **Do not share personal items** such as hairbrushes, toothbrushes, towels, facecloths, sippy cups, or hats.
- **Wash school or daycare laundry using detergent and warm water.** The child's soiled clothing can be put into a plastic bag, sealed with a knot, and sent home to be washed.

When there is an increase in cases of illness, **contact the Health Unit's CDC Program** at 1-800-563-2808 ext. 5229. For additional steps to control the spread of disease, see the chapter on Illness Surveillance and Outbreak Management.

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Hand Hygiene

Handwashing

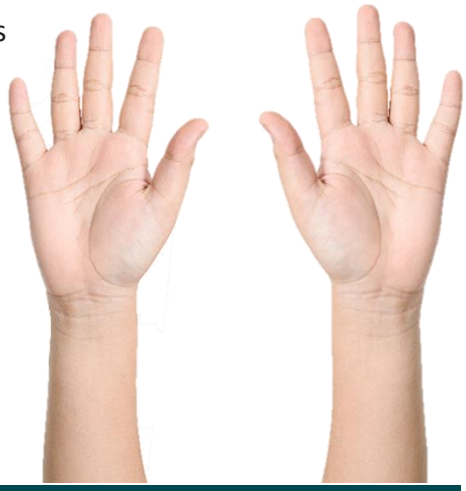
Handwashing is the best way to prevent the spread of infection. Proper handwashingsignificantly reduces the spread of colds, influenza, and diarrheal illnesses.

When you teach children to wash their hands thoroughly and often, proper hand washing becomes alifelong habit.

There should be soap, water, and disposable paper towels available for handwashing. Water should feel warm, not hot.

Use plain soap to wash hands. Do not use antibacterial soaps or cleaners; these can lead to antimicrobial resistance.

When washing their hands with soap and water, younger children should be encouraged to sing “Twinkle, Twinkle, Little Star” or “Happy Birthday”. This will give them approximately 20 seconds of handwashing. Then rinse hands well. Use disposable paper towels to dry hands, turn water taps off, and throw the towels in the garbage.



Hand Hygiene Resource Manual

The North Bay Parry Sound District Health Unit has developed the **Healthy Hands: Hand Hygiene Resource Manual for Child Care Centres** (2020) to support child care professionals, children, and their families to learn about the importance of proper hand washing.

This resource provides lesson plans, activities, and materials for educators to use to teach children about germs, how they are spread, and how to prevent the spread of germs through proper hand washing

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Hand Sanitizers

When soap and water are not available, children should use an alcohol-based hand sanitizer with a concentration of at least 70% alcohol. Although alcohol-based hand sanitizers do not replace handwashing, they are the next best thing in certain situations such as outdoor picnics.

Alcohol-based hand sanitizers are safe for children to use.

When cleaning their hands with alcohol-based hand sanitizer, children should use enough sanitizer to keep their hands wet for 15 seconds; follow the directions on the bottle.

When hands are visibly dirty/soiled or in case of diarrhea, hand sanitizer is not an effective substitute for handwashing.

When to Wash Hands

Staff should wash their hands:

- Upon arriving at work or returning from a break
- Before and after preparing, serving, or eating food
- After diapering a child or checking a diaper
- After cleaning up messes
- After wiping a nose
- After going to the bathroom or assisting a child to use the bathroom
- After sneezing or coughing
- After playing outdoors with children
- Before giving any medications
- After assisting a child with handwashing

Children should wash their hands:

- Upon arriving at child care
- Before and after eating
- After using the toilet
- After sneezing, coughing, or wiping their nose
- When their hands are dirty
- After playing with commonly used toys
- Before and after playing at a water table
- After playing outdoors or in a sandbox
- After handling animals or animal waste

Prevent Food Allergy Reactions: Hand sanitizers do not remove debris from hands, they only kill germs. Sanitizers will not remove peanut, milk, and other food proteins. Wash hands with soap and water when dealing with allergens to prevent food allergy reactions.

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How to Wash Hands

Infant Handwashing

1. Clean infant's hands thoroughly with a damp paper towel moistened with liquid soap.
2. Rinse hands from wrist to fingertips using a fresh paper towel moistened with clean water.
3. Dry infant's hands with a fresh paper towel.
4. Turn off faucet with paper towel and discard.
5. Wash your own hands.

Toddler Handwashing

1. Have child wet hands.
2. Squirt a drop of liquid soap onto child's hands.
3. Help child wash all areas of hands for 15 seconds.
4. Rinse child's hands from wrist to fingertips under running water.
5. Dry child's hands with a fresh paper towel.
6. Turn off faucet with paper towel and discard.
7. Wash your own hands.

School-Age Handwashing

1. Ask the children to wash their hands correctly.
2. Show the children how to wash their hands if they do not know how orhave forgotten.
3. Remind the children that handwashing will help keep them from getting sick.

Staff Handwashing

1. Leave jewellery at home or remove it upon arrival at the child care.
2. Use soap and warm running water.
3. Rub hands vigorously as you wash.
4. Wash all surfaces including backs of hands, wrists, between fingers, and under fingernails.
5. Rinse hands well. Leave water running.
6. Dry hands on a single-use paper towel.
7. Turn off faucet with a dry paper towel. Do not use bare hands to turn off faucet.

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Hand Hygiene Resources

- **Healthy Hands: Hand Hygiene Resource Manual for Child Care Centres (2020)**
    - This document supports child care professionals, children, and their families to learn about the importance of proper hand washing. This resource provides lesson plans, activities, and materials for educators to use to teach children about germs, how they are spread, and how to prevent the spread of germs through proper hand washing.
- **Hand Hygiene Resource Kit**
    - The goal of this kit is to educate children about proper hand hygiene to reduce the incidence of gastro-enteric and respiratory infections and the consequences that accompany the transmission of such communicable diseases. Included in the kit is:
        - Healthy Hands – Hand Hygiene Resource Manual Ages: 4 – 14
        - I wash my hands – Stickers
        - Glitter bottles (one red, one silver)
        - Glow Germ Kit: LED UV Lamp; Powder 4 oz.; Mini Gel 2 oz.
        - Health Unit staff are available to conduct educational hand hygiene activities in your centre at your request.
- Printable Resources
    - Hand Hygiene Fact Sheet
    - Hand Washing Instructions
    - Hand Sanitizer Instructions
    - Hand Washing Poster

Using Gloves

Gloves help prevent hand contamination. However, the use of gloves is **not** a substitute for proper handwashing. Gloves are used to prevent or reduce the risk of transmission of germs from children to staff and vice versa. They prevent exposure to an infectious source by placing a barrier between the source and the skin.

Gloves should be worn when it is expected that the hands will be in contact withmucous membranes (eyes, nose, or mouth), broken skin, blood, body fluids, and contaminated equipment or surfaces.

Gloves should be made of sufficient quality to provide adequate protection. Gloves may not provide full protection as leaks, tears, or punctures can occur. Therefore, handwashing should take place before gloves are put on and after theyhave been removed.

Disposable Gloves

It is important to remember when gloves are being used, they must be changed frequently and always before the start of any new activity. Gloves must be discarded immediately in the garbage after a single use. Allergies to latex may discourage the use of disposable gloves. However, disposable gloves are available in non-latex (vinyl) form.

Disposable gloves can be useful if they are worn at the following times:

- To cover severe dermatitis, cuts, or open sores on a staff member's hands—the staff member should have their sores covered with bandages
- To care for children with severe dermatitis, cuts, or open sores—these children should have their sores covered with bandages
- If there is a risk of exposure to blood or body fluids
- To change a diaper after a child has had a bowel movement

Proper removal of gloves is important. If gloves are not removed properly, your hands and other objects can be contaminated and the whole purpose for wearing the gloves has been defeated.

Proper procedure for removing disposable gloves:

1. Grasp the glove at the base of the palm just below the cuff and pull the first glove inside out.
2. Reach inside the cuff of the second glove and slowly turn it inside out while removing it over the first glove.
3. Place the gloves in a garbage container lined with a garbage bag.
4. Wash your hands (page 17).

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Household Reusable Rubber Gloves

This type of glove is used primarily to prevent hands from becoming dry and irritated from contact with soap, water, and disinfection solutions.

Separate reusable gloves should be assigned to the following applications:

- Dishwashing by hand
- Cleaning toys and general housekeeping
- Cleaning washrooms and potties
- Cleaning up large amounts of stool, urine, or vomit

To help identify the purpose of each set of gloves, store them in the area where they will be used and keep them out of the reach of children.

After each use, ensure that the gloves are rinsed, cleaned, and disinfected. Then hang the gloves to dry before reuse.

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Cough and Sneeze Etiquette

You can help stop the spread of germs that make you and others sick by practicing “cough and sneeze etiquette”.

Using a Tissue

Always cover your mouth and nose with a tissue when you cough or sneeze.

Throw the used tissue into a garbage can, and then wash your hands using either liquid soap and water or an alcohol-based hand sanitizer.

Using Your Elbow

If you do not have a tissue, cough, or sneeze into your elbow—not your hand.

Keep your hands away from your eyes, nose, and mouth.

Germs (on your hands) can enter your body through the mucus membranes of your eyes,nose, and/or mouth.

Poster: Cover your Cough

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Cleaning and Disinfecting

Environmental Control

The facility's environment may be a source or means for transferring infections. The environment includes, but is not limited to, high contact surfaces, equipment, furniture, all floors, walls, and ceilings. Regular cleaning and disinfection of equipment and high contact surfaces is needed to prevent the transmission of infectious agents.

Cleaning and disinfecting procedures and frequencies should be established for your child care. These procedures should be specific enough to point out the process, the products required and the frequency for cleaning and disinfection of equipment and environmental surfaces. The policies should also provide instructions for cleaning and disinfection during outbreaks.

Cleaning: A cleaning step is required prior to disinfection to remove organics and debris from equipment, objects, and surfaces. Cleaning involves the physical removal of organic matter and debris using soap and/or detergent followed by rinsing with clean water. It is conducted prior to disinfecting the facility.

Disinfection: Disinfection is the inactivation of disease-producing microorganisms. Disinfecting does not destroy bacterial spores. It is conducted after the equipment has been cleaned thoroughly for it to be effective. The level of disinfectant used will depend on the use and the type of equipment, surfaces and objects and the nature of contamination.

Principles for Routine Environmental Cleaning and Disinfection

- A predetermined schedule must be followed for routine cleaning and disinfection of environmental surfaces.
- All surfaces and equipment must be cleaned before disinfection can be performed. Disinfection can only take place after cleaning.
- The level of disinfectant to be used will depend on the equipment or surface being disinfected. Refer to the chart below as a guide.
- Disinfectant solutions must be mixed and used according to manufacturer's instructions.
- When applying a disinfectant to a surface, a certain amount of contact time is needed for the disinfectant to work. Follow the manufacturer's instructions for contact time required.
- Some disinfectants require a final rinse depending on the use of the equipment, object, or surface. Read the product label to determine if a final rinse is required.
- Damp (rather than dry) dusting or sweeping should be done whenever possible.
- Ensure cleaning and disinfection is carried out from the least soiled areas to the heaviest soiled areas.

Disinfection Charts*

Lower Level Disinfection Chart

Disinfectant	Concentration	Recipe	Contact Time	When to use
Chlorine (bleach) 5% to 6% sodium hypochlorite	100 ppm	1 tsp bleach with 10 cups of water	10 minutes	General disinfectant products for everyday use
0.5% Accelerated Hydrogen Peroxide	Follow manufacturer's instructions	Follow manufacturer's instructions	Follow manufacturer's instructions	General disinfectant products for everyday use

Higher Level Disinfection Chart

Disinfectant	Concentration	Recipe	Contact Time	When to use
Chlorine (bleach) 5% to 6% sodium hypochlorite	5000 ppm	¼ cup bleach with 2¼ cups water	10 minutes	Use during gastroenteritis outbreaks

*Please note: Manufacturer's instructions take precedence.

Resources

- A one-page PDF version of the **Cleaning and Disinfection information** is available **here**.
- The North Bay Parry Sound District Health Unit also has an information sheet on **Accelerated Hydrogen Peroxide (APH)**.

Guidelines for Cleaning and Disinfecting

Kitchen

- **Counters:** clean before and after each use
- **Food contact surfaces:** clean and sanitize before and after each use
- **Sinks:** clean and sanitize after each use

Bathroom

- **Diaper table:** clean and disinfect after each use
- **Potty:** clean and disinfect after each use
- **Toilet:** clean and disinfect daily and when soiled
- **Sinks:** clean and disinfect daily and when soiled
- **Floors:** clean and disinfect daily and when soiled

Sleep Room

- **Bedding:** launder weekly, between children, and when soiled
- **Cribs:** clean and disinfect weekly, between children, and when soiled
- **Playpens:** clean and disinfect weekly, between children, and when soiled
- **Sleep mats:** clean and disinfect weekly, between children and when soiled

Floors

- **Smooth:** vacuum or sweep daily, wash weekly, and when dirty
- **Carpet (infant rooms):** vacuum daily, clean using steam or hot water every month
- **Carpet (all other rooms):** vacuum daily, clean using steam or hot water every 3 months

Miscellaneous

- **Cleaning cloths:** launder after each use
- **Brushes:** follow guidelines on page 29
- **Mops:** follow guidelines on page 29
- **Water play equipment:** clean and disinfect after each use
- **Fountains:** clean and disinfect daily

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Toys

- Choose toys that are washable, sturdy, and too large to be swallowed toprevent choking.
- Choose toys that can be cleaned and disinfected.
- Stuffed toys should be machine washable.
- Clean toys when visibly dirty and at least once a week.
- Clean toys daily if toys are used a lot, or if there is illness in the child care.
- Remove toys from circulation that children have put in their mouths or that have other body fluids on them until they can be cleaned and disinfected.
- When cleaning toys, check them for sharp, jagged edges or small pieces that can be easily broken off. If toys cannot be fixed, throw them away.

To Clean Hard Toys

It is important to clean and disinfect all toys, especially toys that may have been placedin children's mouths. Each toy should be cleaned and disinfected before being placed back into circulation. You may choose one of these three options to clean hard toys:

1. Plastic toys that can withstand heat can be cleaned and sanitized in the dishwasher. A sanitizer cycle must be equipped on the dishwasher.The heat of the sanitizer cycle is hot enough to disinfect the toys.
2. Plastic toys that can be submerged in a sink or bucket must be cleaned with dish soap and water. Rinse with warm water. Disinfect the toys with an approved disinfectant and soak for the appropriate contact time. Allow toys to air dry.
3. For toys that are frequently touched and cannot be submerged, wipe rather than soak these toys. Clean toys with dish soap and water using a clean cloth. Wipe dry. To disinfect, wipe toys with a clean cloth soaked in a disinfectant or use a commercial disinfecting wipe. Allow toys to air dry.

Remember: There are many disinfectants available for use. Make sure the disinfectant is safe for children. Follow the manufacturer's instructions when you use it. Some disinfectants may require a final rinse. **Read the label!**

To Clean Stuffed Toys

- Clean stuffed toys in a washer with laundry soap.
- Dry stuffed toys in a dryer on a normal setting.

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Cleaning Spills

Hard Surfaces

1. Wash your hands (page 17). Wear gloves (page 21). Use paper towels to soak up and remove most of the spill.
2. Place soiled paper towels directly into a plastic garbage bag.
3. With a mop or cleaning cloth, clean the soiled area with detergent and water to remove any visible dirt or body fluids.
4. After cleaning, disinfect the area using a high-level disinfectant.
5. If you use a commercial disinfectant, follow the instructions on the label.
6. Close the bag using masking tape (to prevent it from being opened), deposit in garbage.
7. Remove gloves and other personal protective equipment, deposit disposable items in the regular garbage, clean and disinfect reusable personal protective equipment such as goggles or protective clothing.
8. Wash your hands.

Carpet and Upholstery

1. Wash your hands. Wear gloves.
2. Do not use a vacuum.
3. Blot up spill with paper towels.
4. Place soiled paper towels directly into a plastic garbage bag.
5. Apply a household detergent or disinfectant to cover the spot. Let sit for 30 minutes.
6. Blot up excess liquid with paper towels and dispose of them, per step 4.
7. Reapply detergent or disinfectant and let dry overnight.
8. Close the bag using masking tape (to prevent it from being opened), deposit in garbage.
9. Remove gloves and other personal protective equipment, deposit disposableitems in the regular garbage, clean and disinfect reusable personal protective equipment such as goggles or protective clothing.
10. Wash your hands.
11. Steam clean carpet and upholstery, if necessary.
12. Replace heavily soiled carpets and upholstery that cannot be effectively cleaned and disinfected.

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Cleaning Equipment

1. Wash your hands (page 17).
2. Wear gloves (page 21).
3. Wash mops, cloths, and brushes in hot, soapy water and rinse. Ensure that all visible dirt is removed.
4. Soak mops, cloths, and brushes in a high-level disinfectant following the manufacturer's instructions.
5. Disinfect the mop handle by cleaning and then wiping with a high-level disinfectant.
6. Clean and disinfect reusable personal protective equipment.
7. Clean and disinfect surface areas and sinks where you have cleaned equipment.
8. Remove gloves, deposit in regular garbage or clean and disinfect, and wash your hands.

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Blood and Body Fluids

Body fluids include:

- Urine
- Feces (including diarrhea)
- Saliva
- Blood
- Discharge from the nose
- Vomit

It is a good idea to have a "spill kit" ready to be able to clean up spills of blood, vomit, diarrhea, or other body fluids that can carry infection.

Remember: Clean first, then use a high-level disinfectant.

A preassembled spill kit should contain:

- Garbage bags
- Masking tape
- Disposable gloves (non-latex)
- Paper towels
- Detergent
- A high-level disinfectant
- Bucket
- Mop
- Cloths
- Brushes
- Personal protective equipment (goggles, protective clothing)

In case of a spill of blood, vomit, diarrhea, or any other body fluid:

- Wear disposable gloves or household rubber gloves that can be cleaned and disinfected.
- Follow handwashing procedure (page 19) prior to putting on and after removing gloves (page 21).
- Use other personal protective equipment as required, for example, using goggles and protective clothing if there is a risk of splashing.

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Splash of Blood or Body Fluid

Protocol For a Child Getting Splashed

- Do not panic. The risk of serious infection is low.
- Wash skin well with soap and water and rinse thoroughly.
- Contact the parents.
- Take the child to the nearest hospital emergency department as soon as possible.

Protocol For a Staff Member Getting Splashed

- Do not panic. The risk of serious infection is low.
- Wash skin well with soap and water and rinse thoroughly.
- Report to your supervisor immediately. If you cannot do this, leave a message for your supervisor.
- As soon as possible, go to the nearest hospital emergency department.
- For follow-up counselling, see your health care provider or occupational health services department.

Note: A splash of blood or body fluids can occur in the eyes, nose, or mouth.

Please see the previous page for guidelines on how to clean up spills of blood and body fluids.

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Guidelines for Diapering

Germs are everywhere but grow particularly well in body fluids such as urine and stool contained in diapers. As a result, staff are at an increased risk of becoming ill or spreading infectious germs if they do not take special precautions when changing a diaper.

Diaper Procedures

- Designate a diaper change area within the child care.
- Wash hands and organize needed supplies.
- Disposable gloves must be available in the diaper change area for use during enteric outbreaks or diarrheal incidents. Put gloves on prior to changing the diaper.
- When a child's clothes are soiled, ensure child does not come into contact with your clothes as you place him/her on change table.
- Fold the diaper inward and set it aside.
- Clean child with a pre-moistened disposable wipe or single use towel. Discard soiled diaper and wipes/towels in a plastic-lined receptacle with lid.
- Place soiled clothing into a plastic bag, without washing or rinsing, to send home with parents/guardians for cleaning.
- Skin care products should be labelled with each child's name and dispensed using a disposable applicator.
- If you are wearing disposable gloves, remove and dispose of them in the plastic-lined receptacle.
- Wash your hands with soap and warm water.
- Diaper and dress the child.
- Wash the child's hands with soap, running water and use paper towels to dry.
- Clean area first with soap and water then disinfect the diapering area with a low-level disinfectant such as 200 ppm bleach (5ml bleach: 1 L water) for the appropriate contact time.
- Surfaces soiled with feces/body fluids should be cleaned with soap and water then disinfected with 5000 ppm bleach (1:10 bleach solution) for 10 minutes or an appropriate disinfectant that is effective against non-enveloped viruses (e.g., Norovirus, Rotavirus). Refer to Manufacturer recommendations on the product label for mixing instructions and appropriate contact times.
- Wash your hands thoroughly with soap and water.

Single page PDF version of Diaper Procedures available here.

Cloth Diaper Procedures

- Designate a diaper change area within the child care.
- Wash hands and organize needed supplies.
- Disposable gloves must be available in the diaper change area for use during enteric outbreaks or diarrheal incidents. If using gloves, put them on prior to changing the diaper.
- When a child's clothes are soiled, ensure child does not come into contact with your clothes as you place him/her on change table.
- Fold the soiled surface of the cloth diaper inward and set it aside. If pins are used, remove, and close them.
- Place soiled diaper and any soiled clothing into a plastic bag, without washing or rinsing, to send home with parents/guardians for cleaning. Ensure that the plastic bags or washable "wet bags" are stored in plastic containers designated for each child using cloth diapers.
- Clean child with a pre-moistened disposable wipe or single use towel. Discard soiled wipes/towels in a plastic-lined receptacle with lid.
- Skin care products should be labelled with each child's name and dispensed using a disposable applicator.
- If you are wearing disposable gloves, remove and dispose of them in the plastic-lined receptacle.
- Wash your hands with soap and warm water.
- Diaper and dress the child.
- Wash the child's hands with soap, running water and use paper towels to dry.
- Clean area first with soap and water then disinfect the diapering area with a low-level disinfectant such as 200 ppm bleach (5ml bleach: 1 L water) for the appropriate contact time.
- Surfaces soiled with feces/body fluids should be cleaned with soap and water then disinfected with 5000 ppm bleach (1:10 bleach solution) for 10 minute or an appropriate disinfectant that is effective against non-enveloped viruses (e.g., Norovirus, Rotavirus). Refer to Manufacturer recommendations on the product label for mixing instructions and appropriate contact times.
- Wash your hands thoroughly with soap and water.

Single page PDF version of Cloth Diaper Procedures available here.

Guidelines for Common Surfaces

Cribs, Cots, and Mats

Sleep areas have the potential for spreading infectious diseases if cots, cribs, and mats are placed too close together or shared. Children coughing and sneezing during naps can spread respiratory infections. The following care should be taken when using cribs, cots, or mats in your child care:

- All bedding, including cots, beds, cribs, and mats, should be maintained in a clean and sanitary manner.
- Cots and mats constructed of washable and waterproof materials are to beprovided for toddlers.
- Sleeping surfaces or mats (including linen) that are placed directly on the floor should be stored separately. A method for distinguishing top from bottom should be devised to ensure that the same side is always placed to the floor.

- Cribs, cots, and mats should be separated by at least 1 m (three feet) unlessdivided by screens in order to reduce the transmission of disease and respiratory illness.
- A crib, cot, or mat must be thoroughly cleaned and disinfected prior to another child using it.
- Linens should be laundered at least once a week and more often as needed (for example, after a fecal or urine accident).
- Linen used for more than one child must be laundered between uses.
- Cribs, cots, or mats that are contaminated with feces, urine, or other body fluids, must be cleaned and disinfected and linen must be properly laundered.
- Linen and cots should be stored in a separate area to prevent contamination.
- Bed linens used on the cribs, cots, or mats should be tight-fitting and washable.
- Ensure that infants sleeping outdoors in a carriage are protected by netting.

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Infection Control in Sensory Play

Sensory play equipment can easily become contaminated with germs, and when it's contaminated it can easily spread infections.

Steps for safe use:

1. Ensure that staff, wash their hands prior to setting up the sensory table.
2. Staff and children must wash their hands before and after use of sensory table.
3. Single use items which are porous, absorb contamination, and do not allow for effective cleaning or disinfection (i.e., water, feathers, and cotton balls) must be discarded after use.
4. Clean and disinfect or discard sensory items and table after each week when in use.
5. Store disinfected sensory items in labeled sealed containers.

Examples of appropriate sensory materials:

- Water with food colouring/soap
- Snow
- Sand (bake in oven to 82°C/180°F)
- Feathers (store purchased)
- Pasta/rice
- Cotton balls
- Wood chips/shavings
- Small pieces of wood
- New aquarium gravel

Sensory Items from Outside

Bringing items inside from the natural environment can be a great learning tool for children, but these items may have insects, moulds, and bacteria on them. Here are some examples of items and how to make outdoor items safer for the child care:

Item	**Method**
Bark, twigs, pieces of wood, pine cones	Place in a sealed bag and place in the freezer for 24 hours before bringing into the classroom
Rocks	Wash to remove the dirt
Leaves/flowers	Inspect for insects before bringing in the classroom
Bird nests	• If purchased from a store it is acceptable • If brought in from outside, the bird's nest must be placed in an enclosed bag where children can see it but not touch it • Wash hands after contact with the bird's nest
Bird feathers	• If purchased from a store, it is acceptable • Clean with soap and water, let air dry/dry with a hair dryer • Look at them through an enclosed bag

Single page PDF version of Infection Control in Sensory Play available here.

Water Play

- Water Play All staff and children must wash their hands before and after water play.
- The water play table must be cleaned and disinfected properly before filling it.
- The water play container should be drained, cleaned, and disinfected after each use, and whenever you suspect contamination.
- Toys used in water play should be cleaned and disinfected after each use.
- Children with open sores or wounds must not be allowed to play at the water table.
- Carefully supervise children to make sure that they do not drink the water.
- Remove any water toys that come into contact with a child's mouth during shared water play.
- Discontinue the use of water play tables during an outbreak of communicable disease as this might be a potential source of spread.

Remember: Children must be constantly supervised when there is any water present.This includes wading pools, tubs, or sinks.

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Guidelines for Personal Items

What qualifies as a personal item?

Personal items can include:

- Face cloths
- Combs and hair brushes
- Toothbrushes
- Toothpaste
- Clothing (coats, hats, mittens)

Handling Personal Items

Personal items can spread infectious germs from one child to another. It is very important to avoid the sharing of personal items.

The following points highlight how to handle personal items:

- Ensure that each child has their own individual face cloth, comb, brush, toothbrush, and toothpaste. Label these items with the child's name.
- Store face cloths, combs, brushes, and toothbrushes separately so that they do not touch one another and make sure that they are not shared.
- Ensure that children's personal items such as hats and coats are stored separately and that the hook or cubby used for the storage of these items is labeled with the child's name.
- An effort should be made to provide each child with their own personal cubby or locker for the storage of their personal items.

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Pets and Animals

Risks of Pets in a Child Care Setting

Animals in child care settings, whether as resident animals housed in the facility or as short-term visiting animals, can be a valuable learning tool and can stimulate children's interest, curiosity and appreciation of nature. Providing opportunities to explore, care for,and interact with the natural world helps to strengthen these connections.

While animals can pose a risk of infectious disease transmission and injury, particularly for infants and children under the age of five years, measures can be taken to minimizethese risks while offering children these important opportunities.

The Ministry of Health and Long-Term Care (MOHLTC) has developed a **best practice guidance document for the management of animals in child care centres** to assist the operator in choosing appropriate pets and in implementing measures to be taken to minimize the risk of injury or infection to the children and staff.

Visits to Farms or Petting Zoos

Animals at farms and petting zoos present the same risks as pets in child care centres. There are added hazards because the animals are unknown to you. Before visiting a farm or petting zoo, review the MOHLTC (Ministry of Health and Long-Term Care) guidance document titled ***Recommendations to Prevent Disease and Injury Associated with PettingZoos in Ontario***.

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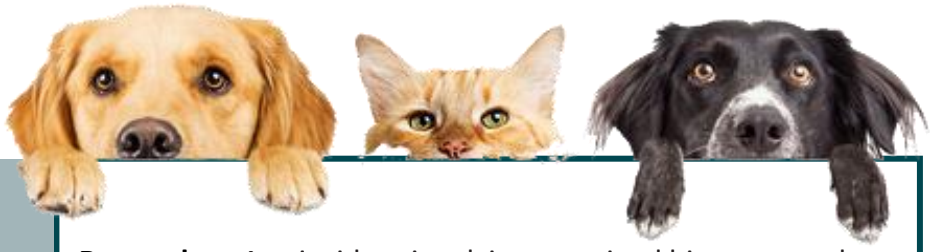
Taking Proper Precautions with Animals

If you do allow animals (such as hamsters, gerbils, rabbits, or guinea pigs) into your child care centre on a permanent or visiting basis, take the following precautions:

- Ensure that animals are always kept in pens or cages. Pens and cages should be kept at a safe distance from the children because debris can be knocked out of the cage and become accessible to children.
- Make staff responsible for cleaning cages and feeding animals, not the children.
- Turtles, newts, salamanders, and birds are not recommended because theyoften carry diseases that can be spread to people.
- Although keeping dogs and cats is permitted, it is not encouraged. Ensure that these animals are vaccinated for rabies and that the vaccination is kept up to date.
- Ensure that visiting animals have documented proof of current rabies vaccination, if applicable.
- Ensure that children and staff wash their hands thoroughly (page 17) after handling animals.
- Separate pet cages from children's sleeping areas.
- Pets are not allowed in outdoor children's play areas.



Remember: Any incident involving an animal bite or scratch must be reported immediately to the Health Unit's Environmental Health (EH) Program so that appropriate steps can be taken to make sure the pet is free of rabies. They can be reached at 1-800-563-2808 ext. 5400.

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Food Safety

When providing food, all food should follow safe food handling practices. The young children are particularly susceptible to food-borne illness. Along with your desire to serve food safely, there is also a legislated requirement to serve food safely. The ***Ontario Food Premises Regulation*** under the ***Health Protection and Promotion Act*** is a key piece of legislation that will govern and dictate how you prepare and handle food in your child care centre.

The North Bay Parry Sound District Health Unit offers food handling safety courses. You are encouraged to attend to learn about the risks associated with handling food and become a certified food handler. For more information, visit www.myhealthunit.ca or call the North Bay Parry Sound District Health Unit's Environmental Health program at:

- North Bay Area: 705-474-1400 or 1-800-563-2808, ext. 5553 or 5354
- Parry Sound Area: 705-746-5801 or 1-800-563-2808, ext. 3201

Your Public Health Inspector will keep you informed of any information pertinent to food handling. If you have any questions concerning food handling, preparation, or storage, contact your Public Health Inspector.

Remember: Proper handwashing by all staff and children cannot be emphasized enough as a means of controlling the spread of bacteria. Hands should be washed before, during, and after food preparation to help prevent contamination of foods. Washing hands before and after mealor snack times should be an automatic part of the children's daily routine.

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Chapter 2

Illness Surveillance and Outbreak Management

Germs can spread rapidly in group settings such as a child care centre. In addition to prevention, timely detection and management of outbreaks are key to reducing the impact of illness in these settings. This section provides guidelines on how to recognize and manage illness and outbreaks in the child care setting.

Illness Surveillance and Outbreak Management

Role of Child Care Centres

Child care centres have requirements related to illness surveillance and outbreak management under *Child Care and Early Years Act, 2014 O.Reg. 137/15*, and *Health Protection and Promotion Act, R.S.O. 1990, c.H.7, Regulation 135/18*, respectively.

Under the *Child Care and Early Years Act, 2014 O.Reg. 137/15*, child care centres are required to observe all children daily for signs of ill health. If a child receiving child care at the centre appears to be ill, the child must be separated from other children and the symptoms of the illness must be noted in the child's records.

Under the *Health Protection and Promotion Act, R.S.O. 1990, c.H.7, Regulation 135/18*, all child care centres are required to report a suspected outbreak to their local public health unit.

This chapter will provide you with information that can help you meet these requirements, as well as the role of the North Bay Parry Sound District Health Unit (Health Unit) in illness surveillance and outbreak management.

Role of the Health Unit

The Health Unit is required by the *Ministry of Health and Long-Term Care* to assist child cares in the management of outbreaks including:

- Declaration of the outbreak
- Enforcing control measures
- Providing support and education to the staff and families affected

Surveillance

Ensure Proper Surveillance

Daily surveillance of signs and symptoms in the children and staff will give the child care operator/supervisor a baseline rate of illness. Keeping a daily logbook and documenting signs and symptoms will assist in identifying trends and determining if there is an unusual increase in illness. Early reporting of the suspected outbreak, as well as practicing proper infection prevention and control measures, will decrease the number of children and/or staff who become ill and reduce the duration of the outbreak.

Steps to ensure proper surveillance:

1. **Monitoring for signs & symptoms**
   Children and staff should screen daily for signs and symptoms of illness **prior to attending** the child care facility. Screening is important and staying home helps prevent transmitting illness to others.
2. **Active surveillance throughout the day.**
   Operators and/or supervisors should actively observe staff and children for signs and symptoms of illness **upon arrival** at the child care facility and **throughout the day**, to determine the need to isolate or exclude children and/or staff.

Signs and Symptoms of Illness (not related to known causes or conditions):

- Diarrhea
- Vomiting
- Nausea
- Abdominal pain
- Fever or chills
- Rash
- Runny nose or nasal congestion
- Cough or difficulty in breathing
- Sore throat
- Headache (unusual or long lasting)
- Unusual behaviour
- Extreme Fatigue
- Muscle aches or joint pain
- Decreased or loss of taste or smell
- Decreased or no appetite in young children
- Pink eye

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Surveillance Tips for Success

- ✓ Have written policies in place for handling illness in your facility.
- ✓ Record the following information in a daily logbook:
  - Attendance and absence of children and staff
  - Signs and symptoms of illness
  - Date and time of symptom onset
  - The outcome of the situation (child/staff sent home, etc.)
- ✓ Ensure that parents/guardians are aware of and understand your policies before they register their children in your facility.
- ✓ Advise parents/guardians to have alternate plans or arrangements in case their child gets sick and needs to be picked up. This includes the name, address, and phone number of an alternate contact.

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Identifying an Outbreak

An outbreak should be suspected when a **greater number of children or staff become ill with the similar symptoms in a given period of time.**

When a potential outbreak is identified at your child care facility, notify the North Bay Parry Sound District Health Unit's Communicable Disease Control (CDC) Program immediately at 1-800-563-2808 ext. 5229. A CDC staff member will assist you in deciding if an outbreak exists and will help you bring the outbreak under control.

If an operator has knowledge of, or suspects that a child in their child care facility has a reportable disease listed on the **Diseases of Public Health Significance list**, the Health Unit's CDC program must be informed in accordance with the *Health Protection and Promotion Act (R.S.O. 1990, H.7; Part IV)*.

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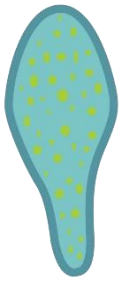
Enteric Outbreak

Gastrointestinal illness is caused by a variety of pathogens that affect the gastrointestinal tract (stomach and bowels) and is typically acquired through consuming contaminated food, or water, or contact with infected animals, environments, or people (Ministry of Health, 2022).
All gastroenteritis outbreaks in child cares are reportable to the Health Unit's CDC Program (HPPA, R.S.O. 1990, H.7) regardless of whether they are caused by:



- A reportable agent
- A non-reportable agent
- An unknown cause

The CDC program can be reached at 1-800-563-2808 ext. 5229.

Outbreak & Case Definition

A gastroenteritis outbreak exists when there are **two or more cases** meeting the case definition with a common epidemiological link (i.e., toddler room, same caregiver) with an initial onset within a 48-hour period. To be considered a case, **at least one** of the following must be met:

- **Two or more** unexplained episodes of diarrhea (i.e., loose/watery bowel movements) within a 24-hour period.
  OR
- **Two or more** unexplained episodes of vomiting within a 24-hour period.
  OR
- **One or more** episodes of diarrhea and **one or more** episodes of vomiting within a 24-hour period, not explained by another cause.

Fact Sheet

Please refer to the linked fact sheet, **Outbreaks: Information for Childcare Providers** for general information on outbreaks.

The flow chart on the following page will help determine if there is an **enteric outbreak** at your child care facility.

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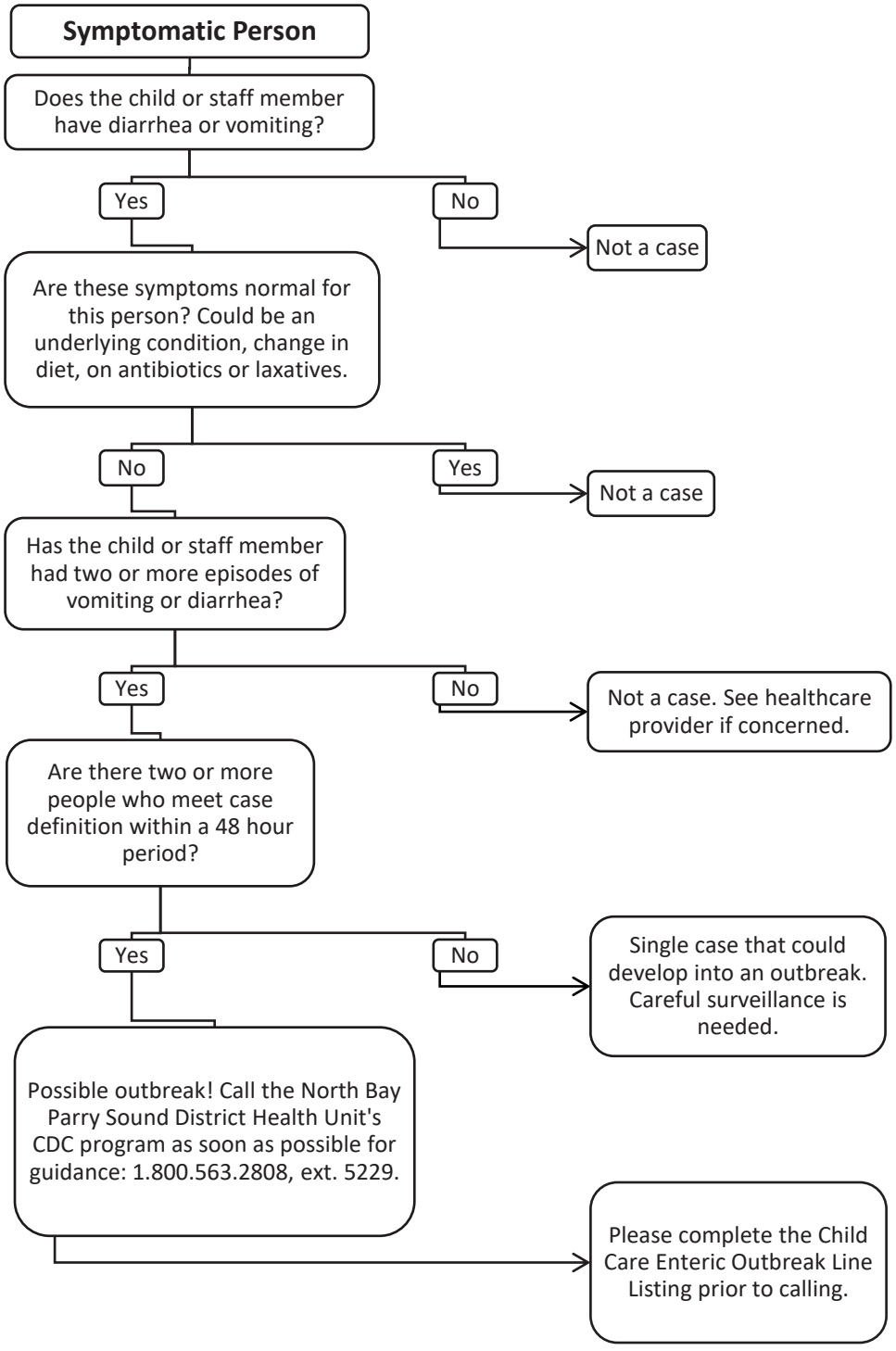
Enteric Outbreak Flow Chart



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Chickenpox

Chickenpox (varicella) is a common, highly transmissible, preventable childhood infection caused by the varicella-zoster virus (VZV). Chickenpox can cause an itchy, blister-like rash. It is most common in young children and is usually mild but can be very uncomfortable.

Chickenpox can be serious, especially in babies, adolescents, adults, and pregnant women. Chickenpox is also very dangerous for people with immune system problems like leukemia, or for people taking medications that weaken the immune system.

The best way to prevent chickenpox is to get the chickenpox vaccine.

Chickenpox Reporting

Chickenpox illness must be reported by a child care. Use the **Chickenpox - Daily Reporting form** (**Formulaire de déclaration quotidienne de la varicelle**) to report new cases of chickenpox (varicella) to the Health Unit's CDC Program. Fax the completed form to the CDC Program at 705-482-0670.

Resource

For more information on **Chickenpox**, including the symptoms, spread, risks, treatment, and prevention, visit **the Canadian Paediatric Society, Caring for Kids** webpage**.**

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Immediate Measures to Control an Outbreak

Communication

1. Complete **separate** Child Care Enteric Outbreak Line Listing Record forms for children and staff, and be sure to include the following information for immediate review by a CDC staff member:
    - List all ill children and staff chronologically in order of when their illness started
    - Symptoms experienced
    - Duration of illness
    - Age group of the child
    - When the symptoms first began

    Fax the completed line listing(s) to the CDC Program at **705-482-0670** prior to calling.
2. Contact the Health Unit's CDC Program at **1-800-563-2808, ext. 5229**.
3. Communicate information about increased illness to all staff and parents/caregivers.
4. Provide parents/caregivers with fact sheets if appropriate.
5. Advise parents/caregivers to contact the child care centre if their child becomes ill at home.
6. Discourage or restrict visitors to limit the spread of the organism. If visitors are entering the facility, advise them of the precautions to be taken. Notices should be placed at all entrances and exits. Provide an alcohol-based hand sanitizer with at least 70% alcohol content for visitors to use.
7. Continue to **update daily** the line listings for children and staff. **Do not** remove names of resolved cases from the line list(s); simply add each new case to the existing line listing. Fax the line listings to the CDC Program by **11 AM** at **705-482-0670**.
8. An outbreak cannot be declared over without prior consultation and agreement by the Medical Officer of Health or designate.

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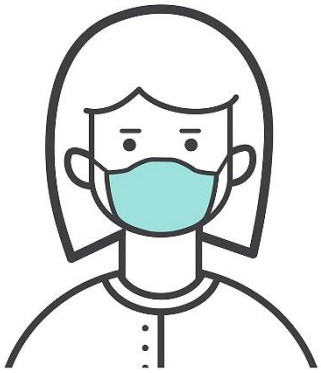
Infection Prevention and Control Precautions

- Increase staff surveillance to identify new cases.
- Reinforce frequent and thorough hand hygiene and cough/sneeze etiquette in both staff and children. This includes principles of handwashing and proper use of hand sanitizers, when hands should be washed, and proper handwashing procedures for staff and children.
- Hand washing facilities should be checked to ensure that running water, supply of soap in a dispenser and paper towels or hand dryers are available and accessible for use.
    - If hand washing facilities are not available and hands are not visibly soiled, alcohol-based hand rub (ABHR) with at least 70% alcohol can be used. Young children should only use it under adult supervision.
- Provide disposable gloves to staff for diapering, toileting, cleaning up body fluids and soiled clothing/bedding.
- Use a mask when cleaning up vomit.
- Isolate ill children from well children until a parent/guardian arrives to pick them up.
- Exclude symptomatic children and staff when required. Refer to current ***Reporting and Exclusion Guidelines for Child Care*** on the North Bay Parry Sound District Health Unit's website and consult with a CDC staff member. For vaccine preventable diseases, children and staff who are not vaccinated may need to be excluded from the child care facility as directed by the Health Unit.
- Cohort staff to work in only one room as much as possible. Keep children from affected rooms separate from children in rooms with no illness as much as possible.



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Environmental Cleaning and Disinfection

- Continue with established cleaning and disinfection procedures in food preparation areas.
- Do not allow food into your child care from outside sources. Consult with the Health Unit's CDC Program about catering, if necessary.
- Increase cleaning and surface disinfection.
    - Switch to a high-level disinfectant such as bleach (1:10 ratio) or accelerated hydrogen peroxide.
    - Ensure that all surfaces, equipment, and other objects get cleaned and disinfected more often.
    - Clean and disinfect toys immediately after each use and daily for the duration of the outbreak.
    - Pay special attention to bathrooms and common areas.
- Promptly clean and disinfect surfaces contaminated by stool and vomit. Immediately cover spillage with dry disposable paper towels.
- Handle soiled linens, clothing, and belongings as little as possible. This will prevent unnecessary agitation, which could spread the organism.
- Clean soiled carpets and soft furnishings with hot water and detergent, or steam clean. Vacuum cleaning is not recommended.
- Play clothing or costumes, linens and non-disposable mop heads should be washed on a hot cycle with detergent and hot air dried.
- Remove all stuffed toys from circulation and stop access to sensory play equipment, play dough, sand, and water tables as they easily become contaminated and spread infection.
- Toys that are mouthed or handled by a child who becomes ill, should be removed from use until they have been cleaned and disinfected. Read product label to see if final rinse is required. Reducing toy inventory during an outbreak can be helpful to monitor and clean toys efficiently.

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Activities

- Suspend social activities and field trips, as appropriate. These can be discussed with a CDC staff member.

Laboratory Testing

- Parents/guardians may have sick children assessed by a health care provider. If specimens are collected the outbreak number should be placed on the specimen where possible.

More Tips for Success

- ✓ Have a written plan to control an outbreak.
- ✓ Have a written exclusion policy.
- ✓ Initiate control measures before calling the Health Unit's CDC Program. **Do not** wait until after.
- ✓ Know how to suspect and recognize an outbreak.
- ✓ Know how to contact the Health Unit's CDC Program.

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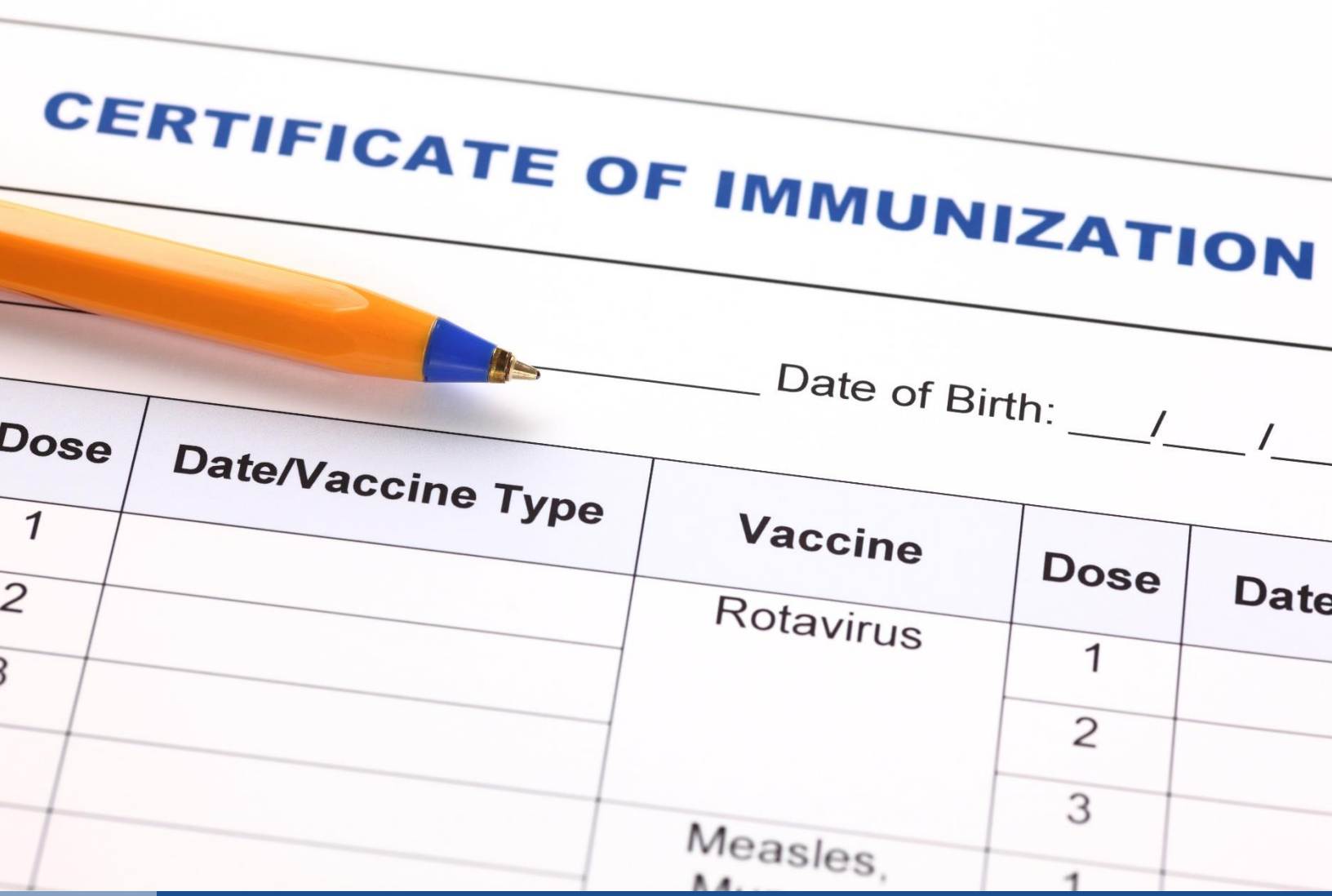

Chapter 3

Immunization (Vaccinations) and Health Records

Vaccinations are a safe and effective way to protect children and adults from potentially deadly infectious diseases and their complications. Keeping accurate, up-to-date records for both staff and children in the child care centre is an important part of the job of a child care operator. It helps to ensure a healthy environment for everyone.

Vaccination Requirements for Children

Under the ***Childcare and Early Years Act, 2014, Reg 137/15***, the operator of a licensed child care facility is required to ensure that all infants and children enrolled in child care meet one of the following options:

1. Is fully vaccinated as recommended by the local Medical Officer of Health.
2. Has documentation in writing in the form of a Medical Exemption on file with the Health Unit.
3. Has documentation in writing in the form of a Statement of Conscience or Religious Belief Affidavit on file with the Health Unit.

Parents/guardians must submit to the child care facility a completed Vaccination History for Child Care Registration form and a copy of their child's vaccination record if appropriate, for submission to the North Bay Parry Sound District Health Unit's Vaccine Preventable Diseases (VPD) Program. **The Health Unit will only accept and process forms submitted by the child care centre.**

Child care operators must collect and maintain vaccination records or exemptions on file at the centre. Operators are only required to keep vaccination records or exemptions of children **not** attending school.

Parents/guardians who request a vaccination exemption can contact the Health Unit's VPD Program to obtain more information about this process. The objection to vaccination must be based on the grounds that the vaccination conflicts with the sincerely held convictions of the parent's/guardian's religion or conscience. Some children may be exempt from vaccination for medical reasons—such exemptions must be completed and signed by a legally qualified medical practitioner. Parents/guardians who intend to submit a vaccination exemption with respect to the vaccination requirements under the ***Childcare and Early Years Act,*** will need to complete and submit the **original Statement of Conscience or Religious Belief Affidavit** or **Medical Exemption** to the Health Unit's VPD Program.

Keep in Mind: During an outbreak of a vaccine preventable disease, a child with a vaccination exemption may not be permitted to attend the child care centre until the outbreak is declared over by the Medical Officer of Health.

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Vaccination Requirements for Staff

Child care staff and volunteers have extensive exposures to infants and children on a daily basis. Maintenance of an up-to-date vaccination record is essential to protect the health of both child care staff and the children in their care.

The ***Childcare and Early Years Act, 2014, Reg 137/15***, requires child care operators to ensure that all staff and volunteers in a child care facility are fully vaccinated as recommended by the local Medical Officer of Health. Staff and volunteers must submit to the child care centre a completed **Health Assessment of Child Care Personnel form** and a copy of their vaccination record if appropriate, for submission to the Health Unit's VPD Program. **The Health Unit will only accept and process forms submitted by the child care centre.** Child care operators must collect and maintain vaccination records or exemptions on file at the centre.

Staff or volunteers who request a vaccination exemption can contact the North Bay Parry Sound District Health Unit's VPD Program to obtain more information about this process.

The objection to vaccination must be based on the grounds that the vaccination conflicts with sincerely held convictions of the staff or volunteer's religion or conscience. Staff or volunteers may be exempt from vaccination for medical reasons – such exemptions must be completed and signed by a legally qualified medical practitioner.

Staff or volunteers who intend to submit a vaccination exemption with respect to the vaccination requirements under the ***Childcare and Early Years Act,*** will need to complete and submit the **original Statement of Conscience or Religious Belief Affidavit** or **Medical Exemption** to the North Bay Parry Sound District Health Unit's VPD Program.

Please Note: During an outbreak of a vaccine preventable disease, a staff or volunteer with a vaccination exemption will not be permitted to attend the child care centre until the outbreak is declared over by the Medical Officer of Health.

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Every child care operator shall ensure that all staff and volunteers have received the following required vaccinations prior to commencing employment:

Vaccine	Vaccine Requirements
Tetanus, Diphtheria, Pertussis (Tdap)	• One adult dose given 10 years after the adolescent booster (usually 24-26 years of age)
Tetanus, Diphtheria (Td)	• A booster dose every 10 years after the adult dose of Tetanus, Diphtheria, Pertussis
Measles, Mumps, Rubella (MMR)	• Adults born before 1970 - consider immune, no vaccination required. • Adults born in or after 1970 - at least 1 dose (2 doses recommended) **OR** • Lab work to confirm immunity is required if unable to confirm vaccine dates or clinical documentation of illness is not available. If immune, no vaccine is required.
Chickenpox (Varicella)	• 2 doses **OR** • Lab work to confirm immunity is required if unable to confirm vaccine dates or clinical documentation of illness is not available. If immune, no vaccine is required.

The following additional vaccinations are recommended: **Hepatitis A, Hepatitis B, Meningococcal, COVID-19, and annual Influenza.**

Vaccination Forms

Links to Forms

- **Statement of Conscience or Religious Belief Affidavit**. Must be notarized by a Commissioner of Oaths.
- **Medical Exemption form**. Must be completed by a legally qualified medical practitioner.
- **Vaccination History for Child Care Registration form** (for children).
- **Health Assessment of Child Care Personnel** (for staff).

Vaccination Information for Pregnant Staff

Pregnant staff or those who are trying to become pregnant should know their health history. Several childhood diseases can harm the unborn child and the mother if they are not immune.

These diseases are:

- Chickenpox or Shingles
- Cytomegalovirus
- Fifth Disease
- Rubella

Prior to pregnancy or as soon as possible in early pregnancy, a woman should talk to her health care provider about any necessary protection.

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Ontario Vaccination Schedule

Children attending child care are expected to receive vaccinations as appropriate for age as outlined in the *Ontario Routine Immunization Schedule*, or have a signed vaccination exemption **(*Child Care and Early Years Act, 2014).***

If children have received their vaccinations at a different time, or in another province or country, their records may look different from this schedule.

Contact the Health Unit's VPD Program if you have questions about vaccinations.

- North Bay Area: 1-800-563-2808, ext. 5252
- Parry Sound Area: 705-746-5801 or 1-800-563-2808, ext. 3215
- Contact by email at vpd@healthunit.ca

Visit our website for **Child Care Information on Vaccinations.**

Resource

- Publicly Funded Immunization Schedules for Ontario

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Recommended Vaccines

The Influenza (Flu) Vaccine[1]

Influenza spreads easily from person to person, the flu shot is your best defence. Influenza vaccination is safe for anyone six months of age and older. It protects you and those around you from the flu and its complications. The flu shot will not protect you against COVID-19.

Two types of influenza viruses (A and B) cause most human flu illness and are responsible for flu seasons each year. Because circulating influenza viruses change, often from year to year – people don't stay immune for very long and is the reason why a flu shot is needed every year. Flu shots are available starting in October at no cost for those that live, work, or attend school in Ontario. The shots provide protection throughout the flu season — October to April.

You can get you flu shot at a **doctor's office, pharmacy, community walk-in clinic, or the Health Unit's office.** To book an appointment at the Health Unit, call **1-844-478-1400**. Visit the Health Unit's **Flu Shot webpage** for more information.

The COVID-19 Vaccine

Visit the Health Unit's **COVID-19 Vaccine & Vaccination Frequently Asked Questions** page to get answers to common COVID-19 vaccine questions.

Visit the Health Unit's **COVID-19 Vaccine: Information for Parents and Caregivers** page for answers to more child and youth vaccination questions.

[1] (Canadian Peadiatric Society, 2021)

Vaccine Safety

Vaccine Standards

Health authorities in Canada take vaccine safety very seriously. For a vaccine to be approved in Canada they must meet *Health Canada's* highest standards for production, safety, and potency. No vaccine is 100% effective; however, all the vaccines used for the routine vaccinations of children are very effective in preventing disease and severe illness.

Side Effects

Parents and guardians are often concerned about the side effects and safety of vaccines. The most common side effects are mild pain, fever, swelling, and redness where the vaccine was given. Some infant vaccines may cause a low-grade fever (approximately 38°C) or fussiness for one or two days after having had the needle. Serious side effects from vaccination are rare.

There are many myths circulating about vaccines. We encourage individuals to inform themselves and to get vaccine information from reputable sources. People can also call the Health Unit's VPD program to have their questions answered.

Informative Websites

To learn more about vaccine safety and current research addressing myths related to vaccination, visit any of these reputable websites:

- Centers for Disease Control and Prevention
- Canadian Paediatric Society
- National Advisory Committee on Immunization (NACI)
- Public Health Agency of Canada

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Chapter 4

Safe Environments and Injury Prevention

A large number of injuries and illnesses occur due to unsafe environments, conditions, and behaviours. There are a range of strategies that can be implemented in the child care setting to reduce the risk of injury and illness.

Air Quality

The quality of the air directly impacts the health of all people. In the short term, air pollutants can cause headache, nausea, dizziness, infection and irritation of the eyes, nose, and respiratory tract. Poor air quality can also have long-term and chronic effects, including asthma, allergies, lung disease, and cancer.

While poor air quality is a concern for people of all ages, children are actually more likely to be harmed by air pollutants, because they breathe in more air relative to their body weight than adults. Also, since children are growing and developing, the potential for damage to their respiratory systems is greater.

Indoor Air Quality

Children and adults spend a great deal of time indoors, and it is important to be mindful of the quality of indoor air. Problems with poor air quality can come from a range of sources, such as: tobacco smoke, pets, carpets, building materials, furniture, cleaning products, pesticides, printing and copying machines, gas appliances, allergens, moulds, bacteria, viruses, radon and lead.

Key Term: Air Pollution

Air pollution is the contamination of the indoor or outdoor air by harmful substances.

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Indoor Air Quality

The following are ways you can reduce the risks of poor indoor air quality:

- Control moisture in the environment. Moisture, vapor, standing water, and water-damaged materials are a breeding ground for mold, mildew, insects, and bacteria. Prompt attention to moisture problems is essential to reduce the risk of adding contaminants, particularly mould, into the air.
- Schedule painting, renovations, and repair activities for times when children are not present. Test all older painted surfaces for lead before sanding.
- No smoking. Please see the next section titled *A Smoke-Free and Vape-Free Environment* for more information on the legal requirements surrounding smoking and vaping in the child care setting.
- Use Integrated Pest Management techniques to monitor and prevent pests.
- Arrange your space to provide sufficient ventilation to high-need areas such as arts and crafts areas and diaper changing areas. Install window guards for safety. Regularly inspect and maintain Heating, Ventilation and Air Conditioning systems.
- Purchase least toxic supplies. Install new products such as carpeting and furniture when children are not present and provide ventilation for 48 to 72 hours after installation. Choose low emission products.
- Sanitizing and cleaning products. Decide what products you will use for cleaning and sanitizing. Keep products in their original containers. Keep all chemicals out of the reach of children.
- Determine if you will allow pets in your program. Confine pets to a limited area that is easily cleaned and disinfected. Please see the section titled *Pets and Animals* in *Chapter 1 – Infection Prevention and Control* for more information.

Keep in Mind: The most effective way to reduce indoor air pollution is to remove or reduce the source of contamination.

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Outdoor Air Quality

The quality of outdoor air should also be considered, as children and adults can be exposed to many different types of air pollutants when outdoors. You can take the following steps to reduce the risks associated with poor outdoor air quality:

1. Check the Air Quality Health Index (AQHI) each morning at airhealth.ca
    - AQHI is a tool that can help child care professionals protect the health of children by limiting their exposure to air pollution.
2. Sign up to receive Air Quality Alert Notifications (Special Air Quality Statement or Smog and Air Health Advisory) by visiting the Ministry of Environment and Climate Change Air Quality website.
3. Schedule outdoor activities during periods of the day when air pollution levels are low
4. Develop a procedure for communicating environmental issues such as smog alerts to staff, parents, and children.
5. Avoid strenuous activity and consider rescheduling outdoor activities during smog alert days. Hot weather combined with poor air quality can increase the risk of adverse health effects.
6. Pay close attention to asthmatic children during smog and heat alerts, ensure they get adequate rest breaks and keep medication close by in case a child develops breathing difficulties.

Resources

For more information and resources, visit the Health Unit's Air Quality webpage.

This page covers:

- Air Pollution and Your Health
- Children with Asthma
- FAQs on the Health Effects of Air Pollution

And more!

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A Smoke-Free and Vape-Free Environment

Smoke-Free Ontario Act

Under the direction of the ***Smoke-Free Ontario Act, 2017 (SFOA)***, places providing child care must be smoke-free and vape-free at all times, even if children are not present. This includes any outdoor spaces that children use, and applies to child care centres, places where home child care is provided, and places where an early years program or service is provided.

The sale of tobacco or vapour products is also prohibited in child care centres and places where home child care is provided.

Key Term: Vaping

Vaping is the inhaling of a vapour created by an electronic smoking device such as an e-cigarette.

Responsibilities of Child Care Professionals

The ***Smoke-Free Ontario Act, 2017*** requires that the owner, proprietor, or person in charge of a child care centre, home child care, or early years program ensure that the law against smoking and vaping is respected in their facility.

These administrators must:

- Give notice to the employees and visitors to the facility that smoking and vaping is prohibited.
- Post "No Smoking" and "No Vaping" signs, or a dual "No Smoking and No Vaping" sign at entrances, exits and washrooms of the facility, in appropriate locations and in sufficient numbers, so that everyone knows that smoking and vaping is not permitted.
    - These signs are available through the Health Unit.
- Ensure that no ashtrays or similar items remain in the facility.
- Ensure that no one smokes or vapes in the facility.
- Ensure that someone who refuses to comply with Ontario's smoking and vaping laws does not remain in the facility.

Smoke-Free Ontario Act – Fact Sheet

Check out this Smoke-Free Ontario Act fact sheet to find out more on how the Smoke-Free Ontario Act affects child care professionals.

Reasons to Enforce a Smoke and Vape Free Environment

- The ***Smoke-Free Ontario Act (SFOA), 2017*** is enforced by the North Bay Parry Sound District Health Unit. The proprietor responsible for a child care centre, home child care, or early years program who fails to fulfill their responsibility under the act may be charged with an offence and if convicted, could face a maximum fine. For fine amounts and more information, read the SFOA fact sheet linked on the previous page.
- Many studies have shown that children are at greater risk than adults from exposure to second-hand smoke. This is because children have smaller airways and breathe more rapidly, causing them to inhale more pollutants relative to the size of their bodies. Children exposed to second-hand smoke are at risk for coughs, pneumonia, asthma, ear infections and sudden infant death syndrome (SIDS).
- Children exposed to smoking and vaping are also at an increased risk for cancers and heart and blood vessel diseases in adulthood. Children learn by example and may witness habits that can impact them for a lifetime. As a child care provider, you are in an excellent position to encourage a smoke-free and vape-free lifestyle.

Next Steps

- View the ***Smoke-Free Ontario Act, 2017*****,** for more information.
    - You may also obtain information on the SFOA by calling toll-free: INFOline 1-866-532-3161 or TTY 1-800-387-5559
- For specific information and resources relating to smoking and vaping laws applicable to child care centres, home child care, and early years programs, contact the North Bay Parry Sound District Health Unit at 705-474-1400 or 1-800-563-2808(toll free). You can:
    - Ask questions related to the SFOA
    - Access “No Smoking/No Vaping” signs to post in your facility

Teaching Resources on Smoking/Vaping

Children spend a lot of time in the child care setting, putting child care professionals in an excellent position to promote healthy behaviours and prevent the misuse of tobacco products. The Health Unit’s Tobacco and Substance Use webpage has teaching resources on smoking and vaping for educators.

Childproofing

The Basics

Simple and effective childproofing steps help avoid potential accidents. Here are some general ways to childproof your facility:

- Keep doorways and exits free of equipment, toys, and other objects.
- Make sure that bathroom and closet door locks can be opened from the inside.
- Cover electrical outlets that are not in use.
- Lock up cleaning supplies and hazardous materials, especially medications.
- Put safety locks on drawers that contain knives, etc.
- Cover radiators; use only protected heaters.
- Ensure shelves cannot be knocked down or items on shelves cannot be pulled down.

Toy Dangers

Certain toys can be hazardous to young children.
To avoid the dangers of hazardous toys, please take the following precautions:

- Ensure that toys and art materials are non-toxic and age appropriate.
- Discard toys that are broken or have detachable pieces that are small enough to stick in the eyes, nose, or ears, or that may be considered a choking hazard.
- Avoid brittle plastic toys that may be dangerous when broken.
- Choose toys that have rounded or smooth edges.
- Ensure metal toys are not lead based.
- Avoid toys that shoot items.

More Information

Health Canada has developed a booklet series titled Is Your Child Safe? for parents and caregivers.

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Childhood Falls Prevention

As children learn how to walk, run, jump, climb, and play, it is normal for them to fall. Although most falls do not result in serious injury, falls are still the leading cause for all childhood injuries requiring medical attention and hospitalization.

Where and how a child slips, trips, or falls depends on their age and developmental stage.

Infants: Usually fall from a raised surface such as a change table, couch/chair, bed, or down stairs.

Toddlers: Commonly fall when mobile (i.e., walking, running, crawling). Injuries can happen by falling down the stairs and/or running into objects.

Children Five to Nine: Most often fall during playground activities/games or using playground equipment (i.e., slides, swings, monkey bars, play structures).

How to Prevent Falls

The majority of falls are predictable and preventable. Preventing falls is a combination of active supervision and creating a safe environment. Child care staff need to role model safe behaviour, teach, and reinforce indoor and outdoor safety rules to manage the risk from unintentional fall-related injuries.

Provide Active and Positive Supervision

- Children should never be left unsupervised.
- Establishing and reinforcing clear and simple safety rules children can easily follow.
- Child care professionals should be strategically positioned close to children, so they have the ability to intervene quickly.
- Redirecting children to alternate activities when play or exploring may result in injury.

(York Region Public Health, 2019)

Create Safe Spaces so Children Can Learn and Play[1]

- Identify and remove or fix any potential tripping hazards (i.e., electrical cords).
- Childproof your child care facility.
- Keep doors, floors, and walkways free of equipment, toys, and other objects.
- Do not place furniture directly under a window as children can climb up and fall out an open window.
- Anchor furniture to walls and remove any heavy items from furniture surfaces.
- Use safety products (i.e., child gates) in areas that pose potential danger (i.e., stairs).
- Routinely inspect children's play equipment/toys/furniture for normal functioning and possible defects or signs of damage
- Complete routine inspections of all harnesses on high chairs, strollers, and other items. The harnesses should be free of debris with the buckles in good working condition.
- Refer to Health Canada for any product recall notices.
- Implement policies to reduce injury, such as requiring all children to wear appropriate slip-resistant and close-toed shoes (not flip-flops) and use helmets whenever engaged in wheeled activities.
- Provide information to parents about the safety standards of the child care setting and inform them of their role in keeping children safe.
- Communicate safety information to parents regularly using bulletin boards, email, print resources, and newsletters.

Ensure Staff:[2]

- Regularly review the facility's childhood fall prevention policies and procedures.
- Are adequately trained and have continued professional development opportunities on child safety and falls prevention.
- Always use safety straps when children are on a raised surface like a high chair or change table.
- Collect all necessary diaper changing items before placing child on raised change table to ensure you always have a hand on them.
- Never leave a child unattended on any raised surface.
- Never place an infant seat on an elevated surface like a counter or table top.
- Put toys away when not in use and keep floors dry and free from spills.
- Know the current abilities and temperament of children being supervised. Anticipate their next stage and abilities to ensure appropriate supervision is provided.
- Allow children to access toys and use play equipment that is appropriate for their age and developmental stage.

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[2] Adapted with the permission of The Regional Municipality of York

Concussions

What Is a Concussion?[1]

A concussion is a brain injury that can affect how the brain works. Concussions can be caused by a blow or jolt to the head, neck, face, or body that causes the brain to shake inside the skull.

Most often children sustain concussions by falling, colliding with another person, or being hit in the head by an object (i.e., ball). Helmets DO NOT prevent or protect against concussions but protect against other head injuries.

It is not always easy to know if someone has a concussion. You cannot see the injury from the outside and often X-rays, MRI or CT scans appear normal. Always suspect a concussion, even if the incident did not appear to be serious.

Not everyone experiences a concussion in the same way. Concussions can cause many negative side effects, including impacts to brain functions, to cognitive, emotional and physical health, and to sleep patterns. Symptoms of a concussion range from mild to severe and can last for days, weeks, or even months.

Consequently, the healing process also varies from person to person. A concussion is unlike any other type of injury.

Concussion Symptoms [2]

Sometimes it's hard to tell if an infant or young child has sustained a concussion. Signs and symptoms can happen right away or may only develop hours or days after the injury. They do not need to lose consciousness to have a concussion. Be aware of the following warning signs:

- Crying more than usual
- Headache that does not go away or constant rubbing of the head
- Slurred speech
- Slow to answer questions or follow directions
- Nausea and/or vomiting
- Changes in the way they play or act
- Changes in eating and/or sleeping patterns
- Drowsiness and/or difficulty in waking from a nap
- Tiring quickly or having little or no interest in anything
- Lack of interest in their usual activities or favourite toys
- Changes in mood – irritable, sad, emotional, nervous
- Sensitive to lights and/or sounds
- Loss of new skills, such as toilet training
- Poor coordination, stumbling, and/or loss of balance
- Unequal pupil size and/or vision problems
- Trouble recognizing familiar people

[1] (North Bay Parry Sound District Health Unit, 2019)

[2] Adapted with the permission of The Regional Municipality of York

If You Suspect a Concussion

- Immediately and safely remove the child from the activity.
- Call Emergency Medical Services (EMS) if the child is unresponsive or showing extreme signs and/or symptoms.
- Contact the parents/guardians and advise them of the incident and the signs and symptoms the child is experiencing.
- Continue to constantly observe the child for any additional **physical** (i.e., vomiting, balance problems), **cognitive** (i.e., difficulty focusing or concentrating), **emotional/behavioural** (i.e., irritability, sadness), and/or related to **sleep** (i.e., drowsiness, sleeping more or less than usual) changes while waiting for the parents/guardians to pick the child up from care.
- Communicate to the parents/guardians the importance of seeking medical attention for the child as soon as possible.

Returning To Child Care After a Concussion

- When the child returns to the child care, follow the medical advice and recommendations provided by the child's health care provider regarding learning and physical activities. This may mean altering the child's play area within the facility as the child continues to recover from their concussion.
- Request the parents/guardians obtain medical clearance from the child's health care provider to resume activities or play with increased risk of head injury. Children's reaction times and thinking may be slower after a concussion, and this can put them at increased risk for further brain injury and possible second concussion known as Second Impact Syndrome.

Concussion Resources

Get more information on Concussions:

- Health Unit's Concussions Webpage
- Parachute Canada – Concussions

The Health Unit also lends out educational resources such as Concussion Goggles and a Brain Mold Kit through the Lending Library.

Bed Bugs

Bed bugs are small, brownish insects, that feed on the blood of people and animals usually while they are asleep. They have an oval, broad, flat body with a short, broad head, and are about the size of an apple seed—4 to 5 mm long. They can crawl very quickly on floors, walls, and ceilings. However, cannot easily climb metal or polished surfaces.

Bed bugs lay tiny, whitish eggs that have a sticky coating. The eggs measure about 1 mm in length and are almost impossible to see on most surfaces. The female lays at least 200 eggs in her lifetime, at a rate of about two to four per day and deposits them in cracks and crevices, behind woodwork, and other hidden locations. They usually hatch in 6 to 17 days.

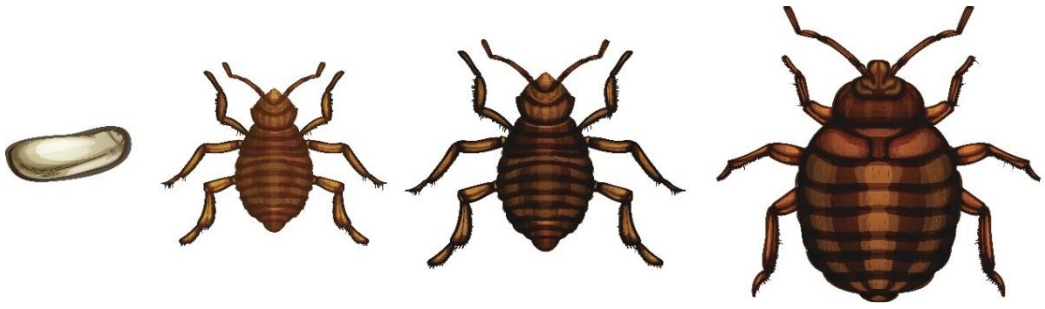
Bed bugs live and hide in dark places such as the folds of mattresses, in bed frames, behind baseboards, and peeling wallpaper. They come out at night to feed, attracted by the carbon dioxide exhaled by humans and pets. Bed bug bites may not be noticed right away, because bites can take as long as 14 days to appear, depending on the person.

Signs of bed bugs include blood spots or bedbug feces on sheets and pillowcases, as well as dead bugs in areas where the bed bugs live.

While bites can happen anywhere on the skin, they are often found on the face, neck, arms, legs, and chest. Some people get itchy welts on their skin when bitten. Others may develop an allergy to the bites and in some cases a secondary skin infection.

Care advice for bed bugs focuses on relieving symptoms and includes:

- Resisting the urge to scratching bed bug bites. To reduce the itching, apply an anti-itch cream or lotion to the bites. Scratching the bites can lead to infections.
- Wash the bite areas well with soap and water to reduce the risk of infection.
- A cool ice pack can be applied to the area to relieve the swelling.
- Follow up with a health care provider if a bed bug bite becomes infected or if an allergic reaction occurs.



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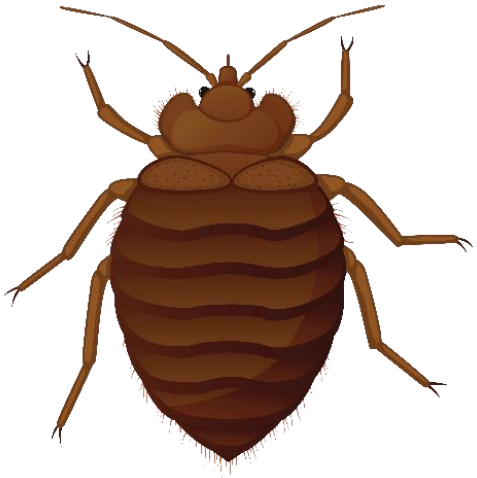
How do bed bugs spread?

Bed bugs are wingless and cannot fly or jump but can enter small spaces because of their flattened bodies. They can spread very quickly and usually travel from place to place by hitching rides on objects such as purses, clothing, furniture, and luggage.



Can bed bugs be treated?

Bedbugs are difficult to control and require treatment by a licensed pest control technician. Repeat treatments may be required.

Can bed bugs be prevented?

The Health Unit recommends that children not bring stuffed animals and blankets back and forth from home but leave the items at the child care instead.

Parents, schools, and child cares should be cautious when accepting in second-hand furniture, mattresses, beds, or toys. Carefully inspect the items for bed bugs.

For more information, contact the North Bay Parry Sound District Health Unit's Environmental Health (EH) Program at 705-474-1400 or 1-800-563-2808, ext. 5400 and discuss it with a public health inspector.

Bed bugs do not infect people and do not spread human disease. Children or staff who have been bitten by bed bugs may go to child care.

Bed bugs is not a mandatory reportable disease.

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Head Lice (Pediculosis Capitis)

Head lice are tiny flat insects that live and breed on the head. They lay eggs called nits, which stick to hair very close to the scalp. Head lice cannot live on household pets, and they do not spread disease. Having head lice is not an indication of poor hygiene. Head lice spread easily among children who are together in one place. They are very common among young children, especially in schools and child cares.

Adult lice, which are 2 to 4 mm long, are hard to see. However, the nits, also known as eggs, are easier to see. Nits are greyish-white and oval-shaped. Nits are firmly attached to the hair close to the scalp. They may look like dandruff but cannot be flicked off. Finding nits (which are bigger and easier to see) close to the scalp suggests that there may be a case of head lice.

What are the symptoms of head lice?

One of the first signs of head lice is itching and scratching the head, but it is possible to have head lice without any symptoms. To diagnose a case of head lice, you need to find nits or live lice. Lice move fast and are about the size of a sesame seed.

Unless the infestation is extensive, it's more common to see nits in a child's hair than it is to see live lice crawling on the scalp. If you think that a child may have head lice, check the hair for nits immediately:

- Close to the scalp
- Behind the ears
- The back of the neck
- Top or crown of the head

When checking for head lice, good lighting is important. Look for nits by parting hair in small sections, going from one side of the head to the other.

Parents or guardians of children with head lice should inform the child care that their child has head lice. Child Cares should let families know when there is a case of head lice and provide information about diagnosis and treatment.

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How do head lice spread?

Head lice spread through direct contact among children or indirectly on items such as hats, combs, hairbrushes, and headphones. They do not fly, hop, or jump, but they can crawl very quickly. Pets cannot catch head lice and transmit them to humans, and humans cannot transmit head lice to pets.

Head lice can live up to three days off the scalp. Although the eggs can also survive for up to three days, they need a warm environment to develop. Lice are not likely to hatch at room temperature.

Head lice control measures

Towels that were used during the treatment should be washed in hot water and detergent. Soak all combs and brushes for one hour in the product used to treat the hair or boil them in water for 10 minutes.

Gather all towels, pillowcases, head gear, hair accessories, scarves, and clothing that were used within the previous three days by the person with head lice and wash them in hot water. Items that cannot be washed should be dried for at least 20 minutes in a clothes dryer on the hot cycle.

Since head lice do not live long off the scalp, and the eggs are not likely to hatch at room temperature, you do not need to do excessive cleaning. To get rid of lice or nits from specific items like, stuffed animals or cushions, follow either of these methods:

- If washable, wash the items in hot water and dry in a hot dryer for 15 minutes, **OR**
- Store the items in an airtight plastic bag for two weeks.

Children with head lice should be treated and can attend child care as usual. No-nit policies in schools and child cares are discouraged by both the Canadian Paediatric Society and the American Academy of Pediatrics. However, individual organizations may enforce no-nit policies. Refer to your organization's policy.

Head lice is **not** a mandatory reportable disease. Individual cases are not reportable to the Health Unit.

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Can head lice be treated?

A health care provider or pharmacist can provide advice on treatment. There are several very effective treatments for head lice. All the treatments contain an insecticide that kills the lice. In Canada, Pyrethrin (found in R+C® shampoo + conditioner), Permethrin (Nix® creme rinse or Kwellada-P® creme rinse), and Lindane (Hexit® or PMS-Lindane shampoo) are approved for use in treating head lice. Pyrethin and permethrin are safe when used on humans over 2 months old. Treatment should be repeated in 7-10 days after the first treatment. Lindane, however, can be toxic. Products with lindane should not be used on infants or young children. You do not need a prescription for these products. Follow package directions carefully.

Non-insecticidal products include Isopropyl myristate/cyclomethicone (Resultz®) and Silicone oil dimeticone (NYDA®), and Benzyl alcohol lotion 5% (Ulesfia®). Resultz should be used in children four years of age and older. The product dehydrates the lice, and they die. Because this product is not ovicidal, a second treatment is recommended one week later. NYDA is effective against lice, nymphs, and egg embryos. A second treatment is recommended after 8-10 days. NYDA should not be used in children less than 2 years of age. Ulesfia lotion is approved for use in people 6 months to 60 years of age. It is effective against live lice but not ovicidal. A second treatment is required 9 days after the first treatment for full treatment course.

Avoid treating anyone with a head lice product unless you find lice in their hair. Parents/guardians should check family members (adults and children) if someone in the house has head lice. Sometimes the treatments will make the scalp itchy. If the child is scratching after treatment, it does not necessarily mean that the lice are back. You need to find live lice to make this diagnosis.

Some people use home remedies like mayonnaise, petroleum jelly, olive oil, or margarine. Although these products may make it hard for lice to breathe, they probably will not kill them. There is no evidence that products like tea tree oil or aromatherapy are effective in treating head lice.

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In an effort to get rid of the lice, there are some things that parents or guardians should **not** do:

- Don't use a hair dryer on your child's hair after applying any of the currently available scalp treatments, because some contain flammable ingredients. Don't use a cream rinse or shampoo/conditioner combination before applying lice medication.
- Don't wash your child's hair for one to two days after using a medicated treatment.
- Don't use sprays or hire a pest control company to try to get rid of the lice, as they can be harmful.
- Don't use the same medication more than three times on someone. If it doesn't seem to be working, a health care provider or pharmacist may recommend another medication.
- Don't use more than one head lice treatment at a time.
- Don't use products intended for treating lice in animals. They are not recommended for human use.
- **Never use gasoline or kerosene. These products can be extremely dangerous.**

After treatment, the health care provider or pharmacist may suggest combing out the nits with a fine-tooth comb and repeating treatment in 7 to 10 days to kill any newly hatched nits. To remove lice and nits by hand, use a fine-tooth comb on your child's wet, conditioned hair every three to four days for two weeks after the last live louse was seen. Wetting the hair beforehand is recommended, because it temporarily immobilizes the lice, and the conditioner makes it easier to get a comb through the hair.

Want more Information on Head Lice?

Please visit the **Caring for Kids Head Lice webpage.**

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Scabies (Sarcoptes Scabiei)

Scabies is a common skin infestation caused by tiny insects called mites (Sarcotes scabiei). Scabies is not an infection, but it may cause itchiness or pain. If children scratch the rash too much, it may become infected. Scabies is common in children; however, it can spread rapidly under crowded conditions where frequent skin-to-skin contact occurs between people, such as in child cares, nursing homes, and shelters. People with weakened immune systems or older adults are at risk of a more severe infestation called Norwegian or “crusting scabies”.

What are the symptoms of scabies?

The mites that cause scabies burrow into the skin and cause a very itchy rash. The rash looks like curvy white threads, tiny red bumps, or scratches. These can appear anywhere on the body. It usually appears between the fingers or in the skin folds on the wrist, elbow, or knee. In infants, it can appear on other parts of the body.

How is scabies diagnosed?

If you suspect a child at child care has scabies, contact the parent/guardian to come and pick-up the child. Advise them to have the child assessed by a health care provider. Scabies can be diagnosed by examining the rash. To confirm the diagnosis, a skin scraping can be taken to detect mites, eggs, or mite fecal matter.

How does scabies spread?

Scabies is spread from person-to-person by direct skin-to-skin contact with someone already infested with scabies. Contact generally must be prolonged. A quick handshake or hug will usually not spread the infestation. Scabies can also be spread by sharing clothing, towels, face cloths, bedding, and other personal items with someone with scabies.
The rash will begin four to six weeks after being infested or sooner if the person has had it before. Mites can live on clothing or other objects for up to four days.

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Scabies control measures

- A general cleanup and vacuuming is sufficient to clean the child care.
- Wash the child's personal items (bed linen, stuffed animals, face cloths, towels, and clothing) in a regular hot water wash cycle and in a clothes dryer at the hottest cycle.
- Items that cannot be washed can be dry cleaned or sealed in a plastic bag for seven days or put in a hot dryer for 20 minutes to kill the mites.
- Encourage children to not share personal items such as towels, linen, or clothing.
- Parents or guardians of children with scabies should inform the child care centre that their child is infected with scabies.

Child cares should let families know when there is a case of scabies and provide information about the infestation.

Parents or guardians should watch their child closely for signs of scabies if another child at child care has it.

Scabies is **not** a mandatory reportable disease. Individual cases are not reportable to the Health Unit.

Can scabies be treated?

A health care provider or a pharmacist will recommend which treatment to use. Scabies can be treated by several creams or lotions that are available over-the-counter at the pharmacy or prescribed by a health care provider. The directions on the package label or insert should be followed carefully. Often the treatment needs to be repeated in one week. The health care provider may advise the parents or guardians of the child with scabies that every family member in the household be treated with medication.

A child may still be itchy for a few weeks after successful treatment of scabies. If the treatment is effective there should be no new rashes or burrows after 24 to 48 hours. The rash should start to improve in a few days.

Can children with scabies go to child care?

Children with scabies should **not** go to child care until 24 hours after the first treatment has been applied.

Want more Information on Scabies?
Please visit the **Caring for Kids Scabies webpage.**

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Lyme Disease

Lyme disease is a serious illness that is spread by the bite of an infected blacklegged tick (Ixodes scapularis) found most often near wooded areas in southern, eastern, and northwestern Ontario. Lyme disease can cause severe symptoms, but it is also easy to prevent and treat when caught early.

How do I protect against ticks?

Ticks can get on you if you brush against vegetation to which they are attached. If you go into wooded or grassy areas, it is recommended:

- to wear a long-sleeved shirt, pants, and closed-toe shoes
- tuck pants into socks
- Bug spray, or other insect repellents should be used on all exposed skin
    - Choose a bug spray or repellent approved by Health Canada and follow the instructions on the package.
- After being outdoors, check yourself and those in your care for ticks.
    - Ask for someone's help to check spots that you can't see.
- Change your clothes and take a shower to help wash off ticks that have not yet attached themselves.

Recognizing Ticks

- Ticks vary in size and colour. They can be hard to see until they engorge themselves with blood.
- Adult females are three to five millimetres long before they feed, but young ticks are smaller and lighter in colour.

(North Bay Parry Sound District Health Unit, 2022)

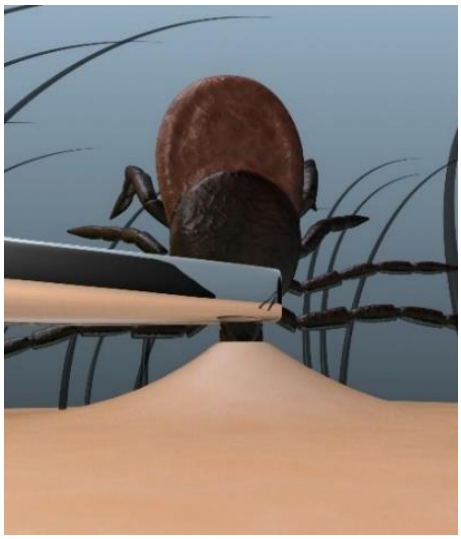
What to do if a tick is found?

If a tick is found in the skin, tweezers should be used to remove it as soon as possible.

1. Hold the tick gently with the tweezers, as close to its head as possible
2. Pull it out slowly.
3. Clean the area and apply a bandage if necessary.
4. Place the tick in a container.
5. Contact the Health Unit for identification.
6. Give the tick to a health care provider, or the Health Unit. It will be sent to a laboratory for testing

   OR

   Send a picture of the tick to etick.ca. All you need is a cell phone to take a picture of the tick and upload it directly to the website. Successfully uploaded, species identification is available within 48 hours.



Symptoms of Lyme Disease

- Symptoms of Lyme disease usually begin within three days to one month after being bitten by an infected tick.
- In early infection, signs and symptoms can include a bull's eye skin rash at the site of the recent tick bite, fever, general unwell feeling, headache, muscle aches, neck stiffness, fatigue, and joint pain. If you have been exposed to a tick and have these symptoms, see a doctor as soon as possible.
- If left untreated, Lyme disease symptoms could become worse and lead to extreme fatigue, general weakness and affect the heart, joints, and nervous system. Lyme disease is diagnosed through a combination of symptom presentation, history of exposure to infected ticks and/or positive laboratory test results.

Want more Information on Lyme Disease and Ticks? Check out these links:

Health Unit's Lyme Disease Webpage

Ontario MOHLTC – Ticks and Lyme Disease Fact Sheet

eTick.ca – Tick Monitoring and Identification in Canada

West Nile Virus

West Nile Virus (WNV) is a mosquito-borne infection that is transmitted to humans through the bite of an infected mosquito. West Nile virus is not spread by person-to-person.

Most people who are infected with West Nile virus either have no symptoms or experience mild illness such as a fever, headache, and body aches before fully recovering. Some people may also develop a mild rash or swollen lymph glands. In some individuals, particularly older adults, West Nile virus can cause a serious disease that affects brain tissue.

In the most serious cases, it can cause encephalitis (swelling of the brain). It can lead to permanent nerve damage and may be fatal. Symptoms of encephalitis include the rapid onset of severe headache, high fever, stiff neck, confusion, loss of consciousness, coma, or muscle weakness.

Mosquito Bite Protection

The Health Unit encourages staff to protect themselves and the children under their care from mosquito bites. Use a mosquito repellent with DEET or other approved active ingredients according to product directions when in areas of high mosquito activity.

Wear light-coloured protective clothing such as long pants and loose-fitting, long-sleeved shirts to minimize the possibility of exposure to mosquitoes in areas of high mosquito activity. Avoid letting children play in these high mosquito activity areas.

Keep in Mind: Child Care professionals should receive permission from parents before applying insect repellents to children's skin and should always follow Health Canada's recommendations.

The mosquitoes that most commonly carry West Nile virus are generally more active during the evening, at night, and during dawn hours, so children who attend child care during the day are at minimal risk for exposure.

The Heath Unit also has a Mosquito Bite Protection fact sheet.

High activity areas for mosquitoes include:

- Where there is standing water
- Where there are weeds, tall grass, or bushes
- At dawn and after sunset when the temperature cools

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Emergency Preparedness

Emergency preparedness is everyone's responsibility. Emergencies can arise at any time, and it is important that child care professionals are prepared.

Child care professionals should:

- Be informed. Child care professionals need to know what to do in different emergency situations such as fires, floods, tornadoes, or pandemics. Different hazards require a different approach for being prepared.
- Develop an emergency plan with specific roles for the child care staff to follow. Share the emergency plan with local emergency service professionals such as the fire or police department, and parents/guardians.
- Encourage staff to develop a personal home emergency kit with supplies for at least three days and consider developing a kit for the child care setting

Want more information on Emergency Preparedness? Check out these links:

- Emergency Preparedness for Ontario Child Cares
- Emergency Preparedness Ontario
- Emergency Preparedness for Families

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Hazardous Substances

Common Hazardous Substances

From common household products to indoor and outdoor plants, there are many different hazardous substances that a child may come in contact with in a child care setting.
Children are at a greater risk than adults from exposure to hazardous substances, because their bodies are not fully developed, they breathe more air relative to body size and they have more hand-to-mouth contact.

Examples of common hazardous substances that may be found in child care settings include:

- Rubbing alcohol
- Cleaning products
- Paint and varnish remover
- Arts and crafts supplies
- Mercury in seafood
- Dust
- Poisonous plants
- Pharmaceuticals

Tips to consider

- Read the label on any chemical products and follow the instructions for handling, storage and use
- Do not mix chemical products such as bleach and ammonia as this can create toxic fumes
- Ensure the cap of any chemical product is on tightly after each use
- Keep chemical products in their original containers
- Keep chemical products in a locked cupboard or in a location inaccessible to children
- Consider teaching children, of appropriate age, about the warning symbols found on chemical containers and to avoid such hazardous chemicals
- Notify parents/legal guardians if a hazardous chemical will be used in the centre
- For arts and crafts activities use paints labelled “safe for children’s use”. Do not let children use copper enamel, powdered clay and paint, ceramic glaze, and solder for stained glass (may contain cadmium or lead). View Health Canada’s Information for Art Class Teachers: Chemical Safety for more information.

Want more information about poison control and safety for common hazardous substances?
Visit Ontario Poison Centre’s webpage on Common Poisons – Household Hazards A-Z.

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Poisonous Plants

Children can encounter poisonous plants from indoor house plants or through their activities in parks, gardens, and outdoor play areas. Ingestion of plant parts and contact with the skin are common routes of exposure for children. Inspect outside play areas for poisonous plants and wild mushrooms before children go outdoors.

Tips to consider:

- ✓ Plants that are known to be poisonous should be removed from the child care setting
- ✓ Remove and properly discard all wild mushrooms before children go outdoors
- ✓ Teach children at an early age about the dangers of certain plants and how to recognize these plants
- ✓ Do not allow children to taste or eat the nectar from flowers, as it can be poisonous

Ontario Poison Centre Resources

- Common Poisonous Mushrooms
- Common Poisonous Plants

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Insect Repellants

Repellents Containing Deet

- On children under 6 months of age, insect repellents containing DEET should not be used.
- On children aged 6 months to 2 years, use insect repellent containing up to 10% DEET. Do not apply the product more than once a day.
- On children between 2 and 12 years of age, use insect repellent containing up to 10% DEET. The product can be applied up to 3 times per day.

Health Canada recommends the following if you are considering using an insect repellent containing DEET:

- Use only insect repellents that are approved in Canada for human use. Look for the Pest Control Product (PCP) registration number on the product label.
- Use according to the manufacturer's directions on the label.
- Check for sensitivity before use by applying the product to a small area of skin on the arm, then wait 24 hours to see if a reaction occurs. If a reaction occurs, stop using the product immediately, wash the area with soap and water, and seek medical assistance.
- Avoid breathing mist of the spray. Always apply in a well-ventilated area.
- Store DEET out of reach of children.
- Use caution when using repellents containing DEET on children, it can cause toxic effects.
- Do not apply DEET directly to a child's skin. Apply to your own hands and then put it on the child.
- Depending on the concentration of DEET in a product, it can be effective for approximately 3 to 6 hours. Avoid prolonged or excessive use of DEET. Use sparingly to cover exposed skin and clothing. Do not apply to skin covered by clothing.
- Do not apply repellents to hands or face of young children.
- Do not let children apply repellents themselves.
- As with chemical exposure in general, pregnant women should try to avoid exposures to repellents when possible.
- Wash all treated skin and clothing with soap and water after returning indoors.
- Never use repellents over cuts, wounds, or irritated skin.
- Do not use repellents near food.

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Alternatives to Deet

As an alternative to products containing DEET, registered repellents containing P-menthane-3,8-diol as the active ingredient can be used by people over three years of age. Follow the product directions.

Registered products containing soybean oil may also be used to prevent bites (except by individuals with allergies to soy).

Note: Vitamin B, skin moisturizer or sunscreen combined with insect repellent, ultrasonic devices, incense, and lavender have not been shown to be effective in preventing mosquito bites and as a result are not approved by Health Canada as repellents.

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Sharps and Condoms

If children are playing outside, it is possible that a used condom or sharp may be found.

Teach children never to touch condoms or sharps that they find and teach them to report the situation to a child care staff immediately.

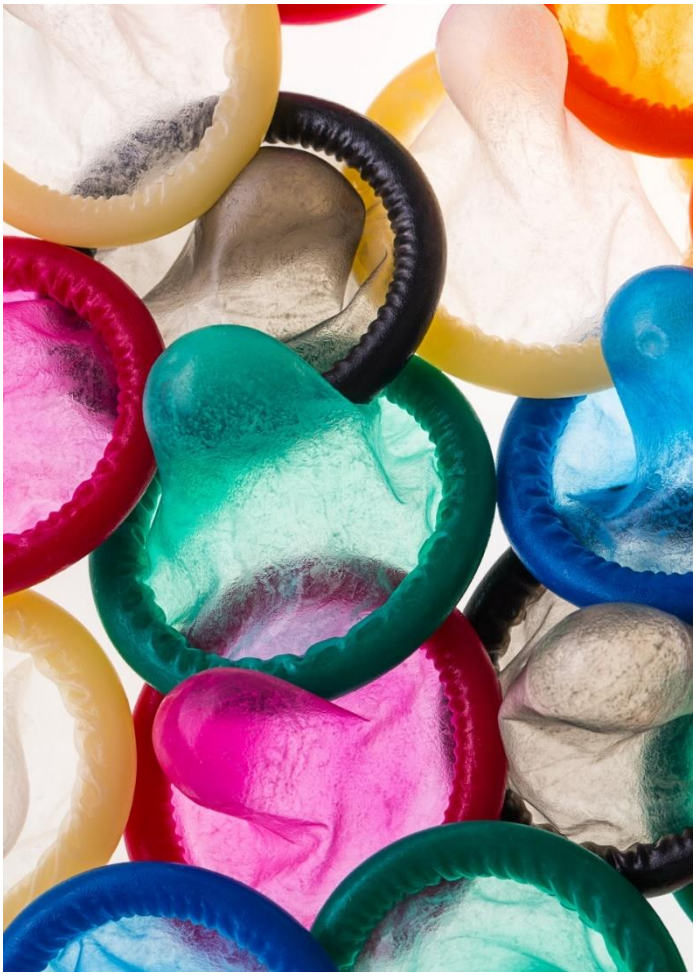
If you handle a sharp or condom properly, you can reduce the health risk or chance of injury.

Please see the next page for information on how to safely dispose of sharps and condoms.

What is a Sharp?

A sharp is any object that has the ability to puncture or cut someone or something.

Examples of sharps include needles, syringes, lancets, intra-venous lines, scalpel blades, broken glass, sharp edge materials, knives, razor blades, and any other item(s) that may cut or puncture the skin, which may have also been contaminated by blood or bodily fluids.



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Safe Disposal of Sharps

- Always assume that blood and body fluids are infectious.
- Never insert fingers or reach into a hard-sided puncture proof container (e.g. biohazard container, pop bottle, laundry container with a lid.)
- Cover cuts, rashes or broken skin.
- Wear gloves when handling found items that are possibly contaminated with blood or bodily fluids.
- Do not eat or drink in an area where you are handing or disposing of sharps.
- Do not recap, bend or break needles.
- Gather a hard-sided container (e.g. biohazard container, pop bottle with lid, laundry container with lid), puncture-proof or disposable gloves, and tongs. Place the container on a flat, stable surface.
- Take the container to the sharp; don't carry the sharp to the container.
- Put on puncture-proof or disposable gloves, if available
- Using tongs, pick up the sharp one at a time. If you do not have tongs, pick up the sharp one at a time by the shaft/barrel (if it is a needle). **Keep your free hand out of the way.**
- Place sharp into the container with the sharp end pointing down.
- Secure the lid of the hard-sided container.
- If puncture-proof gloves or tongs were used, wipe them down with a disinfectant wipe and allow to air dry.
- Remove the disposable gloves and throw them in a garbage can lined with a plastic bag.
- Wash your hands with soap and water.

Safe Sharps Disposal in the Community

Sharps and biohazard or hard-sided puncture-proof containers can be discarded at a number of places across the Nipissing and Parry Sound districts. These include:

- Needle syringe programs
- Most local pharmacies
- Hazardous Waste Depots
- Community sharps bin
- Biohazardous waste receptacles located in business or agency washrooms

Sharps should not be disposed of in garbage or recycling bins. They should not be flushed down the toilet and should be kept out of the reach of children and pets.

For more information on where to purchase or pick-up biohazard puncture-proof containers and where to dispose of sharps in your area, please contact harm.reduction@healthunit.ca

Safe Disposal of Used Condoms

- Wear disposable gloves and use tongs to pick up the condom.
- Put used condom in a plastic bag.
- Put the bag into a garbage can that children cannot access. Do not put it into a recycling bin.
- Remove and dispose of disposable gloves in a lined garbage can.
- Wash your hands with soap and water.

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Needle Stick Injuries

Protocol For Needle Stick Injury to A Child

- Do not panic. The risk of serious infection is low.
- Allow the pricked area or wound to bleed freely; do not squeeze it.
- Wash the area with soap and water immediately.
- Do not use bleach or alcohol as they will irritate the wound.
- Contact the child's parents/guardians and advise of the incident.
- Take the child to the nearest hospital emergency department as soon as possible.

Protocol For Needle Stick Injury to Staff

- Do not panic. The risk of serious infection is low.
- Allow the pricked area or wound to bleed freely; do not squeeze it.
- Wash the area with soap and water immediately.
- Do not use bleach or alcohol as they will irritate the wound.
- Report to your supervisor immediately. If you cannot do this, leave a message for your supervisor.
- Go to the nearest hospital emergency department as soon as possible.
- For follow-up counselling, see your health care provider or occupational health services department.

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Outdoor Play Areas

A safe and stimulating place to play, run, imagine, and enjoy the outdoors is a great atmosphere for children to be in. Because of this, outdoor play areas are very prevalent in child care settings. Even with all the great things outdoor play areas have to offer, there are still a lot of safety concerns and dangers that playgrounds can present for children.

- All outdoor sandboxes must be covered when they are not being used. The lid must be fitted to exclude animals, but to allow air circulation.
- Outdoor play areas must be inspected by staff before allowing children access to the area. Sand should be inspected daily by staff for feces, glass, rocks, or other contaminants.
- Sand in sandboxes and loose materials in the play areas should be free of organic material and animal feces. The contaminated material must be placed in a garbage bag for disposal in an approved landfill site.
- Playground equipment should be free of protruding nails, screws, or sharp edges, and must meet CSA standards.
- Supports for playground equipment should be secured to the ground and concrete should be buried under a suitable surface.

Moreover, the Ministry of Community and Social Services requires certain standards for outdoor play areas. As a result, all playgrounds and outdoor play areas must be certified for use according to the ***Child Care and Early Years Act, 2014***. The Ministry of Community and Social Services ensures that this occurs.

What is a suitable outdoor play area?

- It is in an area that is easy for child care staff to supervise children.
- It is away from high traffic areas.
- It has good drainage for rainwater.
- It is free of debris, structures in disrepair, and broken or worn equipment.
- It is enclosed by a fence that is at least 1.2 meters (four feet) high that has a gate that cannot be opened by a young child.
- It has a protective surface such as uncompacted pea-gravel, rubber, sand/pea-gravel mix, or mulching where play equipment, such as a jungle gym, is located.

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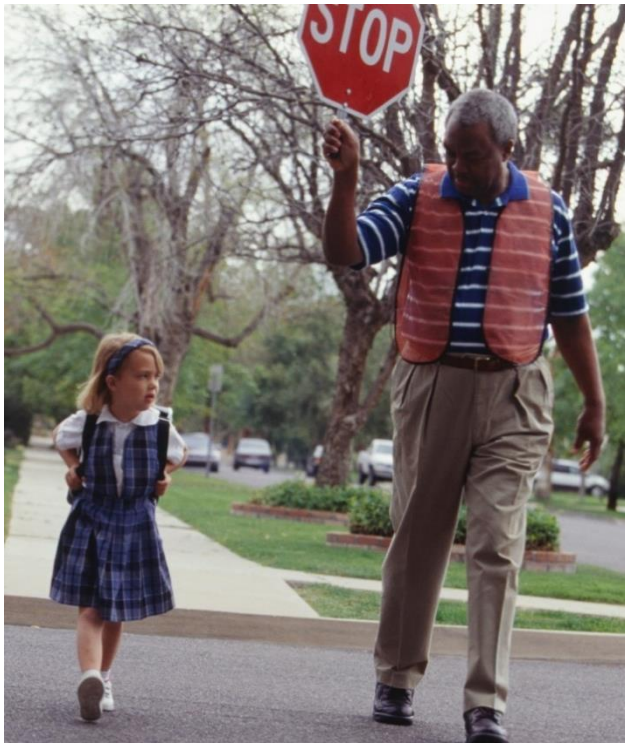
Pedestrian Safety

Walking around the neighbourhood of the child care setting is a great way to teach children about pedestrian safety.



Teach children the "five steps to safely crossing the street"

1. Stop
2. Look both ways
3. Listen for traffic
4. Wait until the street is clear and keep looking until you have crossed the street
5. Make eye contact with drivers to be sure they see you

Follow the same rules you want children to follow. Don't cut across the street in the middle of the block if you want children to learn to cross at the intersection.

Sidewalks are safest. In areas without sidewalks, teach children to walk as far away from traffic as they can and to walk facing oncoming traffic.

Under nine years of age? Don't cross alone. Children aged nine years of age should be accompanied by an adult, or an older child, when crossing the street.

Be a positive role model.

Education Resource

CAA's **Walking Your Way to Safety** lesson plan focuses on pedestrian safety for children in kindergarten to grade three.

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Cycling and Helmet Safety

Wearing a bicycle helmet reduces the risk of head injury by 85% and reduces the risk of brain injury by 88%. Cyclists under 18 are required by law to wear an approved bicycle helmet under the **Highway Traffic Act**.

Make sure the child's helmet fits properly. Use the **2V1 Shake Shake Shake** rule:

- **2** – the helmet should sit two finger widths above their eyebrows.
- **V** – the straps should form a V shape under their ears.
- **1** – only 1 finger should fit between their chin and the straps.
- **Shake Shake Shake.** Make sure their helmet is snug; it should not move around when they shake their head.

Cycling and Helmet Safety Tips

- Remember to remove anything that could interfere with the way a helmet fits such as baseball caps, big hair clips, ponytails, and headphones.
- **Make sure the bike fits.** A bike that is too big or small is unsafe. How to check: when a child sits on their bike, their toes should touch the ground on both sides.
- **Tricycles.** Children are not physically ready and do not have the basic co-ordination to ride a tricycle until around the age of three. Ride-on-toys (without pedals) are more suitable for children under the age of three.
- **Ensure supervised riding.** For the preschool cyclist, learning to control a bike while beginning to understand how to be careful is the most important lesson a child of this age can grasp. Most do not have the skills to cycle safely without supervision.
- **Sharing helmets is not advised.** Ask parents/guardians to provide a properly fitted helmet for their child to use.
- Helmets should not be worn when playing on playground equipment as they can get caught on equipment and become a strangulation risk.

*Adapted with the permission of The Regional Municipality of York

Cycling and Helmet Safety Resources

Cycling Safety

- For more information on cycling safety, see the Ministry of Transportation's **Young Cyclist Guide** for general cycling safety, rules of the road, hand signals, helmet, and parent information.
- **Parachute Canada - Safe Cycling:** This link provides you with resources and additional information regarding safe cycling, as well as a Public Service Announcement video about bike safety (available in multiple languages). Parachute also answers Frequently Asked Questions in regards to safe cycling and **helmets.**

Helmet Safety

- Visit Parachute's **helmet** section for activity-specific helmet information.
- Ottawa Public Health has created a helpful **table** on recommended helmets for different activities.

*Adapted with the permission of The Regional Municipality of York

Car Seat Safety

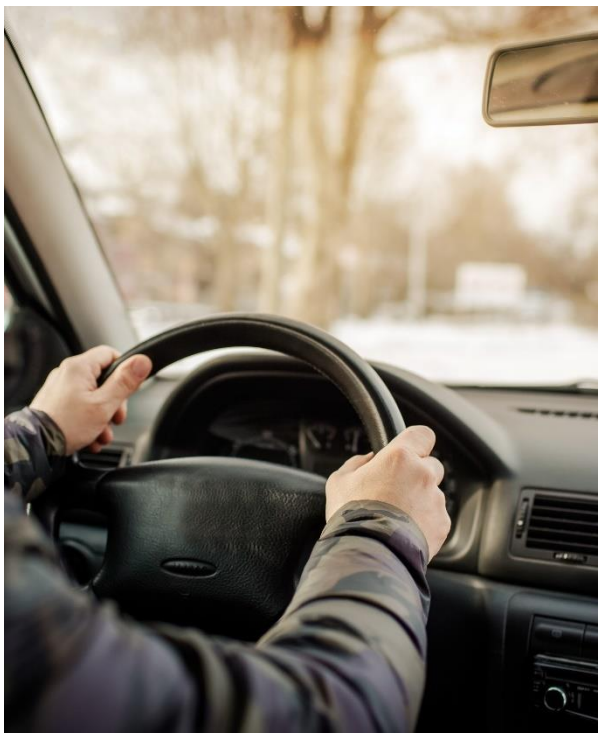
Using the correct car seat for a child's weight, height, and developmental ability, installing the car seat tightly and properly harnessing a child in their seat are all vital aspects of safe car seat use. The ***Ontario Highway Traffic Act*** includes child care professionals in the broader group of drivers who are required to use car seats and booster seats when travelling with babies and children.

When travelling with babies and children (pick up/drop off services and/or day trips/ off-site activities) follow the car seat and vehicle manuals for correct installation and **use these guidelines:**

- If parents/guardians are providing the car seat, ask for a copy of the car seat manual.
- If the child care setting is providing the car seat, make sure the driver(s) have access to the manual(s) for the car seat(s) that are purchased, as well as the vehicle manual.
- Car seats are required by law to have the national safety mark on the car seat (circular sticker with a maple leaf), which shows that the seats meet Canadian Motor Vehicle Safety Standards (CMVSS). Only car seats purchased in Canada will have this sticker.

At a minimum, babies should stay rear-facing until **all three** of these criteria are met:

- Have a minimum weight of 10 kg (22 lbs)
- Can walk unassisted **and**
- Are at least one year of age



Even when these criteria are all met, it is safer to keep babies rear-facing for as long as they are within the weight and height limits of the rear-facing stage of their car seat (check the labels on the car seat and/or the manual).

Make sure parents/guardians are aware of any changes you plan on making with how you transport their child(ren), such as switching from a rear-facing to forward-facing position or moving from a forward-facing car seat to a booster seat.

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Installing Car Seats

Depending on the year of the vehicle, car seats can be installed using either the LATCH system or the vehicle seat belt. When installing car seats:

- Check the vehicle manual for the option(s) that are available to you. Not every seating position is compatible with car seats (or certain stages of car seats)
- Pull the LATCH or seat belt tight to hold the car seat in place. There should be no more than 2.5 cm (1 inch) of movement where the car seat is belted
    - Some seat belt systems require a locking clip to hold the car seat tight. Refer to the vehicle manual for more information about installation if using a seat belt for installation
    - Especially when installed as a forward-facing car seat, after a certain weight (combined child weight and car seat weight), the LATCH system should no longer be used to install a car seat. Refer to the vehicle and car seat manuals for details about these weight limits
- Forward-facing car seats must also be tethered to one of the designated anchor locations in the vehicle (refer to the vehicle manual), with the tether strap pulled tight

Harnessing Babies/Children in Car Seats

When securing baby/children in car seats:

- Make sure the harnessing is snug. Check that only **one** finger can be put between the shoulder harness and the child's collarbone
- Check that the chest clip is at the child's armpit level
- **For rear-facing car seats,** make sure the harness slot location is **at or below** their shoulders
- **For forward-facing car seats,** make sure the harness slot location **is at or above** their shoulders

[*]Adapted with the permission of The Regional Municipality of York

Booster Seat Safety

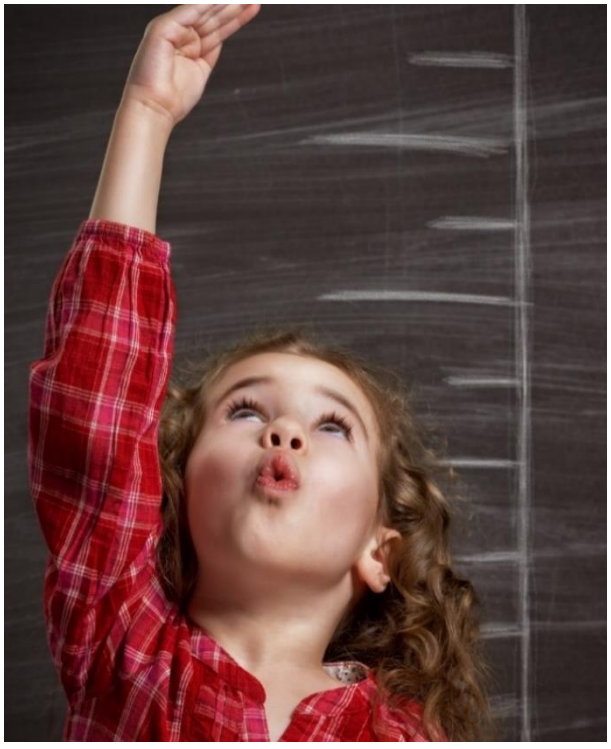
A booster seat works with the seat belt system to raise a child, so the seat belt fits correctly across their shoulder, chest, and hips. Booster seats provide 60% more protection than seat belts alone and can reduce the risk of serious injury.

If you travel with children (pick up/drop off services and/or day trips/off-site activities):

- The ***Ontario Highway Traffic Act, 1990*** states that once children reach a minimum weight of 18 kg (40 lbs), they can move from a forward-facing car seat into a booster seat. However, it is safer to keep them in their five-point harness car seat for as long as they are within the weight and height limits of the forward-facing stage (check car seat labels and/or manual for this information)
- Children are required by law to use a booster seat until **one of three criteria is met:**
    - Reached a standing height of 145 cm (4 feet 9 inches)
    - Reached a weight of 36 kg (80 lbs)
    - Are eight years of age and reached a weight of 36 kg (80 lbs)

Want more information on car and booster seats?
Check out these links:

- Parachute Canada – Car Seats
- Transport Canada – Choosing a child car seat or booster seat



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Water in the Child Care Facility

Quality of Potable Water

In an effort to better protect children and youth, the ***Ontario Regulation 243/07, Schools, Private Schools, and Child Care Centres made under the Safe Drinking Water Act, 2002*** was improved in 2017. The changes include testing the water of all faucets in a school or child care centre (where water is drawn for drinking).

Lead

Lead is a health concern particularly for young children and pregnant women.

Children less than six years of age are still developing and are more sensitive to the neurological (brain) and blood effects of lead. Children under six years of age also absorb lead more easily than adults do.

The ***Ontario Regulation 243/07*** (Schools, Private Schools, and Day Nurseries) made under the ***Safe Drinking Water Act*** requires child care centres, private schools, and schools, that have or are in a building that has plumbing installed before January 1, 1990, to flush their lines daily, or that have plumbing installed on or after January 1, 1990, to flush weekly.

Additional steps may be directed by the Medical Officer of Health. Flushing plumbing lines has been shown to significantly reduce the levels of lead in water coming out of the tap.

Water Temperature

Child Care facilities require hot water for many functions other than handwashing. These include dishwashing, laundry, and general cleaning purposes. Hot water at children's hand wash sinks and other sinks accessible to children should be at the recommended temperature of at least 41◦C (105◦F) and should never exceed 49◦C (120◦F).

At a temperature of 49◦C (120◦F), it takes two minutes to burn the skin, while it takes only seconds to burn the skin at a temperature of 55◦C (130◦F). By lowering the temperature, it allows enough time for children to properly wash their hands and react before an injury occurs. Mixing faucets are recommended to provide warm water to hand wash sinks.

Resource

Health Unit's webpage on **Drinking Water.**

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Water Activity Safety

A good way to keep cool outside during the summer is water activities. Sprinklers or wading pools are convenient alternatives to a public pool. Whichever is used, there are some safety guidelines that must be followed:

- Supervise children constantly whenever they are involved in water activities. Drowning can occur in less than 4 cm of water. Ensure that staff are present to supervise and that children are always within arm's reach. Also, ensure that staff know the appropriate rescue techniques and CPR.
- Empty and turn wading pools upside down when not in use and between group use.
- If using a sprinkler, watch for pooling of water on the ground. Children may slip and injure themselves. If water collects, either move the sprinkler to another area or stop it until the water has drained.
- Never let children swim or play if an adult is not present.
- Do not allow boisterous play around the water such as pushing or running.
- Never allow glass, food, or drinks near the pool.

Beach, Lake, and Pool Water

In the warmer months, many people enjoy the beautiful beaches in our district, and visit local pools and spas. The North Bay Parry Sound District Health Unit inspects these recreational waters on a regular basis so that we can identify any risks to health and safety. Visit the Health Unit's Beach, Lake, and Pool Water webpage for further information.

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Beaches

Sampling Public Beach Water

Each year, the Environmental Health Program at the Health Unit takes samples of local public beaches from June until the end of August to make sure the water is safe for people to swim in. Most public beaches are sampled monthly, and few (beaches with a history of adverse sample results) are sampled weekly.

All samples go to the Public Health Ontario Laboratory in Sudbury to be tested for Escherichia coli (commonly known as E. coli), a sign that the water has been contaminated with fecal matter. It takes about 24 hours for us to receive and analyze the water quality results from the lab.

When is a Beach "Posted"?

If the level of E. coli in a sample set is more than 200 E. coli cfu/100mL, the beach will be re-sampled within 24 hours. If the level of E. coli in the re-sample set is more than 200 E. coli cfu/100mL, the water is considered unsafe for recreational use, including swimming.

When a beach is unsafe, the "Unsafe for Swimming" sign (see below) will be posted to let beach visitors know about the high bacterial counts and potential threat to human health.

The sign is taken down when re-samples show levels of E. coli have returned to acceptable levels.

Between sampling periods, the beach water may have unsafe levels of bacteria due to:

- Heavy rainfall (the Rainfall Warning sign, below, is posted at all public beaches)
- Large numbers of waterfowl
- High winds or wave activity
- Large numbers of swimmers

Resource

Please visit the Health Unit's Beaches webpage to see the status of beaches across our region.

(North Bay Parry Sound District Health Unit, 2022)

Public Spas, Pools, and Hot Tubs

Public pools, such as swimming pools, spas, splash pads and wading pools, are regulated in ***Ontario Regulation 565, Public Pools*.** Public Health Inspectors inspect these pools regularly to ensure proper treatment of water to reduce the spread of infectious disease, and to prevent injury.

Before taking children to any public pools, visit Check Then Go to review inspection results in real-time.

Visit the following Health Unit webpages to learn more about:

- Beach Water Testing and Open Beaches
- Public Spas, Pools and Hot Tubs
- Harmful Algae Blooms
- Swimmer's Itch

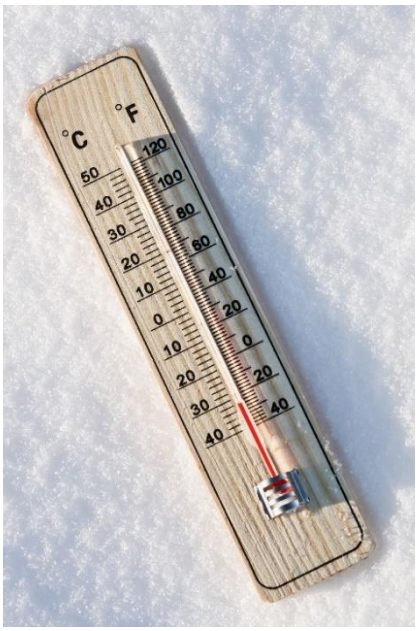
(North Bay Parry Sound District Health Unit, 2022)

Weather Safety

The ***Child Care and Early Years Act, 2014*** requires that children get two hours of outside playtime daily, weather permitting. However, it may be too cold, hot, or sunny for children to safely play outside.

Cold Weather

Seven steps to follow to ensure cold weather safety:



1. Follow the weather forecast. This is the best way to avoid the hazards of wind chill. Many groups and organizations already use the wind chill index to plan their outdoor activities.
2. Plan ahead. Have a plan already in place to deal with cold weather.
3. Dress warmly. Make sure that the children and staff dress in layers with a wind resistant outer layer. Have extra mittens, gloves, toques, and something to keep the children's faces warm in case they lose or forget their own.
4. Seek shelter. If the wind chill is significant, get out of the wind, and limit the time children and staff spend outside.
5. Stay dry. Make sure that children stay dry. Wet clothing quickly chills the body.
6. Keep the children moving. Running or walking will help them warm up by generating body heat.
7. Be aware. Children can be more susceptible to the cold. Watch the children for frostnip, frostbite, and hypothermia. Signs that a child may have frostbite include skin appearing white and waxy, hard to the touch, and numbness or no sensation. Suffering frostbite means that skin has actually frozen. Do not rub or massage the area. Do not warm the area until you can ensure it will stay warm. Warm the area gradually by using body heat or warm water (not hot). Avoid direct heat which can burn the skin. Seek medical attention to avoid further complications.

On a day when it is cold and windy, we often feel colder than we would if there were no wind at all. The combined effect of cold temperature and wind is called wind chill.

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Summer Heat

Heat and humidity can be very dangerous. Children are more at risk of dehydration because they have a high metabolic rate, produce more heat, and are smaller. It is also more difficult for them to cool down.

Signs that a child may be dehydrated

- Decreased urination (less than four wet diapers within 24 hours) in infants/toddlers
- Less and dark urine or no urine within six to eight hours in children over two years of age
- Increased thirst
- Dry skin, mouth, and tongue
- No tears when crying
- Irritability and restlessness
- Fast heartbeat
- Tiredness
- Sunken eyes
- Greyish skin
- Very sleepy and hard to wake up
- Sunken soft spot on the infant's head

If a child shows signs of heat-related illness

- Call for medical assistance.
- Remove excess clothing from the child.
- Cool the child with water by sponging or bathing.
- Move the child to a cooler, shaded location.
- Give the child sips of cool water (not ice water) or 100% fruit juice.

Keep in mind: If the child becomes ill, faints, has difficulty breathing, or is confused or disoriented, seek medical assistance immediately. In an emergency, call 9-1-1.

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Special considerations in summer heat

- Establish a policy and a plan to deal with extreme temperatures. Have hot weather backup plans, like an indoor water day.
- Monitor the weather in summer months (humidex, smog, and hot weather alerts). Hot weather combined with poor air quality can increase the risk of adverse health effects.
- Ensure that staff are aware of the signs and symptoms of heat cramps, heat exhaustion, and heat stroke.
- Maintain a comfortable indoor temperature.
- Offer regularly scheduled rest periods. Balance vigorous play with quiet play to allow for the natural cooling of the body.
- Maintain and role model sun safe policies.
- Check regularly on infants and young children.
- Monitor children in wheelchairs. The metal and vinyl equipment can become very warm.
- Check pavement and playground structures. They can become very warm.
- Avoid outdoor activity during the hottest part of the day (from 11 a.m. to 4 p.m.) on high humidity days.
- Ensure that children and staff wear wide-brimmed hats when in the sun. Encourage parents to dress children in lightweight, light-coloured clothing on particularly hot days.
- Get written parental permission to apply sunscreen creams or lotion on children. Use sunscreen with an SPF of at least 30.
- Choose shaded areas for activity.
- Ensure that children are well hydrated by providing fluids before and after outdoor play. If they are thirsty while outside, allow them to drink right away. Thirst can be an early sign that dehydration is starting

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Sun Safety

Sun Safety in Children

Over half of Ontario children spend at least two hours in the summer sun. Children's eyes have large pupils and clear lenses, allowing a lot of sunlight to enter. UV rays can harm the eyes at any time of day and all year round, even when it's cloudy. Children are often outside when the sun's ultraviolet (UV) rays are the strongest.

Exposure to UV rays can lead to:

- Skin cancer
- Eye lesions
- Skin damage
- Cataracts
- Sunburns
- Retinal Burns

Tips on how to enjoy the sun safely:

- **Time of Day:** If you can, limit time in the sun when the UV Index is 3 or higher, usually between 11 a.m. to 3 p.m.
- **Shade:** Seek shade or make shade by using an umbrella, a UV protective tent or pop-up shade shelter. Keep babies younger than 1 year of age out of direct sunlight.

- **Cover Up:** Wear clothes that cover as much skin as possible or UV-protective clothing. Wear a wide brimmed hat or baseball cap with flaps that cover the head, neck, and ears.
- **Sunscreen:** Apply plenty of sunscreen with SPF 30 or more, labelled 'broad spectrum' and 'water resistant'. Reapply when needed (especially after swimming, sweating, or towelling). Use a sunscreen lip balm. Sunscreen may be used on babies over six months of age; avoid the mouth and eye areas.

- **Sunglasses:** Wear close fitting/wrap-around sunglasses with UV 400 or 100% UV protection. Children's and babies' sunglasses should be unbreakable.

(North Bay Parry Sound District Health Unit, 2017)

Chapter 5

Healthy Growth and Development

The first few years of a child's life have the greatest influence on their future health and development. Child care professionals are in a unique position to create nurturing environments where children feel safe and secure allowing them to learn, grow, and reach their full potential.

Child Brain Development

In the first few years of life, children experience a period of intense brain development. At this stage, positive, nurturing interactions, and experiences with caregivers have the greatest impact on a child's chance of building sturdy brain architecture.

While brains develop in a nurturing environment, they weaken under stress. Experiencing a degree of some stress is important for healthy development. **Adverse Childhood Experiences** and prolonged stress can weaken the developing brain. Too much stress is sometimes referred to as **toxic stress.**

Toxic Stress

- Occurs when a child experiences serious, frequent, and/or prolonged adversity (e.g., physical and/or emotional abuse, neglect, caregiver substance use, household violence) without adequate adult support.
- Weakens the architecture of the developing brain and other organ systems, increasing the risk for stress-related disease and cognitive impairment well into the adults years.
- Can be prevented, or its impacts mitigated, through supportive, responsive relationships with caring adults.

If you suspect abuse or neglect it is your duty to report your concerns to the Children's Aid Society. Additional information can also be found on the Ontario Government's webpage about how to Report child abuse and neglect

Resilience

According to the American Psychological Association (2020), resilience is about adapting and bouncing back from adversity, trauma, tragedy, and other difficult experiences. It involves protective factors, such as skills and abilities of an individual or community, to effectively manage, and cope in circumstances of severe stress or hardship.[1]

We can help families build resilience by supporting environments rich in serve and return interactions and by preventing experiences that may cause toxic stress. While parents/caregivers and extended family are a key source of this support, other adults can also act as supportive caregivers to a child. [2]

"The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult." [3]

Recommended Video: Brains: Journey to Resilience (7:44 minutes)

[1] (American Psychological Association, 2022)
[2] (Alberta Family Wellness Initiative, 2021)
[3] (Center on the Developing Child at Harvard University, 2022)

Improving Outcomes for Children

Harvard University's Center on the Developing Child developed three evidence-based design principles for policies and programs to improve outcomes for children and families:

Support Responsive Relationships for Children and Adults

For children, responsive relationships with their caregivers promotes their healthy brain development and protects them from toxic stress. In adults, strong social connections boost overall well-being and build confidence to get through life's challenges.

Serve and return relationships are essential for healthy brain development. Serve and return interactions are back and forth exchanges between a child and caregiver. These interactions are very important for healthy brain development. Please see the links below for five easy ways to learn how to play.

Resources:

- 5 Steps for Brain Building Serve and Return Relationships
- Building Babies' Brains Through Play: Mini Parenting Master Class

Strengthen Core Skills for Planning, Adapting, and Achieving Goals

Executive function and self-regulation skills assist individuals, across the life course, in successfully managing relationships, school, work, and life. These core skills improve a person's ability to focus, reach goals, adapt to changing situations, and resist impulsive behaviours.

Resource:

- Activities Guide: Enhancing and Practicing Executive Function Skills with Children from Infancy to Adolescence

Reduce Sources of Stress in the Lives of Children, Adults, and Families

Create safe, supportive environments that provide life stability enabling adults to focus on strengthening their core skills and, where applicable, provide responsive caregiving.

Caregivers understand the child's needs and development. Whenever possible, early identification of developmental delays will improve long-term outcomes.

Did you know?

1 in 3 kindergarten-aged children in the Nipissing district and 1 in 4 in the Parry Sound district were identified as vulnerable in at least one area of their child development.[1]

Parents/caregivers reported being most concerned about their child(ren)'s social and emotional development, followed by concerns about their child(ren)'s anxiety and stress during COVID-19.[2]

[1] (District of Nipissing Social Services Administration Board, 2019)

[2] (North Bay Parry Sound District Health Unit, 2021)

Mental Health

Early identification of mental health concerns

Infants and young children do not show signs they are struggling the same way you might see in an adult with depression or anxiety.

Infant mental health is the social, cognitive and emotional wellbeing of infants and children. It is how they regulate their emotions, form secure relationships with caregivers and learn. Infants and children show they are not regulated through their emotions and physical movements. Some of these behaviours can be predictive of future mental health concerns as this child grows up.

These children might have trouble "controlling their emotions" or be labeled as "difficult". These early signs indicate that there needs to be more investigation or supports provided to the whole family. **Early intervention and support is critical.**

Mental Health Supports

- Health Unit Mental Health Services
- Sick Kids Mental Health Learning HUB

Early Identification

The Looksee Checklist (formerly the ndds checklist)

The Looksee Checklist is a simple, easy-to-use developmental tool designed to help monitor a child's development from 1 month to 6 years of age, featuring a short list of "yes" or "no" questions about a child's abilities.

The Looksee Checklist has been translated into several languages and is free in Ontario. To learn more about the Looksee Checklist please call Family Health Information Line at 705-474-1400/1-800-563-2808 ext. 5351, or email healthy.families@healthunit.ca. The checklists are available in a variety of formats.

Please visit their website at www.lookseechecklist.com and register for free today to receive:

- A checklist to find out if a child is developing as expected
- Email reminders when it's time to do the next checklist
- Activities to encourage a child's growth and development

The Enhanced 18-Month Well Baby Visit

Encourage parents with children aged 15 to 23 months to ask their doctor about the *Enhanced 18-Month Well Baby Visit*.

The North Bay Parry Sound District Health Unit offers support to all expectant parents and families with young children on the New Parent Resources webpage.

To speak with a Public Health Nurse, please call the **Family Health Information Line** at 705-474-1400/1-800-563-2808 ext. 5351, or email healthy.families@healthunit.ca.

For more information on children's healthy growth and development, visit the Caring for Kids webpage Your child's development: What to Expect.

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Healthy Eating

Learning Healthy Eating Habits

Adults and children each have roles when it comes to food and eating. Allowing children to do their part will help them build healthy eating habits that will last a lifetime and help prevent feeding difficulties.

The role of a child care professional is to:

- Offer a variety of nutritious and safe foods at regular times.
- Offer foods children can feed themselves.
- Give children enough time to eat (Between 15 to 30 minutes).
- Make mealtimes pleasant and supportive (This is how young children eat best).
- Do not worry about what, and how much children are eating. Keep in mind each time a child sees food on the table, or someone eating it, they are learning and will eventually get to the point where they may eat that food.
- At the end of a meal or snack, remove any uneaten food without comment.

Pressuring children to eat, either through positive or negative pressure, will not help.

Forcing a child to eat or depriving a child of food is a prohibited practice in ***The Child Care and Early Years Act, 2014.***

Trust the children to:

- Decide whether to eat.
- Choose what to eat from what you have offered.
- Decide how much to eat. It is important to respect and honour a child's cues related to hunger and fullness. This will help the child develop positive feelings about food and eating. Let each child decide how much to eat, even if that means they leave food on their plate, don't eat at all, or ask for more food. This will help children listen to their bodies and eat the amount that is right for them.

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Feeding babies (Birth to 12 months)

Support parents/caregivers in their decision to provide expressed breastmilk for their baby/child. For more information on breastfeeding, refer to the Health Unit's Breastfeeding webpage.

Feed babies when they are showing signs of hunger, not according to a timed schedule.

You can tell a baby is hungry if they are turning their head toward you with an open mouth or sucking on their hand vigorously. Crying is a late sign of hunger.

As outlined in ***The Child Care and Early Years Act, 2014,*** each child under one year of age is to be fed in accordance with written instructions from a parent/legal guardian of the child.

When feeding a baby a bottle, hold and engage the baby. Do not prop the bottle to attend to another matter. Do not tilt the bottle too much. Watch for signs from the baby (e.g., turning their head away, pushing the bottle, and/or fussing) and stop feeding when they indicate they are full, regardless of whether they have finished the bottle or not.

Feed young babies solid foods according to their appetite, not according to a pre-set amount of food.

Never force babies to finish all the food or milk that you have prepared. If a baby refuses food, turns their head away, or pushes the spoon away, they are either full or not hungry.

Babies learn about textures, tastes, and colours by handling their food. Encouraging babies to feed themselves helps them learn to eat independently and develop a healthy relationship with food.

Babies begin to show interest in self-feeding with small pieces of food at different ages; some right away when they are introduced to solid foods at about six months, while others not until several months later.

Offer foods they can grasp and that are easy to chew. Place small pieces of food on the baby's high chair tray and let them choose what they want to try. This is a learning process, so give them plenty of opportunities to practice.

For more information about feeding solid food to babies, refer to this article on **Introducing Solid Food to Your Baby**, brought to you by Dieticians Canada.

* Adapted with the permission of The Regional Municipality of York

Feeding Children (One year of age and older)

Trust young children to decide how much and what foods to eat of the food that is offered. The serving sizes below are guidelines and may help you know how much food to prepare.

Serving sizes for children one year of age and older

Keep in mind, there is a wide variation in how much food each child needs. For example, a two-year old may eat half a slice of bread, whereas a four-year old is more likely to eat a whole slice. Remember to let each child decide how much they want to eat.
More specific serving sizes for younger children can be found in the Ontario Dietitians in Public Health Practical Guide.

For additional information on child care nutrition visit the Ontario Dietitians in Public Health Child Care Resources webpage.

Food Group	Ranges of serving size for children 1 to 5 years of age	Range of serving size for children 6 years of age and older
Vegetables and Fruit	¼–1 whole fruit 30–125 ml (2 tbsp–½ cup) vegetables or fruit 60–250 ml (¼–1 cup) raw leafy vegetables	1 whole fruit 125 ml (½ cup) vegetables or fruit 250 ml (1 cup) raw leafy vegetables
Grain Products	¼–1 slice bread 1/8–½ bagel, pita, bun, tortilla 30–125 ml (2 tbsp–½ cup) cooked pasta, quinoa, couscous, rice 7–30 g (¼–1 cup) cold cereal 60–175 ml (¼–¾ cup) hot cereal	1 slice bread 1 bagel, pita, bun, tortilla 125 ml (½ cup) cooked pasta, quinoa, couscous, rice 30 g (1 cup) cold cereal 175 ml (¾ cup) hot cereal
Milk and Alternatives (Now known as protein foods in 2019 Canada's Food Guide)	60–250 ml (¼–1 cup) milk or fortified soy beverage (if child is over 2 years) 60–175 ml (¼–¾ cup) yogurt 15–50 g (½–1½ oz) cheese	250 ml (1 cup) milk or fortified soy beverage 175 ml (¾ cup) yogurt 50 g (1½ ounce) cheese
Meat and Alternatives (Now known as protein foods in 2019 Canada's Food Guide)	20–75 g (2 tbsp–½ cup) cooked fish, poultry, or lean meat 45–175 ml (3 tbsp–¾ cup) cooked legumes such as beans and lentils 45–175 ml (3 tbsp–¾ cup) tofu ½–2 eggs	75 g (½ cup) cooked fish, poultry, or lean meat 175 ml (¾ cup) cooked legumes such as beans and lentils 175 ml (¾ cup) tofu 2 eggs

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Total amount of food to offer children in attendance for six to nine hours. For children in attendance for more than nine hours, plan an extra meal or snack depending on needs.

Food Group	Total amount to offer a child one year of age and older
Vegetables and Fruit	4 child size servings
Grain Products	2 child size servings
Milk and Alternatives (Now known as protein foods in 2019 Canada's Food Guide)	2 child size servings
Meat and Alternatives (Now known as protein foods in 2019 Canada's Food Guide)	1 child size servings

Amount of food to offer each child at meal time:

Food Group	Number of servings to provide
Vegetables and Fruit such as cooked peas, green pepper rings, and apple sauce	2 servings
Grain Products such as whole grain bread, cereal, pasta, and rice	1 serving
Milk and Alternatives such as milk, expressed breastmilk, and fortified soy beverage (Now known as protein foods in 2019 Canada's Food Guide)	1 serving
Meat and Alternatives such as beef, chicken, egg, and kidney beans (Now known as protein foods in 2019 Canada's Food Guide)	1 serving

Snacks

Nutritious snacks, offered between meals, help provide the calories and nutrients children need to grow and stay healthy.

- Snacks should include choices from at least two food groups from Canada's Food Guide, one of which is always a vegetable or fruit. A serving of milk and alternatives should be offered at lunch and one of the snacks. The other snack should contain a serving from the grain products.
- Offer snacks about two and a half to three hours between meal times so that children are hungry enough to eat when food is served.
- Drinking water must be available at all times.

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Menu Planning

Planning nutritious meals and snacks that offer variety can be a challenge. A well-planned menu simplifies shopping and food preparation and gives parents/legal guardians some assurance their child is well looked after.

- Involve child care staff who will be cooking, preparing, serving, or shopping for food, as well as parents/legal guardians in developing the menu.
- Choose whole grains each day. Include a variety of grains like whole grain brown rice, pasta, quinoa, pitas, and breads.
- Choose foods children can eat independently.

Vegetables and Fruit

- Offer dark green vegetables such as broccoli, green peas, or spinach each day. Dark green vegetables are important sources of folate.
- Offer orange vegetables and fruit such as carrots, sweet potatoes, apricots, cantaloupes, or mangoes each day. Orange vegetables and fruit are rich in carotenoids such as beta-carotene.
- Frozen and canned vegetables and fruit can be healthy and convenient options. Choose unsweetened frozen fruit or fruit packed in juice, not syrup. Canned vegetables usually contain added salt. Choose low-sodium varieties or rinse and drain canned vegetables to lower the salt content.
- Offer actual vegetables and fruit instead of juice. Both 100% juice and fruit flavoured drinks are not recommended in child care settings. Fruit-flavoured drinks are mostly sugar and water with some added flavours and do not provide the important nutrients children need to grow.
- Buy fresh local vegetables and fruit when in season. See Foodland Ontario Availability Guide.

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Grain Products

- Include whole grains each day such as barley, brown rice, whole grain whole wheat bread, and whole oats.
- Choose cereals that have whole grain listed as the first ingredient. Look for cereals with eight grams or less of sugar per 30 gram serving.

Milk and Alternatives

- Milk is still part of the 2019 Canada's Food Guide and is an important source of certain nutrients.
- Serve breastmilk or 3.25% milk fat (M.F.) milk to children aged 9-12 to 24 months.
- Lower-fat milk, such as 2%, 1% or skim, is not recommended for children under two years of age.
- Serve 1% or 2% milk or fortified soy beverages to children over two years of age.

Meat and Alternatives

- Serve meat alternatives such as beans, lentils, and tofu often.
- Offer at least one serving of fish each week. Choose fish that are low in mercury. Refer to Health Canada's Mercury in Fish webpage.
- Deli meats, sausages, or packaged meats are not recommended because they are high in fat and sodium.

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Foods and Beverages Not Recommended for Child Care Settings

- Hard margarines, coconut, or palm oils
- Fruit flavoured drinks, juice, and flavoured waters
- Pop, sports drinks, and energy drinks
- Coffee and caffeinated tea-based drinks
- Ice cream treats and popsicles
- Flavoured gelatins
- Cake, cupcakes, and doughnuts
- Toaster pastries
- Chocolate or yogurt-covered granola bars or granola bars that contain candy, chocolate, or marshmallows
- Candy, chocolate, and marshmallows
- Table cream, coffee cream, whipped cream, non-dairy whipped cream, and creamers
- High fat, salty snacks such as potato chips, nacho chips, cheese puffs
- Deep-fried foods such as chicken nuggets, french fries, fish sticks, samosas, spring rolls
- Hot dogs, sausages, and bacon such as regular side bacon, turkey bacon, chicken bacon
- Cured and deli meats such as salami, ham, pepperoni, bologna
- Instant noodle soups
- Fruit-flavoured candy, gummies, rolls, or chews
- Food that has passed the "best before" date
- Sweetened spreads such as caramel, chocolate-nut, glazes, and icing
- Processed and plant-based meat such as frozen prepared chicken nuggets or fingers, fish sticks, meat patties, vegetarian wieners

Foods and Beverages that are prohibited:

- Home preserves or home canned food
- Unpasteurized apple ciders and juices
- Unpasteurized milk

These items should only be offered in small amounts:

- Jams, jellies, marmalades, syrup, fruit butters, cream cheese
- Sauces, salsas, dips, gravy, condiments such as relish and mustard
- Soft margarine, butter, salad dressings, mayonnaise, oils such as vegetable, olive, canola, and soybean

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Planning a Cycle Menu

- A cycle menu is a series of menus planned for a period of time, such as four weeks. The menu is different for each day during the cycle. After you serve the four-week menu, you have completed one cycle. The menus are then repeated in the same order.
- Plan to have a different menu for winter and summer, and if possible, spring and fall, using a four-week cycle. Make the most of the colours and variety of vegetables and fruit available in season.
- Post menus for the current and following weeks in a noticeable place for parents/legal guardians to see. Keep used menus for at least 30 days after the last day for which it is applicable.

Instructions for Planning a Four-Week Menu for Child Care

1. First, plan a menu for one day. Start with LUNCH:
    - Select a meat or meat alternative such as fish, eggs, tofu, lentils, chicken, or beef. Cheese is NOT a meat alternative.
    - Select a vegetable. Consider various forms and textures such as raw, cooked, grated, chopped, mashed, sliced, cubed, or thin sticks.
    - Select another vegetable or fruit.
    - Select a grain product such as bread, cereal, rice, or pasta. Try interesting grains like brown rice, quinoa, whole grain mini pitas, or tortillas.
    - Select breastmilk (provided by the parent for their child), milk or a milk alternative such as fortified soy beverage, cheese, or yogurt.
2. Then plan the two SNACKS for the first day. Each snack should include choices from two food groups, one of which is always a vegetable or fruit. Offer a serving of milk and alternatives at one of the snacks. Offer a serving of grain products for the other snack.
3. Then use this one-day menu as a guide to build the other four days of the week. Simply substitute foods for others within the same food group to make a one-week menu.
4. Then develop four weekly menus. Make each of the days in the four weeks unique. Try not to repeat menu items in the four-week menu cycle.

For a sample child menu, refer to the Ontario Dietitians in Public Health Practical Guide.

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Menu Planning Checklist

☐ There is a variety of food from the four food groups every day

☐ Finger foods or food which is easy to eat are included

☐ The food does not contribute to tooth decay

☐ There are foods with different colours, shapes, flavours, temperatures, and textures

☐ There are new foods along with foods the children already like

☐ The foods and recipes reflect the cultural preferences of the children

☐ When possible, there are vegetables and fruits that are in season

☐ There is a variety of whole grain breads and cereals

☐ There is enough time and staff to prepare the food

☐ The menu is within budget

Nutrition guidelines for before and after school programs

Offer a variety of snack choices that help ensure children get the nutrients and energy they need and that will promote good dental health.

Examples of healthy snacks:

- Orange, cheese strings, and water
- Banana and milk
- Apple, dry cereal, and water
- Plum, whole wheat crackers, and water
- Carrot sticks, yogurt, and water

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Choking Prevention

Although any food can cause choking, some foods are considered to be more unsafe than others.

Foods that can cause choking in children younger than four years of age:

High-risk foods	How to make the food safer
Whole grapes and cherry tomatoes	Chop or cut into quarters
Hard vegetables such as raw carrots	Grate or cut into thin strips or cook to soften
Hard fruit such as raw apples	Grate or cut into thin strips or cook to soften
Fibrous or stringy foods such as celery, pineapple, or oranges	Finely chop
Fruit with pits such as cherries and plums	Remove pits and cut into small pieces
Hot dogs or sausages (Not recommended)	Avoid
Nut butters such as peanut butter	Thinly spread on crackers or toast
Whole peanuts, nuts, or seeds	Avoid
Fish with bones	Avoid
Popcorn	Avoid
Marshmallows	Avoid
Chewing gum	Avoid
Hard candies	Avoid
Snacks using toothpicks or skewers	Avoid

Tips to Prevent Choking

- Supervise babies and children while they are eating.
- Make sure babies and children are sitting upright, not walking, talking, laughing, running, or lying down when eating.
- Give children time to eat slowly and carefully. Try not to rush children while they are eating.

For nutrition information and resources in child cares, refer to the Ontario Dietitians in Public Health Child Care Resources webpage

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Physical Literacy

Physical literacy is the gateway to being active for life

To encourage healthy growth and development, young children should receive support from their parents and caregivers that allows for an active lifestyle with a daily balance of physical activities, sedentary behaviours, and sleep.

Being active throughout the day is associated with better growth, cognitive and motor development, fitness, emotional regulation, social skills, and well-being.

Definition of Physical Literacy

Physical literacy is when children have developed the skills, confidence, and love of movement to be physically active for life.

It is the development of fundamental movement skills, such as throwing, catching, hopping, swimming, etc., that allows children to move with confidence in a wide variety of activities and settings.

Children who are physically literate are more likely to be active for life.

Please visit **Active for Life's website** for:

- **Information** on the physical literacy life cycle, how physical literacy is developed, and the benefits of being physically active.
- Physical literacy **resources**
- Fun **activities** to help kids develop the fundamental movement skills that provide an early foundation for physical literacy.

See page 127 for additional resources.

Canadian 24-hour Movement Guidelines

The *Canadian 24-Hour Movement Guidelines* describe the recommended amount of time spent engaging in **physical activity**, **sedentary behaviour**, and **sleep** each day to optimize health benefits for different ages.

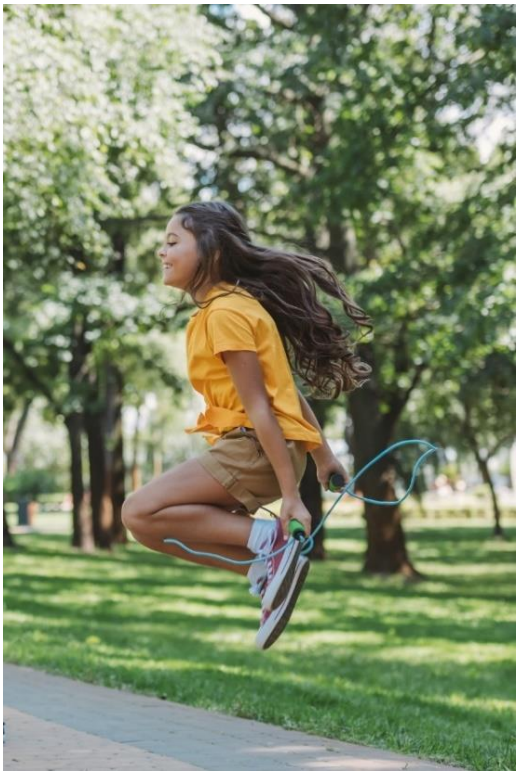
Physical Activity

Infants (less than one year) should engage in tummy time or interactive floor-based play for at least 30 minutes spread throughout the day while awake. ***More is better.***	**Toddlers and Preschoolers** (1-4 years) should spend at least 180 minutes in a variety of physical activities at any intensity, including energetic play (at least 60 minutes for preschoolers), spread throughout the day. ***More is better.***	**Children and Youth** (5-17 years) should spend at least 60 minutes per day engaging in moderate to vigorous physical activity. Vigorous physical activities, and muscle and bone strengthening activities should be incorporated 3 days per week. Several hours of light physical activity is also recommended. ***More is better.***

Sedentary Behaviour

The **quality of sedentary behaviour matters**. Interactive behaviours such as reading, storytelling, singing, puzzles are encouraged. However, children should not be restrained for more than one hour at a time, nor sit for extended periods. Screen time is not recommended for infants and toddlers under age two, and no more than one hour per day for children aged two through four. ***Less is better.***

Replacing time restrained or sedentary screen time with additional energetic play, and **trading indoor for outdoor time**, can provide greater health benefits.



Sleep

Developing healthy sleep hygiene is important; this includes having a calming bedtime routine with consistent bedtimes and wake-up times, avoiding screen time before sleep, and keeping screens out of the bedroom.

Movement is a child's first language. Early exposure to fundamental movement skills is essential as they form the first building blocks of physical literacy. Just like reading and writing, children need to learn how to move.

How to Promote Physical Literacy

Child care settings are great places to develop fundamental movement skills in children. Child care professionals can:

- Integrate a variety of fundamental movement skills into daily programming.
- Encourage age-appropriate movement skills to nurture children's growth and development.
- Be good role models – children learn from observing people around them.
- Encourage and support children to explore their ***learning environment as the third teacher***, both indoors and outdoors to learn to manage risk –by removing known hazards.
- Engage children in active outdoor play throughout the seasons. Outdoor play is a basic childhood need and taking risks is a necessary part of play.
- Share physical literacy information with parents so they can be active with their children at home. Each child will develop at their own rate and will learn movement skills when their body is ready.
- Movement guidelines encourage children (5-12 years) to "***sweat, step, sleep, and sit"*** in the right amounts for a healthy 24 hrs.

Resources

Physical Literacy

- Activities to help kids develop fundamental movement skills

Canadian 24-hour Movement Guidelines

- Early Years (0-4 years) - Infants, Toddlers, and Preschoolers
- Children (5-11 years) and Youth (12-17 years)

Outdoor Play and Risk

- Exploring Nature with Children
- Outdoor and Risky Play
- Risks, Hazards, and Play

Health Unit Resources

The Health Unit offers Lending Library Resources that can be borrowed from the Health Unit, as well as suggested apps to support learning.

Check out the section labelled **Physical Activity** to see resources available to borrow.

Dental Health and Safety

Dental Health

Even though baby teeth are temporary, they are important, and are still at risk for cavities. Children need strong, healthy teeth to chew their food, speak and have a nice smile. Baby teeth also help the adult teeth come in correctly. It's important to start babies off with good oral care to help protect their teeth for decades to come.

What causes early childhood tooth decay?

Early childhood tooth decay happens when liquids high in sugar remain in children's mouths for a long period of time, and teeth are not cleaned. The germs in the mouth use the sugars to produce acid. Once the acid covers the surfaces of the teeth, it quickly starts causing tooth decay. Never put children to bed with anything other than water.

What are the effects of early childhood tooth decay?

Children can suffer from any of the following because of early childhood tooth decay:

- Pain
- Trouble eating (leading to poor growth)
- Difficulty sleeping
- Unable to pay attention in class
- Unable to speak properly due to missing teeth
- Crowded adult teeth

Promoting Dental Health

Promoting good dental health begins in early childhood. Child care professionals can help children learn how to care for their teeth and encourage good dental hygiene.

Children who learn good oral hygiene habits early tend to practice good dental health as they get older and are less likely to have cavities and other dental problems. The following articles describe some ways that child care professionals can help promote good dental health in children.

How to Promote Dental Health

- **Begin good dental care early.** Start cleaning children's mouths with a clean damp cloth even before teeth appear. Once that first tooth appears use a small soft toothbrush moistened with only water. Encourage parents to clean children's teeth at home.
- **Help children with brushing their teeth.** Adults should help children with tooth brushing up to the age of six or until they can write their name.
- **Wait until children are three years of age to start using fluoridated toothpaste.** All children over three can start using fluoridated toothpaste but still in very small amounts (size of a pea). They also need to be taught not to swallow it.
- **Be mindful of children's teeth when they sleep.** Do not put children to bed with anything other than water. When babies have finished feeding, do not allow them to fall asleep with liquids in their mouth as it will cover their teeth.
- **Provided parents/guardians with information on the Healthy Smiles Ontario program.**

Healthy Smiles Ontario

The Health Unit's Dental Clinic provides dental services to children 17 years of age and under through the Healthy Smiles Ontario (HSO) program, including:

- Teeth cleaning, check-ups dental treatment, and urgent or emergency oral health issues

Children are automatically enrolled in the program if:

- They receive assistance under Temporary Care Assistance or Assistance for Children with Severe Disabilities.
- They or their family receive Ontario Works or the Ontario Disability Support Program (ODSP).

For more information visit the Health Unit's Dental Clinic for Eligible Children webpage or call **1-800-563-2808 ext. 5328.**

Dental Safety

Dental injuries are permanent, painful, and costly to repair financially and emotionally. To help prevent dental emergencies, **children should be encouraged to:**

- Avoid placing sharp objects in their mouths.
- Not push or shove, especially around stairs and water fountains.
- Wear mouth guards when playing sports.

Dental Emergencies

Unfortunately, accidents and emergencies can happen. Knowing what to do in the event of a dental emergency can mean the difference between saving and losing a tooth.

Gloves should be worn if there is a risk of exposure to blood or body fluids during a dental emergency.

Please refer to the ***Dental First Aid*** chart on the following page.

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Dental First Aid

Issue	What to Do
Toothache	• Do not use heat. • If swelling is present, place cold compress to the outside of the cheek. • Do not place a pain reliever on the gum tissue of the aching tooth. • Call the child's parent/guardian to ensure the child is seen by a dentist.
Knocked-out tooth	• A knocked-out tooth can be re-implanted if the child receives medical/dental help quickly. • Apply direct pressure to stop the bleeding from the socket of the tooth. Have the child bite down on a thick pad placed in the socket. • Seat the child with the head forward so blood can drain out of the mouth. • Place the tooth in a cup of milk. If milk is not available, the tooth may be preserved in a saline solution or wrapped in a plastic wrap kept moist with the child's saliva • Handle the tooth by the top, do not touch the root. • Give ongoing care and get medical help. If the knocked-out tooth is the only injury, get the child to a dentist as quickly as possible for the best chance of re-implanting the tooth. • Call the child's parent/guardian. **Warning! Do not:** ○ Use an antiseptic solution to clean the tooth. ○ Wash out the mouth when the bleeding has stopped. This may disturb the blood clots making the injury bleed again.
Broken or bumped tooth	• Try to clean dirt or debris from injured area with warm water. • Place cold compresses on face next to injured tooth to minimize swelling. • Check for broken tooth chips, fragments in lips, cheeks, etc. • Call the child's parent/guardian to ensure the child is seen by a dentist immediately.
Bitten tongue or lip	• Apply direct pressure to bleeding area with a clean cloth. • If swelling is present, apply cold compresses. • If bleeding does not stop immediately or the bite is severe, take the child to the hospital emergency room. • Call the child's parent/guardian.
Possible fractured jaw	• Place the conscious child in a sitting position with head well forward to allow any fluids to drain freely. • Support the jaw with a soft pad held in place by hands, not with a bandage - don't bandage the mouth closed. • Keep the jaw still while you await medical assistance; this helps minimize pain and prevents further damage. • Call the child's parent/guardian.

References

Chapter 1 – Infection Prevention and Control

Health Protection and Promotion Act, R.S.O. . (1990, c. H.7). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/statute/90h07

North Bay Parry Sound District Health Unit. (2022). *Accelerated Hydrogen Peroxide (AHP) .* Retrieved from https://www.myhealthunit.ca/en/health-professionals-partners/resources/Childcare-centres/Acellerated_Hydrogen_Peroxide.pdf

North Bay Parry Sound District Health Unit. (2022). *Cleaning and Disinfection for Daycares.* Retrieved from https://www.myhealthunit.ca/en/health-professionals-partners/resources/Childcare-centres/Cleaning_and_Disinfecting_for_Daycares.pdf

North Bay Parry Sound District Health Unit. (2022). *Cloth Diaper Procedures .* Retrieved from https://www.myhealthunit.ca/en/health-professionals-partners/resources/Childcare-centres/Cloth_Diaper_Procedures.pdf

North Bay Parry Sound District Health Unit. (2022). *Diaper Procedures.* Retrieved from https://www.myhealthunit.ca/en/health-professionals-partners/resources/Childcare-centres/Diaper_Procedures.pdf

North Bay Parry Sound District Health Unit. (2022). *Infection Control in Sensory Play.* Retrieved from https://www.myhealthunit.ca/en/health-professionals-partners/resources/Childcare-centres/Sensory_Tables.pdf

O. Reg. 243/07: SCHOOLS, PRIVATE SCHOOLS AND CHILD CARE CENTRES. (2002). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/regulation/070243

Public Health Sudbury & Districts. (2018). *An Ounce of Prevention Manual.* Retrieved from https://www.phsd.ca/wp-content/uploads/2018/10/An_Ounce_of_Prevention_EN_2018.pdf

Safe Drinking Water Act, S.O. . (2002, c. 32). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/statute/02s32

Chapter 2 – Illness Surveillance and Outbreak Management

Canadian Paediatric Society. (2021, May). *Chickenpox*. Retrieved from Caring for Kids: https://caringforkids.cps.ca/handouts/health-conditions-and-treatments/chickenpox

Child Care and Early Years Act, O. Reg. 137/15. (2014). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/regulation/150137

Child Care and Early Years Act, S.O. (2014, c. 11, Sched. 1). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/statute/14c11

Gregg, M. B. (2008). *Field Epidemiology.* New York, New York: Oxford University Press.

Health Protection and Promotion Act, O. Reg. 135/18. (1990). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/regulation/180135

Health Protection and Promotion Act, R.S.O. . (1990, c. H.7). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/statute/90h07

Leduc, D. (2015). *Well Beings: A Guide to Health in Child Care, 3rd edition (revised).* Ottawa, Ontario: Canadian Pediatric Society.

Ministry of Health. (2022). *Ontario Public Health Standards: Requirements for Programs, Services and Accountability. Infectious Disease Protocol.* Retrieved from Appendix 1: Case Definitions and Disease-Specific Information: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/gastro_outbreaks_chapter.pdf

North Bay Parry Sound District Health Unit. (2018, August 10). *Outbreaks: Information for Childcare Providers.* Retrieved from https://www.myhealthunit.ca/en/health-professionals-partners/resources/Updated-CDC/Outbreaks---Information-for-Childcare-Providers---English---Fact-Sheet-for-WI-CDC-011.pdf

North Bay Parry Sound District Health Unit. (2020, March 11). *Diseases of Public Health Significance (DOPHS).* Retrieved from https://www.myhealthunit.ca/en/health-professionals-partners/resources/Updated-CDC/Diseases-of-Public-Health-Significance---English---Exhibit-for-WI-CDC-004.pdf

*Public Health Sudbury & Districts. (2018). *An Ounce of Prevention Manual.* Retrieved from https://www.phsd.ca/wp-content/uploads/2018/10/An_Ounce_of_Prevention_EN_2018.pdf

*The Regional Municipality of York. (2019). *A Public Health Guide for Child Care Providers.* Retrieved from York Region: https://www.york.ca/support/childrens-services/public-health-guide-child-care-providers

Chapter 3 – Immunization (Vaccines) and Health Records

Canadian Peadiatric Society. (2021). *Influenza Vaccine*. Retrieved from Caring for Kids: https://caringforkids.cps.ca/handouts/immunization/influenza_vaccine

Child Care and Early Years Act, O. Reg. 137/15. (2014). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/regulation/150137

Child Care and Early Years Act, S.O. (2014, c. 11, Sched. 1). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/statute/14c11

Gold, R. (2006). *Your Child's Best Shot : A Parent's Guide to Vaccination* (3rd ed.). Canadian Paediatric Society.

Health Protection and Promotion Act, R.S.O. . (1990, c. H.7). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/statute/90h07

Immunization of School Pupils Act, R.S.O. (1990, c. I.1). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/statute/90i01

North Bay Parry Sound District Health Unit. (2018). *Vaccinations*. Retrieved from Child Care Information: https://www.myhealthunit.ca/en/health-topics/childcareinformation.asp

Ontario Ministry of Health and Long-Term Care. (2021). *Immunization.* Retrieved from Publicly Funded Immunization Schedules for Ontario: https://www.health.gov.on.ca/en/pro/programs/immunization/docs/Publicly_Funded_ImmunizationSchedule.pdf

Public Health Agency of Canada. (2021). *Canadian Immunization Guide*. Retrieved from https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html

*Public Health Sudbury & Districts. (2018). *An Ounce of Prevention Manual.* Retrieved from https://www.phsd.ca/wp-content/uploads/2018/10/An_Ounce_of_Prevention_EN_2018.pdf

Chapter 4 – Safe Environments and Injury Prevention

Child Care and Early Years Act, O. Reg. 137/15. (2014). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/regulation/150137

Child Care and Early Years Act, S.O. (2014, c. 11, Sched. 1). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/statute/14c11

Health Canada. (2014). *Is Your Child Safe? series.* Retrieved from https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe.html

Health Protection and Promotion Act, O. Reg. 565/90. (1990). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/regulation/900565

North Bay Parry Sound District Health Unit. (2017). *Sun Safety.* Retrieved from https://www.myhealthunit.ca/en/health-topics/resources/Cancer-prevention/Children-Sun-Safety-Fact-Sheet.pdf

North Bay Parry Sound District Health Unit. (2019). *Concussions.* Retrieved from https://www.myhealthunit.ca/en/health-topics/concussions.asp

North Bay Parry Sound District Health Unit. (2022). *Beaches.* Retrieved from https://www.myhealthunit.ca/en/health-topics/beaches.asp

North Bay Parry Sound District Health Unit. (2022). *Lyme Disease.* Retrieved from https://www.myhealthunit.ca/en/health-topics/lyme-disease.asp

North Bay Parry Sound District Health Unit. (2022). *Public Spas, Pools and Hot Tubs*. Retrieved from https://www.myhealthunit.ca/en/health-topics/public-spas--pools-and-hot-tubs.asp

North Bay Parry Sound District Health Unit. (2022). *Safe drinking water in child care centres and schools.* Retrieved from Drinking Water: https://www.myhealthunit.ca/en/health-topics/drinking-water.asp

*Public Health Sudbury & Districts. (2018). *An Ounce of Prevention Manual.* Retrieved from https://www.phsd.ca/wp-content/uploads/2018/10/An_Ounce_of_Prevention_EN_2018.pdf

Smoke-Free Ontario Act, O. Reg. 268/18. (2017). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/regulation/180268

Smoke-Free Ontario Act, S.O. . (2017, c. 26, Sched. 3). Retrieved from Ontario e-laws website: https://www.ontario.ca/laws/statute/17s26

*The Regional Municipality of York. (2019). *A Public Health Guide for Child Care Providers.* Retrieved from York Region: https://www.york.ca/support/childrens-services/public-health-guide-child-care-providers

York Region Public Health. (2019). *Preventing Harmful Childhood Falls: A Checklist.* Retrieved from Childhood Falls: https://www.york.ca/health/injury-prevention/childhood-falls

Chapter 5 – Healthy Growth and Development

Alberta Family Wellness Initiative. (2021). *What is Addiction?* Retrieved from https://www.albertafamilywellness.org/what-we-know/what-is-addiction

American Psychological Association. (2022). *Resilience*. Retrieved from APA Dictionary of Psychology: https://www.apa.org/topics/resilience

Best Start Resource Centre. (2011). Early Brain Development: Parent Knowledge in Ontario. Toronto, Ontario, Canada.

Canadian Public Health Association. (2019). *Risk, Hazard, and Play: What are Risks and Hazards?* Retrieved from Resources & Services: https://www.cpha.ca/risk-hazard-and-play-what-are-risks-and-hazards

Canadian Society for Exercise Physiology. (2021). *Canadian 24-Hour Movement Guidelines*. Retrieved from https://csepguidelines.ca/

Center on the Developing Child at Harvard University. (2013). *Early Childhood Mental Health (InBrief)*. Retrieved from https://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health/

Center on the Developing Child at Harvard University. (2015). *Brain Architecture*. Retrieved from https://developingchild.harvard.edu/science/key-concepts/brain-architecture/

Center on the Developing Child at Harvard University. (2022). *Resilience*. Retrieved from https://developingchild.harvard.edu/science/key-concepts/resilience/

District of Nipissing Social Services Administration Board. (2019). *Summary of the Early Development Instrument Results for 2018.* Retrieved from https://www.dnssab.ca/media/3qqpxpt1/assessing-school-readiness-in-the-district-of-nipissing-results-of-the-2018-edi.pdf?v=637707756254100000

Grove, J. (2013). *Physical literacy checklists*. Retrieved from Active for Life: https://activeforlife.com/physical-literacy-checklists/

Grove, J. (2020). *What are fundamental movement skills?* Retrieved from Active for Life: https://activeforlife.com/fundamental-movement-skills/

North Bay Parry Sound District Health Unit. (2021, November). *The Indirect Impacts of the COVID-19 Pandemic on Individuals Living in the Nipissing and Parry Sound Districts: A Focus on Families.* Retrieved from https://www.myhealthunit.ca/en/community-data-reports/resources/Indirect-Impacts-of-COVID-19/The-Indirect-Impacts-of-the-COVID-19-Pandemic-on-Individuals-Living-in-the-NBPS-District---A-Focus-on-Families_Final.pdf

North Bay Parry Sound District Health Unit. (2022). *Breastfeeding*. Retrieved from https://www.myhealthunit.ca/en/health-topics/breastfeeding.asp

North Bay Parry Sound District Health Unit. (2022). *Caring for Your Child's Teeth*. Retrieved from Caring for Your Child's Teeth

North Bay Parry Sound District Health Unit. (2022). *Dental Clinic for Eligible Children*. Retrieved from https://www.myhealthunit.ca/en/public-health-services/dental-clinic-for-children.asp

North Bay Parry Sound District Health Unit. (2022). *Dental First Aid*. Retrieved from https://www.myhealthunit.ca/en/health-topics/dental-first-aid.asp

North Bay Parry Sound District Health Unit. (2022). *Early Childhood Tooth Decay*. Retrieved from https://www.myhealthunit.ca/en/health-topics/early-childhood-tooth-decay.asp

Ontario Ministry of Education. (2019). *The learning environment*. Retrieved from The Kindergarten Program 2016: https://www.ontario.ca/document/kindergarten-program-2016/learning-environment

Ontario Ministry of Health. (2022). *Services covered by Healthy Smiles Ontario*. Retrieved from https://www.ontario.ca/page/services-covered-by-healthy-smiles-ontario

Ophea. (2022). *Early Learning Resource*. Retrieved from Teaching Tools: https://teachingtools.ophea.net/activities/early-learning-resource

Outdoor Play. (2022). Retrieved from Outsideplay.ca: https://outsideplay.ca/

The Canadian Child Care Federation. (2021). *Exploring Nature With Children*. Retrieved from https://cccf-fcsge.ca/ece-resources/topics/exploring-nature-with-children/

The Regional Municipality of York. (2019). *A Public Health Guide for Child Care Providers.* Retrieved from York Region: https://www.york.ca/support/childrens-services/public-health-guide-child-care-providers

Forms and Resources

Health Unit Lending Library and Apps

- Health Unit's Lending Library and Apps (Resources that can be borrowed from the Health Unit and apps to support learning)

Infection Prevention and Control

Resources

- Healthy Hands: Hand Hygiene Resource Manual for Child Care Centres
- Hand Hygiene Resource Kit
- Hand Hygiene Fact Sheet
- Hand Washing Instructions
- Hand Washing Poster
- Hand Sanitizer Instructions
- Cover Your Cough Poster
- Cleaning and Disinfection for Child Cares
- Accelerated Hydrogen Peroxide (APH) Fact Sheet
- Diaper Procedures
- Cloth Diaper Procedures
- Infection Control in Sensory Play
- MOHLTC: Recommendations for the Management of Animals in Child Care Settings
- MOHLTC: Recommendations to Prevent Disease and Injury Associated with Petting Zoos in Ontario

Illness Surveillance and Outbreak Management

Forms

- DOPHS Reporting Form
- Child Care Enteric Outbreak Line Listing Record Form
- CHICKEN POX - Daily Reporting Form (EN)
- Formulaire de Déclaration Quotidienne de LA VARICELLE (FR)

Resources

- Diseases of Public Health Significance list
- Outbreaks: Information for Child Care Providers Fact Sheet
- Caring for Kids - Chickenpox Handout

Vaccinations (Immunization)

Forms

- Child: Vaccination History for Child Care Registration Form (EN)
- Child: Antécédents de vaccination aux fins de l'inscription aux centres de garde (FR)
- Staff/Volunteer: Health Assessment of Child Care Personnel Form (EN)
- Staff/Volunteer: Évaluation de l'état de santé du personnel des centres de garde (FR)
- Statement of Conscience or Religious Belief Affidavit
- Medical Exemption

Resources

- Publicly Funded Immunization Schedules for Ontario
- Vaccinations - North Bay Parry Sound District Health Unit

Safe Environments and Injury Prevention

Resources

- Air Quality Alert Email Notifications - Ontario Ministry of the Environment, Conservation and Parks
- Air quality video for children: Indi the caterpillar - Government of Canada
- Smoke-Free Ontario Act, 2017 - How the Act Affects: Child Care Centres and Home Child Care
- Smoking and Vaping: Teaching Resources - North Bay Parry Sound District Health Unit
- Health and Safety Hazards: Is Your Child Safe? Health Canada Booklet
- Concussions - Parachute Canada
- Concussions - North Bay Parry Sound District Health Unit
- Head Lice Handout - Caring for Kids
- Scabies Handout - Caring for Kids
- Lyme Disease - North Bay Parry Sound District Health Unit
- Ticks and Lyme Disease Fact Sheet - MOHLTC
- Tick Monitoring and Identification in Canada - etick.ca
- Mosquito Bite Protection Fact Sheet - North Bay Parry Sound District Health Unit
- Personal Insect Repellents - Health Canada
- Emergency Preparedness for Ontario Child Cares - Ontario Ministry of Education
- Emergency Preparedness: Risks and Hazards in Ontario - Government of Canada
- Emergency Preparedness for Families: Making an Emergency Plan and Kit - Government of Ontario
- Hazardous Chemicals and Safety: Information for Art Class Teachers - Health Canada
- Household Hazards A-Z - Ontario Poison Centre
- Mushrooms - Ontario Poison Centre
- Plants - Ontario Poison Centre
- Walking Your Way to Safety - CAA
- Cycling Safety Tips for Young Riders: Young Cyclist's Guide - Ontario Ministry of Transportation
- Cycling - Parachute Canada
- Helmets - Parachute Canada
- Helmets for Bicycles, Inline Skating, Scooter Riding and Skateboarding - Parachute Canada
- Helmet Safety - Ottawa Public Health

- Car Seats - Parachute Canada
- Choosing a Child Car Seat or Booster Seat - Transport Canada
- Drinking Water - North Bay Parry Sound District Health Unit
- Beaches - North Bay Parry Sound District Health Unit
- Swimmer's Itch - North Bay Parry Sound District Health Unit
- Harmful Algae Blooms - North Bay Parry Sound District Health Unit
- Inspection Results: Check Then Go Webpage - North Bay Parry Sound District Health Unit
- Public Spas, Pools and Hot Tubs - North Bay Parry Sound District Health Unit

Healthy Growth and Development

Forms

- Looksee Checklists
- Temperature Logs:


Cold Holding Temperature Log.pdf


Hot Holding Temperature Log.pdf


Cooking Temperature Log.pdf

Resources

- Adverse Childhood Experiences - Harvard University Center on the Developing Child
- Serve and Return Interactions - Harvard University Center on the Developing Child
- 5 Steps for Brain Building Serve and Return Relationships - Harvard University Center on the Developing Child
- Building Babies' Brains Through Play: Mini Parenting Master Class - Harvard University Center on the Developing Child
- Activities Guide: Enhancing and Practicing Executive Function Skills with Children from Infancy to Adolescence - Harvard University Center on the Developing Child
- Mental Health Services - North Bay Parry Sound District Health Unit
- Sick Kid's Mental Health Learning HUB
- Caring for Kids - Your Child's Development: What to Expect
- Parenting Resources - North Bay Parry Sound District Health Unit

- Menu Planning & Supportive Nutrition Environments in Child Care Settings: Practical Guide - Ontario Dietitians in Public Health
- Breastfeeding - North Bay Parry Sound District Health Unit
- Introducing Solid Food to Your Baby - Dietitians of Canada
- Child Care Resources - Ontario Dietitians in Public Health
- Seasonal Fruit and Vegetable Availability Guide - Foodland
- Mercury in Fish - Health Canada
- What is Physical Literacy? - Active For Life
- Activities for Kids - Active For Life
- Canadian 24-Hour Movement Guidelines for the Early Years (0-4 years): An Integration of Physical Activity, Sedentary Behaviour, and Sleep
- Canadian 24-Hour Movement Guidelines for the Children and Youth (5-17 years): An Integration of Physical Activity, Sedentary Behaviour, and Sleep
- Exploring Nature with Children - CCCF-FCSGE
- OutsidePlay.ca
- Risk, Hazard, and Play: What are Risks and Hazards? - Canadian Public Health Association
- Physical Education Early Learning Resource - Ophea
- Healthy Smiles Ontario Resource Guide - Ontario Ministry of Health
- Dental Clinic for Eligible Children - North Bay Parry Sound District Health Unit

E-laws and Regulations

- Ontario Ministry of Education
- MOE: Child Care Licensing Resources
- Child Care Rules in Ontario
- Child Care Centre Licensing Manual
- Child Care and Early Years Act, 2014, S.O. 2014, c.11, Sched.1 (CCEYA)
- Health Protection and Promotion Act, R.S.O. 1990, c. H.7
- O. Reg. 135/18: Designation of Diseases under Health Protection and Promotion Act, R.S.O. 1990, c. H.7
- O. Reg. 137/15: General under Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1
- O. Reg. 493/17: Food Premises under Health Protection and Promotion Act, R.S.O. 1990, c. H.7

- Safe Drinking Water Act, 2002, S.O. 2002, c. 32
- Hazardous Products Act R.S.C., 1985, c. H-3
- Building Code Act, 1992, S.O. 1992, c. 23
- O. Reg. 213/07: Fire Code under Fire Protection and Prevention Act, 1997, S.O. 1997, c. 4
- Smoke-Free Ontario Act, 2017, S.O. 2017, c. 26, Sched. 3
- Ontario Regulation 243/07 - Schools, Private Schools and Day Nurseries
- Immunization of School Pupils Act, R.S.O. 1990, c. l. 1

Additional Resources for Francophone and Indigenous Professional Learning

- Firefly – supports professional learning for child care and early years staff in First Nation communities
- The Ontario Aboriginal Head Start Association – supports professional learning for child care and early years staff in urban Indigenous settings
- l'Association francophone à l'éducation des services à l'enfance de l'Ontario (AFESEO) – supports professional learning for child care and early years staff in Francophone settings.