

Little Lambs Home Daycare

Sanitary Practices (Infection Prevention and Control)

Sourced from:

*Toronto Public Health, Healthy Environments Infection Prevention and Control in
Child Care Centres Committee ed. 2016
Home Child Care Licensing Manual, Ontario, January 2017
Hastings and Prince Edward Public Health (HPEPH)*

Purpose: To provide information for infection prevention and control (IPAC) to home child care providers. The policies set forth in this document are to be understood and adhered to by all child care providers, ECE home visitors, volunteers and students . Children in home child care or child care centres are at an increased risk of gastrointestinal, respiratory and other infectious and communicable illnesses (Exempt et al. 2008; Kotch et al. 2007; Ponka et al. 2004). By practicing proper hygiene, sanitary practices and by following immunization schedules these risks are greatly reduced.

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Immunization and Tuberculosis

Immunization requirements for children

Under the Childcare and Early Years Act, section 35 (1) of o.reg. 137/2015 (general) requires that, every child is immunized as recommended by the local medical officer of health before being admitted to child care.

Vaccine	Diphtheria	Pertussis	Tetanus	Polio	Haemophilus B (Hib)	Pneumococcal	Rotavirus	Meningococcal-C	Meningococcal-ACYW	Measles	Mumps	Rubella	(Varicella) Chickenpox	Hepatitis B	HPV	Influenza
2 months	✓	✓	✓	✓	✓	✓	✓									
4 months	✓	✓	✓	✓	✓	✓	✓									
6 months	✓	✓	✓	✓	✓	✓	✓									
*1 year						✓	✓	✓	✓	✓	✓					
15 months												✓				
18 months	✓	✓	✓	✓	✓											
4-6 years	✓	✓	✓	✓				✓	✓	✓	✓	✓				
Grade 7/8								✓					✓	✓		
14-16 years	✓	✓	✓													
Every autumn																✓
Adults	✓	✓	✓													
Every 10 years	✓		✓													

Same colour boxes in a row indicates combination vaccines given as one dose.
 *Vaccines required at 1-year of age should be given on or after the child's first birthday.
 The vaccines in bold print are required under the Immunization of School Pupils Act for school attendance.

Provider/ Agency responsibility:

- refer parents to their doctor/health practitioner for a copy of their child's immunization record or to update any missing vaccines for their child.
- every time a child gets vaccinated, parents are required to update their information with their home provider. The home child care provider must forward all updated immunization records to Little Lambs Home Daycare office @ littlelambshomedc@gmail.com

Immunization requirements for staff

Under Section 57 (1), O. Reg. 137/2015 every person who is employed by Little Lambs Home Daycare is required to have a health assessment and immunization as recommended by the local medical officer of health. This requirement must be met before active employment.

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

Provider/Agency responsibility

-a current immunization record must be submitted and kept at agency office

Immunization Exemptions

-Exemptions are to be documented and kept in the child's or employee's file:

-Approved ministry forms for religious/conscience objection or medical exemption can be requested from the agency office.

(Ministry approved forms for religious/conscience objections must be completed by a "commissioner for taking affidavits". I.e. notarized)

Tuberculosis (TB)

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

It is required by Hastings and Prince Edward Public Health that all staff, volunteers and students seeking employment in child care be tested for TB if they have travelled outside of the County to an area where TB is prevalent within the past 6 months.

-Test results must be submitted to and kept in staff file at agency office

TB testing recommendations for staff and volunteers prior to employment if they have travelled within the past 6 months to a county with TB prevalence.

1. If a new staff/volunteer does not know their TB status or has had a negative TB skin test result in the past, a single TB skin test is highly recommended.
If the TB skin test is negative - no further testing is needed at this time. (People with serious medical conditions that weaken the immune system, such as HIV or cancer, may have a negative skin test even though they are infected with TB. If you are in this category please speak to your doctor).

If the TB skin test is positive - a medical examination and chest x-ray is recommended. Sputum may also be collected. The physician should provide documentation that the individual with a positive TB skin test is free of TB disease before beginning work.

2. If a new staff/volunteer has had a documented previous positive skin test, the skin test does not need to be repeated – it will always remain positive. However, a medical examination and chest x-ray is recommended to ensure that daycare/nursery school staff and volunteers do not have TB disease. The physician should provide documentation that the individual with a previous positive TB skin test is free of TB disease before beginning work.

3. Any staff/volunteer who has a positive TB skin test should be aware of the signs and symptoms of active TB disease (i.e. cough lasting longer than 2 weeks, fever, chills, night sweats, loss of appetite, unexplained weight loss). Early diagnosis and treatment of TB disease is critical. If your skin test is positive and you develop signs and symptoms of active TB, see a doctor immediately.

Where to go for TB skin testing

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

Administrative Health Policies and Procedures

Daily Observation

- Under Ontario Regulation 137/15, A daily observation must be made for each child receiving care. This should be completed before the child begins to associate with other children in order to detect possible symptoms of ill health.
- Home childcare providers are to be mindful of any sudden or gradual changes to a child's behaviour, sleeping or eating patterns, or signs that a child has lost some previously acquired skill(s) (e.g. stopped being able to feed himself, stopped using language). Home child care providers are strongly encouraged to communicate such changes with parents immediately, as atypical behaviour could be a sign of something more serious
- Home child care providers should ask parents to share information about their child's restless night, lack of appetite or other atypical behaviour. This information should be documented on the child's daily record and children who have presented atypical behaviour should be monitored more closely for potential signs of ill health.
- If a home child care provider suspects that a child is, or may be, in need of protection, they must report directly to a children's aid society in accordance with section 72 of the child and family services act. The person who has reasonable grounds to suspect that a child is, or may be, in need of protection must make the report directly to a children's aid society. The person must not rely on anyone else to report on his or her behalf.

Arrangements for Ill Child

- Where a child is observed to be ill the home child care provider must separate the child from other children.
- Arrangements must be made for an ill child to go home
- If it is necessary for a child to seek immediate medical attention, or the child's parent(s) cannot take the child home, arrangements must be made to have the child examined by a legally qualified medical practitioner or registered nurse.
- Providers should pay close attention to:
 - Elevated temperatures, flushing, pallor or listlessness
 - An acute cold, nasal discharge or coughing
 - Vomiting or diarrhea
 - Red or discharging eyes or ears
 - Undiagnosed skin rashes or infections: and
 - Unusual irritability, fussiness and restlessness
- Home child care providers are expected to follow Hastings and Prince Edward Public Health recommendations for common childhood infections. Including policies for exclusion of an ill child. Any incident of ill health regarded by HPEPH to be a reportable infection must be reported by the end of the business day.

Please see document attached on page 5,

Infection	How it Spreads	Signs/Symptoms	Contagious Period	School Exclusion & Reporting Requirements
GASTROINTESTINAL INFECTIONS				
Diarrhea	Spread by ingesting contaminated food or water. Can also be spread from person to person, and by touching contaminated surfaces.	Increase frequency of stool and/or change to unformed loose or watery stool. May be accompanied with abdominal pain.	Exclude for duration of diarrhea.	Until symptom free for 24 hours.
RESPIRATORY INFECTIONS				
Influenza	By breathing in contaminated air, from sneezing, coughing, and speaking. Can also be spread by touching contaminated hands, surfaces, or objects.	Starts with headache chills and cough. Followed by a fever, loss of appetite, muscle aches, fatigue, runny nose and throat irritation. Young children may experience stomach upset and/or vomiting.	1 day before to 7 days after onset of symptoms.	Do not exclude if well enough to participate in activities. REPORTABLE TO HEALTH UNIT
Whooping cough (pertussis)	NOTE: whooping cough is one of the most contagious diseases.	First signs are coughing and sneezing. 1-2 weeks after first signs, coughs become convulsive-like with a high-pitched gasp (called a whoop). Incubation period 6-20 days.	Very contagious from start of symptoms for 3 weeks. If treated with antibiotics, will not be contagious 5 days after start of treatment.	Exclude until 5 days after start of antibiotics or 3 weeks if no treatment given. People in contact with infected person may need antibiotics or vaccine. REPORTABLE TO HEALTH UNIT
SKIN INFECTIONS				
Chickenpox (varicella)	Spread person to person and via air. Very infectious. May develop following contact with a person who has shingles.	Sudden onset of mild fever. Small red pimples which develop into blisters, then become encrusted. Usually affect face, hands, neck and extremities. Incubation period 10-21 days.	1-5 days before rash starts until blisters become encrusted.	Return to school or childcare as soon as child is well enough to participate in all activities (regardless of the state of the rash). REPORTABLE TO HEALTH UNIT
Impetigo	Direct skin contact with wounds or discharges from an infected person. Can be spread by touching contaminated hands, surfaces or objects.	Pustules or crusted rash on face or exposed parts of the body (arms and/or legs).	During period symptoms are present until 24 hours after start of treatment with antibiotics.	Exclude until antibiotic treatment has been taken for 24 hours. Exclude until seen by family physician and treatment started. Avoid contact sports until cleared by a physician to return to sports. Exclude until 24 hours after first treatment is applied.
OTHER INFECTIONS				
Fifth Disease	By breathing in contaminated air, from sneezing, coughing, and speaking. Can also be spread by touching contaminated hands, surfaces, or objects.	Rash begins as a solid red area on cheeks (like a slapped cheek), spreading to upper arms and legs, trunk, hands and feet. Incubation period 4-20 days.	2 days before rash appears. No longer contagious once rash appears.	Do not exclude if well enough to take part in activities.
Hand, Foot and Mouth Disease (coxsackie virus)	By breathing in contaminated air, from sneezing, coughing, and speaking. Can also be spread by touching contaminated hands, surfaces, or objects. This disease spreads very easily in child care settings.	Starts with fever and sore throat. Rash then develops on the palms of hands, bottom of feet and inside of mouth. Rash may look like tiny red dots or blisters.	Most contagious when symptoms are present, usually 7-10 days. Feces may be contagious for several weeks.	Exclude until fever is gone and child is well enough to participate in daily activities.
Measles (red measles)	Very contagious. Spreads by breathing in contaminated air, from sneezing, coughing, and speaking. Can also be spread by touching contaminated hands, surfaces or objects.	Fever, cough, runny nose, inflamed eyes for 1-3 days before onset of rash. Rash is large red spots, which often join together. Starts on face and spreads rapidly over body. Illness lasts 5-10 days. Incubation period 7-18 days.	4 days before rash is present, during period illness and until 4 days after the disappearance of rash.	Exclude until at least 4 days after onset of rash. At the direction of the Health Unit. REPORTABLE TO HEALTH UNIT
Mumps	Spreads by breathing in contaminated air, from sneezing, coughing and speaking. Can also be spread by touching contaminated hands, surfaces or objects.	Chills, discomfort, headache, pain below ears, fever, swelling of one or both salivary glands. Swelling is below and in front of ear. Incubation period 12-25 days.	7 days before swelling starts and for the first 15 days of swelling.	Excluded for 9 days or until the swelling is gone. At the direction of the Health Unit. Exclude for 7 days after onset of rash. At the direction of the Health Unit. REPORTABLE TO HEALTH UNIT

For a more complete list of childhood infections or disease fact sheets, go to www.yourhealthunit.ca

Infection Prevention and Control Measures

Hand Hygiene

Hand Hygiene refers to any hand cleaning action and is an important part of routine practices.

Two types of hand washing are approved by Little Lambs Home Daycare:

1. Hand sanitizing with alcohol-based hand rubs containing 70% to 90% alcohol. This is the preferred method with hands are not visibly soiled. Products containing a moisturizer are recommended to decrease the possibility of skin irritation.
2. Handwashing with soap and running water. This method must be used when hands are visibly soiled.

Expectations:

- Children are taught proper hygiene by child care providers
- Children must be taught how to properly use alcohol based hand rubs and be supervised while using them
- Hand washing must be carried out when hands are visibly soiled (soap and running water only)
- Child care providers/ ECE home visitor/ students/ volunteers must wash their hands:
 - Before initial contact with children or handling items in the room
 - Before and after glove use
 - After toileting (always soap and running water)
 - Before preparing, handling or serving food or giving medication
 - After treatment/ care involving blood, body fluids, secretions and excretions of children or staff, even if gloves were worn.
 - Before and after handling pets
 - After coming in from outside
 - After dispensing/handling expressed breast milk
 - Whenever in doubt
- Children should be assisted with cleaning hands:
 - After playing outdoors
 - After toileting (always soap and running water)
 - Before eating
 - Before and after handling pets
 - When sneezing, coughing etc
 - Before and after communal sensory play activities
 - Whenever in doubt

- All homes where children will receive care must have a sink separate from where food prep takes place.
 - Hand information sheets will be provided and must be posted by the sink children will use
 - Hot and cold running water must be provided
 - Liquid soap from a dispenser and a reusable hand drying towel must be provided.
 - Hand towel should be replaced each day/ whenever accidentally used by unclean hands, whenever in doubt.

Respiratory Etiquette

Child care providers, ECE visitor, students and volunteers need to practice preventable health measures including:

- Not attending or providing care at the place of home child care if acutely ill with a respiratory infection
- Minimizing contact with respiratory droplets when coughing or sneezing including:
 - Turning the head away from others (e.g. sneeze into your sleeve and cover your cough)
 - Maintaining a two meter separation from others, when possible
 - Covering the nose and mouth with tissue
 - Immediate disposal of tissues into waste after use
- Practice hand hygiene

Glove use

Glove use can result in decreased gastrointestinal illnesses in child care settings. They are an excellent barrier to reducing the risk of communicable diseases. However glove use does not replace the need for hand hygiene.

- Gloves must be worn when it is anticipated that hands will be in contact with mucous membranes, broken skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces.
- Gloves must be appropriate for the type of activity and single use only.
- Little Lambs requires all providers to use non latex gloves in an effort to make the environment safer for all children. Latex allergies are serious and it is better to err on the side of caution.
- Hand hygiene must be practiced before putting on and after taking off gloves.
- Gloves must be removed immediately and discarded into a waste receptacle after each use.

Diapering and toileting

The following requirements are necessary for the prevention and control of diseases while diapering:

- A designated diaper changing area with a non-porous, non-absorbent mat. There can be no cracks or defects present in the mat. Little Lambs will guide providers in finding a suitable mat if required.
- A hand washing sink within the diaper changing area (cannot be a sink used for the preparation of food, must have hot and cold running water, liquid soap in a dispenser and a hand towel which is replaced as needed/daily)
- Single use disposable gloves
- Separate diapers and ointments/creams and wipes for each child (provided by parents as required)
- Soiled clothing or cloth diapers must be sealed in a plastic bag and returned to parents for laundering
- Disinfecting solution (to be used after each diaper change)
- Garbage disposal (food activated, plastic disposable bag liner)

Although the toileting routine differs from the diaper change routine, the risks and successful IPAC interventions are the same. As such, hand washing sinks, disinfectants, and gloves are required during the toileting procedure as well.

Expressed Breast Milk (EBM)

- Apply Routine Practices when handling EBM
- Frozen EBM must be thawed in a refrigerator and used within 24 hours. Do not use a microwave to thaw EBM
- Keep EBM refrigerated at a temperature of 4°C or colder, until used
- Ensure bottles and containers are properly labelled (date, name of infant/child and name of mother)
- Clean hands before and after handling EBM
- Wear gloves while handling EBM (e.g. dispensing into a cup or from a container)
- Supervise children drinking EBM from a cup to prevent unintended consumption by other children
- Discard any leftover EBM not consumed by the child
- Contact Hasting Prince Edward Public Health if another child consumes EBM intended for someone else.

Environmental Cleaning and Disinfecting

Home child care providers are expected to follow the guidelines created by Hastings and Prince Edward Public Health.

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Disinfecting Chart

Level of Disinfectant	Where/when to use	Preparation of Disinfectant Solution	Concentration & Contact Time
Low Level: Kills most bacteria and some fungi and viruses	Floors, walls, washrooms, toys, countertops, tables	5 ml (1 tsp.) household bleach + 2.5 Liters (10 cups) water	Use 1:500 (100 ppm) chlorine bleach solution for a minimum of 1-2 minutes (1 part bleach and 499 parts water).
Intermediate Level: Kills most bacteria, fungi, viruses and mycobacteria.	Diaper changing area, potty chairs	5 ml (1 tsp.) household bleach + 495 ml (2 cups) water	Use 1:100 chlorine bleach (500 ppm) for a minimum of 10 minutes solution (1 part bleach and 99 parts water).
High Level: Kills all bacteria, fungi, and viruses except for bacterial spores	During an outbreak Any confirmed case of viral/bacterial infection Blood spills, vomit, body fluids or fecal contamination	50 ml (1/4 cups) household bleach + 450 ml (2 1/4 cups) water	Use 1:10 chlorine bleach solution (5000 ppm) for a minimum of 10 minutes (1 part bleach and 9 parts water).

Don't forget:

- Clean all items and surfaces with soap and water before disinfecting
- Make disinfectant solution fresh daily and test the solution using the appropriate test kit
- Apply disinfectant solution
- Follow appropriate contact time as listed above
- Allow to air dry
- * Solutions can be applied by using various methods allowing for adequate contact time.

Following are some suggestions:

- Spray diaper-changing surfaces and potties
- Use cloths rinsed in sanitizing solution for food preparation areas, or large toys, books, puzzles and activities centers
- Try dipping the objects into a container filled with the disinfectant solution for smaller toys

*Distributed by Hastings & Prince Edward Counties Health Unit, Communicable Disease Control
Department,
June 2010*

Food Preparation/ Safety

Separate/storage

- Keep raw meats and poultry below/separate from cooked/ ready to eat foods during storage and preparation. Keep separate cutting boards for raw meats and vegetables. Always keep foods covered.
- Use hazardous foods first or as soon as possible.
- Click on the following link to see a recommended storage chart for refrigerated and frozen products
<http://www.health.gov.on.ca/en/public/programs/publichealth/foodsafety/chill.aspx>
- For more information on separation click
<http://befoodsafe.ca/wp-content/uploads/2013/08/separate.pdf>

Cooking

- Cook food thoroughly - cooking times and temperatures vary for different meats and poultry. Click the following link for proper internal cooking temperatures
<http://www.health.gov.on.ca/en/public/programs/publichealth/foodsafety/cook.aspx#4>
- Use a meat thermometer, inserted into the thickest part of the food to check proper temperature has been achieved.
- Prepare foods quickly, and serve immediately so foods don't linger at temperatures where bacteria can grow quickly enough to make you sick. The danger zone is between 4°C (40°F) and 60°C (140°F).
- For more information on cooking click on
<http://befoodsafe.ca/wp-content/uploads/2013/08/cook.pdf>

Clean

- Wash hands, utensils and surfaces with hot soapy water before, during and after preparing foods. Sanitize countertops, cutting boards and utensils with a mild bleach and water solution.
- Wash all produce thoroughly before eating or cooking.
- For more information on cleaning click <http://befoodsafe.ca/wp-content/uploads/2013/08/clean.pdf>

Chill

- Refrigerate or freeze perishables, prepared food and leftovers within two hours. Make sure the refrigerator is set at a temperature of 4°C (40°F) or below, and keep the freezer at -18°C (0°F) or below.
- For more information on chilling click on <http://befoodsafe.ca/wp-content/uploads/2013/08/chill.pdf>

Resources

http://www.health.gov.on.ca/en/public/programs/publichealth/foodsafety/docs/fs_four_steps_20120321.pdf

Sandboxes

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Sand boxes are a type of sensory table that can act as the perfect reservoir for germs to grow if not properly cleaned and maintained.

Use sand that is prepackaged and sealed. It must be labelled as play sand that has been washed, dried and is dust and silica free.

Sand must be replaced on a monthly basis, and changed if sand becomes contaminated with human or animal waste.

Please do NOT place spilled sand back into the sand box.

STAFF AND CHILDREN: REMEMBER TO CLEAN YOUR HANDS BEFORE AND AFTER EACH USE!

Indoors:

- Keep food away from sand
- Keep sand table covered when not in use
- If sand becomes wet, allow to air dry overnight
- The actual sand table must be constructed by material that is rust proof and easy to clean
- Replace sand monthly and make sure to disinfect box
- Clean and disinfect sand table toys after each use
- Clean area beneath sand table daily

Outdoors:

- Sandbox must be covered when not in use to prevent access to animals
- Ensure sandbox is raked daily
- Clean and disinfect toys after each use

Distributed by Hastings & Prince Edward Counties Health Unit, Communicable Disease Control Department
June 2010

*Sensory tables must follow the same guidelines as sandboxes. Playdough/ other home made or perishable sensory materials must be thrown away at the end of each day.

Borax is never permitted in home made sensory materials. Is it not safe for children to be exposed to.

Sleep/rest bedding

Each child must have their own bedding either supplied by their parents or by the provider. No sharing of bedding between children is permissible. Bedding must be washed on a weekly basis or sooner if visibly soiled.

Pests

- Child care providers are responsible for ensuring their home is pest free.
- Child care providers must principles of eliminating pests' access to food, water and shelter, which must include, at a minimum:
 - Cleaning all rooms (especially food preparation areas), closets, cupboards and storage areas regularly
 - Inspecting the exterior structure of the home. Eliminate pest access into the building by repairing/replacing screens or by plugging holes, cracks and other entryways
 - Addressing problems to structural issues inside the home
 - Ensuring clutter and accumulation is reduced inside and outside the home to eliminate places where rodents/vermin can live
 - Ensuring food and sensory play materials (e.g. dried pasta) are stored in labelled plastic containers with tight fitting lids
 - Monitoring for pest activity such as live or dead rodents/vermin and/or their faeces
 - Child care providers must notify/consult with a qualified pest control company if any pest activity is observed in the premises.

Pets

All resident pets must have up to date vaccines. Paperwork of immunizations must be kept with providers file at agency office,

Providers are required to read and follow all requirements set out in

“Guidance Document for Management of Animals in child care centres 2016” written by the Ontario Public Health Standards Commission. May 2016.

-providers will be provided with this document if there are animals present in their homes.

NEW: guidance document now available as a PDF download with all other Policies and Procedures @ www.littlelambshdc.com