NOVA SCOTIA
Health Promotion and Protection

Guidelines for Communicable Disease Prevention and Control

for Childcare Programs and Family Home Day Care Agencies

Revised December 5, 2008

TABLE OF CONTENTS

INTRODUCTION

This document provides information on how to manage communicable diseases in child care centres and family home day cares (hereafter referred to as "programs"). It outlines the responsibilities of child care staff and family home day care providers (hereafter referred to as "staff") and reviews illnesses and diseases that may occur in these programs. A list of diseases and illnesses commonly reported in programs is included in Appendix A, Common Communicable Childhood Infections. The document does not address other issues that occur in programs, such as how to take children's temperatures or administer medications.

Children are susceptible to a variety of communicable diseases and illnesses. They can catch diseases and illnesses by interacting with other children and staff, and by eating contaminated food. Diapering infants and toddlers is the most important factor associated with high rates of intestinal infection in programs.

Staff play an important role in controlling illnesses in programs by following good personal hygiene and infection control practices.

PROMOTION OF HEALTH AND SAFETY

Legislative Background

The Health Protection Act and the Notifiable Diseases and Conditions Regulations require the operator or director of a program to report any child or staff that they believe has a reportable notifiable disease to the district Medical Officer of Health, Public Health Services. A notifiable disease is a communicable disease that is required to be reported by law. See Appendix B for a list of notifiable diseases. The operator or director must also report any unusual illness occurring among children and staff or any rate of illness occurring above normal that might be an early indication of an outbreak.

The purpose of notifying the Medical Officer of Health is to enable an assessment of the situation and to determine if there is potential for spread within the program and therefore a risk to public health. The Medical Officer of Health and public health practitioners can provide support and advice regarding communicable diseases to staff within the program.

Under the Health Protection Act, the Medical Officer of Health can prohibit or exclude a person from the program who has a communicable disease, has symptoms of a communicable disease (such as fever, diarrhea, vomiting, persistent cough, and rash), or has been in contact with a person having a communicable disease. The Medical Officer of Health is then responsible for determining when that person can return to the program. The Medical Office of Health also has the authority to close the program if a communicable disease is occurring at a higher rate than normal or if there is potential for an outbreak to occur.

Communicable diseases that must be reported to Public Health Services are listed in Appendix B. The signs and symptoms of illness that must also be reported are discussed later in this manual.

Day Care Regulations require that program operators or directors and staff recognize signs and symptoms of a potential communicable disease and that they remove the child from contact with other children until they are assessed by a physician. The Day Care Act and Regulations require facilities to maintain daily records for all infants and toddlers. The information recorded is similar to that which the Notifiable Diseases and Conditions Regulations require the operator or director of a program to provide to the Medical Officer of Health.

Before a program can be licensed, the Department of Community Services requires a recommendation from the Nova Scotia Department of Agriculture regarding the sanitation of the facility. This recommendation is made after an inspection of the program by a Food Safety Specialist (Public Health Inspector). The recommendations are based on standards for environmental sanitation found in the Department of Agriculture Guide to Inspection of Childcare Centres. For further information, contact the Department of Agriculture at phone: 424-4560, fax: 424-4671 or www.gov.ns.ca/agri/contactus.

If a health hazard or potential health hazard is found in relation to the food safety and environmental sanitation in the facility, the Medical Officer of Health or a Public Health Inspector under the authority of the Health Protection Act can close the program.

The NS Department of Community Services is responsible for the inspection and licensing of childcare programs. Childcare licenses are valid for a period of 6 months (initial license) up to 2 years after the date of issuance. The Department has the authority to not renew a program's license, if upon inspection any of the requirements of the Act or Regulations are being violated by the facility. Information on the Acts and Regulations governing childcare programs can be found on the Department's website at: www.gov.ns.ca/coms/families/early_childhood.html

SPREAD OF INFECTIONS

Infections are spread through the interaction of three basic elements:
- Infectious Agent - germs
- Host - a person
- Means of transmission - the environment

Infectious Agent
- Germs include bacteria, viruses, parasites, and fungi.
- Germs are so small you can only see them through a microscope.
- Bacteria and viruses are the most common germs.
- Sometimes just a few germs can cause an infection.
- Not all germs cause infections and illnesses.
- Antibiotics kill bacteria, but not viruses.
- Some germs can survive for hours, or even days or weeks, on toys and other surfaces.

Host
- A host is a person who has an infection - either a child or staff.
- The host does not have to be severely ill for germs to spread.
- An infected person may not show signs of illness, but may still be contagious.
- Immunization is an effective way to prevent the host from being susceptible to the germ. For example, we can prevent measles by vaccination.
- The host's naturally acquired immunity to the germ may also protect against an infection. For example, the host may develop a natural immunity to chickenpox as a result of a previous infection.

Means of Transmission

Germs can spread through:
- contact between children and between a child and staff, such as touching
- the air, through coughing and sneezing
- touching stool or fecal matter, such as when diaper changing
- contact with blood or other body fluids from cuts and wounds
- eating contaminated foods and drinking unsafe water, such as food not refrigerated properly
- contact with vectors, such as animals and insects—dogs, cats, fleas
- touching contaminated objects, such as toys, cots, cribs

The 10 greatest carriers of disease are the fingers!

COMMUNICABLE DISEASE CATEGORIES

Communicable diseases can be divided into the following categories:

1.0 Respiratory
2.0 Gastrointestinal
3.0 Direct/Indirect Contact
4.0 Bodily fluids: Blood Borne
5.0 Animals and Insects
6.0 Outbreaks

Common symptoms of illness such as diarrhea, vomiting, rashes, coughs, and fever are addressed under these categories. Guidelines to help staff effectively care for an ill child will also be addressed in these categories.

1.0 Respiratory

Germs in saliva and nasal secretions can cause respiratory illnesses. These germs spread from person to person by way of the respiratory tract. Germs become airborne when we cough or sneeze. Others are exposed to the germs when they inhale airborne droplets or touch contaminated surfaces. Wiping a runny nose also can spread germs to staff's or child's fingers. The germs spread further by touching another person with contaminated fingers. Transmission of flu and cold viruses is especially common by rubbing the eyes with contaminated fingers. Not all germs are spread this easily. Some illnesses, such as meningitis, require long and persistent close contact.

1.1 Colds and Coughs

Colds and coughs are usually due to a cold virus that is highly contagious. Symptoms range from mild to severe. Colds and coughs may be the first indicator of a more serious illness.

Table 1: Safely Caring for Colds and Coughs

To safely care for children with colds and coughs, follow these steps:

1. Continue to allow children with mild symptoms to attend the centre if they are well enough to take part in all activities, including playing outdoors.
2. Closely observe these children for other signs of illness.
3. Practice good personal hygiene and encourage children to do the same, such as frequent hand washing.
4. Exclude a child who appears ill and has any of the following symptoms:
   - fever: temperature above 100.4°F, 38°C (ear), 99.5°F, 37.5°C (mouth), 99.1°F, 37.3°C (armpit)
   - ear ache
   - listlessness or excessive sleepiness
   - excessive fussiness or crankiness
   - difficulty breathing
   - persistent cough
   - loss of appetite

2.0 Gastrointestinal

Viruses, bacteria, and parasites cause gastrointestinal illnesses, also called enteric. These germs spread by the fecal-oral route. This means that fecal material (stool) contaminates hands, toys, foods, or other items that are then put into the mouth.

2.1 Diarrhea

Diarrhea is the most common symptom of a gastrointestinal illness. Severe cases of diarrhea can lead to serious dehydration problems, especially in infants.

Diarrhea is a change from the child's normal stool, from solid or semi-solid, to a liquid or semi-liquid state. Diarrhea stools are more frequent than normal bowel movements. They may contain mucous or blood. Nausea, vomiting, and abdominal pain sometimes accompany diarrhea. In addition, the child may lose bowel control.

Diarrhea occurs when the bowel is stimulated or irritated in an unusual way. The causes can be infectious or non-infectious. Diarrhea due to infectious causes can last from 2-7 days. Identifying infectious causes requires a medical examination and sometimes, laboratory tests. Enforcing proper hand washing and proper diapering procedures helps prevent gastrointestinal illnesses.

Infectious causes of diarrhea include:

- viral infections, such as rotavirus, norovirus
- bacterial infections, such as salmonella, shigella, E. coli
- irritation due to an infection located in an adjacent organ such as the kidney
- general illness, such as influenza

Non-infectious causes of diarrhea include:

- laxatives
- eating food with laxative action, such as prunes
- food intolerance
- chronic bowel disease
- excitement or fear
- leakage due to ineffective sphincter muscle
- some medications, such as antibiotics

Table 2: Diarrhea Guidelines

To safely deal with a case of diarrhea, follow these steps:

1. Watch for other signs of illness for the rest of the day. If a child has one episode of diarrhea, inform the child's parent at the end of the day. If no more diarrhea occurs and there are no other signs of illness, the child may return to the centre the next day.
2. Separate the child from the others and inform a parent as soon as possible. If several episodes of diarrhea occur during the day, the child must be kept at home until the stools are normal without the help of medication. Advise the parent to consult their doctor if the diarrhea continues. The doctor may require a stool culture to determine the cause of the diarrhea.

3. Inform the parent immediately if the child has frequent episodes of diarrhea, appears ill, has a fever, is in pain, or if there is any sign of blood in the stool. Ask the parent to take the child to the doctor as soon as possible for diagnosis and treatment.
4. A child or staff who has diarrhea will need to stay home until there are no more symptoms of diarrhea, fever, or discomfort. They must be symptom free for at least 24 hours, or until any special tests (if required) are negative, before returning to the centre.
5. Clean and sanitize the child's surroundings, including anything the stool may have touched, as soon as possible. Pay special attention to sanitizing the diaper change area and to proper hand washing.

2.2 Vomiting

Children vomit more easily and with much less discomfort than adults. Children may vomit because of problems not directly related to the bowel or stomach. The cause of vomiting is often not infectious. If a child vomits and has diarrhea and a fever, suspect an infectious cause.

Table 3: Vomiting Guidelines

To safely deal with vomiting, follow these steps:

1. Separate a child who vomits from the other children and watch for other signs of illness.
2. Clean and sanitize the area where the child vomited as soon as possible wearing disposable gloves. Wash hands thoroughly after cleanup.
3. Inform the child's parent as soon as possible if more vomiting occurs.
4. A child or staff should stay home until they completely recover.
5. Inform the parent immediately if the child has severe abdominal pain with vomiting. A doctor must see the child as soon as possible.

3.0 Direct and Indirect Contact

3.1 Rashes

A rash can be a symptom of a number of illnesses that spread through physical contact, through the air, and through contact with fecal matter. It can be difficult to distinguish between different types of rashes.

Children develop many kinds of rashes. A rash is a symptom of a health condition that may or may not be infectious. When registering a child, ask the parent about chronic or recurrent rashes, such as eczema and rashes caused by food allergies and other allergies. These rashes are not infectious.

Rashes from Infections:
Most infections that have a rash as a symptom are spread through coughing, sneezing, and breathing **before the rash appears**, for example, chicken pox and measles. Many children may be exposed to the infection before you are aware that there is a problem. If one child develops an illness and rash, watch for the early signs of illness in the other children.

Rashes from Parasites:
Parasites cause certain types of very itchy rashes on the scalp or skin—head lice, scabies, and pinworms. This is called an infestation rather than an infection, and therefore does not cause disease. These infestations are not a public health risk.

Parasites pass from one child to another by close physical contact or through contact with shared personal items - bedding, hats, and combs. Rashes caused by parasites are not associated with any symptoms of generalized illness such as fever or cough. They are easily treated.

See Appendix A for fact sheets on commonly reported childhood infections and infestations.

Table 4: Rash Guidelines

To safely deal with rashes, follow these steps:

1. Check for other signs of illness, such as fever or cough. If there are no other signs of illness, advise the parent of a child with an unidentified rash to see a doctor to determine its cause and treatment, if necessary.
2. Separate a child who has both a rash and a fever or other sign of illness from other children—other sign of illness including vomiting and diarrhea.
3. Inform the child's parent as soon as possible.
4. Advise the parent that the child cannot return until a doctor sees the child and the child fully recovers. Request a note from the child's doctor if you have any concerns.
5. Call Public Health Services if you have concerns about readmitting the child or if you suspect an outbreak of a communicable disease.

3.2 Open Cuts and Wounds

Drainage or pus from cuts and other skin wounds can contain bacteria that can be spread to others.

To safely deal with open or draining cuts and wounds in children or staff, follow these steps:

1. Make sure the cuts or wounds are covered with bandages or dressings, so that the drainage does not leak out.
2. Throw away dirty or soiled bandages or dressings in a covered garbage can before anyone else can be exposed to them, and then wash your hands.
3. Any items, furniture or toys that are contaminated with drainage should be disinfected before being used by anyone else.
4. If the wounds cannot be covered, the child or staff may need to be excluded from the program until the wound is healed or can be covered.

4.0 Bodily Fluids: Blood Borne

Hepatitis B virus, hepatitis C virus, and human immunodeficiency virus (HIV) are blood borne illnesses. Sometimes children or staff are infectious without showing any symptoms of these illnesses, but they do not need to be excluded from the program.

As a basic principle, staff should assume that all body fluids are potentially infectious. If you come into contact with blood or body fluids, you must wash your hands immediately. See Appendix D, Proper Hand Washing Procedures Poster.

Disposable gloves are not necessary during normal childcare activities as long as proper hand washing takes place.

Use disposable gloves when you:
- have cuts or open sores on your hands
- give first aid to a child with wounds that are bleeding or draining body fluids

Table 5: Sharps Guidelines – Needles and Syringes

Needles and syringes can often be found on playgrounds and areas near programs. To safely handle sharps (needles and syringes), follow these steps:

1. Wear heavy gloves or use a thick cloth or tongs when picking up needles and syringes.
2. Hold the needle tip away from you. Be careful not to prick yourself.
3. Place the needle in a container with a lid, such as a jar, can, or thick plastic jug.
4. Seek medical attention as soon as possible if staff or children get a needle injury. If possible, transport the needle or syringe with the person to their doctor or emergency department.
5. If no injury, take container to the closest pharmacy for disposal.

5.0 Animals and Insects

Petting zoos and farm visits or other venues with live animals are popular ways of seeing and coming into contact with animals. Although there are benefits to human-animal contact, it also presents a small but real risk of acquiring a communicable disease through animal bites or scratches. Diseases are spread through direct contact with animals or indirectly through contact with their feces, saliva, or the enclosure holding the animal. Illness including *E.coli* 0157:H7 and salmonella have been reported in children and other high-risk groups following visits to these facilities.

Staff has a duty to care for and protect children from an unforeseeable risk of harm or injury. They should be aware of risks, develop and implement procedures to minimize risks, and supervise children to ensure they follow procedures.

Infectious diseases such as *E.coli* 0157:H7, salmonellosis, and campylobacteriosis have also occurred in children after consuming un-pasteurized milk products (milk, cheese and yogurt) and un-pasteurized apple cider or juice during farm visits. Avoid these products.

In addition, staff should be aware of the risk of illness of West Nile virus (WNv) from mosquito bites. To reduce the risk of mosquito bites:

- avoid areas and times of day when mosquitoes are most active
- wear protective clothing
- use personal insect repellents - several brands are made especially for children

6.0 Outbreaks

An outbreak exists when an illness occurs at a higher rate than normal in children or staff in a program.

Table 6: Outbreak Guidelines

To determine whether an outbreak exists, follow these steps:

1. Observe any symptoms that may indicate the presence of an illness, through daily observation of the children.
2. Record any unusual behaviour or symptoms of either children or staff - diarrhea, fevers, rashes, respiratory symptoms.
3. Consult absentee records of children or staff to check for similar symptoms.
4. Call Public Health Services as soon as possible to report these symptoms and to determine the need for isolation of ill children and exclusion of ill staff from work. See Appendix B for contact information for Public Health Services in your area.

PRACTICES TO REDUCE THE SPREAD OF INFECTIONS AND COMMUNICABLE DISEASES

Using basic infection control practices helps protect children and staff from infections in programs. To help control the spread of infections, the program must:

- establish and enforce written policies for the proper management of infections and illnesses
- communicate these policies to parents
- observe and record any illness symptoms of the children each day
- keep up-to-date records of immunizations for both children and staff
- establish and enforce proper:
  - hand washing procedures for all children and staff
  - diapering, toileting, and other general hygienic procedures
  - environmental sanitation and animal handling procedures
  - food safety procedures

7.0 Immunizations

Immunizing children is an important aspect of preventing communicable diseases. Immunization is not required by law in Nova Scotia, but the Nova Scotia Department of Health Promotion and Protection and Public Health Services endorse and strongly recommend that all infants, preschoolers, children, youth, and other "at risk" populations are immunized following the Department of Health Promotion and Protection "Nova Scotia Immunization Schedule" (refer to Appendix C).

As part of each child's health history, an immunization record for each child must be kept and updated regularly by the program. According to Section 19(2) of the Day Care Act and Regulations, each program should establish rules and procedures approved by the local Medical Officer of Health (and the Minister) regarding annual reporting and immunization records.

Table 7: Immunization Guidelines

To keep proper children's health records follow these guidelines:

1. Ensure that the parent provides up-to-date immunization information before you admit the child to the centre. See Appendix C: Nova Scotia Immunization Schedule for specific recommendations.
2. Collect an initial immunization and health history for each child.
3. Update each child's immunization record regularly. Infants and toddlers (less than 18 months) will still be completing their initial series of immunization. Regular attention to records is especially important for these children.
4. Send periodic reminders to parents of younger children, ensuing records are accurate and up-to-date.
5. During an outbreak of a vaccine-preventable disease any child with incomplete immunization to that disease should be excluded from attending the centre.

Why Immunization is Important for Providers of Childcare

Up-to-date immunization protects childcare workers and the children they care for from communicable diseases. Staff should have the following immunizations:

Disease	Recommended for Staff
Tetanus-diphtheria-pertussis	One adult booster
Tetanus-diphtheria	Every ten years
Measles, mumps, rubella, chickenpox	Who have not had these diseases and have no immunity, as confirmed by laboratory testing
Influenza	Every year for those in high-risk groups.

See Appendix C.

8.0 Hand Washing

Hand washing is the single most effective way to prevent infections from spreading. Enforcing proper hand washing by staff, food handlers, and children helps ensure a safe and healthy environment.

The best kind of sink for hand washing has hot and cold water mixed through one faucet, and also has foot, knee, or wrist-operated water controls. To prevent scalding, never let the temperature of the hot water exceed 43°C (110°F).

Supply the hand wash sink with paper towels and liquid or powdered soap in a dispenser. Cartridge-type dispensers, rather than refillable soap dispensers, are preferable. If you use refillable liquid soap dispensers, clean and sanitize the containers before refilling them. Cloth towels are not recommended. For an illustration of the proper hand washing technique refer to Appendix D, Proper Hand Washing Procedures poster.

9.0 Diapering

The rate of intestinal infection in programs directly relates to the presence of children in diapers. Diaper changing is one of the highest risk procedures for the spread of diarrhea illness among children and staff. Proper hand washing and cleaning and sanitizing of diaper change tables help prevent diarrheal illness in the program.

To help reduce the spread of enteric illnesses, the program must ensure there is a:

- properly designed diaper change area (refer to Table 8 on page 13)
- proper procedure for using gloves (Appendix H)
- proper procedure for changing diapers (Appendix I)
- proper procedure for toileting (Appendix J)

Table 8: Diaper Change Area Guidelines

When designing a diaper change area, follow these guidelines:

- ALWAYS separate diaper change areas from food preparation areas. NEVER use these areas for any other purpose. This prevents contaminating food preparation areas by germs commonly found in the stool.
- ALWAYS ensure the diaper change table and pad is made of a smooth, non-absorbent, and easily cleanable material.
- ALWAYS make sure the waste container has a tight-fitting, foot-operated lid and is lined with a disposable plastic bag. Empty the container frequently. Clean and sanitize it at least daily.
- NEVER dispense creams and ointments in a way that contaminates the contents, such as with fingers, common sticks, or tissues. If special creams are necessary ALWAYS use an individual utensil to dispense it for each child.
- NEVER rinse soiled clothing or diapers at the program. Place soiled clothing or cloth diapers in a sealed plastic bag for home washing.
- DON'T just use hand sanitizer between diaper changes - wash your hands.

10.0 Food Safety Practices

Children must receive food that is safe and healthy to eat. Safe food helps prevent the development and spread of infectious illnesses, such as gastroenteritis.

Proper food safety requires that staff and food service staff practice good personal hygiene and know how to handle food safely when preparing, storing, and serving food.

All programs must have at least one person who has passed the food handlers safety course, usually the cook or the operator or director, in order to be certified. Information on these courses is available through Food Safety Specialists.

10.1 Personal Hygiene

To practice good personal hygiene, follow these steps:

1. Develop and enforce a clear policy about staff and illness. For example, no food handler may work while suffering from a gastrointestinal illness or diarrhea.
2. Ensure that food handlers wash their hands with soap and warm water:
    - before starting work
    - upon return to work from a break
    - after using the washroom
    - after handling raw meats or vegetables
    - after handling garbage or garbage containers
    - after blowing or wiping their nose
    - after completing any other activity that may have contaminated their hands
3. Ensure that food handlers have clean hands, clean clothes, and clean headgear confining the hair. Do not allow smoking in the kitchen or on the premises of the program.
4. Ensure that staff that change diapers wash their hands both after diapering and before preparing food.

10.2 Preparing Food

Preparing and handling food properly are essential in ensuring the program serves safe food. To safely prepare food follow these guidelines:

10.2.1 Thawing Food

- Do not thaw food on a counter at room temperature. This causes rapid bacterial growth and can result in food poisoning.
- Practice the following safe thawing methods:
  - thaw food in a refrigerator
  - thaw food under cold running water, if rapid thawing is necessary
  - thaw food in a microwave and then cook immediately

10.2.2 Preparing Food

- Wash all raw fruits and vegetables under cold running water.
- Wash the tops of canned food before opening. Wash the opener with clean, soapy water after each use.
- Avoid hand contact with food by using clean utensils to mix and serve food.
- Clean and sanitize all utensils you use to taste food during preparation, before each use.
- Clean and sanitize all surfaces as you prepare the food to prevent cross-contamination of food and work surfaces.
- Clean and sanitize work areas and wash your hands when changing from raw to cooked food, or from raw to ready-to-eat food.
- Ensure a minimum internal temperature of 74°C (165°F) when cooking food, or 82°C (180°F) when cooking poultry. For more details contact your Food Safety Specialist.
- Maintain a minimum temperature of 60°C (140°F) when holding hot food.
- Ensure a minimum internal temperature of 74°C (165°F) when reheating food.
- Refrigerate prepared food as quickly as possible. The pans used to cool prepared food should be no deeper than two inches (approximately 5 cm), to enhance rapid cooling.
- Dispose of leftover food put out in serving bowls for the children.

10.2.3 Preparing Infant Milk and Storing

- Wash hands before preparing formula and handling bottles of milk.
- Label each bottle with the appropriate child's name to prevent sharing.
- Prepare fresh formula on the day it is to be used.
- Accept only sealed formula or breast milk bottles labelled with the child's name from parents.
- Sterilize bottles, nipples and utensils to make sure they are germ-free.
- Store open containers of powdered formula in the original container with a tight-fitting lid in a cool, dry area.
- Store open cans of dry formula for up to 30 days only. Label each can with the date you opened it. Discard after 30 days.
- Prepared powdered formula cannot be stored. It must be used as soon as it is prepared.
- Cover and store opened containers of liquid formula in the refrigerator as soon as possible at a temperature between 0°C (32°F) and 4°C (40°F). Use within 2 days. Place the child's name on each open bottle of formula and record the date of storage. Discard after 2 days.
- Never leave prepared formula (powdered or liquid concentrate) at room temperature for more than 1 hour. Ensure that the child's name is on the formula bottle.

- Always refrigerate fresh breast milk (not previously frozen) in a refrigerator at 0°C (32°F) to 4°C (40°F). Send any remaining refrigerated fresh breast milk home at the end of the day.
- Previously frozen breast milk that was thawed can be safely kept refrigerated up to 24 hours. Do not re-freeze.
- Do not heat infant formula or bottles in a microwave. Microwaves cause uneven heating and the formula could scald the infant.

10.2.4 Preparing for Picnics and Outings

When planning for picnics and other outings, consider the duration of the outing and the availability of proper refrigeration. Improper storage of food increases the capability for bacteria growth and can result in an outbreak of food poisoning.

To properly prepare for picnics and outings, follow these guidelines:

- Bring only non-perishable foods, if possible. These are foods that are not likely to rot, decay or spoil.
- Keep perishable food, such as cooked meat, fish, poultry, and dairy products at a temperature less than 4°C (40°F). Do not bring raw meat, fish, or poultry on an outing.
- Use moist towelettes to clean your hands and the children's hands before eating, if proper hand washing facilities are not available.
- Drink water from a known safe source only. Do not drink from springs, streams, and similar sources. If uncertain, always bring bottled water.

10.2.5 Serving Catered Foods

Catering includes foods from local restaurants.

Preparing and storing food properly is important if the program uses catered food. The caterer must be able to answer several questions:

WHERE does the caterer prepare the food?
The food must be prepared in a licensed facility.

HOW does the caterer transport the food to the program?
The caterer must protect the food from germs both during transportation to the program and upon arrival. The covered containers must either be disposable or made of an easily cleanable, non-absorbent material, such as stainless steel.

WHAT is the temperature of the food during transportation to the program and upon arrival?
The caterer must keep hot food at a temperature above 60°C (140°F) and cold food below 4°C (40°F).

WHAT utensils will the program use to serve and eat the food?
The caterer must supply an adequate number of clean, sanitized utensils. If the caterer does not supply utensils, the program must have them available as well as the ability to clean and sanitize them.

The program must contact a Food Safety Specialist if the safety or integrity of the food is in question.

10.2.6 Food from Home

- Foods prepared in homes are a risk to food safety, because the means of preparation, cooking, temperature and transporting of these foods is not known.
- When medical or dietary needs require a child to bring food from home or if the child is in the school-aged program, this food must be labelled with the child's name and refrigerated if required.
- Low-risk foods like whole fruits and vegetables, or with high sugar content, like muffins, cookies or cake may be brought into the program if this is acceptable to the operator or director. Baked goods with cream, custard or cream cheese filling or topping should not be allowed.

10.3 Storing Food

To provide children with safe and wholesome meals, the program must create and enforce proper conditions for storing food. To properly store food follow these guidelines:

Refrigerated Foods:

- Check that each refrigerated space has an accurate indicating thermometer.
- Store meats, fish, poultry, and dairy products at a temperature below 4°C (40°F). Store raw meats, fish, and poultry on the lowest shelf with all cooked ready-to-eat foods stored above.
- Keep frozen food at a temperature below -18°C (0°F).
- Follow the manufacturer's label for storage requirements of other food products.
- Cover or wrap and label all food in refrigerators and freezers—label with the food name, date, and the cook's name.
- Ensure adequate air circulation for even cooling. Do not overstock refrigerators, which could block or prevent air circulation.
- Store perishable foods - those likely to decay, rot, or spoil - for 2 to 3 days only. Consider freezing if longer storing time is required.

Dry Storage (non-refrigerated food):

- Keep storage areas clean, dry, well-ventilated, and adequately lit.
- Store only food in food storage areas.
- Store food at least 15cm (6 inches) above the floor on racks or pallets.
- Check that all shelving is made of easily cleanable and non-absorbent material.
- Place open package and bulk foods in sealed and easily cleanable containers to prevent contamination.
- Store insecticides and chemicals in a locked cupboard or room away from food.

10.4 Cleaning and Sanitizing Utensils

Dirty utensils can contaminate food. The improper cleaning and sanitizing of utensils can result in unsafe food. Unsafe food can in turn lead to food poisoning.

Clean and sanitize all utensils that touch food before using them. Avoid cross-contamination - do not use a knife to cut raw chicken and the same knife to cut cooked chicken. Properly wash the knife between uses.

A safe method to clean and sanitize multi-service utensils should include either

- three-compartment sink
- dishwasher

For specific details on cleaning and sanitizing, contact a Food Safety Specialist.

10.5 Environmental Sanitation

Many germs that can cause illnesses survive for a long time living on surfaces. Some germs only live for a few hours, while others can live for several days or even weeks. In some cases, it only takes a few germs to cause an illness.

Proper sanitization and cleaning practices play an important part in preventing illnesses and infections in the program. To have a clean, safe environment, the program must develop and enforce proper cleaning and sanitization policies.

10.5.1 Cleaning

Cleaning is an important way to remove dirt from various surfaces. To remove dirt, rub the surface with a cloth or towel moistened with a household detergent. The rubbing action creates friction and the detergent helps break down fats and proteins.

Cleaning removes some germs from a dirty surface, but does not necessarily remove all of the germs. Certain germs are very resistant to detergents. The only way to remove them is to sanitize the surface properly.

A good way to remember the difference between cleaning and sanitizing is that cleaning gets rid of the dirt you can see, while sanitizing gets rid of most of the germs you can't see.

10.5.2 Sanitizing

Sanitizing reduces the germs present on a surface or object. Sanitizing should not be done on its own. Sanitize right after cleaning.
Sanitizing follows cleaning because dirt places a great demand on the chemical found in sanitizing solutions and reduces their effectiveness. If sanitizing is done without cleaning, the surface may not be properly sanitized.

Use rubber gloves when sanitizing to avoid contact with corrosive materials that cause skin problems. Always wash hands after cleaning or sanitizing. Wash hands immediately after removing rubber gloves.

<u>Mixing a Disinfectant Solution</u>

Household bleach is the most commonly used chemical for disinfecting. It is convenient, readily available, economical, and effective. Undiluted bleach is a corrosive chemical. It is important to dilute it to a working strength. The table below provides instructions on mixing various disinfectant solutions.

Table 9: Mixing and Using a Disinfectant/ Sanitizer

Using Household Bleach (Original strength approx. 5.25% sodium hypochlorite)		
To Disinfect/ Sanitize	**Dilution**	**Method**
Bathrooms, diaper change tables, toys, water tables, sleep mats, chairs, general surfaces	Mix 2 teaspoons (tsp) (10 ml) of bleach to each liter of water Approximately 500 parts per million (ppm) chlorine	• Apply to a cleaned surface • Leave on the surface for 30 seconds • Allow to air dry • Surfaces such as diaper change tables and potties can be wiped dry after 30 seconds with a clean, single use paper towel
Food contact surfaces, dishes, eating utensils, toys that children put in their mouths	Mix ½ tsp (2.5 ml) of bleach to each liter of water Approximately 100 ppm of chlorine	• Immerse cleaned object in sanitizer solution for 2 minutes or spray on surfaces and allow to stand for at least 2 minutes • Surface may be wiped with a clean, single use paper towel
Surfaces contaminated with blood, feces, vomit (or other bodily fluids)	Mix 7 tablespoons (Tbsp) (100 ml) of bleach to each liter of water Approximately 5000 ppm of chlorine	• Apply to a cleaned surface • Leave on the surface for 30 seconds • Allow to air dry
Directions for mixing disinfectant/ sanitizer solutions: • Use only potable (drinkable) water. • Always pour bleach into water. • Do not use clear spray bottles or containers because light quickly weakens the strength of the solution. • Mix a fresh solution daily. Household bleach solutions quickly lose strength. Discard unused/ left over solutions at the end of the day. • Label containers with the name of the solution and its dilution. Follow the requirements of your WHMIS program for the labeling and storage of sanitizers. • For all other sanitizers or disinfectants, follow the manufacturer's instructions for application strength, contact time and rinsing or wiping.		

10.5.3 Clothing

Store personal clothing and other items in individual cubicles (cubbyholes) or on hooks. Wash dress-up clothing each week.

10.5.4 Toothbrushes

It is generally recommended that children have their teeth brushed twice a day. If the children in your care are having their teeth brushed twice a day at home, it is not necessary to brush during the time they spend at the program.

If you include toothbrushing as part of your daily routine, follow these guidelines:

- Clearly label all toothbrushes with the child's name.
- Carefully supervise children to ensure they are using their own brush.
- Do not share toothpaste straight from the tube. Each child should have their own tube of paste, or distribute pea-sized amounts of toothpaste on a sheet of waxed paper.
- Clean toothbrushes thoroughly after each use. Hold the brush head under a steady stream of warm water from the faucet to force food particles, toothpaste, and bacteria from between the filaments.
- Store toothbrushes in the open air to allow for drying.
- Store toothbrushes so that there is no contact with other brushes.

10.5.5 Furniture and Equipment

To properly sanitize certain furniture and equipment, spray tables and chairs with the sanitizing solution and let the solution sit for at least two minutes. Wipe dry with a clean, single-use towel.

10.5.6 Toys

Clean and sanitize infant and toddler mouth toys at least once a day. Clean and sanitize other toys and toys used by older children once a week or more often if contaminated. To properly clean and sanitize toys to prevent the spread of germs, follow these guidelines:

1. Wash and sanitize plastic toys as you would for furniture and equipment as discussed above.
2. Moist wipe toys such as books and puzzles with a sanitizer each week.
3. Launder soft, cuddly toys at least once a week and more often, as required.
4. Store personal toys in the child's crib or cubbyhole when not in use.

10.5.7 Sand Boxes and Water Play Areas

Sand boxes and water areas are great places for children to play, but they also are a source for germs. To establish safe play areas, follow these guidelines:

Sand Boxes:

- Cover outdoor sand boxes when they are not in use to prevent access by animals. Check that the lid fits tightly.
- Replace sand contaminated by feces or urine.
- Throw out the contents and clean and sanitize large portable play areas each week.

Water Play:
- Wash hands before and after water play—both staff and children.
- Drain, clean, and sanitize water play container after each use—at least once a day.
- Clean and sanitize toys used in water play each day.

10.5.8 Cots and Cribs

Sleeping areas also are a potential source for spreading illnesses. To prevent spreading illnesses, follow these guidelines:

- Assign each crib or cot, and appropriate linen, to a specific child.
- Launder all linen each week.
- Launder linen and clean and sanitize cots and cribs contaminated with feces, urine, or other body fluids immediately.
- Store linen and cots in a safe, clean area, separate from play areas to prevent contamination.
- Store sleeping pads or mattresses (including linen) that are placed directly on the floor in separate plastic bags.
- Separate cribs by at least 18 inches (46 cm), so that children are not able to touch each other. See Day Care Regulations.

10.5.8 Washrooms

Proper cleaning and sanitizing is crucial in washroom areas to avoid spreading illnesses. See Appendix J for more information on the proper procedure for toileting.

To properly clean and sanitize the washroom, follow these guidelines:
- Wear gloves as a personal protection from cleaners.
- Clean and sanitize the washroom including faucets, sinks, and toilet seats at least once each day, and more often as necessary.
- Start from the highest areas and move to the lowest areas—from the ceiling down to the floors. This way, you work on the least soiled areas first and the most soiled areas last.
- Ensure adequate supplies of toilet paper, liquid or powdered soap, and paper towels in dispensers.

11.0 Pets

Pets are a potential source of infection in the program. It is preferable not to have pets in the program. If the program chooses to keep a pet, follow these guidelines:

- Ensure that all pets are healthy, with proof of vaccination from a veterinarian.
- Ensure that children and staff wash their hands after handling or feeding pets.
- Supervise children closely when they are handling pets.
- Pets should have their own area for sleeping and eating where they will not be disturbed.
- Pets should not be in the kitchen, eating areas or in the children's play area.
- Litter boxes should be in an area that is not accessible to children.
- Clean pets' living quarters as necessary. Do not allow children to help.
- Store pet food in a safe place away from the children's food.
- Acceptable pets may include fish, birds, gerbils, pet rats, and pet mice.
- Unacceptable pets include lizards, snakes, and turtles.

Fifth Disease (Human Parvovirus Infection) Fact Sheet

What is Fifth Disease?
Fifth disease is a mild illness, caused by a virus. The disease is spread by droplets or discharge from the nose and throat of an infected person (coughing or sneezing). Children with fifth disease may be infectious from 4-14 days before the onset of a rash.

Who Can Get Fifth Disease?
It usually affects school age children. Many people get Fifth disease before they reach adulthood and are then protected for life. In children and most adults the disease does not cause problems. Pregnant women may be in danger of miscarriage or stillbirth if they get Fifth disease in the first half of their pregnancy.

What are the Symptoms?
Symptoms usually occur within 1-2 weeks after a person has been in contact with someone with the disease.

Symptoms may include:

- Red patchy rash on the face, looks like a "slapped cheek"
- Lace-like rash, which may become more noticeable after a bath or physical exertion
- Fever
- Headache and body ache
- Sore throat
- Cough, congestion and runny nose

What is the Treatment?
There is no treatment or vaccine for fifth disease. It is not recommended that children stay home from child care programs or family home day cares. Once the rash appears they are no longer contagious.

How Can You Prevent Fifth Disease?
Practice good hand washing, especially if working with children in a school, childcare or health care setting.

Individuals who have any immune disease should avoid contact with anyone with Fifth Disease.

Hand, Foot and Mouth Disease (Coxsackievirus) Fact Sheet

What is Hand, Foot and Mouth Disease?
Hand, foot and mouth disease is an infection caused by a virus. It can occur at any age, but is most likely to affect young children. It usually occurs in the summer and fall and is usually a mild infection. The virus lives in the mouth, throat and feces of an infected person. It is spread by direct contact or breathing in the virus that is coughed or sneezed into the air by an infected person.

Who Can Get Hand, Foot and Mouth Disease?
Anyone can get this disease; however, people who work with diapered infants and young children are more at risk of getting the virus.

What are the Symptoms?
The incubation period (the amount of time you have the virus in your body before getting sick) is about 3-7 days. A child may be contagious for 1 to 2 weeks after getting sick. Symptoms may include:

- fever and headache
- sore throat
- loss of appetite
- lack of energy
- small, painful sores inside the mouth (tongue and gums)
- skin rash

The skin rash consists of red spots, often topped by small blisters. It usually appears on the hands and feet but can affect other parts of the body as well, sometimes on the buttocks.

What is the Treatment?
There is no treatment for the infection. Antibiotics won't help it go away faster. It may last for 7 to 10 days. A mild pain medication may be helpful.

It is not necessary for children with this disease to stay home from the program.

What can Parents do?
Watch your child for symptoms of hand, foot and mouth disease if another child has it. If symptoms appear, make your child comfortable and continue to offer food and liquids.

Your doctor can determine if the rash is due to hand, foot and mouth disease. If your child has a more severe infection and doesn't drink enough to be well hydrated, it is important that the doctor examine your child.

Make sure you wash your hands after wiping your child's nose, changing a diaper, and using the toilet, and before preparing food.

Your child can keep going to child care or school if he/she feels well enough to take part.

How Can You Prevent Hand, Foot and Mouth Disease?
Wash hands after using the toilet or changing diapers and follow good basic hygiene.

Impetigo Fact Sheet

What is Impetigo?
Impetigo is an infection of the skin caused by bacteria. It usually begins as a cluster of small blisters, red bumps or sores on the face, ears and hands. Impetigo starts where there is a break in the skin, such as a cut. Most often the sores appear on the arms, legs and face, near the corners of the mouth and nose. The blisters may ooze or be covered with a honey-coloured crust. The rash usually appears around the nose, mouth, and parts of the skin not covered by clothes.

The infection is common in children and occurs when the bacteria get into scrapes and insect bites. Impetigo often occurs in the summer. Good personal cleanliness is the best way to prevent impetigo.

Who Can Get Impetigo?
Children and adults can get impetigo, though children get it more often. It is spread through direct contact with anyone who is infected with these bacteria. Using towels or other personal articles of anyone who is infected may also spread impetigo.

What are the Symptoms?
Symptoms include:

- Small blisters on the face around the nose, mouth, chin or other part of the body
- Redness and a honey coloured discharge may ooze out of the blister
- Itching around the sore
- Scabbing over the blister site with a yellowish crust
- Stays longer than an ordinary pimple

What is the Treatment?
Your doctor can diagnose and treat impetigo. The doctor may prescribe an antibiotic cream or ointment; which may be given by mouth or applied on the skin in the form of an ointment. Your child will have to stay home from child care until 24 hours after the treatment begins.

What can Parents do?
Watch your child for signs of impetigo if another child has it.

If you think your child has impetigo, contact your physician for diagnosis and treatment.
Make sure that all household members wash their hands thoroughly with soap and running water after touching infected skin. If someone in the family has impetigo, each member of the family should have their own personal articles such as face cloths, towels and soap.

If your child has impetigo, he or she should not return to child care until the antibiotic prescribed by your physician has been taken for at least one full day. It is important for the child to take all the medication prescribed by the physician, even after the signs of infection have gone away.

Pink Eye (Conjunctivitis) Fact Sheet

What is Pink Eye?
Pink eye, or conjunctivitis, is an infection of the covering of the eyeball. It is usually caused by a virus, but it can also be due to bacteria. Pink eye can also be caused by allergy or by chemical irritants in your child's environment. Children are most likely to get pink eye but adults can get it too.

What are the symptoms of Pink Eye?
Children with pinkeye complain of a scratchy feeling or pain in their eyes and may have a lot of watery or pus discharge. The infection turns the whites of the eyes pink or red. When the child wakes up after a sleep, pus or discharge often makes the eyelids stick together.

What are the Symptoms?
Symptoms include:

- Redness of the whites of the eye(s) and inside the eyelids
- Itchiness and tearing
- Scratchy feeling or pain in the eye
- Discharge at the corners of the eye, which may crust over during sleep causing the eyelids to stick together

What is the Treatment?
Most cases are caused by a virus, and will get better without treatment. Some cases are caused by bacteria, and can be treated with eye drops or ointment prescribed by your doctor. If there is pus or discharge from the eye(s), see your doctor.

How can Pink Eye be Treated?
When pink eye is caused by a virus, the discharge is more often watery. A warm water compress is usually the only treatment needed.

If a child has pink eye caused by bacteria (yellow or white discharge or doctor diagnoses) and is using an antibiotic (eye drops or ointment), the child should stay out of child care until 24 hours after the treatment was started. Antibiotics can also stop the infection from spreading to others. If a child has pink eye caused by a virus, the child does not have to stay home from child care.

What can Parents do?
Watch your child for signs of pinkeye if another child has it.

Contact your doctor if your child has pinkeye. It is not easy to tell whether the infection is caused by bacteria or a virus, and your doctor may need to see your child to determine whether an antibiotic is needed.

Ensure that you and your child wash your hands very carefully after touching or wiping the child's eyes. Do not let your child share towels or washcloths with anyone else, because this could spread infection.

If your child's eyes have pus (yellow, thick), they should stay home from child care until they've been treated with warm water compresses and antibiotics for 24 hours.

Head Lice Fact Sheet

Head lice are tiny insects that live on the scalp. They lay eggs, called nits, which stick to hair very close to the scalp. Head lice do not spread disease. Having head lice does not mean you are not clean.

Head lice are very common among young children, especially in child care programs and schools. Head lice spread easily among children who are together in one place.

How are head lice spread?

- Head lice spread through direct contact among children or indirectly on items such as hats, combs, hairbrushes and head phones. They don't fly or hop, but they can crawl very quickly.
- Although head lice often make the scalp itchy, it is possible to have them without any symptoms.
- Head lice can't live on pets, such as cats or dogs.
- Head lice can live up to 3 days off the scalp. Although the eggs can also survive for up to 3 days, they need a warm environment to develop. They are not likely to hatch at room temperature.

How can parents tell if their child has head lice?

To diagnosis a case of head lice, you need to find live lice. On average, children with head lice will have no more than 10 to 20 live lice. They move fast, and are only about the size of a sesame seed - they can be hard to find.

Finding nits, or eggs (which are bigger and easier to see), close to the scalp suggests that there may be a case of head lice. Remember, though, that a child can have a few nits without actually having a case of head lice.

If you think your child may have head lice, check the hair for nits immediately, after one week, and then again after two weeks if another child has head lice.

Where to look

- close to the scalp
- behind the ears
- the back of the neck
- top of the head

What to look for

- One of the first signs of head lice is itching and scratching the head. Still, it's possible to have head lice without any symptoms
- Adult lice, which are 2-4 mm long, are hard to see
- The nits (eggs) are easier to see. Nits are greyish-white and oval shaped
- Nits are firmly attached to the hair close to the scalp; they may look like dandruff but cannot be flicked off

How to check for head lice
Good lighting is important. Look for nits by parting hair in small sections, going from one side of the head to the other. Check carefully, looking close to the scalp

How can head lice be treated?
There are a number of very effective treatments for head lice. All the treatments contain an insecticide that kills the lice.

In Canada, three insecticides are approved for use in treating head lice:

- pyrethrin (found in R+C® shampoo/conditioner)
- permethrin (Nix® or Kwellada-P®)
- lindane (Hexit® or PMS-Lindane shampoo)

Pyrethrin and permethrin are quite safe to humans. Lindane, however, can be toxic. Products with lindane should not be used on infants or young children.

You don't need a prescription for these products. Follow package directions carefully.

Don't leave the shampoo or rinse in hair longer than directed. Rinse hair well after the treatment. It's best to do the treatment and rinsing over a sink, not in the bath or shower, so that other parts of the body don't come in contact with the product.

Be sure to repeat the treatment in 7 to 10 days.

Do not treat anyone with a head lice product unless you find lice in their hair. Check family members (adults and children) if someone in the house has head lice.

Sometimes, the treatments will make the scalp itchy. If your child is scratching after treatment, it doesn't necessarily mean the lice are back. You need to find live lice to make this diagnosis.

What about other treatments for head lice?

- Some people use home remedies like mayonnaise, petroleum jelly, olive oil or margarine. Although these products may make it hard for lice to breathe, they probably won't kill them.
- There isn't any evidence that products like tea tree oil or aromatherapy are effective in treating head lice.
- Never use gasoline or kerosene. These products can be extremely dangerous.

Should the house be disinfected if someone has head lice?
Since head lice don't live long off the scalp, and since the eggs aren't likely to hatch at room temperature, you don't need to do excessive cleaning.

If you want to get rid of lice or nits from specific items, like hats or pillowcases, either one of these methods will kill them:

- Wash the items in hot water (66°C) and dry in a hot dryer for 15 minutes; or
- Store the items in an airtight plastic bag for two weeks

Should children with head lice stay home from school?

Children with head lice should be treated, and should attend school or child care as usual.

"No-nit" policies, which keep children with head lice away from child care, aren't effective. Here's why:

- Head lice are common among young children
- Head lice don't spread disease
- Cases of head lice are often misdiagnosed. To confirm a case of head lice, you need to find live lice
- Children may have head lice for several weeks with no symptoms

Children with head lice should be treated and should avoid head-to-head contact with other children until the lice are gone.

Child care programs should let families know when there is a case of head lice, and provide information about diagnosis and treatment.

Chickenpox (Varicella) Fact Sheet

What is Chickenpox?
Chickenpox is caused by a virus called varicella-zoster. Chickenpox is a very common infection in childhood and is usually a mild disease. Chickenpox can be very serious for people who have immune diseases like leukemia or AIDS. Pregnant women who have not had chickenpox as children may be affected, and their unborn babies may be at risk.

Who Can Get Chickenpox?
Children most often get chickenpox, however adults can get it too if they haven't had it as a child. When adults get it, they can be very sick.

What are the Symptoms?
The chickenpox virus lives in the nose and throat and in the blisters on the skin. It is spread by direct contact with infected fluids from these areas. The virus can be spread for about 1-2 days before a rash appears and up until the blisters are crusted over. The symptoms may include:

- Fever
- Itchy rash that begins as small fluid filled blisters that dry and form scabs
- Tiredness

These symptoms may start 2-3 weeks after the individual has been in contact with someone with the chickenpox.

What is the Treatment?
There is no treatment for chickenpox. People at high risk and pregnant women can get varicella zoster immune globulin.

DO NOT give any ASA or aspirin to children or adolescents with chickenpox. ASA may increase the chance that a child gets Reye's syndrome. Children with chickenpox will be kept out of childcare until 5 days after the rash has disappeared or until the blisters have crusted over.

How Can You Prevent Chickenpox?
There is a vaccine that can prevent chickenpox. You can obtain this vaccine for your child from your doctor.

Scabies Fact Sheet

What is Scabies?
Scabies is a skin condition caused by tiny insects called mites. Scabies is a nuisance, not an infection. It is common in children. Some people believe children get scabies because they have not been washed properly, but scabies has nothing to do with cleanliness.

What are the symptoms of scabies?
The mites that cause scabies dig deep into the skin and cause a very itchy rash. The rash looks like curvy white threads, tiny red bumps or scratches, and it can appear anywhere on the body. It usually shows up between fingers, or around wrists or elbows. On a baby, it can appear on the head, face, neck and body.

How is scabies transmitted?
Children are most likely to get scabies but adults can get it too. Scabies spreads from person to person by touch or by contact with the clothes or other personal items of someone who has it.

The mites can live on clothes, other objects and off skin for four days. The mites will die after four days if the items are stored in a plastic bag. Washing clothes or other personal items, and bed sheets and blankets in hot water and then putting them in a dryer on the 'hot' cycle also gets rid of the mites.

The disease has an incubation period of two to six weeks before the onset of itching, if not previously exposed. In those who have been previously infested, the incubation period may be only 1 – 4 days.

How can scabies be treated?
Scabies can be treated with a cream from your doctor. Even after the cream gets rid of mites, a child may still be itchy for a few weeks. It doesn't mean that the mites are still there. It just means that the child is still reacting to them.

What are the Symptoms?
Symptoms include:

- Severe itching, especially at night
- Small blisters may be evident
- In infants, there may be a generalized rash instead of the separated scabies lesions in the adult
- If scratching is vigorous, secondary infection may be present

What can parents do?
Call your doctor if you think your child has scabies. If your doctor finds that your child has scabies, everyone in your household should be treated with medication. Be sure to follow the instructions as given by your physician.

If your child has scabies, wash the child's bedding, towels and clothes in hot water and dry in a clothes dryer at the hottest setting. Separate the hand and face towels of the infected person from all others in the house. Wash hands often, especially before and after treatment.

A child with scabies should not go back to child care until the first course of treatment is complete.

Strep Throat (Group A Streptococcus – Non-Invasive)

What is Strep Throat?
Strep throat is an infection caused by the *Streptococcus pyogenes* (strep) Group A bacteria. The infection is more common in children than in adults.

How is Strep Throat Transmitted?
The strep bacteria are found in an infected person's saliva. The infection spreads through the air when the infected person talks, coughs or sneezes. The spread of infection can be stopped by treating the infected person with an antibiotic.

What are the Symptoms?
Symptoms include:

- Sudden onset of fever and sore throat
- Headache and stomach ache
- May also have swollen, tender glands in the neck, or sores around the nose
- **Scarlet fever** (a rare form of strep infection) is characterized by a sore throat and more general symptoms such as fatigue, a red rash on the body that feels like sandpaper and a strawberry tongue

What is the Treatment?
It is difficult to diagnose strep throat just by looking at the throat. The physician has to take a culture (or swab) of the throat to see if strep bacteria are present. If strep throat is diagnosed, the physician will prescribe an antibiotic, usually penicillin. This medication comes in the form of a pill, a liquid or an injection. If treatment is begun soon after the infection has started, the child will feel better very soon. This treatment may also prevent the serious complications that can result from strep throat. Be sure to give your child all the antibiotic pills or liquid, otherwise the infection may not be completely cured.

If your child has strep throat, he should not return to child care until antibiotic treatment has been taken for at least one full day.

How Can You Prevent Strep Throat?

- Remember to wash your hands often to prevent spread of the infection, especially after wiping the child's nose and before eating or preparing food
- Teach your child to cover his or her mouth when sneezing or coughing
- Separate the hand and face towels of the infected person from all others in the house
- Do not share personal articles used near or on the eyes such as make-up applicators

Ringworm Fact Sheet

What is ringworm?
Ringworm is a skin infection caused by a fungus. The infection causes a rash that may have a ring-shape with a raised edge. It can be quite itchy and flaky. When the scalp is infected, there is often an area of baldness. Fungal infections of the feet are usually very itchy and cause cracking between the toes.

How is ringworm transmitted?
Ringworm spreads from person to person by touch. When someone with ringworm touches or scratches the rash, the fungus sticks to the fingers or gets under the fingernails. The fungus is then spread when that person touches someone else. Ringworm of the scalp can also spread if combs and hairbrushes are shared.

How is it treated?
Ringworm can be cured with medication. Some medications are taken by mouth. Others are ointments or creams that are spread on the infected area.

What can parents do?

- Check your child for signs of ringworm if another child has it. Look for the typical circular rash on the child's head or skin
- Contact your physician if you think your child has ringworm
- If your child has ringworm, make sure his hands are washed after touching the infected skin. If your child has ringworm on the scalp, make sure that no one uses the child's comb, hairbrush, face cloths and towels.

Pinworms Fact Sheet

What are pinworms?

Pinworms are tiny, white thread-like worms that live in the intestines. The worms crawl out of the anus at night and lay their eggs on nearby skin. Usually, children with pinworms have no symptoms. However, some children can get very itchy around the anus and vagina. Pinworms are a nuisance, not a disease. They are very common in children and spread easily among children and staff in child care facilities.

How are pinworms transmitted?

Pinworms are spread when:

- an infected person scratches the itchy area and gets pinworm eggs on the fingers or under the fingernails and then touches another person;
- an uninfected person picks up pinworm eggs from an infected person's clothes, pyjamas, sheets or surroundings. These eggs can survive for several weeks outside the body.

A physician can do a simple test to check for pinworms. The pinworms can be treated with medication. However, the pinworms can recur if the child again comes into contact with pinworm eggs. To prevent the child from getting repeated infections, all staff and children need to wash their hands.

What can parents do?

Watch your child for signs of pinworm infection, especially scratching the anus if another child has pinworms.

Make sure that all household members wash their hands carefully after going to the toilet, changing diapers, and before preparing or eating food.

If your child has a pinworm infection, ask your physician if all members of your household should be treated. Inform child care staff if your child has pinworms.

If your child is infected with pinworms, he or she may need treatment prescribed by a physician. Your child may continue to attend child care.

Roseola Fact Sheet

What is roseola?
Roseola is an infection caused by a virus. The infection is common in children aged 6 to 24 months. It is rare in children younger than 4 months or older than 4 years.

What are the symptoms of roseola?
Roseola starts out with a fever. After several days, the fever disappears and a rash appears, mainly on the child's face and body. The rash consists of small red spots which last for a day or two.

Most children are not very sick during the fever stage of the infection. In some children the fever is very high and causes febrile seizures (or convulsions).

It is difficult to diagnose roseola until the rash has appeared. A physician can tell if the child's fever is due to roseola or some other more serious infection.

How is roseola transmitted?
Roseola is not very infectious. It is not known how it spreads from person to person. Children with roseola get better without any treatment and complications are very rare

What can parents do?
Watch your child for signs of roseola if your child interacts with another child who has it.
Contact your physician if your child develops a fever that is persisting or if he's acting sick.

It's the Law Reporting Notifiable Diseases and Conditions

Report as soon as suspected by telephone

- Acute Flaccid Paralysis (AFP)
- Anthrax
- Botulism
- Cholera
- Diphtheria
- Disease occurring more frequently than expected or in a rare or unusual form
- Group A Streptococcal Disease Invasive
- Haemophilus Influenzae Type b Invasive Disease (HIB)
- Hepatitis A
- Influenza Virus of Pandemic Potential
- Measles
- Meningitis (Bacterial)
- Meningococcal Disease Invasive
- Paratyphoid
- Plague
- Poliomyelitis
- Rabies
- Respiratory Outbreak in Long Term Care (LTC)
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Shellfish Poisoning (Amnesic, Domoic, Paralytic)
- Smallpox
- Tuberculosis
- Typhoid
- Verotoxigenic E. coli
- Viral Hemorrhagic Fevers (Crimean-Congo, Ebola, Lassa, Marburg and others)
- West Nile Virus (WNV)

Report by next business day

- Acquired Immunodeficiency Syndrome (AIDS)
- Adverse Event Following Immunization (AEFI)
- Amebiasis
- Brucellosis
- Campylobacteriosis
- Chancroid
- Chlamydia
- Congenital Rubella Syndrome
- Creutzfeldt-Jakob Disease – Classic (CJD)
- Creutzfeldt-Jakob Disease – New Variant (vCJD)
- Cryptosporidiosis
- Cyclosporiasis
- Encephalitis (Viral)
- Giardiasis
- Gonorrhea
- Group B Streptococcal Disease of Newborn
- Hantavirus Pulmonary Syndrome (HPS)
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Hepatitis E
- HTLV I and II
- Human Granulocytic Ehrlichiosis (HGE)
- Human Immunodeficiency Virus (HIV)
- Influenza – Laboratory Confirmed
- Legionellosis
- Leprosy (Hansen's Disease)
- Listeriosis
- Lyme Disease
- Lymphogranuloma Venereum
- Malaria
- Meningitis (Viral)
- Methicillin Resistant Staphylococcus Aureus (MRSA)
- Mumps
- Pertussis
- Pneumococcal Disease Invasive
- Q Fever
- Relapsing Fever
- Rocky Mountain Spotted Fever
- Salmonellosis
- Shigellosis
- Syphilis
- Tetanus
- Toxoplasmosis
- Trichinellosis
- Tularemia
- Vancomycin Resistant Enterococcus (VRE)
- Yellow Fever
- Yersiniosis

Report Notifiable Diseases to Public Health Services

South Shore Health
215 Dominion St., Suite 109
Bridgewater, NS B4V 2K7
Tel: 543-0850
Fax: 543-8024

South West Health
Yarmouth Regional Hospital
60 Vancouver St., 4th
Yarmouth, NS B5A 2P5
Tel: 742-7141
Fax: 742-6062

Annapolis Valley Health
23 Earnscliffe Ave.
Wolfville, NS B4P 1X4
Tel: 542-6310
Fax: 542-6333

Published August, 2005

After Hours: To locate the Medical Officer of Health on call, please contact QEII Locating at 473-2222.

Colchester East Hants, Cumberland and Pictou County Health Authorities
201 Willow St.
3rd Floor Annex
Truro, NS B2N 4Z9
Tel: 893-5820
Fax: 893-2614

Guysborough Antigonish Strait and Cape Breton District Health Authorities
235 Townsend St.
2nd Floor
Sydney, NS B1P 5E7
Tel: 563-2400
Fax: 563-2005

Capital Health
201 Brownlow Ave.
Unit 4
Dartmouth, NS B3B 1W2
Tel: 481-5800
Fax: 481-5889

Public Health Services
NOVA SCOTIA
Health
Health Promotion
www.gov.ns.ca/health/PublicHealth

Nova Scotia Childhood Immunization Schedule

Publicly Funded Vaccines
Information for Health Professionals

Age	Vaccine	Site	Route	Needle (based on assessment of the child)
2 months	DaPTP + Hib	vastus lateralis (thigh)	I/M	25g 1 inch
	Pneumococcal conjugate	vastus lateralis (thigh)	I/M	25g 1 inch
4 months	DaPTP + Hib	vastus lateralis (thigh)	I/M	25g 1 inch
	Pneumococcal conjugate	vastus lateralis (thigh)	I/M	25g 1 inch
6 months	DaPTP + Hib	vastus lateralis (thigh)	I/M	25g 1 inch
	Pneumococcal conjugate	vastus lateralis (thigh)	I/M	25g 1 inch
12 months	MMR	upper arm	S/C	25g 5/8 inch
	Meningococcal group C conjugate	vastus lateralis (thigh)	I/M	25g 1 inch
	Varicella*	upper arm	S/C	25g 5/8 inch
18 months	DaPTP + Hib	deltoid	I/M	25g 1 inch
	Pneumococcal conjugate	deltoid	I/M	25g 1 inch
4-6 years	DaPTP	deltoid	I/M	25g 1 inch
	MMR	upper arm	S/C	25g 5/8 inch

* The maximum age at which children can receive Varicella vaccine from a physician as part of routine Varicella immunization has been increased to "up to and including 12 years of age" if a child has not previously had either Varicella vaccine or disease (chickenpox).

School Based Programs:

The school-based immunization program has changed; no cohort will be missed on any of these vaccines:

- Hepatitis B, Tetanus, Diphtheria, and Acellular Pertussis (dTap), and Human Papillomavirus (HPV – for girls only) are routine vaccinations offered in the school-based immunization program.
- Meningococcal group C conjugate vaccine is offered as catch-up in the school-based immunization program.

Please call a Public Health Services office with any questions you may have about the school-based immunization program.

Children 1-6 Years of Age Not Immunized in Early Infancy

Visit	Vaccine
Initial Visit	DaPTP + Hib** *(see below)* MMR + Meningococcal group C conjugate** Pneumococcal conjugate** + Varicella*
2nd visit - 2 months later	DaPTP
3rd visit - 2 months later	DaPTP
4th visit - 12 months later	DaPTP
4-6 years	DaPTP + MMR *(omit DaPTP if previous dose given after 4th birthday)*

* See notation in table above.
** Hib, Meningococcal group C conjugate and Pneumococcal conjugate schedule and number of doses depends on age when immunization started. Consult product monograph. Routine Hib and Pneumococcal conjugate are recommended up to 59 months of age.

Unimmunized Children Aged 7 Years and Over

Visit	Vaccine
Initial Visit	dTap + IPV + MMR + Meningococcal group C conjugate + Varicella*
2 months - after 1st visit	dTap + IPV+ MMR
6-12 months - after 2nd visit	dTap + IPV
Every 10 years - thereafter	Td

* See notation in table above.

- Unusual or severe adverse reactions to vaccines are reportable to your local Public Health Services office.
- Interruption of a vaccine schedule does not require re-starting the series, regardless of time elapsed since last dose.
- Vaccines must be maintained at a temperature of +2° to +8° C.
- In the event of a power failure, keep vaccine in the fridge. Contact local Public Health Services as soon as possible for advice on vaccine potency.
- Use only the specific diluent provided for each vaccine to reconstitute that vaccine. DO NOT MIX WITH ANY OTHER VACCINE.
- MMR and Varicella should NOT be given before the child's first birthday.
- MMR and Varicella should be given at the same visit in different sites. If not given at the same time, they should be given 4 weeks apart.
- Record date given, generic vaccine name, manufacturer, lot #, site administered, route of administration, vaccine provider's initials.
- Contact your local Public Health Services office with any questions.

Immunization Resources

- *Canadian Immunization Guide* - 7th Edition. Published by the Public Health Agency of Canada, 2006.
- *Your Child's Best Shot: A parents guide to vaccination* - 3rd Edition. Published by the Canadian Paediatric Society, 2007.

Internet Web Sites

- The Canadian Coalition for Immunization Awareness and Promotion: http://www.immunize.cpha.ca/
- The Canadian Paediatric Society http://www.cps.ca/
- Public Health Agency of Canada http://www.phac-aspc.gc.ca/
- Nova Scotia Department of Health Promotion and Protection http://www.gov.ns.ca/hpp/cdpc

Disclaimer: Each province has its own immunization schedule. The Nova Scotia schedule may vary slightly from the recommendations of the National Advisory Committee on Immunization (NACI).

1307607

Public Health Services Contact Information

South Shore Health
Bridgewater Tel: 543-0850

South West Health
Yarmouth Tel: 742-7141

Annapolis Valley Health
Wolfville Tel: 542-6310

Colchester East Hants Health Authority
Truro Tel: 893-5820

Cumberland Health Authority
Amherst Tel: 667-3319

Pictou County Health Authority
New Glasgow Tel: 752-5151

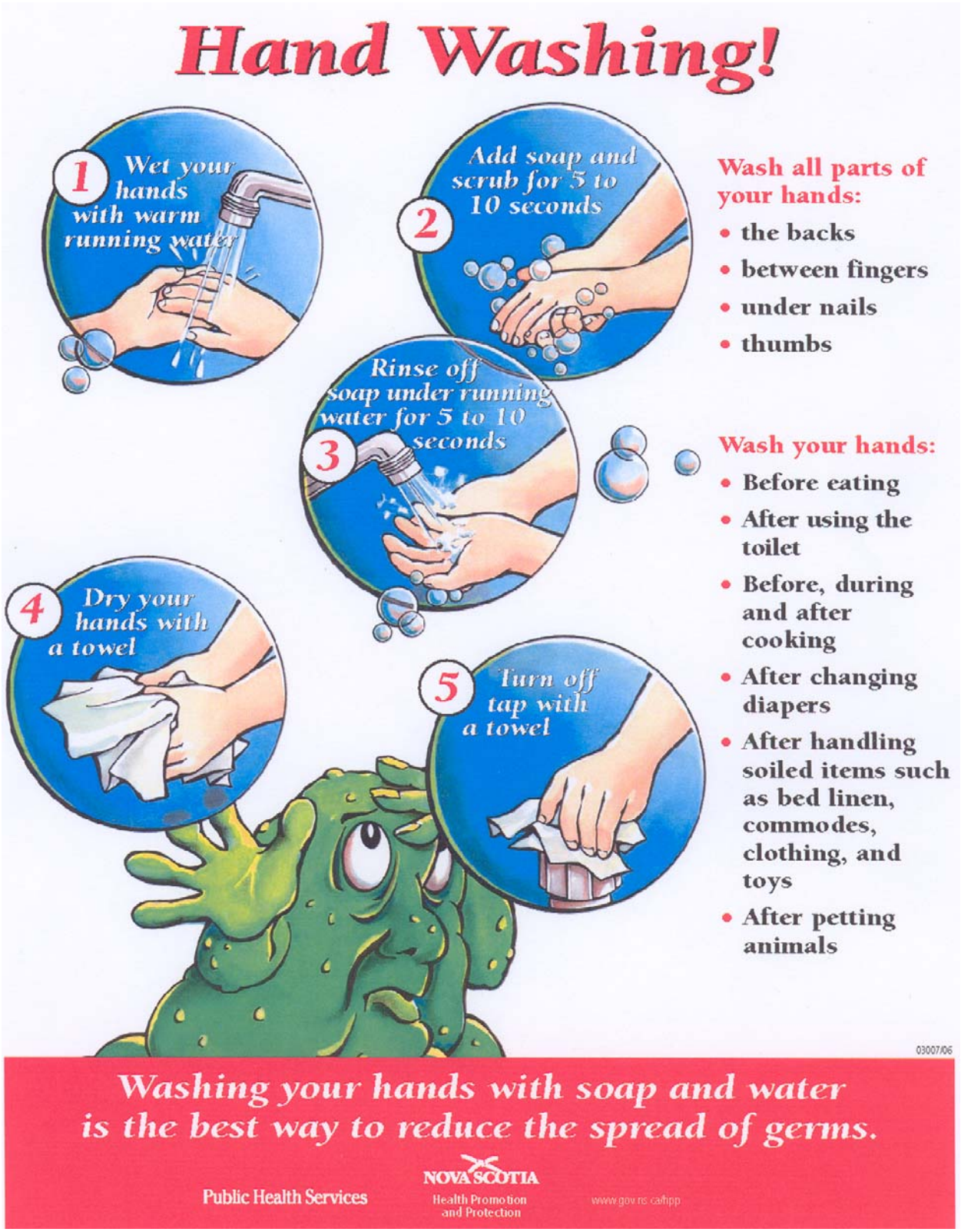
Guysborough Antigonish Strait Health Authority
Antigonish Tel: 863-2743

Cape Breton District Health Authority
Sydney Tel: 563-2400

Capital Health
Dartmouth Tel: 481-5800

Public Health Services
NOVA SCOTIA
Health Promotion and Protection
www.gov.ns.ca/hpp

Published November 2007


Hand Washing!
1 Wet your hands with warm running water
2 Add soap and scrub for 5 to 10 seconds
3 Rinse off soap under running water for 5 to 10 seconds
4 Dry your hands with a towel
5 Turn off tap with a towel
Wash all parts of your hands:
• the backs
• between fingers
• under nails
• thumbs
Wash your hands:
• Before eating
• After using the toilet
• Before, during and after cooking
• After changing diapers
• After handling soiled items such as bed linen, commodes, clothing, and toys
• After petting animals
03007/06
Washing your hands with soap and water is the best way to reduce the spread of germs.
Public Health Services
NOVA SCOTIA
Health Promotion and Protection
www.gov.ns.ca/hpp

Appendix E: Proper Hand Washing Procedure for Infants

To ensure proper hand washing for infants, follow these steps:

1. Clean the infant's hands thoroughly with a damp paper towel, moistened with liquid soap.

2. Rinse the infant's hands (from wrists to fingertips) using a fresh paper towel, moistened with clear water.

3. Dry the infant's hands with a fresh paper towel.

4. Turn off the faucet using a paper towel and throw out the towel.

5. Wash your own hands.

Please note: If the program is on a boil order, it is necessary to use boiled water (that has been cooled) for hand washing.

Appendix F: Proper Hand Washing Procedure for Toddlers and Preschoolers

To ensure proper hand washing for toddlers and preschoolers, follow these steps:

1. Wet the child's hands.

2. Squirt a drop of liquid soap onto the child's hands.

3. Help wash all areas of the child's hands for about 20 seconds (e.g. about the length of the ABC song or the Happy Birthday song sung twice) by continuously alternating the hands back and forth such as palms, wrists, thumbs, etc. to adequately wash all surfaces.

4. Dry the child's hands with a paper towel.

5. Turn of the tap with a paper towel.

Please note: If the program is on a boil order, it is necessary to use boiled water (that has been cooled) for hand washing.

Appendix G: Proper Hand Washing Procedure for Staff

To ensure proper hand washing procedure all staff must follow these steps:

1. Remove all rings and watches before or upon arrival at the program;

2. Moisten hands with water and apply a heavy lather of liquid soap;

3. Wash all hand surfaces for about 20 seconds by continuously alternating hands back and forth (approximately 10 times), ensuring that all surfaces are washed including wrists, back of hands and between fingers. If a nailbrush is to be used, a separate hand washing without the brush must follow;

4. Rinse hands under running water (from wrists to fingertips);

5. Use fresh paper towel to dry hands;

6. Turn off the faucet using a paper towel and throw out the towel.

You must wash your hands:

BEFORE:
- Commencing work
- Preparing food or eating
- Feeding any child
- Changing an infant or toddler's diaper
- Applying first aid
- Giving medication or applying ointment

AFTER:
- Changing a diaper
- Applying sunscreen or topical medications
- Blowing a child's nose or wiping a child's nose with a tissue
- Using the toilet or taking a child to the toilet
- Caring for an ill child
- Feeding or giving medication
- Cleaning body fluids (i.e. blood, feces, vomit, pus)
- Removing gloves
- Handling pets and/ or pet cages
- Removing soiled clothes (e.g. boots, coats)
- Wiping your own nose or sneezing into a tissue
- Handling any raw meats, fish and poultry during meal preparation
- **Please note: If the program is on a boil order, it is necessary to use boiled water (that has been cooled) for hand washing.**

Appendix H: Proper Procedure for Using Disposable Gloves

You should wear disposable gloves when there is the chance of infection transferring to you during care activities. This is especially important when the child has diarrhea. However, it is good practice to use disposable gloves during diaper changing.

If you wear disposable, single-use gloves remember a few very important rules.

You must:

- Never use gloves as a substitute for hand washing. Wash hands after wearing gloves.
- Wear gloves on both hands.
- Wear clean gloves to perform care-giving activities for each child.
- Remove gloves and wash your hands when going from a 'dirty' to a 'clean' procedure (e.g. from changing diapers – a dirty procedure – to helping wash the child's hands – a clean procedure).

Appendix I: Proper Procedure for Changing Diapers

To establish a proper diaper changing procedure, you should:

1. Wash hands with soap and water before each diaper change; do not just use hand sanitizer between changes.

2. Assemble all necessary supplies before starting (e.g. fresh diapers or clothes, towelettes and/or paper towels);

3. Hold the child away from your body and place the child on a clean table or change pad and remove the dirty diaper. Fold the diaper surface inward and set it aside. Never place safety pins in your mouth or within reach of the child;

4. Clean the child's skin with a moist disposable cloth or towelette, wiping the child's bottom from front to back. Remember to wash in the creases in the child's skin;

5. Diaper and dress the child;

6. Flush formed stool down the toilet (avoid splashing);

7. Throw out disposable diapers and towelettes in the plastic-lined waste container. Place cloth diapers in a covered, lined diaper pail - DO NOT RINSE CLOTH DIAPERS;

8. Wash your hands;

9. Clean the change table/pad and spray a sanitizing solution over the entire surface of the diaper change table. Let the spray sit for a minimum of 30 seconds;

10. Dry the change table surface with single-use paper towels and throw them out;

11. WASH YOUR HANDS AGAIN THOROUGHLY;

12. Record unusual skin conditions or bowel movements.

Appendix J: Proper Procedure for Toileting

To develop a proper toileting procedure for toddlers, you should follow these steps:

1. Remove the diaper (see **Appendix I** on the proper diaper changing procedure);

2. Place the toddler on the potty or toilet;

3. Wipe the toddler's bottom from front to back and teach the toddler to do the same. This reduces the chance of urinary tract contamination;

4. Flush the toilet or allow the toddler to flush it;

5. Diaper and help dress the toddler as necessary;

6. Help wash the toddler's hands;

7. Rinse the potty and flush contents down the toilet;

8. Wear gloves and use toilet paper to remove remaining stool;

9. Clean the potty and spray a sanitizer over the potty's entire surface. Let the spray sit for at least two minutes;

10. Remove and throw out gloves and WASH YOUR HANDS;

11. Dry the potty with single-use towels and throw them out;

12. Return the potty to storage;

13. WASH YOUR HANDS AGAIN THOROUGHLY;

14. Record unusual skin conditions or bowel movements.