



# Preventing and Managing Illnesses in Child Care Centres

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**Leeds, Grenville and Lanark District Health Unit**

1-800-660-5853  
[www.healthunit.org](http://www.healthunit.org)



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# Introduction

## What This Manual is About

Children are particularly susceptible to illnesses for several reasons. They have not been exposed to many common germs, their immune systems are still developing, and let's be honest, they usually have poor hygiene habits!

Child care centre owners and staff play an important role in protecting children from, and minimizing the impact of, infection and illness. This manual will help you strengthen your child care centre's infection control program and assist child care staff to:

- Prevent infections from occurring and spreading
- Identify and control illnesses and outbreaks
- Know when to contact the Health Unit about an illness or outbreak
- Communicate with parents about an illness or outbreak

This manual also contains useful forms, schedules and posters to help you implement appropriate infection controls. Please share this manual with all staff and keep it handy for quick reference.

## How the Health Unit plays a role:

The Leeds, Grenville and Lanark District Health Unit ensures infection control programs are in place in child care centres. The Infectious Disease team will help you with:

- Infection control inspections to assess the use of appropriate infection prevention and control practices in licensed child care centres
- Food safety inspections (to comply with Ontario Food Premises Regulation 493)
- Developing written child care infection control policies and procedures
- Infection control education materials
- Managing an outbreak and/or emergency situation

## Immunization Requirements

Child care staff should ensure that before a child is admitted to a child care centre, the child is immunized according to the Ontario Immunization Schedule.

Staff should also follow the Ontario Immunization Schedule.

Visit <http://healthunit.org/health-information/immunization/attending-licensed-child-care/> for more information on immunization requirements in child care centres.

## Preventing Illnesses

Child care centres need good controls to help reduce the number of infections. A good infection control program is one that everyone follows all the time, all the way. Well-trained and educated child care centre owners, staff and children work together to ensure that a consistent approach becomes normal routine.

This manual provides helpful information to child care staff so they can:

- Create and follow written policies and procedures
- Practice and promote hand hygiene
- Follow routine practices when cleaning blood and body fluids
- Practice proper diapering and toileting
- Maintain a clean centre
- Ensure that immunization for child care staff and children is up to date
- Observe and document child care staff and children for signs of illness, and share concerns and information with parents and the Health Unit

## Policies and Procedures

Well written and accurate policies and procedures promote an effective, efficient and consistent approach to infection prevention and control.

The Leeds, Grenville and Lanark District Health Unit requires your child care centre to have policies and procedures in place for:

1. Health evaluation for signs and symptoms of communicable disease
2. Excluding, re-admitting and cohorting ill children and child care staff
3. Hand washing
4. Reporting communicable diseases and suspected outbreaks to the Health Unit
5. Communicating illnesses and outbreaks to parents or guardians
6. Diapering and toileting
7. Infant feeding in child care centres
8. Cleaning and disinfecting
9. Managing animals in child care centres

*Adapted with permission of Public Health, Region of Peel*

# Hand Hygiene

Little and big hands pick up germs from anything they touch, and they can spread those germs to objects, surfaces, food and people. Handwashing with soap and water is still the single most effective way to reduce the spread of germs.

## Encouraging hand hygiene

Teach children how to wash their hands properly in a relaxed and fun way, e.g., sing the ABC's while washing their hands for a more thorough hand wash. Everyone – owners, staff and children should wash their hands more often when an illness or infection is identified in the centre.

Refer to [Hooray for Handwashing](#) poster.

## Six steps to proper handwashing

1. Wet hands with warm running water.
2. Apply a small amount of liquid soap. Antibacterial soap is not required.
3. Rub hands together for at least 20 seconds. Rub palms, backs of hands, between fingers and under nails/creating a lather.
4. Rinse off all soap with running water.
5. Dry hands with a clean, dry paper towel.
6. Turn off tap with paper towel.
7. Discard the used paper towel in the waste container.

## Children should wash their hands:

- When they arrive at the centre and before they go home
- Before eating, drinking, using water tables
- After a diaper change, using the toilet
- After playing outside, handling pets, cages or other pet objects
- After sneezing or coughing into hands
- Whenever hands are visibly dirty
- After playing with sand

## Child care staff should wash hands:

- When they arrive at the centre and before they go home
- Before handling food, preparing bottles, feeding children
- Between handling raw and cooked food – cross contamination is a risk
- Before giving or applying medication or ointment to a child or self
- After changing diapers, assisting a child to use the toilet, using the toilet
- After contact with body fluids (e.g., runny noses, spit, vomit, blood)
- After handling pets, pet cages or other pet objects
- After cleaning, and after removing gloves
- After handling garbage
- Whenever hands are visibly dirty

## Refilling hand soap

Hand soap and hand sanitizer containers should never be refilled. Dispose of used containers and use a new one to prevent contamination.

## Using disposable gloves

- Disposable gloves do not replace handwashing
- Child care staff must wash their hands before gloves are put on and immediately after gloves are removed
- Child care staff should wear disposable gloves to clean up blood, vomit, urine and stool
- Child care staff should wear disposable gloves when changing diapers

### Five steps for putting on and taking off disposable gloves

1. Wash your hands.
2. Put on gloves. Be careful not to tear or puncture the glove.
3. Remove gloves by using a glove-to-glove and skin-to-skin technique. Grasp the outside edge near the wrist and peel away, rolling the glove inside out. Reach under the second glove and peel away.
4. Discard gloves immediately into the garbage.
5. Wash your hands.

## Alcohol-based hand rubs

It is not recommended to use alcohol-based hand rubs when hands are visibly soiled or for routine use. However, hand rubs are useful when a sink or running water is not available. Be sure to choose a product that is alcohol-based, with 60-90% alcohol content (keep in mind studies suggest Norovirus requires alcohol content of 70% to be killed). Products that are not alcohol-based will not kill germs. Always have child care staff help children use alcohol-based hand rubs as they are a fire hazard and can be harmful if swallowed by children.

### Correct way to clean hands with alcohol-based hand rub

1. Squirt a small amount (1 to 2 full pump or a "loonie" sized amount) onto the palm of one hand.
2. Swirl the fingertips of your other hand into the product on your palm.
3. Switch the product to the palm of your other hand.
4. Swirl the fingertips of your other hand to clean them too.
5. Scrub all surfaces of your hands – wrists, between fingers, backs of hands, thumbs - until your hands are dry at least 15 seconds.

*Adapted with permission of Public Health, Region of Peel*

# Cleaning and Disinfection

Keeping a regular cleaning and disinfecting routine can help your child care facility reduce the spread of infections. It is important to remember that you must clean AND disinfect surfaces to remove germs. The first step is always cleaning and the second step is disinfecting (sanitizing). Refer to the [Cleaning and Disinfecting Schedule](#) for the minimum frequency of cleaning items in your child care centre.

## Cleaning:

- Use soap or detergent with water to remove dirt from surfaces
- Clean from the least dirty area, to the most dirty area

## Disinfectants:

- Applied to a clean surface in order to kill germs
- Must have drug identification (DIN) number if approved for use in Canada (bleach is the only exception)
- Always follow manufacturer's instructions. Read the labels for direction on: dilution and mixing, using personal protective equipment (PPE), surfaces appropriate for use, contact time (time the surface remains wet with the disinfectant) and rinsing requirements
- Check the expiry date. Do not use expired products
- Ensure the correct concentration of disinfectant before using. Mix fresh bleach daily and use chlorine test strips to check the concentration
- Mouthed toys should be rinsed thoroughly with water following disinfection

## Cleaning and disinfecting wipes:

- Follow manufacturer's instructions
- Not recommended as a routine cleaning/disinfecting tool
- Use for items that cannot be soaked and for small items that must be disinfected between uses
- Ensure the surfaces or items remain wet for the required contact time (additional wipes may be needed)
- Wipes must be kept wet and should be discarded if they become dry

## Bleach solutions:

- Use undiluted household bleach (5.25% or ~50,000ppm) when making the solutions in the chart below
- When making bleach solutions, add bleach to water - do not add water to bleach
- Do not add any other products or chemicals to bleach and water solution
- Store bleach solutions in closed, properly labelled containers, away from heat and light
- On-line dilution calculator available from Public Health Ontario at the following link: <https://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Dilution-Calculator.aspx>

*Adapted with the permission of York Region Community and Health Services*

	Low-Level Disinfection	High-Level Disinfection
When to Use	Disinfecting toys, diapering surfaces and high touch surfaces	Disinfecting blood and body fluid spills
Solution strength	2 teaspoons of bleach to 4 cups of water or 10ml of bleach to 1 L of water	½ cup of bleach to 4 cups of water or 125 ml of bleach to 1 L of water
Contact time	2 minutes	2 minutes

Reference: *Well Beings A Guide to Child Care, Canadian Paediatric Society, 3rd edition*

See the [Infection Control Considerations for the Pedagogical Learning Approach fact sheet](#) for more information on group sensory play, using natural items and using absorbent/plush items or item's brought in from a child's/staff's home.



## Infection Control Considerations for the Pedagogical Learning Approach

The Leeds, Grenville and Lanark District Health Unit routinely inspects licensed child care facilities for infection prevention and control (IPAC) measures to ensure basic principles are followed in preventing the spread of germs. Recently, a philosophical shift has occurred in teaching practices to support and enhance children's early learning in many more ways. The Leeds, Grenville and Lanark District Health Unit supports these new practices, while focusing on maintaining infection prevention and control practice.

The following IPAC measures attempt to provide the flexibility to introduce various types of items/materials and types of play, etc. into the child care facility. This document is specific to the changes in practices to absorbent/plush items, group sensory play, and natural items and items brought in from a child's/staff's home. It is important to remember that situations in child care are often complex and may need to be assessed on an individual basis by the area Public Health Inspector.

### **Children may have access to and share absorbent/plush items as long as:**

- the facility is not in outbreak
- items are removed immediately to be laundered/cleaned/discarded if contaminated with blood or body fluids e.g., mouthed, drooled on, sneezed/coughed on
- absorbent/plush items are routinely laundered/cleaned/discarded weekly, at a minimum

### **Children may participate in group sensory play as long as:**

- the facility is not in outbreak
- hand hygiene is practiced before and after
- items are removed immediately to be cleaned/discarded if contaminated with blood or body fluids e.g., mouthed, drooled on, sneezed/coughed on
- sensory items are routinely cleaned /discarded weekly, at a minimum

### **Natural items (e.g., pine cones, bird's nests, sticks, stones, leaves, honeycomb) may be brought in as long as:**

- the facility is not in outbreak
- items are not visibly contaminated and washable items are cleaned prior to use
- non-washable items are enclosed in a case, plastic jar, etc. if they are suspected of being contaminated e.g., bird's nest
- items from outdoor areas should be obtained away from garbage/waste, animal feces, bird droppings, chemical contamination, etc.
- items are removed immediately to be discarded/cleaned if contaminated with blood or body fluids e.g., mouthed, drooled on, sneezed/coughed on
- natural items are routinely discarded/cleaned weekly, at a minimum

### **Items may be brought in from child's/staff's home for shared use as long as:**

- the items are cleaned/launched by the child care staff prior to use as per the facility's policy/procedures

### **Important notes:**

1. Sufficient staff supervision is required to ensure that contaminated items are not shared and are immediately removed when the child is finished with the item.
2. Ensure that safety risks have been considered for all items used by the children such as exposure to allergens, choking hazard risks, poisonous seeds, toxic items (example: lead containing items), etc. Staff are expected to conduct a risk assessment to determine if items are appropriate and safe.

# Diapering and Toileting

Child care staff need to be very careful when diapering or helping a child use the toilet. The diapering area and toilet need to be kept clean and the proper equipment and materials should be on hand and readily accessible.

## Diapering location and surface

- Separate diapering area from feeding and food preparation areas
- Use a diapering surface that is smooth, non-absorbent and easy to clean
- Do not rinse or wash cloth diapers or soiled clothing. Refer to the [infection control considerations for cloth diapers](#) resource for recommendations on cloth diaper use
- Discard disposable diapers using a foot activated garbage receptacle with a disposable liner
- Post and follow appropriate diapering procedure

## Creams, ointments and wipes

- Prevent contamination of creams and ointments. Use squirt or squeeze containers, a new single use applicator or a new pair of disposable gloves when applying creams and ointments. Use cream/ ointment only if requested by the parents, and only for the designated child
- Label creams, ointments and wipes for each child

## Hand sink

- Provide a designated hand sink with hot and cold running water adjacent to diapering table
- Provide liquid soap and paper towels in dispensers

## Cleaners and disinfectants

- Provide appropriate cleaner and disinfectant at or near the diapering table. Label the spray bottle with the disinfectant name. Ensure disinfectant is accessible, but stored away from children's reach

Refer to [diapering procedure](#) and [toileting procedure](#).

*Adapted with permission of Public Health, Region of Peel*

# Infant Feeding in Child Care Centres

The Canadian Pediatric Society and the World Health Organization recommend that babies receive only breast milk for the first 6 months of life. At 6 months, babies should begin to receive appropriate solid foods with continued breastfeeding, up to 2 years and beyond. Families are encouraged and should be supported in continuing to provide breast milk to their babies when mothers return to work or are separated from their baby.

## Breastfeeding:

- Protects babies from illness and infections
- Builds healthy eating habits
- Promotes healthy brain development
- Decreases rates of breast and ovarian cancers in women
- Is cost effective and reduces health care costs for families and society

## Breastfeeding Rights:

Women have the right to breastfeed anywhere, anytime. This right is protected by the Canadian Charter of Rights and Freedoms. A woman who is breastfeeding and returning to work has a right to be accommodated in the workplace so that she can continue to breastfeed her baby.

## Providing Expressed/Pumped Breast Milk to a baby/child in the Child Care Setting:

- It is recommended that milk be stored in a clean glass or hard plastic (BPA free) container or bag made for freezing milk and should be marked with the date it was expressed
- Expressed breast milk can be given by cup, spoon, or by bottle as the parent chooses

## Breast milk Storage Guidelines:

Chilled breast milk brought to room temperature	1-2 hours
Freshly expressed breast milk at room temperature (16-29 degrees)	3-4 hours
Fresh milk in the refrigerator (<4 degrees)	72 hours
Thawed milk in the refrigerator	24 hours from when it started to thaw
Cooler with a freezer pack	24 hours

More information about the importance of breastfeeding can be found at <https://resources.beststart.org/product/b04e-breastfeeding-matters-book/>

# Infant Feeding in Child Care Centres

When families have made an informed decision (refer to “[Informed Decision Making Fact Sheet](#)” in appendices) to feed their baby infant formula, safe handling, preparation, and storage is important to minimize the risk of illness.

## Cleaning Bottles and Equipment:

- Always clean all bottles and feeding equipment for babies of any age who are being fed formula
- Use glass bottles or BPA-free plastic bottles in good condition
- Bottles, nipples, caps, etc. should be boiled for 2 minutes (or sterilized using a home sterilizer) prior to preparing formula

## Preparing Formula:

- When preparing liquid concentrate or powdered formula, sterilized water should be used. Water should be boiled for 2 minutes at a rolling boil to be considered sterilized. This includes tap water, bottled spring water, or well water that has been tested regularly. Do NOT use: Softened water, mineral water, carbonated water, or waters in areas that have naturally high levels of fluoride. Extra sterilized water can be kept in a sterilized, tightly closed glass container for 24 hours at room temperature or for 2-3 days in the fridge. (Refer to Tip Sheet #2 in Appendices for more information on sterilization of water and equipment). ***Please note: There is no research that says when to safely stop sterilizing. That means, it is safest to sterilize water and bottle feeding supplies as long as the baby is using formula.***
- Ready-to-feed liquid formula is sterile and requires no mixing with water
- Liquid concentrated formula is sterile and is mixed with sterilized water according to directions
- Powdered formula is not sterile and has made some babies sick. It is important that it is prepared correctly to lower the risks. This type of formula is best mixed fresh for each use, however it can be prepared in advance and stored in the fridge for 24 hours.

Tip sheets on how to prepare each type of formula can be found here: <https://resources.beststart.org/product/b43-48e-safely-preparing-infant-formula-for-your-baby-tip-sheets/>

## Safely Storing Formula:

- It is best to use formula immediately after preparing it
- If formula needs to be stored, put a label on the can indicating when the can was opened
- **Ready-to-feed and Liquid Concentrate can be:**
  - » Stored in containers – ensure cans are covered with a cap or plastic wrap  
- throw cans out after 48 hours or as your label tells you on the can
  - » Stored in bottles – keep bottles with formula in the fridge for 24 hours at most  
- throw out prepared formula after 24 hours  
-Store bottles in the back of the fridge where it is cooler
- **Powdered Formula:**
  - » Keep bottles with formula in the fridge for 24 hours at most
  - » Store open cans of powder with the lid tightly closed, in a cool, dry place (not in the fridge)
  - » After a can is open, use the rest of the powdered formula within one month, and before the expiry date on the can

Do not reheat formula during a feed or refrigerate a partly used bottle. A bottle should be used within two hours of heating, or as it tells you on the can. Throw out any leftover formula.

# Animals in Child Care Centres

Animals can offer a valuable learning experience but can also expose children and staff to infections, injuries and be a source of allergens. Children are vulnerable to infections from animals due to their immune systems not being fully mature.

## Animals Not Recommended for ANY Child Care Centre

- Stray animals with unknown health and vaccination history (e.g. stray dogs/cats)
- Ill animals or animals under medical treatment
- Young animals (e.g. puppies and kittens less than 1 year old)
- Animals that have been fed raw or dehydrated (but otherwise raw) foods, chews, or treats of animal origin within the past 90 days
- Animals from shelters/pounds unless they have been in a stable home for at least 6 months
- Birthing or pregnant animals
- Inherently dangerous animals (e.g. lynx, lions, bears, cougars, tigers, etc.)
- Predatory birds (e.g. hawks, eagles, owls, etc.)
- Venomous or toxin-producing animals (e.g. venomous or toxin-producing spiders, insects, reptiles and amphibians)
- Aggressive animals (e.g. animals that have demonstrated aggressive behavior in the past)
- Animals in heat
- Exotic animals (e.g. hedgehogs, chinchillas, etc.) and non-human primates (e.g. monkeys, lemurs, etc.)
- Wild animals (e.g. squirrels, chipmunks)
- Rabies reservoir species (e.g. bats, skunks, raccoons, foxes)

## Animals Not Recommended for Facilities with Children <5 years of age

- All animals listed above
- Reptiles (e.g. turtles, snakes and lizards such as bearded dragons and geckos)
- Amphibians (e.g. frogs, toads, salamanders)
- Live poultry (e.g. chicks, ducklings, goslings), including hatchery equipment
- Ferrets
- Farm animals (e.g. calves, goats, sheep)

## Protecting Children and Staff from Infection

- Children should only handle animals under close adult supervision
- Wash hands before and after handling or feeding animals
- Keep animals inside their enclosures and never allow animals to run at large
- Animals must not be located in food preparation, storage, eating or sleeping areas
- Remove sick animals from the centre immediately
- Report all animal bites/scratches to the Health Unit immediately

## **Cleaning and Disinfecting Animal Enclosures**

1. Assemble all required cleaning and disinfecting supplies.
2. Put on gloves and protective outer garments (e.g. apron)
3. Remove animal to a temporary holding area.
4. Dispose of food, droppings, bedding material, etc. in a garbage bag.
5. Clean animal enclosures, food containers, toys, etc. with soap and water, using a scrub brush to remove dirt. Rinse thoroughly with fresh water. Do not use food preparation sinks for cleaning animal enclosures or related items.
6. Disinfect items with appropriate product, following manufacturer's instructions.
7. Rinse items thoroughly, if needed, to remove chemical residue and dry.
8. Use fresh bedding material, food, water etc., when preparing the enclosure and before returning the animal to its enclosure.
9. Clean and disinfect areas surrounding the enclosure and the animal's temporary holding area.
10. Cleaning sinks must also be cleaned and disinfected after use.
11. Discard single-use gloves or clean and disinfect reusable rubber gloves.
12. Wash hands.

*Adapted with permission from Durham Region, information from the [Guidance Document for the Management of Animals in Child Care Centres, 2018](#)*

# Animals in Child Care Centres Supporting Resource

## Appropriate Child Interaction with Animals (Box 8\*)

- Always treat animals gently and calmly. Never hurt, tease, frighten, surprise or corner an animal
- Avoid chasing and kissing animals
- Never disturb an animal that is eating or sleeping
- Always perform hand hygiene (wash hands or used alcohol based hand rub) after touching animals, their food bowls, toys, bedding, etc.
- Avoid touching animal food and feces
- Avoid touching their face after animal contact until hand hygiene is performed

## Animal Food and Treats (Box 12\*)

- For resident animals, food and treats should be stored off the floor, in a latched cupboard and kept away from where human food is stored, prepared, served or consumed
- Animal food and treats should always be inaccessible to children
- Children should not feed animals directly from their hands
- Do not use human food items (e.g. ice cream cones) to feed animals
- Raw pet food should not be served to resident animals and visiting animals should not have received raw pet food in the preceding 90 days before a visit to a child care centre
- Animal food and treats may contain allergens (e.g. peanuts). Operators of child care centres should follow their anaphylactic policy (as per [Ontario Regulation 137/15](#) under the CCEYA) that includes a strategy to reduce the risk of exposure to anaphylaxis-causing agents potentially present in animal food and treats
- Hand hygiene should be performed after handling animal food and treats

## Visiting Animals (Box 16\*)

Some municipalities may have by-laws restricting exotic animal ownership. Child care centre operators should be aware of any by-laws restricting animals in their municipality.

Record-keeping for visiting animals:

- Date of the visit
- Name of the animal(s) owner
- Owner contact information
- Animal(s) name and species
- Proof of animal health documentation, including up-to-date rabies vaccination (see [Appendix 2.B Veterinary Care Statement for Animals Visiting Child Care Centres](#))
- Description of the group of children/room(s) visited
- Any additional guests in attendance

It is recommended that these records are kept on-site for one year and made available to public health unit staff or parents/guardians who may request to see them

### **Resident Animal Care Plan (Box 17\*) Should Include:**

- Staff members responsible for the resident animal including times when the child care centre is closed
- The animal's daily requirements, including feeding and exercise
- Daily health screening of the animal for signs of infection/injury
- Animal bathing and cleaning requirements
- Cage/tank cleaning/disinfection schedule and procedure
- Contact number for the resident animal's veterinarian
- Annual completion of Veterinary Care Statement for Resident Animals in Child Care Centres (see [Appendix 2.A](#))

\*Refer to [Guidance Document for the Management of Animals in Child Care Centres, 2018, Ministry of Health and Long-Term Care](#)

*Used with permission from Durham Region*



# Monitoring Health/ Illness Tracking

## How Do I Know When There Is An Illness?

Child care staff play an important role in identifying early signs and symptoms of illness in children and staff. You should observe every child for signs or symptoms of illness at the start of every day and throughout the day.

### Seven signs and symptoms of illness to look for:

1. Unusual behaviour
2. Runny nose, cough or difficulty breathing
3. Vomiting
4. Diarrhea
5. Change in skin colour
6. Rash
7. Fever (Temperature above 37.8°C)

Child care staff need to document all symptoms and signs of illness. Use the [Illness Tracking Form](#) to record all symptoms accurately on one piece of paper. Keep copies of this form available for your use. This will help capture and maintain information as well as keep an eye on trends in illness.

### Five steps for illness tracking

1. Keep one [Illness Tracking Form](#) in every classroom.
2. Use the form to record any symptoms of illness and any absences due to illness.
3. Write the date and child's name, and check off the applicable symptoms on the form. Indicate if the child is absent or has been sent home.
4. If the child is absent or sent home, record the date when the child returns to the centre.
5. Record the child's name only once for each occurrence of illness. Make sure all required dates, symptoms, other observations and notes are completed.

### Staff should consider:

If you suspect an outbreak (see outbreak definitions on page 18) or if a child has one of the communicable disease listed on the [Reportable Disease list](#), immediately report it to the Health Unit.

### Parents can help

Child care staff and parents working in partnership can help prevent illness and outbreaks. Child care staff should communicate with parents to obtain information on the child's health and well-being.

### Parents need to:

- Inform the centre when the child is sick
- Describe the symptoms the child is experiencing
- Keep the child away from the centre when they are sick.

## What Should I Do If Children Are Sick?

Child care centres have certain responsibilities when it comes to sick children. According to the [Child Care and Early Years Act](#), child care centres are required to:

- Separate sick children from well children
- Note symptoms of illness in the child's record
- Contact a parent or guardian to take the sick child home

The Health Unit requires that all child care centers have and follow written policies and procedures on:

- Excluding, re-admitting and cohorting sick children and child care staff
- Reporting communicable diseases and suspected outbreaks to the Health Unit

Exclude a child who has any of the following symptoms:

- Fever
- Fever AND a combination of other symptoms (e.g., nausea, vomiting)
- Fever AND a body rash
- Diarrhea – two or more liquid stools or a change in the normal pattern of bowel movement (e.g., runny, watery or bloody stools) in the last 24 hours
- Vomiting – two or more times in the last 24 hours
- Eye discharge – watery or yellowish
- Severe cough
- Unexplained runny nose/stuffy nose
- Yellowish skin or eyes (jaundice)
- Irritability, continuous crying or requires more attention than can be provided

### Seven steps for exclusion

1. Separate sick children from well children. Symptomatic children should be placed in the designated isolation area (e.g., sick room).
2. Keep sick children comfortable by providing separate cots and toys. Clean and disinfect cots and toys after use. Do not allow sick children to participate in group water or sensory play activities.
3. If possible, designate specific staff to care for sick children. Ideally, child care staff should not care for sick and well children at the same time.
4. Contact parents to pick up sick children and remind them of the exclusion policy.
5. Follow policies and procedures for exclusion periods. Refer to the [Childhood Diseases poster](#).
6. Update the [Illness Tracking Form](#).
7. If necessary, prepare and provide fact sheets or letters to parents.

**Call the Leeds, Grenville and Lanark District Health Unit 1-800-660-5853 to report a communicable disease or an outbreak.**

## **DO NOT exclude a child who has the following illnesses or conditions and is feeling well enough to participate in regular activities:**

- Chickenpox (unless child has a fever)
- Cold Sores (unless child is drooling and has extensive mouth lesions)
- Diaper rash/Thrush (*Candida*)
- Ear infections
- Hand, Foot and Mouth disease
- Pinworm
- Ringworm

## **What to do if a child is sick, but does not need to be excluded:**

If a child has an illness, but is well enough to stay in the child care facility or does not have symptoms or an illness that requires exclusion, child care staff must ensure:

- Child washes hands more frequently
- Child care staff wash hands more frequently
- Child does not participate in group water play
- Child care staff clean and disinfect play areas and toys more often

## **Exclusion for Ill Staff**

Ill staff should not be at work. In fact, exclusion guidelines for ill staff are the same as those for sick children. The child care centre should provide staff with the policy for sick employees, which should include when they are expected to stay at home. As well, staff absences and exclusions should be recorded according to the centre's policy.

*Adapted with permission of Public Health, Region of Peel*

# What Should I Do When There Is An Outbreak?

## Definition of an outbreak

An outbreak is when a greater than expected number of children and child care staff at the facility have similar symptoms (e.g., fever, diarrhea, vomiting, rash, respiratory symptoms) in a given period of time.

Some diseases (e.g., measles) should be treated like an outbreak even if there is only one case. If you are unsure whether one case of an illness is an outbreak, call the health unit and ask to speak to a nurse or public health inspector on the Infectious Disease team.

Early awareness and action is critical in managing an outbreak at your child care centre. The **Illness Tracking Form** will help you track and monitor illness in your centre.

## Gastrointestinal Outbreaks

Two or more cases in a room or 10% across the entire Centre within 48 hours.

Case: Individual (child or staff) experiencing 2 or more bouts of unexplained vomiting or diarrhea, or one bout of each within 24 hours.

## Respiratory Outbreaks

Respiratory outbreaks are not often declared in child care centres, as there are many exposures external to the centre. However, an increase in respiratory symptoms above what is normal for your centre should be reported, and a discussion can occur to review infection prevention and control strategies. This may also include a template letter to provide parents or guardians.

## Ten steps to managing outbreaks

1. Call the Health Unit (during office hours call 613 345 5685 or 613 283 2740, outside of office hours call 1-800 660-5853 and leave a message on answering machine) who will provide advice and help you control the outbreak and fax the [Illness Tracking Form](#) to 613-345-5777 or 613-283-1679.
2. Separate sick children and staff at the child care centre from well children and staff. If possible, have a designated staff person care for only ill children, and other staff care for only well children.
3. Instruct parents or guardians to take sick children home and to a Health Care Provider if necessary. Remind everyone, including parents, of the exclusion policy at the child care centre.
4. In an outbreak of gastroenteritis, save 200g of leftover food for analysis, as it may be a source of illness. Keep food samples in the refrigerator. Your Public Health Inspector can arrange to have the food tested.
5. Give frequent handwashing reminders to all children and child care staff.
6. Clean and disinfect toys and environmental surfaces thoroughly and more often, paying special attention to infant and toddler areas.
  - Notify cleaning staff that extra cleaning is necessary
  - Use a disinfectant effective against common outbreak pathogens (Norovirus, rotavirus, etc.)
  - Refer to [Cleaning and Disinfection page](#) for instructions on preparing bleach solutions
7. Stop all group water and group sensory play for the duration of the outbreak.
8. Post the [Red Outbreak Sign](#) or a similar notification at the front entrance of the child care centre to inform parents and visitors. Prepare and provide fact sheets or letters to parents.
9. The Leeds, Grenville and Lanark District Health Unit will provide stool kits to parents if necessary during a gastrointestinal outbreak.
10. Regular communication is recommended for discussing the line listing, changes in symptoms, lab results, the need for on-site meetings, etc.

### Declaring an outbreak over

A nurse or public health inspector on the Infectious Disease team will consult with you to determine if your outbreak can be declared over.

**Leeds, Grenville and Lanark District Health Unit**  
1-800-660-5853

*Adapted with permission of Public Health, Region of Peel*



# APPENDICES

# Child Care Centre Cleaning and Disinfecting Schedule

Listed below is the minimum frequency for cleaning surfaces in your facility:

Play Areas/Surfaces	What to Do	After Each Use	Daily	Weekly
Mouthed toys	Clean and disinfect	x		
Infant and Toddler Toys	Clean and disinfect		x	
Preschool toys	Clean and disinfect			x
Items made from absorbent materials (e.g., dress up clothes and plush toys)*	Launder			x
Water play toys and water play tables	Clean and disinfect	x		
Play dough	Discard			x
Dry food used in sensory play	Discard			x
Sand used in sensory play	Discard			x
Sensory play tables*	Clean and disinfect			x
Activity table tops/high chairs	Clean and disinfect	x		
Carpets	Vacuum		x	
Floors	Clean and disinfect		x	
Shelves	Clean			x
Fabrics	Launder			x
Sleep Areas**	What to Do	After Each Use	Daily	Weekly
Crib rails	Clean and disinfect			x
Crib mattresses	Clean and disinfect			x
Cots	Clean and disinfect			x
Bedding/linens	Launder			x
Vinyl mats	Clean and disinfect			x
Washrooms	What to Do	After Each Use	Daily	Weekly
Potty chairs	Clean and disinfect	x		
Toilet seat inserts	Clean and disinfect	x		
Toilets	Clean and disinfect		x	
Handwashing sinks	Clean and disinfect			x
Garbage containers	Clean and disinfect			x
Diaper Change Pads	Clean and disinfect	x		
Floors	Clean and disinfect		x	

\*See the [Infection Control Considerations for the Pedagogical Learning Approach Fact Sheet](#) for more tips on how to prevent illness when using these items

\*\* If cots are not designated to individual children, cleaning and disinfection must be done after each use

*Adapted with the permission of York Region Community and Health Services.*

**For more information, call 1-800-660-5853  
or visit our website at [www.healthunit.org](http://www.healthunit.org)**





# Cleaning-Up Spills

Protect your eyes, nose and mouth from blood or body fluids when cleaning up spills. Wear gloves, as well as a face mask and eye protection if you think you might get splashed.



**1** Isolate the area and gather supplies.



**2** Put on disposable rubber gloves.



**3** Soak up the spill with paper towels and throw in a plastic-lined garbage container.



**4** Wash the area with detergent and water using disposable towels and allow it to dry. Disinfect the area with a strong (1:10) bleach solution. Mix ½ cup of bleach into 4 cups of water and allow it to sit on the area for 2 minutes.



**5** Wipe up the area again with water and paper towel.



**6** Safely discard all paper towels and gloves in garbage.



**7** Wash hands with soap and water.

For more information, call the Health Action Line  
1-800-660-5853 or visit [www.healthunit.org](http://www.healthunit.org)



# Diapering



**1** Collect supplies.



**2** Wash your hands.



**3** Put on a new pair of disposable gloves.



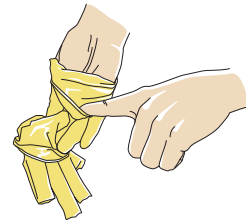
**4** Remove diaper, fold it closed and put it out of the child's reach.



**5** Use disposable wipes to wipe child from front to back. Apply cream/ointment if requested by the parent\*.



**6** Discard the dirty diaper and wipes into plastic lined garbage container \*\*.



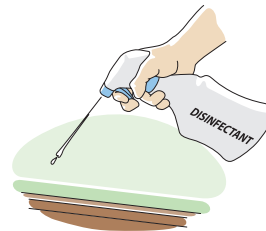
**7** Remove gloves and wash hands (use hand sanitizer if hands aren't soiled).



**8** Diaper and dress the child.



**9** Wash your hands and help the child wash theirs too. Move child to a safe place.



**10** Clean and disinfect the diaper changing surface.



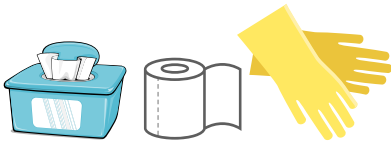
**11** Wash your hands again.

## Safety reminder: Keep one hand on child at all times

\*Use cream/ ointment only if requested by the parents, and only for the designated child. Skin care products should be labelled with the child's name and dispensed using a disposable applicator.

\*\* See Preventing and Managing Illnesses in Child Care Centres manual for information on managing cloth diapers and soiled clothing.

# Toileting Quick Reference



**1** Gather supplies.



**3** Assist child to remove diaper or pull-up and help them onto the toilet or potty.



**5** Flush toilet. Remove gloves and wash hands (or use hand sanitizer if hands aren't visibly soiled).



**7** Wash your hands and help child do the same.

**9** Clean and disinfect toilet daily and as required, and potty after each use. To empty potty:

- Put on gloves
- Empty contents into the toilet carefully, to avoid splashing
- Clean potty with soapy water and empty into toilet, flush toilet
- Disinfect potty using appropriate contact time (see chart)
- Remove gloves and wash your hands
- Let potty air dry
- Store in clean area



**2** Wash your hands, then put on disposable gloves.



**4** Wipe child from front to back and teach child to do the same.



**6** Diaper and dress the child.



**8** Return child to safe area.

For more information, call 1-800-660-5853  
or visit [www.healthunit.org](http://www.healthunit.org)

# Be Aware

**We are currently experiencing:**

- |                                         |                                    |
|-----------------------------------------|------------------------------------|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Nausea    |
| <input type="checkbox"/> Chills         | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Coughing       | <input type="checkbox"/> Sneezing  |
| <input type="checkbox"/> Diarrhea       | <input type="checkbox"/> Vomiting  |
| <input type="checkbox"/> Fever          | <input type="checkbox"/> _____     |
| <input type="checkbox"/> Headache       | <input type="checkbox"/> _____     |

**Wash your hands frequently**

**Report symptoms of your child's illness to staff**

**Keep sick children at home**



**Do your part!**  
***STOP* the spread of illness**



# KEEP OUR CENTRE HEALTHY



**Wash your hands**



**Cover your cough and sneeze**



**Keep sick children at home**



**Do your part!**  
**STOP the spread of illness**

Leeds, Grenville & Lanark District  
**HEALTH UNIT**  
Your Partner in Public Health  
[www.healthunit.org](http://www.healthunit.org)

# We Have An **OUTBREAK**

**We are currently experiencing:**

- |                                         |                                    |
|-----------------------------------------|------------------------------------|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Nausea    |
| <input type="checkbox"/> Chills         | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Coughing       | <input type="checkbox"/> Sneezing  |
| <input type="checkbox"/> Diarrhea       | <input type="checkbox"/> Vomiting  |
| <input type="checkbox"/> Fever          | <input type="checkbox"/> _____     |
| <input type="checkbox"/> Headache       | <input type="checkbox"/> _____     |

**Wash your hands frequently**

**Report symptoms of your child's illness to staff**

**Keep sick children at home**



**Do your part!**  
**STOP the spread of illness**







This is intended as a general guide. Consult a health care provider for diagnosis and for recommendations or advice. Notify the Leeds, Grenville and Lanark District Health Unit if there is a higher than usual number of cases of any disease.

# CHILDHOOD DISEASES

★ **Designated Reportable Diseases** - Click here for the [Reportable Disease Form](#) or call **1-800-660-5853**

Illness	How it Spreads	How to Recognize	When it is Contagious	When to Report/Exclude
<b>Chickenpox</b> ★ (varicella virus) This disease is vaccine preventable.	<ul style="list-style-type: none"> <li>contact with blister fluid or saliva of an infected person</li> <li>can also spread through the air; enters the body through the nose or mouth</li> <li>a pregnant woman can pass it on to her baby before birth</li> <li>Incubation period *2-3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>begins with a fever, then an itchy red rash develops and quickly turns into fluid filled blisters</li> <li>blisters dry and scab over usually within 5 days</li> <li>headache, loss of appetite</li> </ul>	<ul style="list-style-type: none"> <li>usually 1-2 days before the appearance of rash and until all blisters are crusted over; usually 5 days</li> <li>Infectious between 8 to 21 days following exposure</li> </ul>	<ul style="list-style-type: none"> <li>for child care and schools, report to the health unit via health unit's <a href="#">Chickenpox Reporting Form</a></li> <li>child can return to child care or school when fever is gone and child feels well enough to participate in normal activities (regardless of the state of rash)</li> <li>pregnant and immunocompromised individuals should be informed of possible exposure and advised to consult with a health care provider</li> </ul>
<b>Diarrhea and Vomiting</b> ★ <i>Gastroenteritis</i> (norovirus, rotavirus)	<ul style="list-style-type: none"> <li>germs are found in vomit and stool (poop) of an infected person and can spread to another person's mouth usually through unclean hands</li> <li>incubation period *24-72 hours</li> </ul>	<ul style="list-style-type: none"> <li>vomiting, diarrhea (unformed or watery stool), fever, loss of appetite, stomach pain, fatigue, headache</li> </ul>	<ul style="list-style-type: none"> <li>while diarrhea and/or vomiting are present and up to 48 hours after symptoms stop</li> </ul>	<ul style="list-style-type: none"> <li>exclude from child care and school for 48 hours after symptoms have stopped</li> <li>report outbreaks in child care settings immediately</li> </ul>
<b>Influenza</b> ★ (virus) This disease is vaccine preventable.	<ul style="list-style-type: none"> <li>contact with secretions from the nose or mouth of an infected person (i.e. sneezing, coughing)</li> <li>contact with objects (i.e. surfaces, toys, doorknobs) exposed to droplets from an infected person</li> <li>incubation period *1-4 days</li> </ul>	<ul style="list-style-type: none"> <li>sudden fever, chills, headache, fatigue, muscle aches, cough, and sore throat</li> <li>children may also have upset stomach, vomiting, diarrhea, ear aches, and red eyes</li> </ul>	<ul style="list-style-type: none"> <li>24 hours before and up to 7-10 days after symptoms begin (for children)</li> </ul>	<ul style="list-style-type: none"> <li>exclude from child care and school until fever is absent for at least 24 hours (with no over the counter medications) and the child feels well enough to participate in regular activities</li> </ul>
<b>Measles</b> ★ (measles virus) This disease is vaccine preventable.	<ul style="list-style-type: none"> <li>contact with secretions from the nose or mouth of an infected person</li> <li>spreads easily through the air (i.e. coughing, sneezing, talking, being in the same room) or through the contamination of surfaces (as the virus can remain active in the air and surfaces for at least 2 hours)</li> <li>incubation period *7-21 days</li> </ul>	<ul style="list-style-type: none"> <li>fever, runny nose, cough, drowsiness, irritability and red eyes (usually begins 7-18 days after exposure), small white spots on the inside of the mouth and throat, body aches</li> <li>in a few days a blotchy red rash appears on the face and progresses down the body</li> </ul>	<ul style="list-style-type: none"> <li>measles is highly contagious</li> <li>usually 4 days before and up to 4 days after rash begins</li> </ul>	<ul style="list-style-type: none"> <li>report to the health unit immediately</li> <li>exclude from childcare and school for at least 4 days after start of rash</li> <li>contacts of case with no history of immunization or measles infection should be excluded for 21 days</li> </ul>
<b>Meningitis</b> ★ <i>Meningococcal Disease</i> (bacterial/viral) This disease is vaccine preventable and is caused by bacteria or viruses.	<ul style="list-style-type: none"> <li>direct contact with secretions from nose or throat of an infected person (sharing dishes, toothbrushes, mouth guards, kissing)</li> <li>complication from a viral illness; germs in stool (poop) of an infected person can spread to another person's mouth through unclean hands</li> </ul>	<ul style="list-style-type: none"> <li>fever, fatigue, drowsiness, reduced consciousness, irritability, fussiness, agitation, severe headache, vomiting, stiff neck, pain when moving head or neck, joint pain, seizures, loss of appetite, skin rash (red dots that do not disappear when pressed)</li> </ul>	<ul style="list-style-type: none"> <li>7 days before symptoms begin to 24 hours after the start of appropriate antibiotics regardless of immunization status</li> </ul>	<ul style="list-style-type: none"> <li>report to the health unit immediately</li> <li>exclude from child care and school for at least 24 hours after the start of antibiotics</li> </ul>
<b>Mumps</b> ★ <i>Infectious Parotitis</i> (mumps virus) This disease is vaccine preventable.	<ul style="list-style-type: none"> <li>contact with secretions from the nose or mouth of an infected person</li> <li>contact with objects that have been exposed to droplets or saliva from an infected person</li> <li>incubation period *12-25 days</li> </ul>	<ul style="list-style-type: none"> <li>fever, swelling and tenderness of one or more salivary glands</li> </ul>	<ul style="list-style-type: none"> <li>7 days before and up to 5 days after onset of swollen glands</li> </ul>	<ul style="list-style-type: none"> <li>report to the health unit immediately</li> <li>exclude from child care and school for 5 days after onset of swollen glands</li> </ul>
<b>Rubella</b> ★ <i>German Measles</i> (rubella virus) This disease is vaccine preventable.	<ul style="list-style-type: none"> <li>contact with secretions from the nose or mouth of an infected person</li> <li>a pregnant woman can pass it on to her baby before birth</li> <li>incubation period *14-21 days</li> </ul>	<ul style="list-style-type: none"> <li>mild fever, headache, fatigue, runny nose, red eyes, rash (small red spots that start on the face and cover the body in 24 hours)</li> </ul>	<ul style="list-style-type: none"> <li>1 week before and at least 4 days after the rash begins</li> </ul>	<ul style="list-style-type: none"> <li>report to the health unit immediately</li> <li>exclude from child care and school for 7 days after rash begins</li> <li>pregnant contacts should be advised to consult with their doctor promptly</li> </ul>
<b>Whooping Cough</b> ★ <i>Pertussis</i> (bordetella pertussis bacteria) This disease is vaccine preventable.	<ul style="list-style-type: none"> <li>sharing close airspace (less than 1 meter)</li> <li>contact with secretions from the nose or mouth of an infected person (i.e. sneezing, coughing)</li> <li>incubation period *6-20 days</li> </ul>	<ul style="list-style-type: none"> <li>respiratory symptoms followed by persistent cough ending in gagging/ vomiting (may or may not have characteristic "whoop"); fever is mild or absent, runny nose</li> </ul>	<ul style="list-style-type: none"> <li>up to 21 days after symptoms begin if not treated</li> <li>Note: most contagious during the first 2 weeks when symptoms resemble a common cold</li> </ul>	<ul style="list-style-type: none"> <li>report to the health unit immediately</li> <li>exclude from childcare or school until infected person has had 5 full days of antibiotic treatment - if no antibiotic treatment is used exclude for 3 weeks after the onset of cough</li> </ul>
<b>Ear Infection</b> <i>Otitis Media</i> (bacterial or viral)	<ul style="list-style-type: none"> <li>usually follows a cold (viral upper respiratory infection)</li> <li>sometimes germs travel from the throat to the ear through a damaged Eustachian tube (connects the ear to the throat)</li> </ul>	<ul style="list-style-type: none"> <li>if related to a cold, may have runny nose, cough, sneezing, or fever</li> <li>complaints of painful ear, tugging on the ear, irritability (especially infants), trouble sleeping, trouble hearing quiet sounds</li> </ul>	<ul style="list-style-type: none"> <li>not usually contagious, however if fluid is draining from the ear it may contain germs</li> <li>always wash hands thoroughly to prevent the spread of germs</li> </ul>	<ul style="list-style-type: none"> <li>no exclusion required if well enough to participate in regular activities</li> <li>may require antibiotic treatment</li> </ul>
<b>Fifth Disease</b> (parvovirus B19)	<ul style="list-style-type: none"> <li>contact with secretions from the nose and mouth of an infected person (i.e. sneezing)</li> <li>can spread from a pregnant woman to her unborn child</li> <li>incubation period *4-20 days</li> </ul>	<ul style="list-style-type: none"> <li>low grade fever, headache, cold-like symptoms, stomach upset, red rash on cheeks (commonly described as "slapped cheek" appearance)</li> <li>after 1-4 days a lace-like rash appears on the body; the rash can last up to 3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>a few days before the rash starts; once the rash appears, the virus is no longer contagious</li> </ul>	<ul style="list-style-type: none"> <li>no exclusion required if child feels well enough to participate in activities</li> <li>If you are pregnant and your child becomes ill with fifth disease or you have had an exposure to someone with fifth disease, call your health care provider</li> </ul>
<b>Hand, Foot &amp; Mouth Disease</b> (coxsackie virus)	<ul style="list-style-type: none"> <li>contact with secretions from the nose, mouth and blisters of an infected person (i.e. sneezing)</li> <li>germs are also found in stool (poop) of an infected person and can spread to another person's mouth usually through unclean hands</li> <li>incubation period *3-5 days</li> </ul>	<ul style="list-style-type: none"> <li>fever, headache, sore throat, loss of appetite, lack of energy, vomiting and/or diarrhea, small painful ulcers in the mouth, skin rash with small blisters on hands, feet, and buttocks lasting 7-10 days</li> </ul>	<ul style="list-style-type: none"> <li>most contagious during the first week of illness</li> <li>virus can be present in stool for up to 4 weeks after start of illness; always wash hands thoroughly to prevent the spread of germs</li> </ul>	<ul style="list-style-type: none"> <li>exclude from child care and school until fever is absent for 24 hours (with no over the counter medication), blisters have dried and child feels well enough to participate in regular activities</li> </ul>
<b>Impetigo</b> (staphylococcal bacteria or streptococcal bacteria)	<ul style="list-style-type: none"> <li>usually follows a scrape or an insect bite</li> <li>direct contact with rash; contact with bedding, towels, or clothing that have touched an infected person's skin</li> </ul>	<ul style="list-style-type: none"> <li>rash with a cluster of red bumps or blisters around the mouth, nose or other parts of the skin not covered by clothing</li> <li>may ooze or be covered by a honey-colored crust</li> </ul>	<ul style="list-style-type: none"> <li>from onset of rash until 24 hours after the start of antibiotic</li> <li>maintain good hand washing after touching infected skin</li> </ul>	<ul style="list-style-type: none"> <li>exclude from child care and school for 24 hours after the start of antibiotics - if no antibiotic treatment is used exclude until rash is healed</li> </ul>
<b>Mononucleosis</b> (Epstein-Barr virus)	<ul style="list-style-type: none"> <li>spreads person-to-person through saliva (i.e. kissing, sharing beverages)</li> <li>incubation period *4-6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>50% of people have no symptoms</li> <li>fever, sore throat, fatigue, swollen glands, enlarged spleen</li> </ul>	<ul style="list-style-type: none"> <li>not highly contagious; can persist for a year or more after infection</li> </ul>	<ul style="list-style-type: none"> <li>no exclusion required; consult physician about avoiding contact sports until fully recovered</li> </ul>
<b>Pink Eye (Conjunctivitis)</b> (bacterial/viral)	<ul style="list-style-type: none"> <li>contact with eye secretions through contaminated fingers or articles (i.e. wash cloths or towels)</li> <li>when pink eye is caused by a cold the droplets from a sneeze or cough can also spread it</li> <li>incubation period *24-48 hours</li> </ul>	<ul style="list-style-type: none"> <li>redness in whites of eye, scratchy feeling or pain in eye, swollen eyelids</li> <li>watery or yellowish discharge; eyelids often stick together</li> </ul>	<ul style="list-style-type: none"> <li>assume contagious until diagnosed</li> </ul>	<ul style="list-style-type: none"> <li>exclude from child care and school until child has seen a doctor</li> <li>for bacterial causes, exclude for 24 hours after the start of appropriate antibiotic</li> </ul>
<b>Strep Throat/Scarlet Fever</b> (group A streptococcus bacteria)	<ul style="list-style-type: none"> <li>contact with secretions from the nose or mouth of an infected person (i.e. sneezing, coughing)</li> <li>incubation period *1-3 days</li> </ul>	<ul style="list-style-type: none"> <li>fever, very sore throat, headache, swollen glands, trouble swallowing, nausea, sore stomach, red throat</li> <li>if scarlet fever, can have sandpaper-like rash</li> </ul>	<ul style="list-style-type: none"> <li>10-21 days or until 24 hours after starting appropriate antibiotic treatment</li> </ul>	<ul style="list-style-type: none"> <li>exclude from child care and school for 24 hours after the start of appropriate antibiotic</li> </ul>

\* Incubation period = Time between contact with disease and start of symptoms

**FACT SHEETS:**

<http://healthunit.org/health-information/infectious-diseases/fact-sheets/>

References:  
Ministry of Health and Long Term Care [www.health.gov.on.ca](http://www.health.gov.on.ca)  
Canadian Pediatric Society [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)  
MOHLTC Infectious Diseases Protocol 2022 [www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/infdispro.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx)

# REPORTABLE DISEASES

Timely reporting of diseases of public health significance **as soon as a suspect case** is identified is essential to monitor the health of the community and to provide the basis for preventive action.

[Click here for an Introduction to the new Toolkit](#)

The following diseases are designated as a disease of public health significance under the authority of the Health Protection and Promotion Act, Ontario Regulation 135/18 and Regulation 569.

**To report a disease or for more information, please contact: The Infectious Disease Program**

**Tel: 1-800-660-5853 • Fax: 613-345-5777**

Acquired Immunodeficiency Syndrome (AIDS)

Acute Flaccid Paralysis (AFP)

Amebiasis

Anthrax

Blastomycosis

Botulism

Brucellosis

Campylobacter enteritis

Carbapenemase-producing Enterobacteriaceae (CPE) infection or colonization

Chancroid

Chickenpox (Varicella)

Chlamydia trachomatis infections

Cholera

Clostridium difficile infection (CDI) outbreaks in public hospitals

Coronavirus, novel strains including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) and COVID-19 (2019 nCoV)

Creutzfeldt-Jakob Disease, all types

Cryptosporidiosis

Cyclosporiasis

Diphtheria

Echinococcus multilocularis infection

Encephalitis, including: primary, viral; post-infectious; vaccine-related; subacute sclerosing panencephalitis and unspecified

Escherichia coli (E. coli) Infection, including Haemolytic Uraemic Syndrome (HUS)

Food poisoning, all causes

Gastroenteritis, outbreaks in institutions and public hospitals

Giardiasis, except asymptomatic cases

Gonorrhoea

Group A Streptococcal disease, invasive

Group B Streptococcal disease, neonatal

Haemophilus influenzae disease, all types, invasive

Hantavirus pulmonary syndrome

Hemorrhagic fevers, including: Ebola virus disease, Marburg virus disease, Lassa fever, and other viral causes

Hepatitis A, viral

Hepatitis B, viral

Hepatitis C, viral

Influenza

Legionellosis

Leprosy

Listeriosis

Lyme Disease

Measles

Meningitis, acute, including: bacterial, viral and other

Meningococcal disease, invasive

Mumps

Ophthalmia neonatorum

Paralytic Shellfish Poisoning (PSP)

Paratyphoid Fever

Pertussis (Whooping Cough)

Plague

Pneumococcal disease, invasive (Streptococcus pneumoniae)

Poliomyelitis, acute

Psittacosis/Ornithosis

Q Fever

Rabies

Respiratory infection outbreaks in institutions and public hospitals

Rubella

Rubella, congenital syndrome

Salmonellosis

Shigellosis

Smallpox and other Orthopoxviruses including Monkeypox

Syphilis

Tetanus

Trichinosis

Tuberculosis

Tularemia

Typhoid Fever

West Nile Virus Illness

Yersiniosis

Reportable Disease Notification Form | Public Health Lab General Test Requisition

<http://healthunit.org/for-professionals/health-care-dental/>



# Hooray for Handwashing

**1** WET your hands

**2** SOAP your hands

**3** RUB your hands for 15-20 seconds



**4** RINSE your hands

**5** DRY your hands

**6** Use paper towels to **TURN OFF** tap



Adapted with the permission of York Region Community and Health Services

For more information, call the  
Health ACTION Line 1-800-660-5853  
or visit [www.healthunit.org](http://www.healthunit.org)

# Hooray for Handwashing

**1** WET your hands

**2** SOAP your hands

**3** RUB your hands for 15-20 seconds



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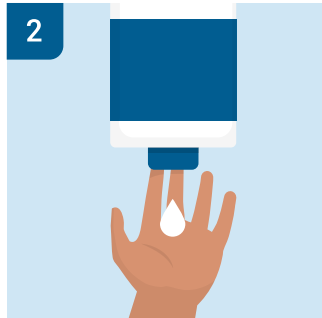
Stop the spread of germs

# WASH YOUR HANDS

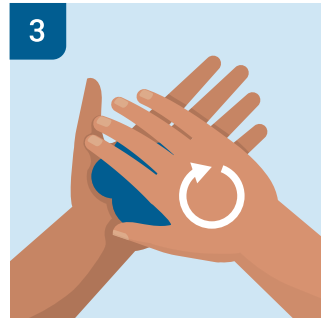
for 20 seconds using the following steps



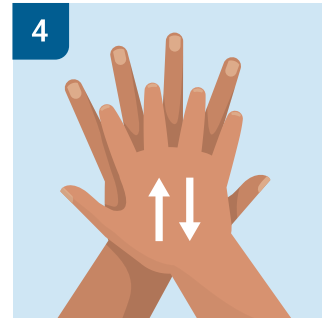
1 Wet hands



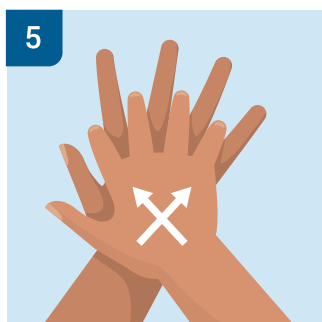
2 Apply soap



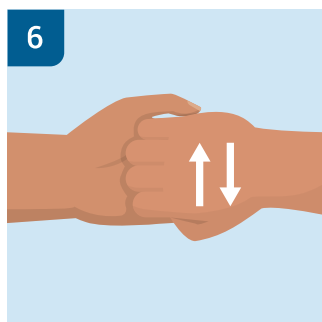
3 Rub hands palm to palm



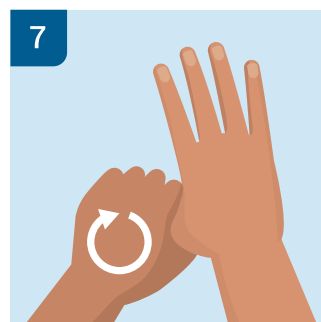
4 Lather the backs of your hands



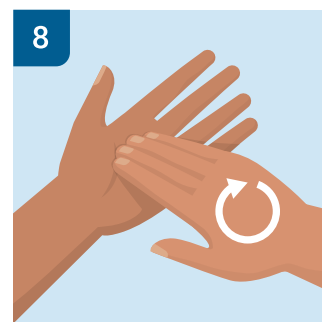
5 Scrub between your fingers



6 Rub the backs of fingers on the opposing palms



7 Clean thumbs



8 Wash fingernails and fingertips



9 Rinse hands



10 Dry with a single use towel



11 Use the towel to turn off the faucet and open the door



12 Dispose of towel in the garbage



**CHILD CARE LINE LISTING** – Please complete and send updates if information changes.

Child Care facilities may report via email to [schoolsurveillance@healthunit.org](mailto:schoolsurveillance@healthunit.org) or via fax to 613-345-5777  
 Attention: Infectious Diseases Program (IDP), Community Health Protection Department.

Child Care Centre:	Date Reported:
Comments:	Outbreak #:
<p>* <i>In absence of underlying reason for these symptoms e.g. (allergies, post nasal drip).</i></p> <p>** <i>Presentation may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms, and rash.</i></p>	

Cohort / Room #	Child	Staff	Initials (not full name)	CASE DEFINITION (only include those that meet this case definition)																Other (Specify in Comments)	Child / Staff absent	Child present with symptoms (Child Sent Home)	Date Of Return	Staff Initials			
				First Day of Symptoms (Date)	Fever (above 37.8° C)	Nausea	Vomiting	Diarrhea	Poor Appetite	Headache	New or worsening Cough	* Stuffy Nose / Runny Nose	Difficulty swallowing	New taste or smell disorders	** Multisystem Inflammatory Vasculitis	Lethargy/Difficulty Feeding (infants)	Sore Throat / Hoarseness	Fatigue / Generally Unwell	Chills								
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## Cloth Diapers: Infection Control Considerations

### Requirements for Child Care Centres

It is strongly recommended that used diapers and diaper pail/bag be sent home with each family on a daily basis for cleaning/washing at home.

### Storage:

- Provide adequate storage space for used cloth diapers awaiting pick-up by parents
- Used diapers must be stored in a diaper pail with a childproof lid or leak-proof bag, and away from food storage/preparation/service areas and play areas and must not be accessible to children.
- Label the parent supplied diaper pail/bag (one per child) designated for storage of used diapers. Cloth diapers should not be laundered at the child care centre.
- Used cloth diapers (outer covering and liner) must be handled as little as possible to limit and prevent exposure to body fluids. Do not shake, scrape, or rinse the cloth diapers.
- Store clean cloth diapers in a sanitary manner and separately from used diapers

### Hand Hygiene:

- Staff must wash hands using liquid soap and warm running water before and after assisting with toileting/diapering. Alcohol based hand rub should not be used as hands may be soiled.
- Single use disposable gloves must be worn when handling used diapers. Staff must wash their hands before and after putting on disposable gloves.

### Requirements for Parents:

- Parents should supply a diaper pail/bag with a tight fitting lid or one that is able to be covered/closed to prevent access.
- Diaper pails must be:
  - » Childproof (e.g., have a locking lid, stored out of reach of children)
  - » Able to be cleaned and disinfected – items that are porous or absorbent are not acceptable
  - » leak-proof to prevent exposure of body fluids and minimize contamination of the environment
- Diaper bags (“wet bags”) must be:
  - » Able to be stored out of reach of children
  - » Able to be laundered. Items that are porous or absorbent are not acceptable
  - » Water/leak-proof – made of nylon or laminated (polyurethane laminate (PU) waterproof fabric with laminate applied to the back to prevent contents from leaking)
  - » Intended for the purpose of holding used cloth diapers (plastic grocery or non-waterproof bags are not acceptable)
- Parents should clean and disinfect the diaper pail/bag at least daily once the used diapers have been removed and laundered.

## Make an Informed Decision about Feeding Your Baby

All mothers and their families have the right to make a fully informed decision about how to feed and care for their babies. The Leeds, Grenville & Lanark District Health Unit supports all women and families to feed their babies in a safe and nurturing way by providing reliable information based on facts, and opportunity to discuss any questions or concerns with a Public Health Nurse or Nutritionist by calling 1-800-660-5853.

There are a few things you need to know so that you can make an informed decision around infant feeding.

The World Health Organization recommends exclusive breastfeeding for the first 6 months, and continued breastfeeding with the addition of iron-rich solid foods for up to 2 years and beyond. You have the right to breastfeed your baby anywhere, any time.

Once breastfeeding is stopped and artificial feeding (using formula and a bottle) has been started, it can be difficult to start breastfeeding again.

### Importance of Breastfeeding

#### For the mother:

- controls postpartum bleeding
- promotes bone health
- promotes resistance to breast, ovarian, and uterine cancers
- supports the natural health of mom's body

#### For the baby:

- supports a healthy digestive system
- promotes normal jaw and tooth development
- promotes healthy brain development
- provides resistance to illness and disease, including food allergies and digestive disease

#### For the family and community:

- convenient, always the right temperature and is available anytime
- free
- environmentally friendly
- reduces health care costs for the family and society
- assists with natural child spacing

### Health Risks and Cost of Formula Feeding

#### For the mother:

- increased risk of type 2 diabetes and certain cancers (breast, ovaries, and uterus)
- brittle bones

#### For the baby:

- increased risk of various infections (ear, chest, gastrointestinal, diarrhea)
- digestive distress - inflammation of the digestive tract, Crohn's disease, colitis, diarrhea
- food allergies
- SIDS – sudden infant death syndrome
- tooth decay
- childhood illnesses and health problems



## Average Price of Infant Formula for the First Year of Life

Formula costs collected in Leeds, Grenville and Lanark Counties in May 2015

	<b>Yearly</b>	<b>Monthly</b>	<b>Daily</b>
Powdered**	\$931.37	\$77.61	\$2.55
Concentrated**	\$1,085.68	\$90.47	\$2.97
Ready-to-feed**	\$3,389.90	\$282.49	\$9.29

\*\*Basic iron-fortified cow's milk formula

Powdered infant formula can have harmful bacteria that may make your baby sick. Follow directions on the formula package carefully.

The price of infant formula is based on how much formula the average healthy baby drinks during the first year of life. All babies are different. Some babies will drink more and others will drink less.

The prices above do not include bottles, nipples, and other feeding equipment. These things add to the total cost.

When there are problems with formula, recalls can be found on the Healthy Canadians website at [healthycanadians.gc.ca](http://healthycanadians.gc.ca)

If you have made an informed choice to feed your baby formula, the **formula feeding resource** titled *Infant Formula: What You Need to Know* will provide accurate and reliable information on feeding formula to your baby in a safe way. You can access this resource on our website or at any of our Health Unit offices.

If you would like more information about breastfeeding, please see the **(Community Supports - Breastfeeding)** referral map on our website, or call the Health Unit at 1-800-660-5853.

For more information or if you wish to discuss any questions or concerns with a Public Health Nurse or Nutritionist, contact the Health Unit at 1-800-660-5853 or visit the Babies and Children section of our website at <http://healthunit.org/health-information/babies-children/>.